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Training Course for Auxiliary Social Workers

HIV-Sensitive Child Protection

Acknowledgements

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INTRODUCTION

COURSE RATIONALE AND CONTEXT

This course was initially developed for the Ministry of Social Affairs (MINAS) in DRC. The aim of the course was to develop an appropriate training program for social auxiliaries, that would be rolled out to all para professional social service workforce engaged with children, either in the government or non-government and community sector.

The training, in compliance with good practices¹, was designed to be based on the previously recognized functions and competencies of social workers already in place in DRC. The course has been developed in line with International Alliance on Social Service Personnel's core functions and competencies.² These functions and competencies were field-tested in DRC by community workers and their supervisors.

The original French-language version has been translated into English and modified to be applicable in similar resource-constrained contexts.

TRAINING METHODOLOGY & PARTICIPANTS

Duration: The course will take 15 days, assuming 6 hours of training per day. The course can be delivered either in a three-week period, or delivered over a longer period of time to address the six modules.

Content: The course has a practical focus and covers: identification of vulnerable children, referrals and case management, and linkages with HIV. It will be articulated around the main, predefined para-social worker functions and emphasis will be placed on immediate and practical actions required to ensure quality care for vulnerable children and families. The modules cover all competency areas, except function #6: advocacy, which were excluded in the DRC context. The table below gives an overview of the training module Content for this PSW course.

Training method:

- The goal is to organize an active learning, based on participants' acquired experience and on the principles of adult learning: presentation of basic information; discussion, problem solving through discussions, brainstorming, small group case study work and competency development through practice and group evaluations.
- The training contains a mix of practical and theoretical learning. Sessions in the classroom are based on PSW (para-social workers) experience and competencies and are complemented by practical sessions, with field visits. These field visits should be prepared in advance of the training to ensure that "visited" people – all vulnerable children or families being people already receiving aid through existing responses or community projects – are well supported and available, with group members who accepted to participate in the process and have the opportunity to opt out.

¹ Roby, J. (July 2016). [The Evidence Base on the Social Service Workforce: Current Knowledge, Gaps and Future Research Direction](#). Report for the International Alliance on Social Service Personnel

² Global Social Welfare Workforce. (2017). [Para Professionals in the Social Service Workforce: Guiding Principles, Functions and Competencies](#). This is the second edition; this training course was based on an earlier 2015 first edition.

- Some of the modules can be offered in the framework of a separate short training but, for field visits or practical sessions, the number of days and agenda will have to be adapted and adjusted for practical learning.

Resources: Available materials include:

- Facilitator's Guide, containing detailed instructions on the service to be delivered.
- Participants' handbook, containing session objectives and work sheets, all available as handouts during training.
- A pre- and post-training test questionnaire
- PowerPoint slides to facilitate training

All resources need to be (re)up-dated regularly, taking into account new data, guidelines and tools identified in DRC or globally.

Participation criteria:

- Open to para-social workers: *all social work auxiliaries – paid and unpaid, governmental and non-governmental – contributing to the care, support, rights promotion and empowerment of vulnerable children and households/families.*
- *Participants should have sufficient literacy to read handouts and write case management and referral notes, according to national guidelines in your own country. The education level determined in the initial DRC course was to have two years of schooling after completing primary school.*

COURSE OVERVIEW

Day 1	Day 2	Day 3	Day 4	Day 5
Week 1				
Module 1: Introduction to the functions of para-social workers (PSWs) in a national child protection system		Module 2: Communication		
<ul style="list-style-type: none"> • Introduction • Pre-test • Introduction to child vulnerability in your national context • The role of para professional social workers • Core principles of child development • Gender and vulnerable children 	<ul style="list-style-type: none"> • PSW functions and competencies • Building resilience and strengths: family-based approaches • Principles and values of work with vulnerable children 	<ul style="list-style-type: none"> • Core principles of communication • Exercise on our own values • Communication with children of different ages and from different backgrounds • Communication with adults within the community • Preparation for field practice/observation 	<ul style="list-style-type: none"> • Field experience /observation • Team presentation and debrief on field practice 	<ul style="list-style-type: none"> • Communication beyond obstacles (people living with a disability) • Assessing needs • Introduction to the principles of reporting and recording • Written communication – note taking during visits
Week 2				
Module 3: Applying knowledge related to clients' needs			Module 4: Referrals and case management	
<ul style="list-style-type: none"> • Understanding children's rights to psychosocial wellbeing, care and support 	<ul style="list-style-type: none"> • Children's participation (cont.) • Alternative protection context in [your country] 	<ul style="list-style-type: none"> • Supporting children living outside family care 	<ul style="list-style-type: none"> • Introduction to referrals and case management • Emergency referrals 	<ul style="list-style-type: none"> • Sharing on referral systems - 4Children Kinshasa • Monitoring and Evaluation (M&E)

<ul style="list-style-type: none"> • Accessing psychosocial interventions within the community • Children's participation 	<ul style="list-style-type: none"> • Family-based child care 	<ul style="list-style-type: none"> • Supporting children and families affected by HIV and disability 	<ul style="list-style-type: none"> • Deciding when to make a referral using the assessment tool and referral form/letter 	<ul style="list-style-type: none"> • Rapid review of referral
Week 3				
Module 4: Referrals and case management			Module 5: Working in the community	Module 6: Personal development and work planning
<ul style="list-style-type: none"> • Making care plans • Coordination mechanisms • Preparation for field work: home visits 	<ul style="list-style-type: none"> • Field experience/ observation – Practice using referral tools 	<ul style="list-style-type: none"> • Debrief on field practice /observation • Review of tools and direct support • Monitoring and evaluation 	<ul style="list-style-type: none"> • Introduction to community mobilization • Working with other actors in the community • Community sensitization • Role of PSWs as advocates for child protection 	<ul style="list-style-type: none"> • Stress management principles • Supportive supervision • Post-test questionnaire • Personal work plan • Evaluation • Closing ceremony

TRAINING PLAN

Module 1: Introduction to the functions of para-social workers in a national child protection system (2 days)

This session is a general introduction. It can be used as a short introduction to PSW functions if it is liked to/integrated into other components of PSW key tasks (see Module 4).

Session	Session objectives	Content and methodology	Time
Day 1: PSW and child protection structures in [your country]			
1.1 Introduction to the course	Welcome Training overview	Formal opening ceremony and welcome	30m
1.2 Group introduction	<ul style="list-style-type: none"> Participants and facilitators to get to know each other Practical introduction to the participatory course approach Participants express their hopes and identify skills that they bring to this course 	<p>Each group participant introduces him/herself and shares information on his/her acquired competencies and knowledge.</p> <p>Participants familiarize themselves with the participatory methods used</p>	30m
1.3 Pre-test	[National ministry] and facilitators should have basic data on the knowledge and practical experiences of PSWs.	Participants individually complete the pre-test	30m
1.4 Introduction to vulnerable children in the national context	<ul style="list-style-type: none"> To understand key concepts of vulnerability that children face in the national context To provide an overview of the child protection laws and policies in the national context To share experience on the factors that expose children and families to potential harm in their own communities 	<p>1. Group discussion on the situation of vulnerable children in [your country]– what they observed in their environment</p> <p>2. Presentation on child vulnerabilities in [your country] and the role of [national ministry] for child protection</p> <p>3. Plenary presentation and discussion on child protection laws in [your country]</p>	1 h

1.5 The role of the PSW	<ul style="list-style-type: none"> • To share participants' experiences of how they work with vulnerable children • To identify some common principles of working with children as PSW • To reach common understanding within the group on the role of social workers and para social workers in [<i>adapt for national context</i>]. 	Participatory exercise, during which everybody shares their experience of work with vulnerable children Plenary presentation on the role of “social assistants” in [your country], including social workers and PSWs	1 h
1.6 Child development – introduction	<ul style="list-style-type: none"> • To present the key steps in child development at different ages • To introduce the idea that different children develop at different stages according to biological and external factors 	1. Presentation of the key steps in child development at different ages 2. Exercise to identify the child's age according to his/her developmental stage	1h 30m
1.7 Gender	<ul style="list-style-type: none"> • To gain a collective understanding about gender-related issues and how they affect vulnerable children and households • To collectively identify specific actions that PSW can take to help both girls and boys have equal opportunities in family and community life. 	1. Exercise in plenary and reflection on the difference between gender and sex and common gender related values. 2. In small groups, describe the life line of a girl and a boy between 0-25 years of age, identifying key aspects in which they differ. 3. Team debate on PSW role in promoting gender equality or sex equality among girls as well as boys. 4. Individual commitments to address inequality between the sexes.	1h

Day 2: Basic competencies for PSW working with vulnerable children or families in the community			
1.8 Recap of previous day	<ul style="list-style-type: none"> To review the activities of the previous day To allow time for participants to voice any questions, concerns or suggestions that they may have about the course and about what training they have received so far. 		30 min
1.9 PSW functions and competencies	<ul style="list-style-type: none"> To introduce the idea of core PSW functions and competencies To identify how these core functions and competencies are practically applied in participants' existing work experience and in future work 	<ol style="list-style-type: none"> Exercise on the definitions of 'function' and 'competency' Group work to analyze case studies and identify core PSW functions and who they should engage with to support the child and his/her family Plenary work on key messages for PSWs 	1 h 30 min
1.10 Building resilience and strengths: family-based approaches	<ul style="list-style-type: none"> To consolidate the concept of child vulnerability To explore what makes a child and family resilience To develop common understanding of a strengths-based approach to supporting children and families 	<ol style="list-style-type: none"> Review of the concept of vulnerability from Session 4, using the socio-ecological framework in terms of strengths Introduction to the "My World" structure Group work on case studies to identify what makes a child resilience and how to strengthen this resilience 	2 h
1.11 Core principles and values for supporting vulnerable children in DRC	<ul style="list-style-type: none"> To agree on the ethical principles involved in working with children and families Understand the key concepts and basic approach of the Best Interests of the Child 	<ol style="list-style-type: none"> Presentation, exercise and brainstorming on principles and values needed to work to support vulnerable children Presentation on practice principles and ethics, followed by a discussion Presentation of the child's best interest determination; followed by plenary Small group work: Case study analysis – 'What would you do in such a case bearing in mind the child's best interest'? Feedback and discussion in plenary 	2 h

Module 2: Communication (3 days)

Function #1: Communication skills

This module can be delivered as a stand-alone module, without having completed the course before. It focuses on communication skills, which are a core foundation of working in the community. This part of the training course focuses on understanding and practicing communication skills across different aspects of a PSW's work.

This module has been developed as part of a 15-day training course. If it is to be provided as a stand-alone course, the first session may need to be adapted to incorporate an introduction to the training.

Session	Session objectives	Content and methodology	Time
Day 3: Communication with children and adults for PSWs			
2.1. PSWs and communication: introduction	<ul style="list-style-type: none">• To gain a collective understanding of how communication is applied across different aspects of community-based work with children and families• To revise the different types of communication required for PSWs	Role-play to encourage group discussions about the importance of communication Small groups about all the different aspects of communication used by PSWs Presentation of core communication rules	1 h 20m
2.2. Starting with our own values	To learn about the importance of understanding our own values and ensuring that we respect others' values	Exercise on values to determine our own potential areas of stigma or prejudice Plenary discussion to study how we should and could avoid imposing our own values/views on others	45 min
2.3. Communication with children of different ages and from different backgrounds	<ul style="list-style-type: none">• To explore the principles of communication with children of different ages• To practice basic communication techniques using non-verbal communication, play, one-to-one counseling, etc.	<ol style="list-style-type: none">1. Icebreaker activity using a children's game to see how children communicate. The facilitator starts for example with the "Chinese whisper" game. Then, a volunteer plays the game as a child2. Small group on "How do children of different ages communicate?"	2h 15 min

		3. Plenary presentation and discussion: Children's communication needs vary with their age.	
2.4. Communicating with adults in the community	<ul style="list-style-type: none"> To practice the principles of communication with family members and other adults within the community To appreciate potential barriers for communication in relation to power and to identify means to address these barriers. 	1. Plenary session on the competencies and function that participants performed as PSWs (Module 1, above, session 1.5) 2. Listening with your whole being: non-verbal communication 3. Sharing activity on PSW communication skills	1h 30 minutes
2.5. Preparation for field practice/observation	To collectively protocols for conducting field practice / observation visits	The facilitator explains next day's field visit and starts a plenary discussion on basic field visit principles, including confidentiality, authorization and note taking on observations. Handouts and review of "field visit form" that participants will use during their field visit the next day (this form describes tasks related to what they notice and to communication skills used during this visit)	30 min
Day 4: Field visit on communication skills			
2.6. Field practice/observation	To observe the scope of communication skills that are applied in the field	Participants are divided into small groups and go into the field (or go directly in the morning, depending on location) – services working directly with children such as street children centers and community initiatives are included	4h
2.7. Feedback and debrief	Joint feedback and review on communication skills	Participants meet and discuss in small groups and share what they have discovered (one group per visited site)	2h

		Feedback in plenary and discussion of findings	
Day 5: Practical communication exercises with children and adults			
2.8. Icebreaker	To start the day with some fun	Ice-breaker to start the week	30 min
2.9. Communicating with people with disabilities	<ul style="list-style-type: none"> To collectively consider the challenges and opportunities of communicating with people with disabilities Explore the core principles of communicating with children and adults with communication disabilities or other communication barriers 	Plenary presentation on barriers to communication – interactive discussion on barrier types (language, hearing problems, learning disabilities) and on core principles of “how to address them” Brief pair work using case studies to identify solutions in working with children with communication barriers – no plenary feedback as this work will continue during the next session.	2 h
2.10. Finding out what the issues are: Assessing need	<ul style="list-style-type: none"> To understand the key principles behind assessing need and practicing techniques in assessment To learn what [national ministry] is expecting from PSW role in family assessment 	Practice asking open questions using case studies – several groups practice on children groups of different ages and different adult educators, using national or organization-specific assessment tools.	1 h 30 min
2.11. Introduction to principles of reporting and record keeping	<ul style="list-style-type: none"> To understand the principles and practices in information sharing for PSW, including principles of protecting client confidentiality in record keeping Collectively agree on the core areas of record keeping to be undertaken by PSW 	Reflection on core areas of record keeping Plenary presentation and discussion on record keeping principles and introduction to core areas, including introduction to child and adult participation concepts, linked to the issues of ethics in interviews and reports.	30 min
2.12. Written communication – recording notes during visits	<ul style="list-style-type: none"> To consolidate existing experience in making clear records during visits To practice making a simple report 	Compare field visit notes with good record keeping practices Small group work using simple case studies and noting the necessary key information	1h 30 minutes

Module 3: Applying knowledge related to clients' needs (3 days)

Function #2: Applying knowledge related to clients' needs

This module presents global competencies related to working with children and vulnerable communities. It fits into Module 2 “Communication skills” as core technical competencies for working with children and vulnerable families. Mastering these competencies is important to carry out the key PSW activities outlined in modules 4, 5 and 6.

Session	Session objectives	Content and methodology	Time
Day 6: Psychosocial wellbeing and support			
3.1 Introduction to module	To review module objectives and clarify the PSW role in identification and assessment of vulnerable children and families	Brief introduction to module: importance of making use of personal and professional competencies and knowledge in different situation addressing specific conflict issues Plenary group inputs: own specific competencies and experiences (facilitator reviews module 1 and has prepared a list of people who have experience) – have a few categories already prepared	45 min
3.2 Understanding children's rights to psychosocial wellbeing, care and support	<ul style="list-style-type: none"> To understand the terms wellbeing, psychosocial care, and support To practice identifying psychosocial and social needs in children and families that PSW may meet 	Small group work to share understanding of wellbeing and psychosocial wellbeing Plenary presentation of case study about a child with PSS care, followed by a role-play in the classroom and a plenary discussion around psychosocial issues, repercussions and solutions in this case study Final observations in plenary	1h 15 min
3.3 Accessing wellbeing support interventions within the community	<ul style="list-style-type: none"> To consider the types of support that PSW can draw on for supporting vulnerable children To identify possible sources of support in the local area 	Presentation of the different types of PSS interventions at different levels (Wheel model, PSS pyramid)	2h

	<ul style="list-style-type: none"> • To practice completing a child's assessment 	<p>Small group reflection about existing initiatives: individuals localize these interventions</p> <p>Presentation by participants who identified PSS as one of their competencies in the previous models/ invite a speaker from a PSS project, followed by questions/answers</p>	
3.4 Children's participation	<ul style="list-style-type: none"> • To appreciate the importance of children having a say in their own protection • To explore possible ways in which PSW can promote children's participation in their own protection • To identify possible opportunities for enhancing children's participation in organizations 	<p>Plenary discussion and reflection on some ways to ensure children participate in PSWs' work and on strengths and challenges to make their views really heard</p> <p>In small groups: case studies showing how children's voices can be heard in the different PSW functions</p> <p>Discussions on "dos and don'ts" when children participate in referrals and case management – discuss in small groups how to do this</p>	2 h
Day 7: Help children not living with their families			
3.5 Recap of the previous day	<ul style="list-style-type: none"> • To review the activities of the previous day • To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far 	Review and clarification of any misunderstanding or concern; review key questions	30 min
3.6 Child participation (continued)	Continued	Review in plenary	1 h
3.7 Alternative protection context in [national context]	<ul style="list-style-type: none"> • To provide an overview of [national context] principles on family-based care 	Overview of principles on family strengthening in [your country] and guidelines on institutional care and	2h 30 min

(alternative care for children lacking appropriate parental care)	<ul style="list-style-type: none"> To collectively explore and understand the causes of a lack of appropriate care and learn about options for supporting children 	examples of alternative care programs in the country.	
3.8 Family-based care and family preservation and strengthening – PSW role	<ul style="list-style-type: none"> To gain an overview of the core principles of supporting children living in family and kinship care To identify good principles in family-based care preservation and identify PSW role To identify good principles in kinship care and identify PSW role 	<p>Brief overview on the situation of children living outside family context in [your country] – progress in extended family care, DDR (disarmament, demobilization, reintegration) processes</p> <p>Small group activity: case studies to explore issues linked to children living in an alternative care context to identify the available support types (PSS, economical support for elderly people)</p> <p>In plenary, review the role of PSWs in helping children outside family care: introduction to the concept of referral, which is key when a child is abused at home or vulnerable in the street – handouts on key activities and links with social workers – guidelines to complete forms</p>	2h
Day 8: Assessing needs/working with children of different ages and families with different needs and strengths			
3.9 Recap of the previous day	<ul style="list-style-type: none"> To review the activities of previous day To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far 	Review and clarification of any misunderstanding or concern; review key questions	30 min

3.10 Supporting children living outside family care	<ul style="list-style-type: none"> • To receive an overview of identifying and supporting children outside family care • To practice deciding whether a child should go into alternative care and practicing the PSW role 	<p>Presentation and activity based on work experience in [your country] with children heads of households or separated children</p> <p>Role-play in large groups about a family wanting to place a child in an institution and practicing PSW role</p>	3h
3.11 Supporting families affected by HIV and disability	<ul style="list-style-type: none"> • To gain / refresh information on the basic facts related to HIV • To understand the importance of early testing, treatment, and support • To understand the likely impacts of stigma arising from HIV on children and families • To explore how PSW can provide support to HIV and disability-affected families 	<p>Overview of essential questions related to HIV transmission, screening, prevention and treatment</p> <p>Plenary presentation on stigma attached to HIV and discussion</p> <p>Small group work using stigma scenarios for HIV and disability to determine how to address this issue</p> <p>Plenary discussion of case studies on identification, referral, monitoring and identification of continuous support services for HIV and disability</p>	2h 30 min

Module 4: Referrals and case management (5 days)

Function #3: Direct practice with children, their families and other vulnerable people: referral and case management

Function #4: Direct work with children their families and other vulnerable people: direct support services

This module addresses functions 3 and 4 and should be delivered alongside Module 5: Function 6. Modules 4 and 5 should address the core PSW functions with children and communities.

Session	Session objectives	Content and methodology	Time
Day 9: Assessing needs and emergency referrals			
4.1 Introduction to referrals and case management	<ul style="list-style-type: none"> To review module objectives and amend if necessary To learn about the basics of referrals and case management 	Introduction to tools and approaches used for referrals and case management in [your country] Introduction to 'when to refer and how to support'	1h
4.2 Emergency referrals	<ul style="list-style-type: none"> To become familiar with the basic tools for referrals To collectively review when an emergency referral should be made and what procedures should be followed 	Small group review of evaluation tool and 'referral forms' Participants share their experience addressing referrals, followed by plenary discussion on how to manage these referrals	1 h 30 min
4.3 Deciding when to make a referral using assessment tool and referral form	<ul style="list-style-type: none"> To practice deciding when a referral should be made following preliminary assessment To practice completion of a referral tool, making and receiving referrals 	Small group work to practice completing the tools Feedback and discussion on the tools in plenary	3 h
Day 10: Making referrals			
4.4 Recap of previous day	<ul style="list-style-type: none"> To review the activities of previous day To allow time for participants to voice any questions, concerns or suggestions that they may have 	Review and clarification of any misunderstanding or concern; review key questions	30 min

	about the module and about what training they have received so far		
4.5 Sharing on referral systems	<ul style="list-style-type: none"> To have a common understanding of different referral systems currently existing in [your country] <p>(NOTE: this module could be adapted for additional experience sharing on referrals]</p>	Presentation by stakeholder on their experiences with referrals and counter-referrals (to be identified locally).	1h 30 min
4.6 Monitoring and Evaluation (M&E)	<ul style="list-style-type: none"> To have a shared understanding of key monitoring and evaluation indicators for PSWs To practice competencies in sharing information with managers/supervisors 	<p>Covering the following questions:</p> <p>What information do you need to successfully help the child and his/her family?</p> <p>What should your supervisor or head of programming know of your work and the child/family you work with to be able to help you?</p> <p>What key information should [national ministry] know to understand the scope of your work?</p>	3 h
4.7 Rapid review of referrals	To review knowledge and competencies related to referrals that have been covered to date	Active and quick exercise to facilitate experience sharing	30 min
Day 11: Case management and care			
4.8 Recap of previous day	<ul style="list-style-type: none"> To review the activities of previous day To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far 	Review and clarification of any misunderstanding or concern; review key questions	30 min
4.9 Making care plans	<ul style="list-style-type: none"> To introduce the concept of care plans To develop a sample care plan including several action steps 	Practical exercises to document, monitor and evaluate care plans	3h 30m

	<ul style="list-style-type: none"> To practice skills related to conducting a successful case conference 		
4.10 Coordination mechanisms	To review possible coordination mechanisms available to PSWs during the development of referrals and case management	PowerPoint presentation Discussion	1 h
4.11 Preparation for field work exchange/observation	<ul style="list-style-type: none"> To revise protocols for conducting field observations To sign codes of conduct or confidentiality for the journey To prepare for next day's field observation 	The facilitator explains next day's field visit and starts a plenary discussion on basic field visit principles, including confidentiality, authorization and note taking on observations Review of "field visit forms"	30 min
Day 12: Practice/observation of case management and referrals in the field			
4.12 Experiences in the work environment	To visit projects or go back to own ongoing projects and use the work tools		Whole day
Day 13: Debrief on field visit and review of support tools			
4.13 Debrief on field practice /observation	Joint debrief and review of communication skills	Participants work in small groups to discuss and document their report on their field visit (one group per visited location) Plenary presentation and discussion of findings	3h
4.14 Review of referrals and case management	To reinforce information on referrals and case management	Examine tools and documentation	2h
4.15 Monitoring and evaluation review	To strengthen M&E practices	Review of work sheets	1h

Module 5: Working in the community (1 day)

Function #5: Working at community level, in a team and with different organizations (basic rules of community mobilization)

This module should be delivered alongside Modules 4 and 6 to cover the core PSW functions with children and communities.

Session	Session objectives	Content and methodology	Time
5.1 Introduction to the module	To introduce the concept of community mobilization To understand the role and limits of PSWs in the community	PowerPoint presentation in plenary PSW experience sharing in small groups	1 h
5.2 Working with other actors in the community	To identify coordination mechanisms available to PSWs for referrals and case management	Small group discussion on existing coordination mechanisms in the communities where the PSWs are working Small group discussion on how to maximize participation in community networks and meetings to promote children's wellbeing	1h 30 min
5.3 Community sensitization	To practice advocacy for sensitive questions	In plenary, identification of cultural and faith-based institutions and practices promoting or harming child wellbeing Role-plays in small groups to identify techniques that PSWs could apply to address harmful practices and sensitize communities	2h 30 min
5.4 Role of PSWs as advocates for child protection	To explore the different mobilization techniques that a PSW can use to promote children's rights to protection and wellbeing	In plenary, review community mobilization principles In small groups, identify community mobilization techniques Practical exercise: identifying existing opportunities for communities to facilitate their members' access to services and development of a simple local advocacy plan Work in small groups of 2 or 3 participants on a community sensitization message	1h

Module 6: Personal development and work planning (1 day)

Function #7: Personal development and development of others

This module focuses on PSWs' self-care and self-development, supervision options and planning for applying the skills. It is the final module of the course and should be provided once participants have attended all other sessions. If separate modules are being provided, the first half of this module could be delivered as a half-day addition to another training.

This is a short teaching and learning day, to allow for a closing ceremony and early closure.

Session	Session objectives	Content and methodology	Time
Day 15: Personal development and work planning			
6.1. Introduction	To review module objectives	Quick icebreaker activity	15 min
6.2. Managing stress in your work	<ul style="list-style-type: none"> To identify sources of stress for PSWs To learn about possible steps that PSWs can take to manage work-related stress 	Plenary presentation with interactive discussion: recognize and manage work related stress sources such as fatigue/overwork, indirect trauma, and weariness; self-care methods Small group discussion on how to organize, encourage and support each other among colleagues and with the help of family, friends, colleagues – mini action plan	1h 30 min
6.3. Supportive supervision	<ul style="list-style-type: none"> To learn about principles of supportive supervision To identify essential tools and processes for PSW supportive supervision, building on existing experiences from organizations 	Presentation of key supervision concepts Group reflection on what the participants currently receive in terms of supportive supervision and what they would like to receive in terms of supervision	1h 30 min
6.4. Post-test	<ul style="list-style-type: none"> To evaluate the level of learning during the training To identify personal progress 	Participants individually complete post test	45 min
6.5. Personal action plan	<ul style="list-style-type: none"> To have the opportunity to set a personal action plan to consolidate and build on experiences gained 	Practice developing learning opportunities in the future and action plans	1h
6.6. Evaluation	To collect feedback on the course	Each participant completes the evaluation	30 min
6.7. Closing ceremony	To celebrate the end of the training – hand over participation certificate (the certification process should be defined by [national ministry])		

MODULE 1

INTRODUCTION TO THE ROLE OF PARA-SOCIAL WORKERS IN A NATIONAL CHILD PROTECTION SYSTEM

Note for the English version: The original French version contains detailed information on the child protection context in DRC. This English version indicates where local child protection data will need to be included.

FACILITATOR'S GUIDE

Module overview:

- Overall introduction to the para social workers' (PSW) role
- Introduction to the child protection context [*Note: this will need to be developed for local context*]
- The role of the PSW within the broader national child protection framework
- Basic information on child development in relation to core PSW functions
- Gender and vulnerable children
- Introduction to child vulnerability and resilience, and to the role of the PSW in responding to vulnerability and in enhancing child and family resilience
- Introduction to core principles in working with vulnerable children and families, including the best interests of the child

Competencies taught in this module:

- Function #1: Communication skills – Practical competencies: Draws on basic knowledge in health, education, early childhood development, legal support, nutrition, shelter, household economic strengthening and protection social programs; Is familiar with core child protection principles
- Function #3: Direct practice with children, their families and other vulnerable population categories: case management and service coordination – Practical competencies: Understands the concept of best interest of a client and knows the methods that help make decisions according to this best interest

Day One of Module 1

SESSION 1.1: INTRODUCTION TO THE COURSE

Session objectives:

- To provide a formal opening of the course by [national ministry]
- To gain an overview of the course

Materials: None

Time: 30 minutes

Activities:

- Welcome and formal opening of the training and brief introduction to the course
- Handout of course overview and explanation of how each session will be conducted.

SESSION 1.2: GROUP INTRODUCTION³

Session objectives:

- Participants and facilitators to get to know each other
- Practical introduction to the participatory course approach
- Participants express their hopes and identify skills that they bring to this course

Materials:

- PowerPoint presentation 1.2: Course objective
- Handout 1: Course objectives
- Two cards per person plus pens and sticky stuff for putting onto flip chart paper
- Two pieces of flipchart paper: one with the heading « What I hope to gain from this module » and one with the heading « What I can contribute to this module »

Time: 30 minutes

Activities:

- The facilitator asks each participant to find someone who they don't know or with whom they don't often work. Show them the set of questions below on flipchart:
 - What is your name?
 - Which organization do you work with?
 - What is your role?
 - What do you hope to get from this training?
- Ask participants to quickly find someone and take it in turns to answer the questions
- After two minutes, the facilitator asks the pairs to reverse roles and have the second person ask the same questions.
- Then the facilitator asks each pair to introduce each other – quickly! to the remainder of the group, until all pairs have been introduced.

NOTE: if there is an odd number of participants, the facilitator pairs with someone.

³ Introductory exercise adapted from Retrak. 2013. Standard operating procedures: Family Reintegration Workshop Trainers' Guide.

- When all introductions are complete, hand out the workshop objectives and present them, explaining how the course will run. Emphasize that this module is a practical course that focuses on developing partnerships with children and families, working with them to build on strengths and identify suitable support, and work with children and families to build up their strengths.

NOTE: It is not necessary to write up participants' expectations of the course, but it is necessary to make a note of them and, when introducing the training objectives to show them how their expectations will be met and, where relevant, when expectations will not be met, and why that might be the case.

- Now ask the pairs to tell each other 2 minutes about one hope that they have for this module and one skill or strength that they think they will bring to this module – keep the slide on show so that people can see it and/or give out Handout 1: Module objectives.
- After no more than 10 minutes discussing in pairs, ask each participant to introduce the hope and skill of their neighbor and stick their partner's cards on the two pieces of flip chart paper.

SESSION 1.3: PRE-TEST

Session objective: [Training organization, or ministry] & facilitators will have baseline data on existing PSW knowledge & experience

Materials: Training resource: Pre-test questionnaire

Time: 30 minutes

Activities:

- The facilitator explains the importance of assessing the successes and challenges of the course. In order to do this, each participant will complete a short test at the start of the course and will complete a post-test at the end of the course. The tests will be used to measure how far participants have gained new information and possibly skills during the course. The facilitator should emphasize that the answers are not an individual test at this stage. They are used to measure the end result. People should not worry about the grade; what is important is knowing where we start so that we can see how far along the road we have travelled during the course.
- Hand out the pre-test and give participants time to complete. Allow no more than 50 minutes for the test. If participants finish early, they can go outside to stretch their legs. After 50 minutes, collect in any uncompleted tests.

NOTE: If the questions finish early, allow more time for the next session and note how long the test took. Make a note of how long the test took so that the course can be amended in the future.

SESSION 1.4: INTRODUCTION TO VULNERABLE CHILDREN IN THE NATIONAL CONTEXT⁴

Session objectives:

- To understand key concepts of vulnerability that children face in *[to add information from national context]*

⁴ This activity has been adapted from: Ministry of Community Development, Mother And Child Health, Zambia. 2015. Para Social Work I: Facilitator's Guide: Learning to Work with Vulnerable Children and their Families: the Zambia Para Social Work Program. Note that this is a draft and unauthorized version developed by the Zambia Rising Project.

- To provide an overview of the child protection laws and policies in *[to add information from national context]*
- For participants to share experience on the factors that expose children and families to potential harm in their own communities

Materials: PowerPoint session 1.4: Introduction to vulnerable children in the national context
Handout 1.2: Child protection definitions
Handout 1.3: National definitions of child vulnerability
Handout 1.4: National child protection laws and policies

Time: 1 hour

Activity 1: (30 minutes)

- Start the session by explaining that the work of all participants is to support vulnerable children and to help them as much as possible. The rest of this course will look in more detail at the risks that children and families face and how best to support children and families in confronting these risks and surviving and thriving.
- Explain that before we go into detail of the ‘how to support’ we need to have a common understand of the ‘what children and families are facing’. This session and the next will look at the challenges that children and families are facing and how participants are already addressing these challenges.
- Ask participants to divide into small ‘buzz groups’ of two or three people (see note below). Show participants Slide 1 of this session, with the group work questions. Give each group 15 minutes to discuss:
 - *What is a ‘vulnerable child’?*
 - *What is a vulnerable family / household?*
 - *What puts these children and families at risk of harm in your community?*
- Allow 5-10 minutes for each group to brainstorm. Remind them that they will be giving feedback so they should make brief notes of the key points.
- In plenary, ask a volunteer to call out the definitions that they have identified, of children and families/households. Write these down on two pieces of flipchart paper – one for children and one for families/households. Once one answer has been given, ask the group as a whole if others also said the same issue and place one tick next to the answer. Then ask for another volunteer to call out another definition that their group has identified. Continue rapidly until all the answers have been provided.
- Then complete the same process with the third question, asking groups to call out the issues that they have identified.
- Try to make sure that there are at least five minutes left before the end of the session. In this last five minutes, in plenary, ask participants to say whether there are any factors that seem to be common to all children or communities, and whether there are any factors that seem particular to one group of children or a particular community.

NOTES TO FACILITATOR: A ‘buzz group’ is when two or at most three participants stay seated in plenary but just turn to each other and quickly hold a discussion. The discussion is a very quick brainstorm between a small group. This is used for gathering ideas for a plenary discussion quickly.

When collecting feedback on this activity, it is important to encourage people to call out a key point quickly. When a participant starts to read from a list, or provide a long background explanation, summarize the explanation very briefly and make a note. Explain that the key point the participant has made is 'x', reading out the brief bullet point that you have made on the flipchart. If another participant starts to provide a long explanation, ask them to instead to summarize the key issue raised in a similar way to what is written on the board.

Activity 2 (20 minutes)

- Then, explain that an important aspect of the support of vulnerable children is protecting them from 'harm'. Explain that this protection against abuse is a very important part of their work. Ask volunteers to give a definition of 'abuse'. After taking several explanations, show the slide with the definition of 'abuse'. Repeat the process with the other definitions. Give participants Handout 1.2: Child protection definitions.
- Show the PowerPoint slides that provide definitions of vulnerable children in *[to add information from national context]*. While going through the slides, stop at each definition. Ask participants to speak out if they have worked with these groups of children / families. Note for each group if they commonly work with such groups. Also ask participants if they feel that these definitions of vulnerable children are not relevant, or if they have questions.
- Provide Handout 1.3: Definitions of vulnerability in *[to add information from national context]*.

Activity 3 (10 minutes)

- Ask participants which laws in *[to add information from national context]* exist to protect vulnerable children and families – ask for the laws that they think exist and what rights do these laws protect. Remind them that the laws may protect children from harm (the right to be free from abuse and violence, for example) or may be laws that ensure that a child's right to a basic service is protected (for example, the right to go to school).
- After you have a rapid list, present the final slides, making sure that participants understand the implications of the law and asking them to give examples of how this law or policy might be applied in practice.
- Ensure that participants understand the role of *[insert the lead ministry or agency in national context]* in protecting children, and that of others who are responsible for ensuring that children are vulnerable.
- Give enough time for questions and answers and then Handout 1.4: The legal and policy framework, and ask people to review this at the end of the day. If there is time, they can read this in the session and ask questions for clarification.

SESSION 1.5: THE ROLE OF THE PSW

Session objectives:

- To share participants' experiences of how they work with vulnerable children
- To identify some common principles of working with children as PSW
- To reach common understanding within the group on the role of social workers and para social workers in *[adapt for national context]*.

Materials: PowerPoint session 1.5: The role of the para social worker
Session 1.5 Training resource: Case studies

Handout 1.5: The role of the para social worker
Post-it notes or cards and pens
Two sheets of flip chart paper taped together

Time: 1 hour

Activity 1: (30 minutes)

- Ask the participants to turn to the person next to them and, for ten minutes, list all the key activities that they do for vulnerable children and/or families. They must write each task on a post-it note or small piece of card. Start the discussion off by giving some examples, to show that they should be specific e.g. running a homework club for children who cannot study at home; visiting families living with chronic illness regularly.
- After five minutes, remind the first person speaking to stop and the other person in the pair to list their activities.
- After ten minutes, ask participants to come up in turn, read out each task they have written and place it on a piece of flip chart. (You may need two pieces of flip chart paper taped together). As they put one task on the page, ask any other participants who have the same or similar task to come up and stick all the similar answers near to each other on the flip chart paper.
- After all the tasks have been completed, allow around 10 minutes for plenary discussion, using the following prompt questions:
 - *Does everyone agree that these are important tasks that you undertake?*
 - *Which of these tasks do you find easy? Which of them do you find difficult? Why?*
- The facilitator draws the discussion to a close by feeding back to the group the main areas of tasks that are on the board and explaining that these are core 'functions'.

Note to facilitator: The purpose of this first activity is to focus on the idea that PSWs are central to the support of vulnerable children and families but that their support can be difficult and requires training sometimes, and support from others.

When providing feedback to the group, make sure that the grouped tasks are presented as core 'functions', in line with those in the sheet of core functions that they will be reviewing. The facilitator must be familiar with the functions prior to the exercise.

Important: The facilitator must keep the completed flip chart paper of PSW tasks. This paper will be used again in Module 2, Session 2.4 Communicating with adults.

Activity 2: (30 minutes)

- Show the PowerPoint slides for Session 1.5. Allow time for discussion and questions on the overall social worker framework and to discuss the questions.
- After showing the slides, give each participant a copy of Handout 1.5: The role of the para social worker.

SESSION 1.6: CHILD DEVELOPMENT - INTRODUCTION

Session objectives:

- To present the key steps in child development at different ages

- To introduce the idea that different children develop at different stages according to biological and external factors

Materials: PowerPoint session 1.6: Child development
 Handout 1.6: Child development
 A piece of flipchart with ages written down the side – 0-2; 3-6; 7-10; 11-14; 15 -18 and beyond.
 Training resource 1.6: Child development (developmental milestones cards) cut into individual strips of paper

Time: 1 hour 30 minutes

Activity 1 (30 minutes)

- Show the PowerPoint presentation, highlighting the different stages of child development according to age. Give them time to ask questions
Remind trainees that each child is different and that all children do not develop at the same pace; in some cases, a child with a delayed development could have reduced intellectual or physical capacities
- Give them time for a brief reflection on the child's protection needs depending on the child's development stage and lead a discussion in plenary.

Activity 2 (30 minutes)

- Divide participants into four groups – allocate each group an age range 0–2 (infancy), 3–6 years old (early childhood), 7–12 years (middle childhood) and 13–18 years old (adolescence).
- Ask participants to think about a child they know at the age of the group they are allocated (if they cannot think of a particular child, try and think generally or try to remember their own childhood).
- Give each group a flipchart paper and pens and ask them to draw a child of their assigned age range (can be a boy or girl, the group should decide). Each group should have a picture of one child and should note what the child likes and doesn't like, what qualities and skills the child has. The group should also agree on a name for their child. Allow 15 minutes for this activity.
- When the groups have finished, pin up each of the pictures and invite each group to introduce 'their child' to the rest of the participants.

Activity 3 (30 minutes)

- Explain to the group that although children develop at different rates, there are certain things that we expect children to be able to do at certain times, called 'development' milestones.
- Randomly distribute the development milestone slips to the participants and, working in pairs, ask them to stick the milestone against the child that should achieve the milestone (for example, 'walking' = infancy).
- Keep distributing milestone slips until all the slips have been placed next to a child.
- After all the slips have been placed, invite participants to review where the slips are placed and to see if there are any that they disagree with. Discuss these in the main group and to come to an agreement – moving the milestone to the correct place if agreed.
- Remind participants that a range of factors affect children's development. During this course, we will come back to these basic principles of development and explore how to support children at all stages of development, how to ensure that children thrive to the best of their potential, and

explore how to support children whose development is affected through disability or through external hardships.

- Distribute handout 1.6: Child development to participants.

SESSION 1.7 GENDER⁵

Session objectives:

- To gain a collective understanding about gender-related issues and how they affect vulnerable children and households
- To collectively identify specific actions that PSW can take to help both girls and boys have equal opportunities in family and community life.

Materials: Handout 1.7: Gender

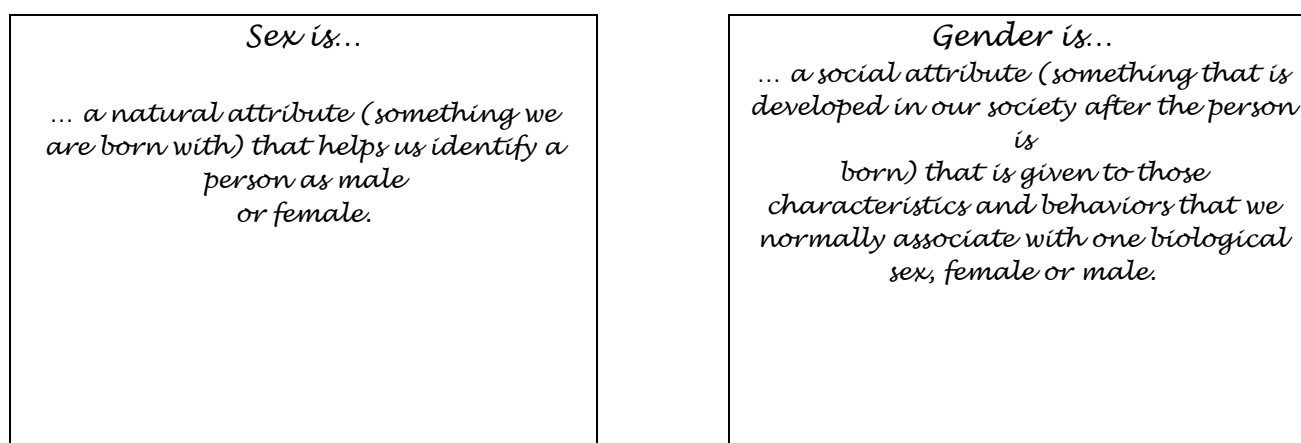
- One piece of flip chart paper drawn out as described below in diagram 1
- Two pieces of flip chart – one titled ‘sex’ and one titled ‘gender’, with the definition below – folded in half so that only the heading shows, as shown below in diagram 2.

Diagram 1: Make two sheets like this on a piece of flip chart paper

Age	Boy	Girl
0-4 years		
5-9 years		
10-14 years		
15 – 19 years		
20-24 years		

⁵ This session drawn from Yekokob Berhan Program for Highly Vulnerable Children, Pact Ethiopia. January 2013. Volunteer Basic Training: Integrated Care for Children for Community-Based Support, Refresher-Training and Capacity Development.

Diagram 2: Prepare two pieces of flip chart paper with the headings and definition below, then hide the definition (but not the heading) by folding the paper over and lightly sticking it with blu-tack or tape.



Time: 1 hour

Activity 1 (10 minutes)

- Explain that vulnerabilities are different depending on the child's age and sex and other factors. Remind participants of the slides on the situation of vulnerable children in [your country]. Ask participants to give examples of factors making girls more vulnerable than boys or factors that make boys more vulnerable than girls.
- Point to the two pieces of flip chart paper, with 'sex' and 'gender' written at the top but with the definition hidden. Ask participants if they can describe the difference.
- Once you have received a few answers, unstick the flip charts so that the definition shows. Read out the definitions and ask if this is clear. Take the time to clarify any questions.
- Ask participants in buzz groups to very rapidly think of the physical differences between men and women. Give people 1 minute to quickly think, and then ask people to call out their answers. You can choose to write down the answers or not, depending on the groups.
- After you have got a number of these answers, refer to the 'gender' definition. Ask participants to identify some those aspects of our lives where we can observe gender difference—different roles, expectations and behaviors between men and women (males and females). As people call out suggestions, write them up on flip chart paper.
- Give participants Handout 1.7: Gender.

Activity 2 (30 minutes)

- Divide the participants into two groups. Ask both groups to discuss the lifelines of a girl and a boy in their communities, starting from birth to about 25 years old. Ask them to think about how boys and girls are expected to behave, are treated, the importance and value placed on the individual, etc. For example, during childhood, the girl may be made to wear dresses, take care of younger siblings, do household chores and may be expected to be quiet or even fed less compared to the boy.
- Then give each group a flip chart with the grid on it (see how to do this above). The group have 20 minutes to very briefly write a very quick description of the girls' life during each of the five

age bands in the second column. And in the third column, the group should briefly describe the boy's life during these years.

- Explain that there is not enough time to write EVERYTHING down; just some main points.
- After 20 minutes, ask the two groups to stick their sheets onto the wall next to each other. Ask everyone to look at both papers. After giving them no more than five minutes to read them, ask the group:
Is there a difference in our expectations for girls and boys? If so, why do you think this is so
- After a few answers are given, ensure that the following points are made and discussed, if participants have not already brought them up.
 - Girls are often taught to behave in a different way compared to boys.
 - Because gender is what society teaches us about how we should behave based on our sex, do we feel that, as communities and cultures change and grow, so can our rigid expectations about how we should behave simply because we were born a boy or born a girl?
 - Although we don't want boys and girls to become the same, as PSW, we should want and support boys and girls to have equal opportunities, including for education, access to needed services, to decide on a job or career, and to make the decision of who and when to marry, if at all.

Note to facilitator: If there are strong opinions in the group that promote gender inequality e.g. if someone is convinced that God has made women to serve men, try to avoid entering into deep discussion. The key point is to provide the message that the role of PSW, as well as anyone else in DRC, is to respect what is in the Congolese constitution of treating men and women equally.

Activity 3 (20 minutes)

- In plenary, ask participants the following question: *What can PSWs do to help boys and their families that will help make sure that boys and girls have equal opportunities, now and in the future?*
- Give them 1-2 minutes for pair discussion. Then ask them to suggest 3 or 4 actions that PSWs can undertake.
- Ask the following question: *What can PSWs do to help girls and their families that will help make sure that boys and girls have equal opportunities, now and in the future?*
- Give them 1-2 minutes for pair discussion. Then ask them to suggest 3 or 4 actions that PSWs can undertake.
- Tell participants that you would like each of them to commit to (at least) one action that he/she will undertake to reinforce gender awareness and ensure that girls and boys have equal access to health, education and a brilliant future. Give them two minutes for reflection then ask them to share their ideas with one of the persons sitting next to them, on the left or on the right, as they prefer.

Day Two of Module 1

SESSION 1.8: RECAP OF THE PREVIOUS DAY

Session objectives:

- To review the activities of the previous day
- To allow time for participants to voice any questions, concerns or suggestions that they may have about the course and about what training they have received so far

Materials: A small ball (if available) or a piece of A4 paper rolled into a ball.

Time: 30 minutes

Activity:

- Welcome participants back to the course and ensure that everyone is comfortable.
- Explain that before we start with new subjects, we are all going to remember what we have learned so far and make sure that we remember who everyone is.
- Ask participants to stand on their feet in a circle, with the facilitator also standing in the circle. Show participants the ball and say you are going to call out someone's name and say "[name of the person], yesterday I learned ..." and throw the ball to that person. They must then say the name of someone else in the group and throw the ball to them, saying one thing that they learned yesterday.
- As facilitator, make sure that everyone is thrown the ball at least once.
- Before starting the next session, ask people to say if they have any urgent questions or comments about the previous day. Make a note of any questions or concerns and, where possible, clarify the question by explaining what will be happening next in the course.

Note: It is good to start the day with an ice-breaker. The facilitator should think about a good ice-breaker session for this morning. After the facilitator has conducted a few ice-breaker sessions, participants can be asked to conduct these sessions.

It is good to start the session no more than five minutes late, even if not all participants are there. This will encourage participants to arrive on time, because they know that they may miss some important issues.

SESSION 1.9: PSW FUNCTIONS AND COMPETENCIES

Session objectives:

- To introduce the idea of core PSW functions and competencies
- To identify how these core functions and competencies are practically applied in participants' existing work experience and in future work

Materials: PowerPoint Session 1.9: PSW functions and competencies
Handout 1.8: PSW functions and competencies

Time: 1 hour 30 minutes

Activity 1: (15 minutes)

- Explain that in this session, we are going to break down the general tasks of the previous session into more detail. This is a session that looks at the 'functions' and 'competencies' that PSW will need, to be able to contribute to the vision and policies for supporting children in [*apply to national context*].
- Write up the word 'function' on a piece of flip chart paper. Ask participants what they think this means. Once several answers have been provided (allowing no more than 5 minutes), provide the explanation below. Ask one or two people to give an example of a 'function' of a different profession e.g. ask them what might be one of the key functions of a car mechanic... or a priest...
- Show them the first slide which shows this definition.
- Repeat the same exercise as above with the word 'competency', written up on a flipchart.
- Once you have explained the definition, show the second slide with the definition of competencies. Explain that we are going to look at key functions and competencies that they will be undertaking.

Competencies: measurable behaviors or practices, comprising knowledge, values, experiences and attitudes necessary to carry out the main areas of work.

Functions: types of actions that an individual completes to carry out his/her work. For example, the key functions of a hairdresser could be: communicating with customers to understand what they want; washing, cutting or braiding hair following some quality standard; asking for and receiving agreed payment from customer; ensuring provision of supplies required to operate the hairdressing salon.

Activity 2: (1 hour 10 minutes)

- Remind participants of yesterday's discussions about the role of the PSW. Explain that in this session, we will be looking in more detail about how this overall vision of PSW role is set out in more detail.
- Divide the group into small groups of 4-6 people. Give each group a case study. They have 30 minutes to discuss the case study and identify (a) priority functions that they, as a PSW, would be applying and (b) other people who they will need to work with to support the child and/or family in the case study.
- Allow 40 minutes for feedback. The facilitator should clarify any areas where participants are unclear what their role should be and areas where participants note that they may need additional support.

Activity 3: (5 minutes)

- The facilitator recaps the session with key messages for para social workers, using the final slide of the session. The session ends with an explanation that for the rest of this 20 day course, participants will have a chance to build on their already existing strengths to provide even better care and support for children within the national child protection framework.

SESSION 1.10: BUILDING RESILIENCE AND STRENGTHS: FAMILY-BASED APPROACHES ⁶

Session objectives:

- To consolidate the concept of child vulnerability
- To explore what makes a child and family resilience
- To develop common understanding of a strengths-based approach to supporting children and families

Materials: PowerPoint session 1.10: Building resilience and strengths; family-based approaches
Handout 1.9: Resilience and strengths-based approaches
Rubber band
Training resource 1.10 Brenda's story

Time: 2 hours

Activity 1: (30 minutes)

- Show the slides with the socio-ecological model. Explain that the different circles represent the different influences on children's lives and development. Explain that the child is in the center and, as the circles that a stone thrown into water makes on the water surface, the circles of influence on the child get wider and weaker as they get farther away from the child.
- Ask participants to suggest an example of a POSITIVE influence coming from the child him/herself that influences his/her wellbeing and development. (For example, they could suggest that a child is born with intelligence or a lot of strength). Ask for up to three examples from different participants.
- Then ask volunteers to suggest an example of a NEGATIVE influence coming from the child him/herself that influences his/her wellbeing and development. (For example, they can suggest an illness that the child was born with). Ask for up to three examples from different participants.
- Repeat the same questions for all circles around the child.
- At the end of the session, explain that all these influences affect the child's wellbeing and are interlinked. As they can see, there are many strengths and many of them are close to the child, the family or in the community. On these three levels, there are also harmful influences. The role of social workers in the community is to help children, families and communities identify and reduce these harmful influences. But there are also harmful influences from outside the community. Explain that the work of PSW is to ensure that all the circles around the child are there to reduce children's vulnerability. Explain that the rest of this first module will provide more space to understand children's vulnerability, and the following modules will focus on practical skills for PSW to support children who are vulnerable. Allow time for questions and clarifications.

Activity 2 (60 minutes)

- Point again to the socio-ecological slide – the circles of support that can protect a child. Explain that the positive influences that participants have mentioned all provide 'resilience'. Show the next slide. Ask if anyone can define 'resilient'. Once they have done this, move onto the

⁶ Adapted from Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda.

following slide – depending on what definition has been suggested, either confirm that their definition is accurate, or suggest a more accurate definition on the slide.

- To illustrate the definition, show the group a rubber band. Stretch it as far as possible (without breaking it!), then bring it back to its original size.
- Repeat the exercise several times and then relate it to a person's experience by asking:
 - *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?*
- Allow no more than 5 minutes for plenary discussion.
- Show the subsequent slides, showing the difference between 'coping' and 'resilience'. Allow a few minutes for people to clarify any questions.
- Hand out the session case study and read the case aloud to the whole group. Ask them at the end of reading the case study, the following questions.
 - What made Brenda respond in a different way from her brothers and sisters following the death of their parents?
 - What actions did Brenda take that demonstrated her resilient qualities?
 - What role did the community play in encouraging or enhancing Brenda's resilience?
 - Do you think that your child has any qualities similar to Brenda's, so that he/she can stand, survive, and fight on despite difficulties?

Activity 3 (45 minutes)

- Ask participants to discuss the following question:
 - What are the positive and negative things that vulnerable children do to deal with their difficult experiences?
- If there is time, ask the same question about vulnerable families.
- Summarize the responses and supplement missing answers from the notes below.

Positive	Negative
Talking to other children Attending a ritual that supports the child and makes him or her feel better Seeking advice from adults or older children Keeping busy Praying Getting involved in recreation activities Getting support in school Seeking counselling	Blaming people Exhibiting denial Doing nothing about the problem Isolating themselves Abusing substances Demonstrating suicidal behavior Running away to live on the street

- Finish this session by emphasizing that the role of a PSW in DRC is to focus on the strengths of child and family.

SESSION 1.11 PRINCIPLES AND VALUES FOR SUPPORTING VULNERABLE CHILDREN⁷

Session objectives:

- To agree on the ethical principles involved in working with children and families
- Understand the key concepts and basic approach of the Best Interests of the Child

Materials: PowerPoint session 1.11: Principles and values for supporting vulnerable children
Handout 1.10: Values, ethics and principles for PSW
Training resource session 1.11: Case studies
Handout 1.11: Best interests of the child

Time: 2 hours

Activity 1 Introduction (5 minutes)

Remind people of their homework, to think of a vulnerable child. Explain that we will not discuss their cases in the plenary group, but they will be thinking of that child in this session and future sessions today. This day involves spending more time thinking about what makes children and families vulnerable, and starting to focus on the role of PSW in supporting these children, drawing on the work they did last night.

Activity 2 (25 minutes)

- Show PowerPoint session 1.11 slide 1 and ask if someone can volunteer to explain how the three outside triangles are all needed to do effective social work.
- Once one or more people have explained, explain that we have already briefly discussed the considerable experience and skills that the participants bring and which this course will hopefully be deepening. Move onto the next slide and ask someone to give an example of a value and how this might affect behavior.
- Then ask each participant to write down, on a piece of paper, five of their personal values and how they act on those values. These could be either work-related or personal. Allow 8-10 minutes for people to do this.
- After they have done this, ask people if they found the exercise easy. Allow discussion for around 10 minutes about how important values are for our work and how much influence they have. You can prompt them to think about when these values may have a negative influence – when do we need to challenge our own values? And when they have a positive influence?

Activity 3 (20 minutes)

- Ask the group to brainstorm in the large group ‘What are the values that we all need for working with vulnerable children and families?’ Note the answers on a piece of flipchart.
- Show the following slide, which lists the values. Compare these with the list that was developed on the flip chart and discuss any differences, making sure that the core values you are presenting

⁷ This session adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 2.

are understood and accepted by participants. You can add any additional values that they have identified to a revised list which can be handed out later in the course.

Activity 4 (20 minutes)

- Show the next slides on practice principles. Check that people understand the difference between practice principles and ethics. Give participants Handout 1.10: Values, ethics and principles
- Ask participants to look at the hand out on PSW from the previous day and briefly discuss with their neighbor how far the practice principles showed on the PowerPoint underpin the core 'functions' that PSW are expected to carry out. Allow 10 minutes discussion in pairs and then 10 minutes brief feedback.

Activity 5: (10 minutes)

- Show the next slide on 'best interests'. Ask for a few volunteers to describe what they understand by the phrase 'best interests of the child'.
- After you have gathered several answers, present the rest of the PowerPoint presentation. Allow time for discussion at the last slide.

Activity 2: (40 minutes)

- Divide the participants into small groups of 3-4 people. Give each group a case study and ask them to review the case and think about how to solve it, bearing in mind the child's or children's best interests. Explain that case studies represent situations with several options and where there is not always a "best" option. In situation analyses, they should consider positive and potentially harmful aspects, then think about the decision to be taken. It is most important consider what is best for the child in the long term. They have 20 minutes to complete this analysis.
- Then, in plenary, ask volunteers to share how they have made their decisions based on the child's best interest. After sharing these ideas, remind them that it is important to record the decision-making process. It is always possible to follow up and make another decision if circumstances change or require it. In complex situations such as these, a (professional) social worker should be involved in decision-making and follow up. Allow 20 minutes for feedback and discussion.
- Give participants Handout 1.11: Best interests of the child

Before finishing the day!

- Remind participants that this is the end of Module 1: Basics of working with vulnerable children. Ask each participant to go around the room and say one thing they are taking away with them.
- Hand out the Module evaluation form and ask them to complete. Explain that this is an anonymous form and it is really helpful if they provide as much constructive feedback as possible so that this module can be improved for future sessions. Ask participants to hand in the form the next morning.

TRAINING RESOURCES

TRAINING RESOURCE 1.3: PRE-TEST

The following topics are proposed for the pre-test and post-test of the whole course. It will be necessary to adapt and add to them, especially for trainings comprising a few selected modules from the whole course.

- “The child’s opinion counts in social placement”. True or false?
- What are the alternative care options, by order of priority?
- What are currently the alternative care options that are feasible in [your country]?
- Which of these principles is prioritized in the choice of alternative care options:
 - An orphanage gives children very good services and care, especially when it complies with the norms and standard for caring for vulnerable children.
 - The family is always the ideal place for the child.
 - Social placement should always be decided by a judge.
- What is the difference between adaptation and resilience?
- What do you know about verbal and non-verbal communication?
- What are the different forms of communication popular with children?
- Which factors can positively and negatively influence the child’s development?
- What are the main roles of PSWs?
- In cases where you are not able to offer a solution, what do you do?

TRAINING RESOURCE 1.5: CASE STUDIES

The role of the PSW

Group 1:

A little girl lives with her grandmother in a slum in [insert local city name]. They left the village to come and live in the city when the grandfather died. The child has lived with her grandparents ever since she was born and the child's parents have not had any contact with her in years. The grandmother goes to the market to sell fish and asks the girl to help her carry the fish.

Discuss in your group:

- What is your role in supporting this girl?
- Who else will you need to work with?

Group 2:

Children live in a rural area and local administrators ask for their help to build a road. The children should be in school but the school closed 6 months ago for lack of teachers.

Discuss in your group:

- What is your role in supporting these children?
- Who else will you need to work with?

Group 3:

A child lives with his father and his stepmother. The family is poor and they only eat once a day. When the father is there, the child eats with the family but when the father is away, the stepmother only gives him cassava to eat. She says her own children (who are younger) need more fish to grow than the father's child. The father is aware of the situation and talks to his wife about it but he prefers to go and drink with his friends and avoid quarrels at home.

Discuss in your group:

- What is your role in supporting this boy?
- Who else will you need to work with?

Group 4:

A young man returns to his neighborhood that he left several years ago. There are rumors that he went to fight. His family welcomes him home but many people in the village say that he is trouble and should not be allowed to stay.

Discuss in your group:

- What is your role in supporting this young man?
- Who else will you need to work with?

TRAINING RESOURCE 1.6: CHILD DEVELOPMENT

Smile	Be able to feed oneself
Go to school	Making sounds with the mouth
Fetch water or wood	Playing simple games with the hands
Focus vision clearly	Say “mama”, “papa” or other simple words
Sitting	Sharing with other children
Rolling over by self	Able to drink from a cup
Standing	Able to sit alone, without support

Crawling	Gets first tooth
Walking	Understands 'no' and will stop when told to usually
Running and walking backwards	Walking while holding onto a hand or furniture
Able to point to body parts and pictures of common objects	
Naming common objects	Learns to take turns (if directed) while playing with other children
Dresses self	Skips
Can catch simple objects like balls	Beginning to recognize written words

Enjoys doing most things independently, without help	Begins to lose first set of teeth and get permanent teeth
Beginning of armpit and pubic hair	Beginning of breast development (girl)
First menstrual period (girl)	Recognition from friends and peers becomes important
Understands and is able to follow several directions at once	Adult height and weight
Sexual maturity	Voice changes (boy)
Understands abstract concepts	Begins to challenge adult authority and have independence
Able to sit alone, without support	Able to drink from a cup

Walks without support	Uses up to eight words and understands simple commands
Can name pictures of common objects and point to body parts	Imitates speech of others, 'echoing' word back
Able to state name	Uses spoon to feed self
Able to feed self neatly, with minimal spilling	Able to draw a line (when shown one)
Able to draw stick figures, with two to three features for people	Recognizes gender differences
Hops on one foot	Understands differences in size concepts
Beginning skills for team sports (soccer, etc.)	Makes concrete plans for future life as an adult

Notes for the facilitator

Infancy and toddler – birth to 2 years

- Smile
- Say “mama”, “papa” or other simple words
- Play simple games with hands
- Focus vision clearly
- Sit
- Rolling over by self
- Crawling
- Gets first tooth
- Pulls self to standing position
- Walks few steps while holding onto a hand or furniture
- Understands ‘no’ and will stop when told to usually
- Able to sit alone, without support
- Able to drink from a cup
- Walks without support
- Uses up to eight words and understands simple commands
- Uses spoon to feed self
- Can name pictures of common objects and point to body parts
- Imitates speech of others, ‘echoing’ word back
- Able to state name

Early childhood – 3–6 years

- Running and walking backwards
- Able to point to body parts and pictures of common objects
- Naming common objects
- Able to say first and last name
- Dresses self with only a little bit of help
- Sharing with other children
- Learns to take turns (if directed) while playing with other children
- Recognizes and labels colors appropriately
- Recognizes differences between males and females
- Uses more words and understands simple commands
- Able to feed self neatly, with minimal spilling
- Able to draw a line (when shown one)
- Able to draw stick figures, with two to three features for people
- Recognizes gender differences
- Hops on one foot
- Understands differences in size concepts
- Enjoys rhymes and word play
- Understands time concepts

School-age child -- 6 to 12 years

- Go to school
- Fetch water or wood

- Begins to lose first set of teeth and get permanent teeth
- Recognition from friends and peers becomes important
- Understands and is able to follow several directions at once
- Beginning skills for team sports (soccer, etc.)

Adolescent – 12 – 18 years

- Beginning of armpit and pubic hair
- Beginning of breast development (girl)
- First menstrual period (girl)
- Adult height and weight
- Sexual maturity
- Voice changes (boy)
- Understands abstract concepts
- Begins to challenge adult authority and have independence
- Makes concrete plans for future life as an adult.

TRAINING RESOURCE 1.10 BRENDA'S STORY ⁸

Note to the facilitator: Read this case study aloud

Brenda comes from a family of four children, three girls and one boy.

Her parents, Mr and Mrs Kasongo, died when she was thirteen years old.

As the youngest child, Brenda 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 Brenda would grow up to be a successful. She also always encouraged her to have a relationship with God, who would always be there for her. Brenda 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 Kasongo 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. Brenda and her siblings were left with one very small house to live in and no money for food and other basic necessities. Life for Brenda, 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 Brenda 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. Brenda 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, Prudence, who told Brenda's story to her parents. Brenda's parents, who were both moved and troubled by Brenda's situation, decided to offer Brenda a new home. Their offer came at a very good time because Brenda's uncle had thrown her out of his home. Prudence's parents gave Brenda a caring and supportive home and also provided Brenda with the opportunity to attend school.

Brenda now takes part in all aspects of their family life and aims to study social science at university so that she can become a social worker and reach out to children and families facing difficulties in life.

⁸ Adapted from Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda.

TRAINING RESOURCE 1.11: CASE STUDIES

Basic principles for working with vulnerable children and families; the superior interest of the child should guide your work

Case study 1

You have been approached by a very poor family – a man and his wife who have 7 children and no job. Their eldest child works and the youngest ones (4 years old, 3 years old, 18 months old and twin babies) are cared for by their mother. The parents want their other two children, 6 and 9 years old, to be placed in an orphanage. They say they have no extended family to help them care for these two children and that they want them to go to school.

- List up to 3 positive aspects of placing the children in an orphanage (1 positive aspect for the two children to be placed; one positive aspect for the other children in the family and 1 positive aspect for the parents or the whole family)
- List up to 3 negative aspects of placing the children in an orphanage (idem: 1 negative aspect for the two children to be placed; one negative aspect for the other children in the family and 1 negative aspect for the parents or the whole family)
- What are the main questions you should ask before making a decision? (List up to 3 questions)
- What information will you need and whom should you talk to, to be able to make a decision according to the best interest of the children?

Case study 2

One of the women in your local HIV support group unfortunately just died leaving behind two children. Their father died a few years ago. Before dying, she asked the other group members to help care for her children. They know she has a brother who is married with children and lives outside [insert name of local city] and is quite well off. Her aunt lives close by and has often taken care of the children while the mother was ill. The children are currently staying with this aunt who is around 50 years old, has a small house but no regular job. The group members asked you to help them decide the best option for the children.

- List up to 3 positive aspects of sending the children to live with their uncle and his family.
- List up to 3 negative aspects of sending the children to live with their uncle and his family.
- What are the main questions you should ask before making a decision? (List up to 3 questions)
- What information will you need and whom should you talk to, to be able to make a decision according to the best interest of the children?

Case study 3

You were called urgently to a neighbor's house. She is very upset because her 12-year-old daughter has been sad recently. When she talked to her daughter, her daughter told her that her cousin, who lives in the same house, plays with her during the night and that she's feeling bad. The mother is distressed and does not know what to do. She does not want to have problems with her nephew, her daughter's

cousin, because he stays in their house to go to vocational school and his father gives her money for his accommodation. She cannot afford to bother them. You should decide what support to give immediately and make sure that possible sexual violence does not continue.

- What are the main questions you should ask before making a decision? (List up to 3 questions)
- What information will you need and whom should you talk to, to be able to make a decision according to the best interest of the girl?
- List up to 3 positive aspects of taking the girl away from her family and looking for alternative care for her.
- List up to 3 negative aspects of taking the girl away from her family and looking for alternative care for her.

Case study 4

In a local street children shelter, a girl is pregnant and should soon give birth. They are asking for your help. The shelter staff needs help to bring the girl to the hospital for delivery and they also say that she cannot stay in the shelter with her baby. There are several options: You can find a place for the baby so she can continue to benefit from the shelter's support. You can try to find support to help her live independently with her baby. There might be other solutions. The shelter's people have not yet asked the girl where she comes from or if she has a family with which she could live.

- What are the main questions you should ask before making a decision? (List up to 3 questions)
- List the different care options that you could consider.
- What information will you need and whom should you talk to, to be able to make a decision according to the best interest of both children: the soon to be mother and her new-born baby?

PARTICIPANTS' HANDBOOK

HANDOUT 1.1: COURSE OBJECTIVES

- To deepen existing knowledge of the core role of para social workers (PSW) in *[adapt for local context]*
- To acquire the basic competencies necessary to identify, refer and provide support to vulnerable children and adults
- To understand the role of PSW within the broader child protection framework in *[adapt for local context]*
- To acquire and strengthen skills in:
 - Communication with children, families and communities
 - Applying knowledge relative to clients' needs
 - Direct practice with children, their families and other categories of vulnerable populations
 - Community level work, in a team and with different organizations
 - Advocacy
 - Personnel development and development of others

Module objectives

- To explore the role of para social workers (PSW)
- To learn about the child protection context in *[adapt for local context]*
- To understand the role of PSW within the broader child protection framework *[adapt for local context]*
- To explore basic information on child development in relation to child PSW functions
- To gain a practical understanding for understanding child vulnerability and resilience
- To explore practical techniques for responding to vulnerability/ enhancing child and family resilience
- Introduction to core principles in working with vulnerable children and families, including the best interests of the child

HANDOUT 1.2: CHILD PROTECTION DEFINITIONS

Article 19 – United Nations Convention on the Rights of the Child (UNCRC)

“States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.”

Some global definitions

“Measures and structures to prevent and respond to all forms of abuse, neglect, exploitation and violence affecting children. Prevention and response to violence, exploitation and abuse affecting children.” (UNICEF)

“Protecting children from violence, abuse, exploitation, neglect and the impact of HIV and AIDS” (Government of Malawi)

“Child protection seeks to guarantee the right of all children to live a life free of violence, abuse, exploitation, neglect, in both emergency and development contexts.” (Inter-agency Group on Child Protection Systems in sub-Saharan Africa)

Definitions of child protection violations

Abusing a child refers to a deliberate act of maltreatment that can damage a child’s security, wellbeing, dignity and development. Abuse includes all forms of physical, sexual, psychological and emotional maltreatment. (Save the Children definition)

Violence against children is defined as forms of physical or mental violence, damage and abuse, neglect or neglectful treatment or maltreatment or exploitation, including sexual abuse. (Office of the High Commissioner for Human Rights, 1990, Article 19)

Child exploitation refers to using the child for economical or sexual benefit, for gratification or profit, often resulting in unjust, cruel and harmful treatment of the child. (Save the Children definition)

Child neglect refers to, deliberately or not, failing to plan for or ensure the child’s physical security and development. Neglect can significantly disrupt the child’s health and development, weakening his/her ability to thrive emotionally and socially (Save the Children definition)

Family Separation: Any situation in which children are separated from their legal guardian. Separation can result from legal removal of a child due to allegations of abuse; disasters or conflict; trafficking; the institutionalization of children in residential care centers or detention centers; or children living outside their families on the street or elsewhere (PEPFAR, USAID Guidance for Orphans and Vulnerable Children Programming July 2012)

HANDOUT 1.3: NATIONAL DEFINITIONS OF CHILD VULNERABILITY

Note to trainer: This handout should contain information about national definitions, where these exist.

HANDOUT 1.4: NATIONAL CHILD PROTECTION LAWS AND POLICIES

Note to trainer: This handout should contain information about national laws and policies, where these exist.

HANDOUT 1.5: THE ROLE OF THE PARA SOCIAL WORKER

Note to trainer: This handout should contain any regulations or job descriptions that have been developed nationally for PSWs, where these exist.

HANDOUT 1.6: CHILD DEVELOPMENT

AGES AND STAGES OF DEVELOPMENT AND THE ENVIRONMENT

Child growth and development refers to the progression of life from birth to adulthood.

Each child is unique at birth. The differences among children affect how they develop. Development is influenced by:

- Heredity: physical and intellectual characteristics passed down from your family (DNA)
- Environment: the people, places and things that surround a person.

Children develop on several levels:

- Physical – body, brain
- Cognitive or intellectual – how the brains receives, interprets and sends messages
- Social – interaction with other people
- Emotional – understanding and expressing emotions, sense of own identity
- Moral – acting according to own values and beliefs related to right and wrong

Generally, children go through development stages more or less in the same order.

Each child will develop at his/her own pace and in his/her own manner.

MAIN THEMES IN CHILD DEVELOPMENT STAGES

Stage	Key characteristics	Priorities for good development
First childhood 0-2	Fast brain growth Learns to move Develops attachment bonds and expresses essential needs	Security, safety and love Stimulation for brain development Nutrition for growth
Early childhood or preschool time 3-6	Curiosity Communication Imagination	Reassurance Stimulation through play Development of social skills
Primary school 7-10/12	Friendships More mobility Starts opposing parents or caregivers	Start to learn skills Distinguish between right and wrong Opportunity to establish friendship
Early adolescence 10-12/14	Reference groups/peers Starts challenging adult rules Insecurity and confusion	Learning Give freedoms, but within a framework of consistent rules
Second adolescence 15 – 19	Risk behaviors Begins making decisions Development of sexuality	Start taking responsibilities for the future Continue giving love, support and direction

CHILDREN'S NEED BY AGE GROUPS (FOLLOWING THE NORMS AND STANDARDS OF CARE FOR VULNERABLE CHILDREN)

0 to 2 years old: First childhood

It is the very crucial dependency period in personality development (need for relation continuity between child and mother; importance of active interaction between child and mother). Specific needs are mostly physiological, security related and psychosocial, characterized by:

- Self-centeredness (self-centered intelligence);
- Motor learning
- Learning of language basics
- Emotional reactions
- Relationships with parents and other individuals in the immediate circle

→ 2 to 5/6 years old: Second (early) childhood and preschool age

Specific needs of children in this age group are still physiological, security related and psychosocial, but they reach a decisive turning point toward social and self-esteem needs, such as:

- Complete language acquisition;
- Acquisition of the notion of self;
- Questioning and sensorimotor intelligence;
- Fragile psyche: importance of phobias;
- The issues of complexes (Oedipus complex);
- Progressive acquisition of cleanliness notions: getting dressed, washing, sphincter control;
- Learning good behavior norms;
- Learning through playing and importance of group games.

→ 6 to 12 years old: Third childhood and school age

Children in this age group keep their previous needs, marked by some maturity, and increasingly tend to meet their social, self-esteem and realization needs. Their social integration becomes stronger but generates at the same time frustrations and emotional fragility. Children have a strong taste for games, learning, especially school-based: interest in school, such as:

- Strengthened self-esteem assertion;
- Sense of competition;
- Social and education pressures;
- Emotional fragility;
- Aware of belonging to a given sex.

→ 12 to 18 years old: Puberty and adolescence

Entry into adolescence is a crucial and critical moment for the child. Poor management of this pivotal period toward adulthood by parents or by the child him/herself can result in a personality crisis. The child faces the following issues:

- Issue of studies and school and professional orientation
- Progressive bodily changes and behavior changes;
- Desire for independence and affirmation of own identity;
- Sense of responsibility;
- Need to challenge and frequent conflicts with parents and adults in general;
- Beginning and manifestation of sexual needs (search for opposite sex partner);
- Sense of often being misunderstood, discouragement and tendency to depression.

→ **18 to 25/30 years of age: Transition to adulthood**

It is the age of full maturity and responsibility. We are now dealing with an adult. This period generally is that of:

- University studies or beginning of working life;
- Intimate relationships: sexuality, friendship, engagement, wedding, divorce;
- Life plans: having a decent job; having children; having a satisfactory social status.

HANDOUT 1.7: GENDER⁹

The difference between sex and gender

Sex

Sex is a something we are born with that helps us identify a person as male or female. A male person physically differs from a female. Being a male or female is a natural phenomenon that we cannot change (except through surgery).

Some obvious differences include: Men have beards; women have breasts. Men have male genital organs; Women have a uterus (for giving birth) and female genital organs. Only women can give birth.

Gender

Gender is a something that is developed in our society after the person is born that is given to those characteristics and behaviors that we normally associate with either the female or the male sex. In other words, men and women ACT differently in our society, based on what others expect of them and the way they were taught as children.

What causes these differences?

Gender is based on the different elements of culture, religion and other factors in society. It has originally derived from historically defined identities, roles and behaviors of different sexes (and different ages). From early in our lives, we are socialized— that is, brought up believing that these differences are the way things are and always should be. The types of gender ‘norms’ (expected behaviors) include:

- **Social:** Women are often seen as the family’s main caretakers. They nurture their children and sick family members. By contrast, men are expected to be the main breadwinners and decision-makers on behalf of their household members.
- **Economic:** Women and men do not have the same chances in professional careers. It is easier for men to access and take control over productive resources and benefits, such as land, credit, etc. By contrast, women do most of the work around the house and in small businesses (micro-enterprise, trade, small farming, etc.). (It is often said, a woman’s work is never done!)
- **Educational:** Often families direct more of their resources to the education of boys rather than to girls. Girls are encouraged into less challenging academic tracks or told that their education does not matter so much; that they should drop out of school and help the family at home, get married early, etc.
- **Political:** Often there are differences in the ways in which men and women assume and share power and authority: men often are engaged in national and high-level politics, while women’s involvement is limited at the community level and to domestic-related activities.

What are the consequences of gender discrimination?

Gender equality is a basic right for every human being. Gender identity or sexual orientation are however often a motive for human rights violations. Below are some of the issues related to

⁹ Information from Yekokob Berhan Program for Highly Vulnerable Children, Pact Ethiopia. January 2013. Volunteer Basic Training: Integrated Care for Children for Community-Based Support, Refresher-Training and Capacity Development.

participation, violence against women, armed conflict and poverty as well as sexual and reproductive rights.¹⁰

Discrimination based on sex, gender identity and sexual orientation is widespread in the world. It reduces participation opportunities for women and LGBT groups in society. There are particularly barriers preventing their full and equal participation in education, employment and political and public decision-making.

Worldwide, girls have a more limited access to education than boys; 60% of all countries have fewer girls than boys in primary and secondary school. Although, in most European countries, there are as many girls as boys in school, and actually more girls in higher education, men-women parity is just a step toward full equality between women and men. Very often, other barriers prevent girls' full participation. Girls are often encouraged to study specific subjects (for example arts and human sciences at the expense of sciences and engineering), considered more adapted to dominant gender stereotypes. It is quite likely that this leads to differences in terms of success. Bullying and sexual harassment are also common practices in schools.

Gender discrimination also affects boys.

- When boys are not given the opportunity to learn basic skills in looking after homes and children, or are expected to go out to work, they lose the opportunity for caring relationships with their own children and families.
- Gender norms expose boys to violence which harms girls and women but also harms boys.
- Gender norms that require boys to not show emotion can make it hard for boys and men to talk about what they are feeling.

What are PSW responsibilities in addressing gender discrimination?

Each PSW will play a different role in addressing gender discrimination, depending on the organization that they work with and the children that they care for.

The following are some possible responsibilities – you may think of many more

- Advising parents/caregivers to allow girls and boys an equal chance to attend school.
- Talking with parents or caregivers about how boys and girls can share household chores, so that both have enough time for homework (and also some time for play).
- Helping girls secure sanitary supplies so that they are not embarrassed or forced to stay home from school during menstruation.
- Reminding caregivers (and others) that early marriage is illegal. If necessary, following up with a legal authority.
- Being mindful of abuse and violence issues that may be taking place at home and referring to social workers or the police, if necessary
- Providing counseling, advice, awareness and encouragement on gender issues with family members and in the community.
- Encouraging boys to practice gender equality and express their “gentle side” —caregiving, support, expressing feeling.

¹⁰ <http://www.coe.int/fr/web/compass/gender>

- Encouraging girls to practice gender equality, be strong and take decision-making and/or leadership opportunities when they arise
- Talking with school representatives and other community members if it seems that the equal rights of girls or boys are being violated.

HANDOUT 1.8: PSW COMPETENCIES

Function	Para-professional's practical competencies
Function #1: Communication skills to engage clients and obtain necessary information	<ul style="list-style-type: none"> • Understands the ethical values and cultural practices of the local community and uses this understanding to facilitate efficient and gender sensitive communication with children, adolescents and adults • Draws on basic knowledge in health, education, early childhood development, legal support, nutrition, shelter, household economic strengthening and protection social programs • Is familiar with core child protection principles, knows other available care options to promote client wellbeing, including options for particularly vulnerable populations and knows how to access these services
Function #2: Applying knowledge related to clients' needs	<ul style="list-style-type: none"> • Is able to promote legal compliance and relevant global standards, i.e. promoting child protection and discouraging harmful cultural practices such as FGM and early marriage • Identifies HIV related risk factors for children, adolescents, family members and other vulnerable groups • Encourages and accompanies clients from at risk categories to get tested for HIV and helps them access screening • Identifies support needs of disabled individuals, especially children and their parents and checks availability of community services addressing these needs
Function #3: Direct practice with children, their families and other vulnerable population categories: case management and service coordination	<ul style="list-style-type: none"> • Uses approved procedures and approaches, including sensitization and data collection tools as well as the required forms to identify children, families and other at risk groups, or groups made vulnerable by HIV and AIDS and other difficult situations in order to proceed to more in-depth assessment and set up appropriate services • Understand the concept of client's best interest and knows methods allowing decision making in accordance to this best interest • Uses reporting or communication tools – these include written reports or using a computer, mobile phone, internet, social media and other electronic communication means
Function #4: Direct work with children their families and other vulnerable population categories: direct support services	<ul style="list-style-type: none"> • Is able, with support from supervisor and/or a government social worker, to identify a specialized service need, especially complex psychosocial needs or in a crisis or emergency • Refers clients to support groups and encourages them to participate

	<ul style="list-style-type: none"> • Is able to identify individuals who could contribute to implementing household economic strengthening activities
Function #5: Working at community level, in a team and with different organizations	<ul style="list-style-type: none"> • Promotes community awareness of domestic and gender based violence and family violence and exploitation issues, by strengthening community capacity to take preventive action, to adequately report cases and access necessary services • Makes good use of relevant information systems, including radio and community billboards • Ensures community sensitization and communication with other service providers • Communicates and collaborates with the community and different actors within the community
Function #6: Advocacy	<ul style="list-style-type: none"> • Is able to establish links with different judiciary, police, juvenile justice, education and health services to defend clients' interests and access emergency response
Function #7: Personal development and development of others	<ul style="list-style-type: none"> • Is able to evaluate own strengths, weaknesses and resources to target them for future development • If appropriate, orients other individuals to learning opportunities • Can recognize ethical conflicts that could emerge in practice

HANDOUT 1.9: RESILIENCE AND STRENGTHS-BASED APPROACHES

Resilience is the ability to recover from stresses and shocks and to stay as strong, or become stronger than before. Resilience was first used to describe how far a physical material like glass, stone or rubber could regain its original shape after being bent, squashed or stretched.¹¹ Resilience in humans describes how far an adult or a child can 'regain' its shape after being 'hit' by difficulties, often many times and over a long period of time.

Resilience focuses on the positive aspects that help children cope and develop normally, or sometimes even do better, whilst living in difficult circumstances. Understanding the positive elements can help to identify the positive results.

A number of internal and external factors can contribute to increased resilience including:¹²

- a good relationship with a least one caregiver
- positive parenting – this means having a strong and open relationship with the child, doing everything possible to facilitate the child's full development potential and dealing with potential differences in non-violent and constructive ways, such as praising good behavior, setting clear rules, taking time to listen, working as a team, and avoiding physical punishment;
- good educational opportunities
- social relationships.

Research shows that children who are more resilient tend to have higher self-esteem and greater belief in themselves, along with a sense of being able to have some control over their lives and the ability to make a difference for themselves and others.

The factor that is most important for a child is to have the support of caregivers:

*"Children are able to be resilient, that is, to bear and recover from significant suffering, when they are surrounded by people who love and care for them. The sense of belonging and hope that is nurtured in these relationships enables children to cope with hardship, including hunger, illness, discomfort, and other deprivations of poverty and loss."*¹³

Being resilient does not mean that a person does not experience difficulty or distress.

Emotional pain and sadness are common in people who have suffered major painful experiences in their lives. The road to resilience often involves considerable emotional distress.

Resilience and strengths-based approaches for PSW

¹¹ Kate McAlpine. What is "resilience" and how does it provide an alternative perspective on working with vulnerable children. A primer for professionals working with children in Tanzania. Research summary produced for ChildHope. <http://www.childhope.org.uk/wp-content/uploads/2013/05/Enhancing-resilience-in-vulnerable-children-a-primer-for-child-care-professionals.pdf>

¹² Child Protection Working Group. 2014. *Inter-Agency Guidelines for Case Management and Child Protection*.

¹³ Richter, L. RFoster, G. and Sherr, L. (2006). *Where the heart is: Meeting the psychosocial needs of young children in the context of HIV/AIDS*. The Hague, The Netherlands: Bernard van Leer Foundation.

PSW can do a lot to build up the resilience of children and of their family members by

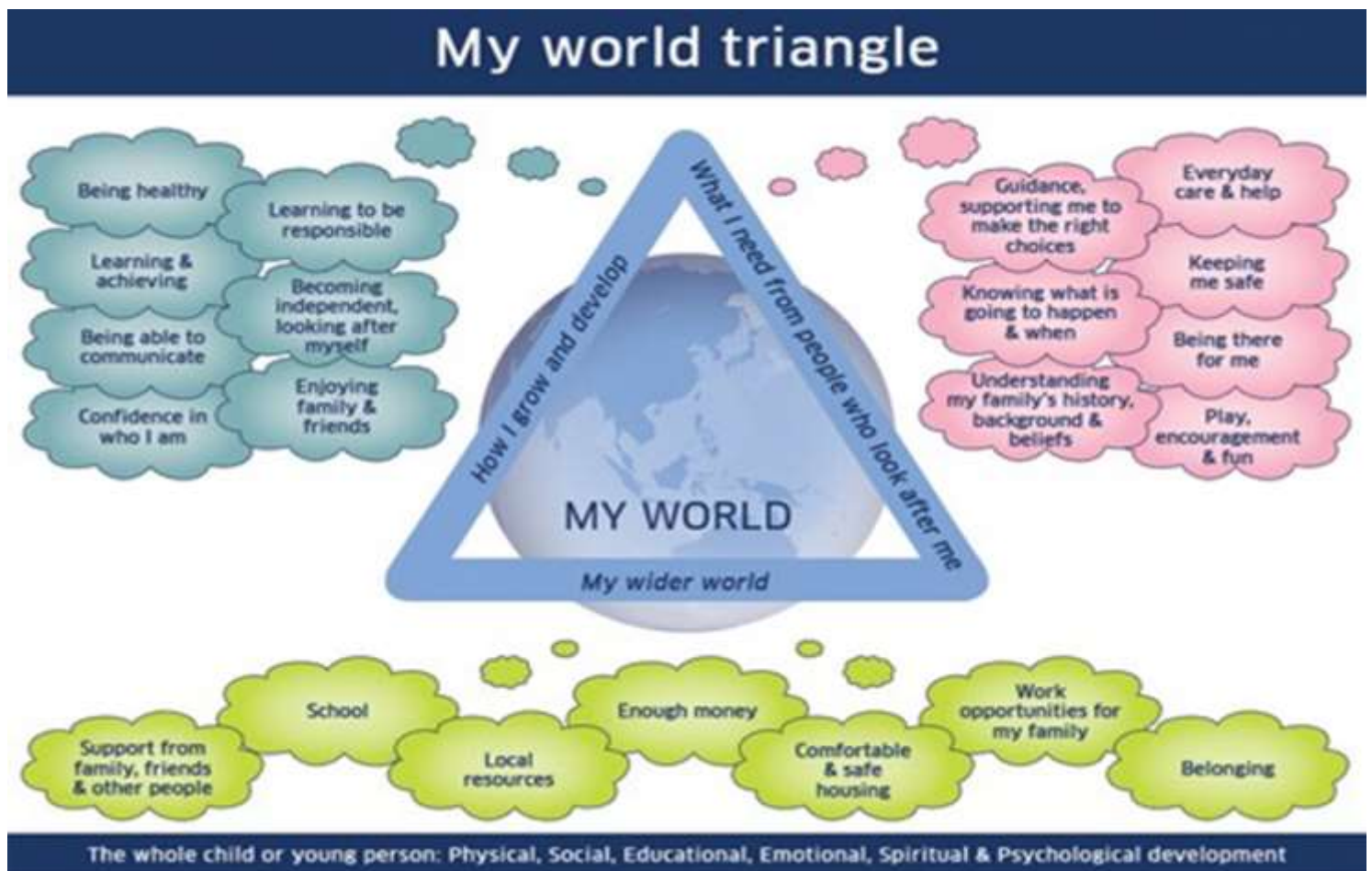
- facilitating the participation of children and of vulnerable families in identifying their vulnerabilities and strengths – having a say can in itself provide strength;
- focusing on children and family's strengths and resources so that the actions and possible solutions enhance these strengths.
- acting with respect, care and empathy, which is likely to bolster self-respect and self-belief in children and families.

A resilience- and strengths-based approach looks at the child's whole world and thinks about all the positive aspects of that world.

On the following page is a triangle that highlights the different aspects of a child's life from a resilience perspective:¹⁴

- what a child needs at an individual level
- what a child needs from the people who look after him or her
- how the wider world affects the child.

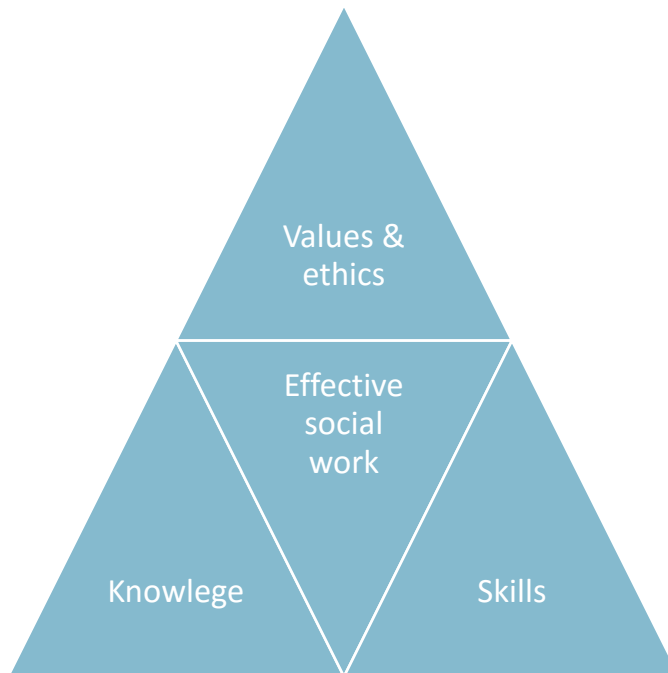
¹⁴ The My World Triangle approach was developed by Children in Scotland: <http://www.gov.scot/Topics/People/Young-People/gettingitright/national-practice-model/my-world-triangle>



¹⁵ This triangle was developed following the Scottish Government 'Getting it right for every child' initiative, this triangle is referenced in: Ministry of Public Service, Labour and Social Welfare, Government of Zimbabwe. 2015. *Operations Manual for the National Case Management System for Welfare and Protection of Children in Zimbabwe*.

HANDOUT 1.10: VALUES, ETHICS AND PRINCIPLES FOR PSW

An effective PSW needs



Values are what we know to be important.

For example: you may feel 'service' is important.

Values shape **behavior** by motivating us to act upon our values.

If you value service, you might want to be a community worker!

If you value wealth, you might think of a way to make a lot of money.

THE IMPORTANT VALUES IN WORKING WITH VULNERABLE CHILDREN & FAMILIES

1. Dignity of all people
2. Children's rights
3. Non-discrimination
4. Community participation and responsibility
5. Accountability and integrity
6. Respect for children and families
7. Respect for professionals, volunteers, government and NGO partners and traditional community mechanisms
8. Right to confidentiality and privacy
9. Inclusion, anti-discrimination, fairness and equity
10. Gender sensitive

Practice principles apply the values in a particular setting, to guide behavior.

For example: The value of non-discrimination translates into a practice principle of treating everyone with the same respect and offering the same high quality services regardless of their gender, religion, skin color, social class, etc.

THE MOST IMPORTANT PRACTICE PRINCIPLES FOR PSW

1. Child-centered

- The best interests of the child or young person are at the center of decision making;
- Primary aim of services is to improve the safety, welfare and wellbeing of the child or young person;
- Encourage participation of the child or young person in decisions that concern them (depending on child's capacity);
- Ensure that the needs of the child or young person are not overlooked when addressing the concerns or issues of the parents and/or family

2. Partnership with families

- Recognize that most children and young people are better off when living safely within their own family and community;
- Provide opportunities to enhance a family's capacity to make positive changes to improve their children's wellbeing
- Recognize that parents play an essential role in looking after the safety, welfare and wellbeing of their children

3. Partnership with communities

- Work in partnership with the community councils and committees for child protection
- Community can have positive and harmful elements—identify both
- Tap into the positive, and help leaders adopt helpful practices
- Raise awareness about the harmful practices and work to eliminate them at the community level
- Work to bring programs and services to the community

4. Culturally responsive

- Recognize that Congolese communities are diverse and comprised of many different cultures, religions, ethnicities, and local traditions;
- Ensure services are sensitive and respectful towards all people, their family forms, and their ways of bringing up children
- Do not excuse or overlook abuse, violence or exploitation of children if cultural or religious practices are harming children's safety or wellbeing
- Understand how cultural and historical factors shape and influence community capacity-building

5. DO NO HARM

- Well intended child protection workers can actually do harm.
- Avoid harming children or families:
 - By being careful to get permission and communicate clearly, including with children, when you make a visit to the household

- By involving the right people when making decisions about whether there is a case of child protection
 - Making sure that you involve a supervisor when deciding to make an emergency removal
 - Not making promises and not keeping them
 - Being careful with case records
 - Showing respect for cultural differences
 - When in doubt, making a referral when you are not sure if there is a need or not
- Making sure that you have the necessary values, knowledge or skills!

HANDOUT 1.11: BEST INTERESTS OF THE CHILD

The Children's Rights Committee first emphasizes that the child's best interest is defined in relation with the other core Convention on the Rights of the Child (CRC) principles such as non-discrimination, the right to life, to survival and development as well as the right of the child to be heard.

Committee Experts also consider that several elements should be taken into account when the child's best interest is at stake:

The specific factual context of the matter;

- Elements related to the evaluation of the child's best interest;
- The balance of each interest relative to the other;
- Afterward, a procedure should be followed to ensure legal guarantees and adequate application of law.

According to the "General Observation" #14, assessing and determining the child's best interest are two steps that should be followed before taking any decision. "Assessing the best interest" involves assessing and balancing all required elements for decision making in a specific situation, for a specific child or group of children.

The Committee considers that the child's opinions and identity, preserving the family environment and maintaining relationships, child care, protection and security, the child's vulnerability and right to health and education are core elements for the child's best interest assessment and determination. All these elements might not be relevant in every case and there may be differences between children and between contexts, but objective balance in assessing a child's best interest remains an inalienable requirement.

Additionally, in the procedural guarantees to ensure priority consideration of the child's best interest, the Committee highlights the necessary compliance with the following:

- The child's right to express opinions;
- Fact finding by trained professionals with required expertise, in an environment and circumstances adapted to the children;
- Time perception;
- Legal support;
- Rationale, justification and legal explanation of each decision;
- The mechanism for reviewing and revising these decisions; and
- Assessing impact of the decision on the child's exercise of his/her rights.

What BID means –theory ¹⁶

BID is generally used in cases where individuals cannot make decisions by themselves, either because they do not have all the necessary information to make informed decisions or because they are considered inapt to make such decisions.

For years children as well as disabled people or those who cannot express themselves have had these decisions taken for them.

Law and human right principles, such as the Convention on the Rights of the child, have established the importance of giving everyone a chance to make a reasoned decision. Three important principles governing BID are outlined below:

1. All public or private institutions that have a responsibility for children, **should determine the best interest of the child each time they are involved.**

This means that each time a decision should be made related to the child's rights (for example related to health, access to school or housing, a legal decision), the person(s) responsible for making this decision should do it **based on all required and/or available information** and use this information appropriately in the final decision.

This responsibility of determining the best interest is especially important in case of disagreement or if there is no main caregiver for the child.

For example, someone who is helping an adolescent girl who is pregnant and living with HIV, will need to know whether this girl wanted to be pregnant, how she feels about her pregnancy, what medical support she can receive for her pregnancy and safe delivery and what other help she can expect from the father, her family and other people. A decision can then be made based on all this information to help ensure a smooth pregnancy.

2. When a decision is made about a child (e.g. his/her health), these entities should also take into account the rights and legitimate interests of any other party.

Other possible parties could be each parent, another child (in the case of a criminal offense of one child against another, for example), other individuals, organizations (or the State) as well as any relevant factor.

Even though the child's best interest should be considered above all, it is possible that other factors need to be taken into account. There is not always a clear and straightforward response.

This means that "best interest" determination involves choosing between several options that are appropriate and viable for the child.

For example, the parent of a child who was recently diagnosed with HIV has a number of options to decide how they will reveal his/her status to the child. The choice may depend on the child's age, the

¹⁶ Explanation adapted from the one outlined in the CELCIS report (2012) *En marche vers la mise en œuvre des « Lignes directrices relatives à la protection de remplacement pour les enfants »*

level of support that the parent and the child can rely on to live serenely with HIV, societal attitude in the community and the school.

3. Making a decision in the child's best interest means identifying the best decision between several, in the short term as well as in the long term.

This involves thinking about short-term and long-term benefits.

This also means ensuring that the decision considers all the child's right.

For example, if a decision is made about the child's health for an HIV treatment, the decision maker should also consider the child's other rights, such as the right to confidentiality and family life.

Such decisions are clearly the responsibility of specific bodies. They should not be taken arbitrarily by others. In the case of HIV services, this right is linked to the child's right to privacy, the parents' rights to treatment and the child's right to protection.

In practice and in the context of this referral system, BID means:

- Involving the child in decision making, telling him/her what is happening, in a friendly way/so that he/she can understand the problem, listening to him/her and taking his/her opinions into account
- Considering all consequences/repercussions of the decisions on the child's rights, including:
 - o Repercussion on the child in school and at home
 - o Repercussion on the child's siblings and other family members
- Ensuring that other individuals affected by the decisions have a voice
- Documenting the different opinions and explaining why the decision taken was taken in the child's best interest

MODULE 2

COMMUNICATION

TRAINER'S GUIDE

Function #1: Communication skills

This module can be delivered as a stand-alone module, without having completed the course before. It focuses on communication competencies, which are a core foundation of working in the community. This part of the training course focuses on understanding and practicing communication skills across different aspects of a PSW's work.

This module has been developed as part of a 20-day training course. If it is to be provided as a stand-alone course, the first session may need to be adapted to incorporate an introduction to the training.

Module overview:

- Communicating with children of different ages
- Basics of communicating with adults
- Communication skills to assess needs of vulnerable children and adults
- Thinking about our own values for communicating with others and working with people with different values
- Communicating with children of different ages and in different settings
- Communication in context of disability
- Written communication skills
- Importance of communication in monitoring and evaluating -
- Communicating with peers and managers

Functional domains taught in this module:

- Communicating with individuals, families and other workers in their unique cultural context, including considering local customs and using the local language
- Being able to engage clients and their family members in a dialogue on their needs, strengths, objectives and the services

Competencies taught in this module:

- Function #3: Direct practice with children, their families and other vulnerable population categories: case management and service coordination

Day One of Module 2

SESSION 2.1: PSWs AND COMMUNICATION: INTRODUCTION¹⁷

Session objectives:

- To gain a collective understanding of how communication is applied across different aspects of community-based work with children and vulnerable families
- To revise the different types of communication required for PSWs

Materials: PowerPoint presentation Session 2.1 PSWs and communication: introduction

Handout 2.1: Module objectives

Handout 2.2: Principles of communication for PSWs

Time: 1 hour 20 minutes

Activity 1 (15 minutes)

- The facilitator introduces the session very briefly and acting in a very bad-tempered manner. The facilitator should come in, sit behind a desk and pull out lots of documents and then ask some questions to volunteers. While they give answers, interrupt and summarize or show that you have not listened. Avoid asking questions that are too sensitive or ridiculing the participants. Just do enough to illustrate the idea of how important sensitive communication is. Ideally, you will want participants to 'get the joke' fairly early on.
- When you have done this for no more than three minutes, step out from behind the desk and say "Hello. That didn't start well. I will go out and come back in again and start the session again." Walk out of the door and then come in again, greet participants smiling, maybe make a polite comment about something that someone is wearing or talk about how good the weather has been, bring the facilitator's chair into a circle with all the other participants and say "Hello, welcome to Module 2 on communication. Can someone describe what they saw happening just now?"
- Gather in participant feedback about the session and ask a few questions, if participants have not already mentioned it, such as:
 - How did you feel when I started talking to you in that (domineering or bullying) way?
 - How did you feel when I came in the second time?
 - Why do you think a module on communication skills is important for PSW?

Note for facilitator: This session starts with the facilitator pretending to have 'bad' communication skills, by being very domineering and not listening. If you have already presented Module 1, it will be ok to start the day immediately with some acting. If this module is being taught on its own, with participants who do not know each other, the role-play of 'bad communication' should only be presented after the group knows each other and are familiar with the teaching techniques, ideally after a pause-café or lunch. Alternatively, the first activity can be removed and possibly used as an ice breaker on a recap day later in the course.

Activity 2 (5 minutes)

- Show the first slide, which sets out the Module objectives and give participants Handout 2.1. Allow time for any questions or clarifications that they have about the next four days.

¹⁷ Ideas in this session come from: Barnes-Ceeney, K. & Naylor, A. (no date) Communication Skills for Social Workers. A trainers manual. Published by UNICEF and VSO. <https://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc>

Activity 3 (20 minutes)

- Tell the whole group that they will be brainstorming all the different communication skills that a PSW needs. Make sure that everyone has a piece of paper and pen ready.
- Ask for two volunteers who can do a really quick piece of drama for the rest of the group. (If you know the group, alternatively pick two people who are usually happy to speak out). Tell one volunteer that he or she is a teenage boy who doesn't like going to school. Tell the other volunteer that they are a PSW who has been asked by the boy's mother to go and talk to him.
- Tell all the other participants to watch what is happening and list all the different ways in which the PSW communicated. Remind them of the things that happened in the first role-play.
- Ask them to start acting the first visit that the PSW makes to the boy. After 3-4 minutes, ask them to stop and thank them for performing in front of the class. Ask for some points that participants noted. Do this to check that the purpose of the exercise has been clearly understood – you can look at the key points in Handout 2.2 for guidance on the types of observations that may be made. If people have misunderstood the exercise, provide 2 suggestions of things that you observed.
- Ask the whole group if they think that there are other important communication techniques or skills that they have used in their work as PSW and note these.

Activity 4 (40 minutes)¹⁸

- Present the remaining PowerPoint slides on overall principles of communication skills required by PSW. Stop at each slide where there is a question and ask for one or two answers – avoid getting into detailed discussions or explanations, encourage people to give brief, succinct examples.
- For the slides that show the core principles, ask for one brief example of how the participants could do this in their work.
- Give participants Handout 2.2: Principles of communication for PSW.

SESSION 2.2 STARTING WITH OUR OWN VALUES**Session objective:**

- To learn about the importance of understanding our own values and ensuring that we respect others' values

Material: Training resource 2.2: Values questionnaire

Time: 45 minutes

Activity 1¹⁹

- Introduce this session by explaining that the issues affecting vulnerable children and families are often sensitive. Remind people of the session on children and vulnerability, which showed the

¹⁸ This activity adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 5. The session was originally adapted from Social Care Institute for Excellence http://www.scie.org.uk/assets/elearning/communicationskills/cs02/resource/html/object2/object2_2.htm#slide11

¹⁹ Keeping Children Safe (2014) Training for Child Protection, Toolkit 3. Accessed from: <https://resourcecentre.savethechildren.net/library/keeping-children-safe-toolkit-child-protection>

wide range of risks that people face and the fact that people use both negative and positive coping mechanisms to deal with vulnerability.

As the session on values and principles emphasized, it is essential that PSW are not judgmental of the people that they are working with, and respect others' values. It can be hard to do that when we all have our own views, values and beliefs. This session is an opportunity to explore those values.

Emphasize that this is a session about respectfully talking about our own views and hearing the views of others. It is important to share these views in a safe space such as this one, where there are ground rules of respect for each other, in order to fulfil our work as PSW.

- Handout a copy of Training resource: Questionnaire to each participant. Ask them to quickly complete the questionnaire, on their own. Explain that they need to read the statements and decide whether they: strongly agree / agree / disagree / strongly disagree with the statements and place a mark in the correct box. Allow no more than 15 minutes for the question – it should take less time than this.
- After everyone has finished, divide participants into small groups of three or four people. Ask them to share their responses to the statements to their small group. Ask them to discuss with each other why they gave those answers?
- After 10 minutes of small group discussion, bring the group back together. Discuss which questions caused the most discussion and why.

It is possible that the answers will have generated a lot of discussion and it is possible that for some questions, people disagree completely. When leading the discussion at the end of the exercise, ask people to focus on:

- Where does your belief about this statement come from?
 - Why do other people have very different views about the statement?
 - What does it mean for you to hold on to that belief?
 - How might this belief influence or affect how you respond to a child you are concerned about?
- The key message of the exercise is that people do have different perspectives, informed by our own background. But these beliefs affect how we react to other people. We need to be aware of the impact of our views on that of other people.
- To conclude this session, the facilitator can re-state that the issues that affect vulnerable children and families are complex. Issues such as abuse and violence, or harmful cultural practices, can challenge some of our basic beliefs about the world - for example, that a parent, or someone working for a faith based organization, would never harm a child. It is important to hold strong to our own views and values, but be accepting that other people may have different perspectives. The job of a PSW is to support and not judge.

SESSION 2.3: COMMUNICATION WITH CHILDREN OF DIFFERENT AGES AND FROM DIFFERENT BACKGROUNDS

Session objectives

- To explore the principles of communication with children of different ages
- To practice basic communication techniques using non-verbal communication, play, one-to-one counseling, etc.

Material: Handout 2.3: Communicating with children

Four pieces of flip chart on the wall with the following headings: 0-6 years; 7-10 years; 11-14 years; 15 – 19 years and older.

Training resource 2.3 Case studies

Time: 2 hours 15 minutes

Activity 1 (15 minutes)

- Ask participants stand or sit in a wide circle. The facilitator also stands or sits in the circle. The facilitator leans over to one of the people sitting to one side and whispers a sentence to them – the facilitator should have thought of a long, slightly complicated sentence before starting the session.
- That person then whispers what they have heard to the next person, and so on, until it has been passed along the whole group.
- Ask the last person to say aloud what they have been told. The sentence may be different from the original one.
- After people have laughed at the end result, explain that this activity shows us two things – first, it shows how easy it is to be misunderstood if we do not keep things simple and easy to follow. Second, it shows us a game – children usually like to communicate via games.
- Ask for volunteers to be ready to use different children's games to keep the group energized and active.

Activity 2 (45 minutes)

- Divide the class into four groups. Give the groups the following ages:
 - Group 1: Pre-school children – 0-6 years
 - Group 2: Children who are starting school – 7-10 years
 - Group 3: Young adolescents – 11-14 years
 - Group 4: Older adolescents – 15-19 years and older
- Ask each group to rapidly brainstorm *suitable ways to communicate* with children of the age that they have been given. Allow up to 15 minutes for this exercise. Ask them to come up with concrete practical suggestions for ways to do this.
- After 15 minutes, ask participants to return to the center. Ask Group 1 to feedback ideas. Allow no more than 5 minutes to feed back. Write up the answers on a piece of flipchart. Move on to Group 2, putting the answers on a new piece of flip chart. Complete for all 4 groups.
- Summarize what the groups have fed back. Ask people to discuss how easy they find this. Are there some ages of children that they find harder than others? Are there particular skills or techniques that work well or that do not work. Note any points that you will need to draw on in the next session or any participants who have experiences that can be shared with the others.

Activity 3 (50 minutes)

- Divide the group into small groups of 4-5 people. Hand each small group one of the case studies in Training resource 2.1. Allow the groups no more than 50 minutes to discuss the questions.

Activity 4 (25 minutes)

- Ask the groups to feedback their group discussions to the whole group. Encourage the groups to be brief.
- As groups are providing feedback, note down the following feedback:
 - Important people to involve when communicating with children
 - Key do's and don'ts about communicating with children
 - Special communication needs and how to address them.

Note to facilitator: In this session, you may prefer to ask participants to self-select the age group that they would like to work with, so that the groups build on existing experience. If too many people are in one group, you may have to then move people around so that there are at least three people for each age group.

SESSION 2.4 COMMUNICATING WITH ADULTS IN THE COMMUNITY

Session objectives:

- To practice the principles of communication with family members and other adults within the community
- To appreciate potential barriers for communication in relation to power and to identify means to address these barriers

Materials: Completed flipcharts from Module 1, Session 1.5 – skills & experience of the group
 PowerPoint session 2.4: Communicating with adults
 Training resource 2.4: Non-verbal communication cards

Time: 1 hour 30 minutes

Activity 1 (10 minutes)

- Remind participants of the skills and experience that they already have, showing them the completed flipchart from Module 1, Session 1.5 (which has been put on the wall before the session begins).
- Ask participants to suggest communication skills or techniques that they have had to use for any of the tasks put up on the wall. You do not need to write up the answers – the purpose is to remind people of the work that they do and think about how they communicate in their work.
- Ask them to also remember the case studies that they discussed at the end of the previous session and draw on any skills that they have used for addressing situations where there was a communication barrier.
- Explain that in this session we will be practicing these skills that people are already using. This is an opportunity to reflect on what we already do and be intentional about the way that we communicate as we visit households or talk with adults in our centers, in order to have trusting relationships.

Activity 2²⁰ (20 minutes)

- Show slide 1 of the PowerPoint. Remind them that we already looked at this slide in the introduction to communication the day before (Module 2.1). In this session we will start by looking at non-verbal communication.
- Explain that communication with caregivers and their children requires both listening and talking. Being a good listener and clear communicator is extremely important. But listening doesn't only mean "with your ears." You should also look around you and use all of your knowledge, skills and experiences in your PSW role with children and their families.
- Show slide 2, read the question aloud and then show slide 3. Ask someone to say which 'sense' is shown in the picture. Ask someone to give an example of when they had to use their ears to learn things that were not being spoken.
- Once you have had one, and maximum two examples, move onto the next slide. Again, ask for an example or two.
- Repeat the question with all five senses.

Note to facilitator: If participants struggle to find an example for the first sense, you could suggest a situation such as: 'You visit a house and the father says everything is fine but you can hear shouting or crying in the back yard'. Only prompt if participants are struggling to find an example. It is good to be prepared with some of your own examples before this session, in case this assistance is needed.

For the image of the mouth, remember that the question is about observing what is not being said – so you could use an example of someone saying something was fine when their tone of voice was clearly angry. Or you could use the example of someone with hearing difficulties or learning impairments who has very slurred speech, making it hard for them to be understood.

Activity 3²¹ (30 minutes)

- Explain that there are six main emotions that can be detected through non-verbal communication. The group will now do a small game to see if people can find out what these six main emotions are.
- Ask for a volunteer to stand up. Hand them the first Training resource emotion card. Explain that they must read the emotion that is written on the card, without anyone else seeing it. Then, without using verbal communication, they must act out this emotion to the rest of the group, just through non-verbal communication. The group participants then need to shout out and guess which emotion is being demonstrated.
- Give the group time to guess. Once a person has guessed correctly ask them to come out and demonstrate the next emotion – hand them the next card.
- Continue this until all six cards have been completed.

²⁰ Activity 2 has been adapted from: Yekokob Berhan Program for Highly Vulnerable Children, Pact Ethiopia. January 2013. Volunteer Basic Training: Integrated Care for Children for Community-Based Support, Refresher-Training and Capacity Development. The exercise was originally drawn from Namibian Red Cross & Red Crescent Society. 2009. Helping Hands: A Practical Manual on How to Assist OVC for Home Based Care Volunteers, The PowerPoint was adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 5.

²¹ Barnes-Ceeney, K. & Naylor, A. (no date) Communication Skills for Social Workers. A trainers' manual. Published by UNICEF and VSO. <https://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc>

- Show the next slide, to recap the six main emotions.

Activity 4²² (30 minutes)

- Show the next PowerPoint slide on active listening. The slide will bring up the four points one after the other. For each point on the slide, ask someone to give an example of how they might do this very rapidly.
- Show the next slide, to reinforce what active listening is and is not.
- Show the next slide – “real play”. Read out the instructions and ask everyone if they understand and are comfortable with the exercise. Emphasize that they do not have to talk about a deeply sensitive problem unless they choose to.
- Ask participants to choose someone they will work with in this exercise. Ask them to sit together – encourage people to spread around the room so they can focus on the person that they are with and not get distracted by other pairs.
- Ask the groups to start. Once five minutes is up, ask the teams to swap roles, with the person who was speaking now actively listening. Once the next five minutes is up, allow two minutes for the pairs to talk about how it was.
- Ask participants to come back into plenary. Ask people to not describe what they discussed, but ask them how the exercise felt. How did it feel, while talking, to know that you were being listened to? How did it feel when listening to really concentrate on what someone was saying?

Activity 5 (5 minutes)

- Present the remaining PowerPoint slides, to complete the overview on communication techniques.
- Close the session by thanking everyone for sharing their experiences – if you like, you can share what you have learned from the participants through what they have communicated in the session.

SESSION 2.5 PREPARATION FOR FIELD PRACTICE / OBSERVATION

Session objective:

- To collectively protocols for conducting field practice / observation visits

Materials: Handout 2.4: Field practice / observation code of conduct
Handout 2.5: Field practice / observation guide²³

Time: 30 minutes

Activity 1 (20 minutes)

- Explain that tomorrow participants will have a chance to observe in practice what they have been talking about in the classroom. This will happen throughout the course and each time there will be a different focus.

²² PowerPoint adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 5.

²³ Adapted from Government of Malawi. 2015. Child Protection Case Management Framework.

- The purpose of tomorrow's field observation is to examine communication, including:
 - Thinking about how the organization they are visiting communicates their objectives clearly to the people who they are supporting / who are using their services;
 - Learning about ways in which children and families have a chance to communicate with the PSW and other staff or volunteers who they are working with;
 - Learning about how the organization identifies needs and strengths and works with children and families to develop plans to support their work.
- Remind people of the discussion that was held on values and principles. Point out that even though participants are extremely experienced in their work, doing a field visit or observation is a slightly different situation and they are 'outsiders' or 'visitors' to the project.
- Ask participants to call out the ethics and principles that they should follow during the visit.
- Once you have got a comprehensive list, thank participants for the ideas. Hand out host organization codes of conduct or the MINAS code of conduct for conducting field visits and ask all participants to read and sign before the end of the session and the main do's and don'ts for working with children and the information guide for families.

Note: Ideally host organizations will have a code of conduct for visitors. If they do not, consider preparing and sharing a code of conduct, with advice on how to manage the desire to help a child you like (e.g. gifts), guidelines on taking photos and videos, etc.

Activity 2 (10 minutes)

- Allocate participants to the fieldwork that you and or MINAS have identified.
- Hand out the work sheet, explain that tomorrow morning they will be visiting projects (in pairs ideally, to be confirmed per course). They can use the work sheet as a guide for the questions that they will be asking.
- Explain that the visit is anticipated to take around four hours, including travel. The rest of the day should be spent preparing a presentation back to the other participants on the following day. This presentation will be done in pairs.
- Note that the way in which they provide feedback is up to them, as long as it does not exceed 10 minutes for presentation.
- Allow time for questions.
- Make sure that everyone knows where they are going and ask people to review and sign the code of conduct before leaving.
- Wish them luck!

Day Two of Module 2

SESSION 2.6 FIELD PRACTICE / OBSERVATION (4 HOURS)

Objective: To observe the scope of communication skills that applied in the field

This session is not attended by the facilitator. However, the facilitator should be available by phone in case of difficulties raised by the host organization or participants.

SESSION 2.7: FEEDBACK AND DEBRIEF

Objective: To conduct joint feedback and review on communication skills

Materials: PowerPoint 2.7: Feedback on the field visit

Time: Two hours

Activity 1: (15 minutes)

- Welcome participants back. Ask participants to very quickly describe yesterday's field assessments – was it enjoyable? Was it informative? Were there any problems that should be addressed in preparation for the next field visit?

Activity 2: (1 hour 30 minutes)

- Ask participants to present their findings from the field practice / observation. Each pair will have no more than 10 minutes to provide their feedback and then there will be 5 minutes for questions or comments from the other participants.

Note to facilitator: The timing of this activity and the time available for feedback will have to be adjusted according to the number of participants in the group.

Activity 3: (15 minutes)

- Use the remaining time to facilitate a closing discussion about the key learning points raised by PSW. Using notes that you have made during the presentation, draw out any key themes that have arisen. Try to focus on both strengths and skills that participants have shown and identify any areas where further practice may be useful.

Day Three of Module 2

SESSION 2.8 ICEBREAKER

Session objective: To start the day with some fun

Materials: None

Time: 30 minutes

Activity:

- The facilitator welcomes the participants and asks for a volunteer to start the day with a children's game

SESSION 2.9 COMMUNICATING WITH PEOPLE WITH DISABILITIES

Session objectives:

- To collectively consider the challenges and opportunities of communicating with people with disabilities
- Explore the core principles of communicating with children and adults with communication disabilities or other communication barriers

Materials: PowerPoint 2.9: Communicating with people with disabilities
Handout 2.6: Children with disabilities and families affected by disability

Time: 2 hours

Activity 1 (30 minutes)

- Remind the participants of the many and diverse ways individuals communicate. Ask the participants, divided into groups of 2-3, to discuss the barriers faced in communication. Give them five minutes then ask them to report back to the whole group.
- Write the answers on a flipchart paper

Activity 2 (30 minutes)

- Show PowerPoint presentation Session 2.9. Clarify that this is not a detailed session on addressing disability but an introduction to some of the challenges that children and families affected by disability may be facing and how this may affect their communication.

Activity 3 (60 minutes)

- Ask participants to divide into pairs and discuss one of the case studies on the Training resource. They do not all need to discuss all case studies, encourage different pairs to discuss the different scenarios.
- Allow 30 minutes for the pairs to discuss the scenarios.
- In plenary, review the answers. Then ask participants to identify one moment in their work when they had communication challenges. Ask for examples of:
 - Children or adults living with some kind of mental illness (not a disability)
 - Children or adults under the influence of alcohol or drugs
- Take this opportunity to draw on their experience to identify strategies that the participants will be able to use.

SESSION 2.10 FINDING OUT WHAT THE ISSUES ARE: ASSESSING NEED

Session objectives:

- To understand the key principles behind assessing need and practicing techniques in assessment
- To learn what [national ministry] is expecting from PSW role in family assessment

Materials: PowerPoint presentation Session 2.10 Assessing needs
Training resource 2.10: Role-play case studies
Handout 2.7: Child and family vulnerability assessment

Time: 1 hour 30 minutes

Activity 1 (30 minutes)

- Give participants Handout 2.7. Give them some time to see the available tools and review them with the person sitting next to them. Ask the participants to go over the tools, still with the person sitting next to them.
- After 5 to 10 minutes, ask for immediate reactions about these tools.

Note for the facilitator: Before starting the session, it is important to identify the assessment tools already put in place by the organizations with which the participants are working. In case there are currently no assessment tools, you can use the generic assessment tools attached to Handout 2.8.

Activity 2 (60 minutes) ²⁴

- Divide participants into groups of three. Explain that they will spend an hour practicing communicating with a 'client' to identify the needs and strengths.
- Ask each small group to choose one person to play the role of PSW, one to play the client, and one to be the observer. Give each group one case study from the Training resource – depending on numbers, you may have more than one group discussing a case study.
- Give the groups 5 minutes to read the case study and agree who will be which role.
- Then allow the group ten minutes to practice asking questions, listening, reflecting back and summarizing. Observers should watch to identify any 'advice giving' or poor communication. PSW should think about how to communicate with the child in the case study in an age-appropriate way. After ten minutes, stop the role-play and allow five minutes for feedback from the observer.
- Then ask the team to swap roles and repeat twice more, until everyone has played the role of the social worker. Encourage people to elaborate on the role-play, by changing character or scenario to get the chance to practice a range of communication skills.

SESSION 2.11 INTRODUCTION TO PRINCIPLES OF REPORTING AND RECORD KEEPING

Session objectives:

- To understand the principles and practices in information sharing for PSW, including principles of protecting client confidentiality in record keeping
- Collectively agree on the core areas of record keeping to be undertaken by PSW

Materials: PowerPoint presentation Session 2.11 Principles of reporting and record keeping
Handout 2.8: Principles of reporting and record keeping

Time: 30 minutes

Activity 1 (5 minutes)

- Explain that we are about to talk about written communication – record keeping and reporting
- Ask for participants to call out rapidly what the key areas of record keeping may be. You do not have to note these down, but keep a mental note of anything that is not covered in the next presentation or that is NOT part of record keeping.

Activity 2 (25 minutes)

- Show PowerPoint presentation 2.14. Allow time for questioning as you show the slides. Ensure that everyone has understood the core ethical principles.
- At the end of the session, ask participants if they are already carrying out this type of record-keeping in their organization. If not, ask them if they could find out more about how their organization keeps records. We will come back to this discussion in Module 4 on referrals.
- Give participants Handout 2.9: Principles of reporting and recording. Remind participants that this is a brief introduction and they will have much more time to review and practice in Module 4.

²⁴ Adapted from Barnes-Ceeney, K. & Naylor, A. (no date) Communication Skills for Social Workers. A trainers manual. Published by UNICEF and VSO. <https://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc>

SESSION 2.12 WRITTEN COMMUNICATION – RECORDING NOTES DURING VISITS

Session objectives:

- To consolidate existing experience in making clear records during visits
- To practice making a simple report

Materials: Blank copies of child situation assessment tools from the participants' handbook,
Handout 2.7
Training resource 2.10: Role-play case studies

Time: 1 hour 30 minutes

Activity

- Explain that this session is a practice session for report writing. Hand out the assessment form that is to be used
- Ask participants to go back into the groups of three that they were in for activity 2.11, where they role-played a client with their assessment forms.
- The small group should work together to fill in the form, using the case study that they acted out in Session 2.10 earlier in the day.
- Allow the group time to complete the forms – no more than 30 minutes maximum. The facilitator should move around the room checking that each group is considering the basic record keeping principles. Remind them that the record should document all the key information in a way that is accurate and covers all the key points.
- Ask participants to come back to plenary after no more than 30 minutes in the group.
- Ask a volunteer group to summarize the key points that they noted. Check if any other groups using the same case study had noted different information. Repeat for the four case studies.
- Ask people to comment on how they decided to record the information to ensure that it represented the client's views. Was there any difference between the groups that worked with children and groups that worked with adults?
- Before finishing, ask all the participants to hand in the forms. If they do so without questioning your request, point out that they have just inappropriately shared the information! Then explain that because this is just a role-play, and you are their 'supervisor', you would like to see the records in order to monitor their work and see what support may be needed for the client. Promise that you will not share the information with anyone and will keep it quiet.
- Thank the class and finish the session.

TRAINING RESOURCES

TRAINING RESOURCE 2.2 VALUES QUESTIONNAIRE

	Strongly agree	Agree	Disagree	Strongly disagree
1. Hitting children is always wrong and is a form of child abuse.				
2. Girls need to learn to be good wives, which is why they should do most of the housework.				
3. Using a stick as a way of disciplining children in school is ok.				
4. It is important to allow boys to learn to cook so that they can live independently when they are older.				
5. It is wrong to waste charitable money on families where someone drinks too much.				
6. Reporting abuse is likely to make things worse for the child so it is better not to do or say anything.				
7. Disabled children are more at risk of being abused than other children.				
8. Staff employed to work with children are unlikely to abuse them.				
9. Boys are less likely to be sexually abused than girls.				
10. Girls often choose to get pregnant so that they can get access to money and privilege.				
11. If a girl gets pregnant, she should stay at home and be a mother and should not return to school.				
12. Children should respect their elders and not speak out regardless of what the elder is doing or saying.				

TRAINING RESOURCE 2.3 CASE STUDIES

Group 1

Children aged 0-6 years

You are working with a community child protection committee. Committee members have raised concern about a family in the area. They say that the mother is struggling to look after the children and the oldest child always seems to be looking after his younger children. The household includes a mother and three children, aged 9 months, 2 years and 4 years.

When you visit the house, you notice that it is very poor. The mother is worried about why you have both visited. You start by both explaining to the mother what is happening. While you are talking to her, the children are crying and making it hard for her to concentrate.

You take the three children to one side, while your colleague continues to talk to the mother. While he is talking to the mother, you gently start building a relationship with the three children.

In order to get an idea of whether the children are suffering and, if so, in what way, you gently start to talk to them. You do not want to ask too much before the mother has agreed to work with you but would like to start a positive relationship.

In your group, discuss the following questions.

- Give some practical examples of ways that you can establish trust through communicating with them in an age-appropriate way. What verbal and non-verbal communication might you use?
- What are the most important 'dos and don'ts' for this first meeting with the children?
- Are there any other people or organizations that you might want to work with to ensure ongoing communication with the children?

Group 2

Children aged 7-10 years

You are working with a local NGO that runs play clubs for children who have lost their parents. You have been asked to talk to the children in the group who are in primary school. You decide to meet with a small group of four of the children aged seven to ten years, to ask them what they would like to do in a club.

In your group, discuss the following questions.

- Give some practical examples of ways that you can establish trust through communicating with them in an age-appropriate way. What verbal and non-verbal communication might you use?
- What are the most important 'dos and don'ts' for this first meeting with the children?
- Are there any other people or organizations that you might want to work with to ensure ongoing communication with the children?

Group 3

Young adolescents 10-14 years

You have started to get to know some of the boys that you see selling drinks in the street, as you walk to work at your street child education center.

You would like to find out why they are working on the street, which bits they enjoy and what possible challenges that they may face. Ultimately, you hope that they are willing to come along to the street child education center, but you do not want to force them too soon.

In your group, discuss the following questions.

- Give some practical examples of ways that you can establish trust through communicating with them in an age-appropriate way. What verbal and non-verbal communication might you use?
- What are the most important 'dos and don'ts' for this first meeting with the boys?
- Are there any other people or organizations that you might want to work with to ensure ongoing communication with the boys?

Group 4

Older adolescents 15 -19 years and older

You work in an HIV support group in Kinshasa. You would like to set up a support group for adolescents living with HIV. You arrange a time to go to the local HIV treatment clinic where there are two young women, aged 16 and 17 years, who were recently diagnosed HIV positive and are enrolled on treatment.

You would like to talk to them about whether they think it would be nice to have a support group for young people of their age. The sorts of questions you would like to find out include whether they think the group should be both sexes together or single sex, what they would like to gain from the group, how they would like it to run. You know that they have already both disclosed their status to others in your HIV support group but you do not know if they have talked about it to people outside the group.

In your group, discuss the following questions.

- Give some practical examples of ways that you can establish trust through communicating with them in an age-appropriate way. What verbal and non-verbal communication might you use?
- What are the most important 'dos and don'ts' for this first meeting with the young women?
- Are there any other people or organizations that you might want to work with to ensure ongoing communication with the young women?

Happiness	Surprise
Sadness	Anger
Boredom	Disgust

TRAINING RESOURCE 2.10 ROLE-PLAY

Group 1

In your group, decide who is going to be the PSW and who is going to role-play the person below, who is the client. The third person is the observer.

1. PSW

You have been asked to talk to the mother below to find out what type of support she might need. You have gone to her house on the invitation of the local child protection committee.

2. Client

You are a mother with two young disabled children aged 6 and 3. Your husband has left you: he blames you for producing disabled children. Your mother helps you look after the children as much as she can, however her own health is not very good, and at times she is absent minded. You feel under a lot of pressure, and you do not think that you can cope much more.

3. Observer

Quietly observe the role-play. Observe and make note of:

- *Skills that the PSW uses to ask questions sensitively*
- *Techniques for helping the person talking clarify their problems*
- *Strengths-based approaches*
- *Any particular communication techniques that recognize the client's age, sex or other factors*
- *Any inappropriate 'advice giving' which should not be done at this stage*

Carry out the role-play for 10 minutes and then the observer gives feedback for 5 minutes.

Swap roles and carry out the role-play again for 10 minutes with five minutes feedback.

Repeat a third time so that everyone has tried out each role

Group 2

In your group, decide who is going to be the PSW and who is going to role-play the character below who is the client. The third person is the observer.

1. PSW

You have been asked to talk to the boy below to find out what type of support he might need. You are talking to him outside your compound yard, where he sometimes comes because he knows you allow him to have a wash at your tap.

2. Client

You are a 9 year old boy, who has started to sniff glue with friends. You like the feeling the glue gives you, but you know that sniffing glue is bad for your health. You have started to miss school regularly, and you are falling behind in your schoolwork.

3. Observer

Quietly observe the role-play. Observe and make note of:

- *Skills that the PSW uses to ask questions sensitively*
- *Techniques for helping the person talking clarify their problems*
- *Strengths-based approaches*
- *Any particular communication techniques that recognize the client's age, sex or other factors*
- *Any inappropriate 'advice giving' which should not be done at this stage*

Carry out the role-play for 10 minutes and then the observer gives feedback for 5 minutes.

Swap roles and carry out the role-play again for 10 minutes with five minutes feedback.

Repeat a third time so that everyone has tried out each role

Group 3

In your group, decide who is going to be the PSW and who is going to role-play the character below who is the client. The third person is the observer.

1. PSW

You have been asked to talk to the girl below to find out what type of support she might need. She has come to your NGOs office because her friends say that your office can sometimes help girls who have health problems.

2. Client

You are a fifteen-year-old girl. You have not had a period for two months now, and you are worried that you might be pregnant. You have not told your parents because you know that they will be really angry with you. You are no longer with your boyfriend, and do not wish to have a baby.

3. Observer

Quietly observe the role-play. Observe and make note of:

- *Skills that the PSW uses to ask questions sensitively*
- *Techniques for helping the person talking clarify their problems*
- *Strengths-based approaches*
- *Any particular communication techniques that recognize the client's age, sex or other factors*
- *Any inappropriate 'advice giving' which should not be done at this stage*

Carry out the role-play for 10 minutes and then the observer gives feedback for 5 minutes.

Swap roles and carry out the role-play again for 10 minutes with five minutes feedback.

Repeat a third time so that everyone has tried out each role

Group 4

In your group, decide who is going to be the PSW and who is going to role-play the character below who is the client. The third person is the observer.

1. PSW

You have been asked to talk to the woman below to find out what type of support she might need. She has been referred to your NGO by someone in the church who thinks that your organization may be able to provide her with a house or some cash.

2. Client

You are a mother with two children aged 10 and 12. Your husband has abandoned you – he went off to work in a mine and has not sent money or been in touch for over a year. You have heard that he has a new wife in his new town. You live with your mother but it is stressful; your mother is not working and the house is very small.

3. Observer

Quietly observe the role-play. Observe and make note of:

- *Skills that the PSW uses to ask questions sensitively*
- *Techniques for helping the person talking clarify their problems*
- *Strengths-based approaches*
- *Any particular communication techniques that recognize the client's age, sex or other factors*
- *Any inappropriate 'advice giving' which should not be done at this stage*

Carry out the role-play for 10 minutes and then the observer gives feedback for 5 minutes.

Swap roles and carry out the role-play again for 10 minutes with five minutes feedback.

Repeat a third time so that everyone has tried out each role

PARTICIPANTS' HANDBOOK

HANDOUT 2.1: MODULE OBJECTIVES

- To understand the importance of and the basic principles of communicating with children of different ages and in different circumstances
- To understand the importance of and the basic principles of communicating with adult caregivers and community members
- To practice basic communication skills to assess the needs of vulnerable children and adults
- To examine our own values for communicating with others and working with people with different values
- To explore gender norms and gender-sensitive communication
- To consider communication techniques in context of disability
- To practice written communication skills
- To learn communication skills for monitoring and evaluating
- To identify key issues for communicating with peers and managers

HANDOUT 2.2: PRINCIPLES OF COMMUNICATION FOR PSWs

WHY PSWs NEED GOOD COMMUNICATION SKILLS²⁵

Communication is the first of the seven PSW functions that are considered to be important in DRC.

Research shows that the most important ingredient in motivating change is the relationship between the worker and the client.

Positive relationships are facilitated by good communication and effective interaction. These skills must be learned and practiced.

PSW, like all others who have a recognized role in the community, are in a position of power with the vulnerable child or the vulnerable family with whom they are talking. When a PSW enters a home, there may be things that the child or family do not want to reveal, because they are afraid of being judged or afraid of the consequences. Being more aware of the possible ways in which PSW communicate within a home can help a PSW be sensitive to these possible concerns and respond appropriately.

PSW often have to communicate in situations where conditions may present many barriers to communication and may be working with individuals who are afraid of, or do not want to, change.

Having strong communication skills can help with the possibly demanding activities that PSW face, such as:

- Listening to individuals in great distress experiencing pain and fear;
- Stimulating individuals to gain insights about themselves;
- Giving support and advice to those under stress;
- Conflict resolution with angry and /or aggressive clients;
- Changing deeply ingrained attitudes or habits;
- Developing different communication methods for those who do not use verbal communication;
- Supporting children and adults to see their way through a confusing and difficult period.

Communication is something that we do every day, from when we get up to when we go to sleep. So it is important to step back and examine closely how we use communication, in order to achieve the best results.

Basic principles of communication²⁶

- **Empathy:** “Jump into the skin’ of the other person and try to understand how they view the world, how they feel, and what they think and be able to communicate your understanding. But this is not the same as sympathy which is merely feeling sorry for someone without true understanding.

²⁵ This information is drawn from Barnes-Ceeney, K. & Naylor, A. no date. Communication Skills for Social Workers. A trainers manual. Published by UNICEF and VSO. <https://www.unicef.org/tdad/vsounicefkazocialworkcommunicationskills.doc>

²⁶ Adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 5. The materials originally adapted from Social Care Institute for Excellence http://www.scie.org.uk/assets/elearning/communicationskills/cs02/resource/html/object2/object2_2.htm#slide11

- **Unconditional positive regard:** Treat the person with genuine respect. Be kind, relax, make the other person feel at ease.
- **Self-awareness & openness:** Be aware of your own attitudes, biases & feelings and how your actions impact others. Appropriate ownership and expression of personal feelings and thoughts only when they are in the client's best interest.
- **Non-judgmental attitude:** Evaluate a situation to identify problems and strengths without holding or expressing judgmental attitudes.
- **Professional boundaries:** Maintain controlled emotional involvement, and the ethics and values such as confidentiality, avoiding discrimination, and showing respect.
- **Reliability and consistency:** Do what you say you will do, and don't make any false promises. This builds trust and a sense of safety for the client.

HANDOUT 2.3: COMMUNICATING WITH CHILDREN

CHILDREN'S COMMUNICATION NEEDS AT DIFFERENT AGES²⁷

0-6 years	7-10 years	11 years and older
<ul style="list-style-type: none">• To know they are loved and safe• To develop positive feelings about themselves and others• To know that the range of emotions and fears they have are normal• To feel good about new learning and experiences• To develop resilience by learning to “bounce back” and to seek help	<ul style="list-style-type: none">• To nurture positive feelings about themselves, others and the larger world• To explore and test their own ideas, skills and talents• To be guided in using their potential in positive ways• To have their feelings and worries understood and respected	<ul style="list-style-type: none">• To be informed and guided into adult life, including about behaviors that put them at risk and about responsible sexual behaviors• To have strong, positive role models with high moral standards• To have recognition and respect of their opinions and ideas• To be allowed to learn from mistakes and correct self-destructive behaviors

Communication with children when working as a PSW²⁸

1. Always greet the caregiver or parent when working with children.

Where possible, start and end every visit with greetings to the caregiver and ask how the family is doing, what changes have occurred since the last visit, etc. Check up on previous actions or decisions.

2. Introduce yourself to the child:

Even if you already know the child, it is important for the child to understand who you are and why you want to talk to him or her. Do not assume that he or she knows what you want to talk to him or her about.

3. Give yourself enough time:

Be sure to plan enough time for the conversation so that when it is finished the child is in control of his or her feelings. Never leave behind a crying child. If your time is short, avoid eliciting strong emotions in the child. Concentrate instead on giving the child positive support for the efforts she or he is making.

4. Put yourself in the child's shoes:

Think back to when you were a child and what it would have felt like to be in his or her position. Try to behave in a way that you would have liked an adult to behave. Treat the child you are speaking

²⁷ Adapted from Kolucki B & Lemish D. November 2011. Communicating with Children: Principles and Practices to Nurture, Inspire, Excite, Educate and Heal. UNICEF. [https://www.unicef.org/cwc/files/CwC_Web\(2\).pdf](https://www.unicef.org/cwc/files/CwC_Web(2).pdf)

²⁸ Adapted from Yekokob Berhan Program for Highly Vulnerable Children, Pact Ethiopia. January 2013. Volunteer Basic Training: Integrated Care for Children for Community-Based Support, Refresher-Training and Capacity Development.

with in a manner that is appropriate to his or her age and maturity. For example, do not speak to an adolescent in the same way you speak to a seven-year-old.

5. Don't pressure a child:

Be patient. Do not force a child to talk. The child will talk to you when she or he is comfortable. When the child does start a conversation, make every effort to pay attention. If that is not possible, arrange for another time to talk—maybe in ten minutes or when it is mutually convenient— and make sure you are there. Keep in mind, though, that delaying a conversation may mean that the child might not want to talk later. It is always best to listen to the child the first time he or she raises an issue.

6. Respect the child's privacy:

It is important to think about where the conversation with the child will take place, and to make sure that it is as private (away from other people listening in) as possible, but not so hidden that it could cause others to become suspicious.

7. Position yourself eye-to-eye:

Find somewhere to talk where you can be at the same level as the child, where he or she can see that you are interested in what he or she has to tell you. Look at the child, even if they look away. Making eye contact and leaning towards toward the child a little shows that you are listening.

8. Help the child relax:

Start the conversation in an easy way, with topics that are comfortable for the child to discuss. For example, you could ask her to tell you about what she did yesterday or to describe to you her favorite activity. Gradually, you can begin to talk about more sensitive topics. You may need to meet and talk with a child several times before the difficult issues are even discussed. If the child fidgets, bites her nails or is restless, do not draw attention to her discomfort. You may bring a stone or a small item with you so that she may fiddle with it while you are talking.

9. Listen actively:

Devote your full attention to the child and what she has to say. Show the child, with your body and your gestures, that you are listening carefully and that it is important to you. Be attentive to the child's need for physical comfort or for distance from you. (Do not turn away from the child, wave and call out to people walking by, flip through your notes, etc.)

10. Speak little and listen a lot:

Do not assume that you know what the child wants to tell you. Seek clarification when necessary, but do not interrupt the child when he or she is speaking. Wait for pauses in the conversation to clarify things that the child has said. Ask short questions using simple, straightforward language. Do not criticize the child if the child does not understand. Instead, rephrase what you have said with simpler language.

11. Accept the child's feelings:

Show the child that you are trying to understand by commenting on what she or he says and summing it up. Allow the child to express whatever emotions she or he is experiencing and assure the child that such feelings are natural and understandable.

12. Do something; don't just talk:

Many children like to be active and it is often easier for them to share their feelings in the course of an activity. Play together, draw, tell stories, share tasks, go for a walk, whatever you think might help them to feel comfortable to reach out to you.

13. Keep your conversations confidential:

The child needs to know that you will not gossip or tell others what she or he tells you. The exception is, if you learn that the child is in danger. If you think it is important to tell other family members some of the things you have heard, then you should tell the child this first, and help him or her to understand why this is necessary. Listen to how the child feels about this and try to accommodate any concerns the child might have.

14. Only say things that are true:

The child may ask you to do things for him or her. Be honest with the child about what you can and cannot do to help and check back to be sure that they have understood.

15. Try not to end abruptly:

After talking with a child, sum up what has been said. Ask the child how he or she now feels. Praise and encourage the child and let the child know when you will be coming again. Tell the child that you are glad you spent some time together and add (if appropriate) that you will do what is possible to get the child any extra support that she or he needs. Do not promise something that you may not be able to deliver; don't give false hope.

HANDOUT 2.4: FIELD EXPERIENCE/CODE OF CONDUCT OBSERVATION

Establish a Code of Conduct with advice on how to manage the desire to help a child you are fond of (e.g. gifts), guidelines on taking photos and videos, etc.

Dos and don'ts of working with vulnerable children: Do no harm

- Establish priorities in the Child's Best Interest;
- Ensure accountability;
- Draw on strong knowledge of child development and children's rights;
- Give children the right to be make themselves heard and take their opinions seriously;
- Seek informed (free) consent and/or agreement;
- Respect confidentiality and share information on a "need to know" basis

HANDOUT 2.5: FIELD VISIT OBSERVATION GUIDE

Remember the principles for visiting

You will be visiting an organization that provides care and support to vulnerable children.

The organization should know about your visit. If there is any misunderstanding about the visit on your arrival, you can call the course facilitator on: Tel: _____

On arrival, make sure that the organization's director, or most senior staff present, fully understands the purpose of your visit.

If the organization has a code of conduct and you have already received a copy, hand this to the director or most senior staff present. If the organization does not, hand in the generic code of conduct that you were given in the course.

You will be conducting field observation for a half day at the organization. The most senior person in the organization will guide you and your colleagues on the visit. Show the director the questions below. They will hopefully have already reviewed these questions. If not, you may need to explain what you are looking for and why.

Make it clear that you are here to observe only and you will be making notes for your own training and assessment. The observations that you make are to be used in training practice and will not be shared with other organizations.

1. About the organization's aims and approach

- a) What is the organization's aim and which vulnerable children do they aim to work with? How are children identified or selected? Are there particularly vulnerable boys or girls being reached? What does the organization have to do to meet their needs?
- b) How does the program try to effect change? How do we think these children's lives are going to improve, allowing them to reach this goal?
- c) What interventions did you observe that reach the vulnerable children or families that the organization is working with?

2. About the children who are being supported

- a) What did you observe about the status of the children who are being supported – observe their age, their overall status, the issues that are being identified and addressed.
- b) What skills, knowledge and behaviors does the program try to build in the young people they support and why?
- c) What approaches are being taken with the children – are they meeting the children's age- and developmental stage specific needs? How are issues of gender difference and equality considered?

3. About families, if relevant

- a) What approaches are made to support families or households?
- b) How far are parents/guardians and other family members are engaged in the child's care, about how positive parenting is promoted?

4. Communication approaches and techniques

- a) How do the project staff communicate with children – what activities or approaches are being used? Note any that seem particularly effective
- b) What observations do you have about the interactions between the people engaged in social support at the organization, and children and their families?

What is a para social worker who is providing care and support for children?

A trained volunteer or staff member who has completed an A3 training course on auxiliary social work, and who is working with MINAS, or with a Congolese civil society organization. The para social worker is responsible for helping children and families to keep children safe and free from danger. DRC's national law on the protection of children says that all children who may be at risk of harm, and their family, must be offered support to help children stay safe and be well.

What does a para social worker do to protect children?

A para social worker can work with children and families who are struggling to provide the care and support to children on their own, to help the family provide care. The para social worker works with the family to see if something needs to be done to prevent the child from being harmed and to see whether his or her family need any help. A plan is agreed with the child and the family to make sure the child is safe and any necessary help and support is provided. In the most extreme cases this might mean the child having to be cared for by someone else until it is safe for the child to return home.

What can you expect of how the child protection worker will go about their work?

The Child Care and Protection Act states that social workers and other organizations responsible for child protection must:

- Make sure that every decision taken with regard to your child's safety places your child's best interests at the center.
- Recognize that you, as parent/guardian, and your family play the most important role in looking after the safety, welfare and wellbeing of children and work in partnership with you at all times.
- Respect the confidential nature of the information they gather about your child, you and your family. This means only sharing information with others when they need the information in order to protect and support your child or you and your family and making sure that you know who the information is being shared with. They will make sure that any information about your or your family that is written down will be kept secure, so that others who do not need to do not have access to it.

Social workers and others who protect children will make sure that they are sensitive and respectful to your family, and to the different ways of bringing up children but cannot excuse or overlook abuse, violence or exploitation of children.

Complaints or feedback

If you have feedback or are unhappy about the service you have received from the child protection case worker who has been in touch with you, you should contact:

..... the supervisor of

your local social welfare or government child protection officer on telephone

²⁹ [adapted from draft Indonesian Integrated Services Center SOPs; to be credited if adopted]

HANDOUT 2.6: CHILDREN WITH DISABILITIES AND FAMILIES AFFECTED BY DISABILITY

*Definitions of disability*³⁰

Para social workers are likely to work with both children living with disabilities and children living in households where there is an adult with a disability. Disabilities can be physical, intellectual / cognitive or sensory.

People's experiences of disability are extremely varied. There are different kinds of impairments and people are affected in different ways. Some people have one impairment, others multiple; some are born with an impairment, while others may acquire an impairment during the course of their life.

Globally, the most common causes of disability include: chronic diseases (e.g. diabetes, cardiovascular disease and cancer); injuries (e.g. due to road traffic accidents, conflicts, falls and landmines); mental health problems; birth defects; malnutrition; and HIV and AIDS and other communicable diseases.

'Children with disabilities' are children who have *"long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others."* Convention on the Rights of Persons with Disabilities, Article 1

The Convention on the Rights of Persons with Disabilities emphasizes the important fact that it is not only that the person has some form of impairment, but that there are barriers in the environment and people's attitudes which prevent the impaired person from participating equally with others.

*Key facts on children with disabilities*³¹

- There is very little data on children with disabilities and what evidence does exist is based on a smaller set of studies than available for most other groups of children.
- Children who are poor are more likely to become disabled through poor healthcare, malnutrition, lack of access to clean water and basic sanitation, dangerous living and working conditions.
- Once disabled, children are more likely to be denied basic resources that would mitigate or prevent deepening poverty. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion.
- Children are not only born with impairments, but can acquire impairments later in their childhood, be it through disease, accidents or as a result of conflicts and natural disasters.
- A significant proportion of children with disabilities are denied access to basic services including education and health care.

³⁰ World Health Organization. (2010). Community-based Rehabilitation Guide: CBR Guidelines, Social Component. Geneva: WHO. Accessed at http://apps.who.int/iris/bitstream/handle/10665/44405/9789241548052_social_eng.pdf?sequence=13

³¹ UNICEF. 2013. Children and Young People with Disabilities Fact Sheet. Accessed at https://www.unicef.org/disabilities/files/Factsheet_A5_Web_NEW.pdf

- While all children have an equal right to live in a family environment, many children with disabilities continue to spend much or all of their lives in institutions, nursing homes, group homes or other residential institutions.
- Children with disabilities are disproportionately vulnerable to violence, exploitation and abuse.
- Cultural, legal and institutional barriers render girls and young women with disabilities the victims of two-fold discrimination: as a consequence of both their gender and their disability.
- Children with disabilities are often overlooked in humanitarian action and become even more marginalized, as fewer resources are available in the midst of an emergency.

The greatest barriers to inclusion of children with disabilities are stigma, prejudice, ignorance and lack of training and capacity building.

*Important steps in addressing barriers faced by children and adults with disabilities*³²

The following are some of the barriers that children or adults with disabilities often face:

- people with disabilities may have poor self-esteem and think that they do not deserve or have the ability to take part in activities and events;
- family members may feel that having a member with a disability brings shame, and so they do not encourage or allow this person's social participation;
- community members may have irrational thoughts and beliefs about disabilities, e.g. that holy places are defiled by a person with a disability, that people with disabilities are cursed and need cleansing, that people with disabilities have supernatural or evil powers;
- physical barriers include inaccessible transport and buildings
- schools or families may believe that children with disabilities are not able to learn, or may be afraid that they would not 'fit into' a 'normal' school.

The role of PSW is to support children and families affected by disability to access and actively manage the health or social assistance necessary to live their lives with self-determination and dignity.

A PSW has an important role in:

- treating children and families living with disability equally with others – seeing the child or adult as a whole person, not just seeing the disability
- ensuring that the child or family has access to essential health or disability assessments and advocating for them to receive the health or rehabilitation care and aids that can assist in daily life
- identifying ways to ensure that children and families can fully participate in school and social lives, by advocating for disability rights, supporting access to social groups and linking children and families to support groups where needed.

³² World Health Organization. 2011. Community-Based Rehabilitation Guidelines.
<http://www.who.int/disabilities/cbr/guidelines/en/>

Communicating with adults and children living with disabilities ³³

- Remember that one impairment does not mean that the person is impaired in other ways – a child who has cerebral palsy can often struggle to speak, but his or her intelligence is in no way impaired
- Find out from the person, or their caregiver, what is the type of communication that works best – often a family member will have identified the most effective way, when there is a communication barrier
- If a child struggles to hold his or her attention, try using songs or games or making noises (such as some stones in a tin) to draw attention; keep things short and simple. It is often through playing that a child who struggles to hear or speak can show expressions with his or her face
- Use gestures for simple words if you are talking to the child about familiar events or objects. If the family does not use an official or family sign language, think of the simplest gestures that could describe family members, friends, school, playing outside, cars, etc.
- Give the child or adult time to communicate without making them feel rushed
- For some children who struggle to communicate with words, for example those with cerebral palsy, a picture board with photos of everyday events can be a useful tool to communicate wants and needs, in addition to the sounds and gestures that the child makes.

³³ World Health Organization. 1997. Let's communicate: a handbook for people working with children with communication difficulties. <http://apps.who.int/iris/handle/10665/63851>

HANDOUT 2.7: CHILD OR FAMILY VULNERABILITY ASSESSMENT

This tool is a general tool for use in the training.

Most PSW will have their own organizational assessment tools, which will be completed using similar techniques.

For all the tools, remember:

- Make sure that you have permission from adult in the household or child that you can write the information
- Keep the information confidential
- Check that you have understood the answers that people provide you, reflecting back and summarizing if necessary

INITIAL CHILD OR HOUSEHOLD ASSESSMENT TOOL FOR PSW

A more detailed plan can be developed for case management – this would include a column on dates of follow up and referrals. For training purposes, this has been kept simple

Identification code for child or household		Date of visit		
Name of person visiting		Name of supervisor		
Rapid assessment: Review the situation below and give a rating and reason for rating. 3 = no problem 2 = slight problem 1 = serious problem <i>If it is not possible to give a rating, record the reason why.</i>				
	Rating	Reason for rating	Action	Who is responsible and who else is involved
About the household				
1. Household has enough food to eat (for at least one week)				
2. Household has a livelihood or on-going source of income sufficient to meet their needs				
3. Household has saved enough money or has items to sell to cover one month of basic needs				
4. There is a responsible adult in the home who is a primary caregiver for the				

children in the household and is regularly there.				
5. Caregivers in the household are healthy enough to care for the children				
6. There is a feeling of peace and harmony in the home, free of domestic violence and hostility.				
7. Household has access to safe drinking water including clean storage				
8. Household has safe, dry and ventilated house with strong walls, with door that can be closed and roof with no leaks				
9. Family has extended family support within half an hour of walking				
10. A child-protection related committee or a local organization that can provide practical and emotional support is aware of family's needs and can help				
11. Other Problems, if any				
About the child or children				
1. The child/ren is/are clean and combed and well looked after.				
2. The child/ren goes/go to school (if the right age)				
3. The child/ren has/ve somewhere safe and secure to sleep, with mosquito net if relevant				
4. The child has not been sick for the past month or has sought health care and is taking treatment, if sick				
5. The child/ren have time to play				
6. The child/ren have friends in the area that they can spend time with				
7. The child spends no more than two hours a day doing age-appropriate domestic tasks or helping the family business				

8. The child/ren are not near any busy roads or dangerous areas where they may be left untended				
9. The child/ren have access to an adult that they can talk to when they need help				
10. Other (if any)				

SAMPLE ASSESSMENT TOOLS: 4CHILDREN GLOBAL CASE MANAGEMENT PACKAGE³⁴

HOUSEHOLD VULNERABILITY PRIORITY TOOL

HOUSEHOLD NUMBER (PROJECT USE ONLY): _____

South Sudan Household Vulnerability Prioritization Tool

The South Sudan Orphans and Other Vulnerable Children (OVC) Household Vulnerability Prioritization Tool (HVPT) is intended to assist OVC service providers in prioritizing households for enrollment in OVC programs/support. This tool should be applied to all households listed by clinic community coordinators, ART and PMTCT center staff (i.e., counselors, expert clients, medical staff), community leaders, quarter council and area council members, social workers, Boma health committees, home health promoters, case care workers, SILC agents, and PLHIV group leaders using the pre-identification criteria or community mapping. It can also be applied to households coming from referrals.

STAFF INTRODUCTION: Start the interview process with:

- Greeting and introducing yourself, the 4Children project, partners (e.g., MOH, MGCSW) and the purpose of the assessment. *“This survey is designed to assess vulnerability across a number of areas and asks for sensitive information on household finances, food, school enrolment, health and HIV, psychosocial wellbeing and child protection. It should take 15-20 minutes to complete.”*
- Asking for permission to conduct the assessment. Ensure that the interviewee is clear that the assessment will not result in enrolment and services for the household. *“Participation in this survey does not guarantee enrolment in the project, but enables the project to identify and prioritize vulnerable households for support.”*
- Stating that information shared is confidential and will only be used by project staff for determining enrollment of the household and needed referral(s).

INSTRUCTIONS FOR EMERGENCY ACTION:

If the following conditions are identified within the household assessed, refer for immediate assistance:

- ! **Child abuse:** escort to social worker based at local police station or hospital
- ! **Child is seriously ill without access to treatment:** escort to nearest health facility and alert social worker on site
- ! **Child is visibly malnourished:** escort to nearest health facility and alert social worker on site.

³⁴ Global Case Management Package (2018) Coordinating Comprehensive Care for Children (4Children), CRS.



Please confirm if the household is located in Munuki, Kator, Juba Town Blocks or Rajaf Payam and there is at least one child less than 18 years of age living in the household by checking this box (If “Yes,” please administer the tool. If not, do not proceed and visit the next household on the list).

BACKGROUND INFORMATION: Please complete items A through K.

NAME OF PERSON ADMINISTERING:	
PHONE NUMBER OF PERSON ADMINISTERING:	
DATE OF INTERVIEW:	DD/MM/YYYY ____/____/____
NAME OF REFERRING ENTITY:	
TYPE OF REFERRING ENTITY: (Facility, PLHIV group, Community)	

NAME OF INTERVIEWEE (HH Head/ Primary Caregiver)	
PHONE NUMBER OF INTERVIEWEE:	
TOWN BLOCK/PAYAM:	
BOMA/RESIDENTIAL AREA:	
NUMBER OF PEOPLE AGES 18 YEARS AND ABOVE CURRENTLY LIVING IN HOUSEHOLD	Male.....Female.....
TOTAL OF CHILDREN BELOW 18 YEARS OF AGE CURRENTLY LIVING IN HOUSEHOLD	Male.....Female.....

INSTRUCTIONS: Please administer this section to heads of households or his/her designee. Ask each question and circle the appropriate response option. If there is a situation where a referral is needed, put an “x” for “needs referral.” Upon completion, return the form to the assigned 4Children program officer where household prioritization will occur. After program officers determine households for enrolment, household assessments and case management will begin at the household level.

THEMATIC AREAS		Response		Needs Referral (insert “x”)
ECONOMIC STRENGTHENING				
1.	Is this a child-headed household? The head of household is under 18.	Yes,	No	
2.	Has the household had at least one member who has been employed, self-employed or receiving financial support on a consistent basis over the last six months?	Yes,	No	

3.	The last time there was an unexpected urgent household expense (e.g., emergency medical expense or house repair), someone in the household was able to pay for that expense?	Yes, No, NA	
4.	Does the household head, spouse, or guardian have any form of severe disability that prevents him/her from engaging in economically productive activities? (e.g., physical, speech, visual, hearing, or mental handicap)?	Yes, No	
Economic Strengthening Vulnerable? (if #1 or #4 is "Yes", or #2 or #3 is "No" circle "Yes")		Yes, No	

THEMATIC AREAS		Response	Needs Referral (insert "x")
FOOD SECURITY AND NUTRITION			
5.	Have all children in the household eaten at least 2 meals a day, every day, for the last month?	Yes, No	
6.	In the last month, did any child in the household go a whole day without eating anything because there wasn't enough to eat? (In case of visibly malnourished child, check "Yes" and refer)	Yes, No	
Food Security Vulnerable? (if #5 is "No," or #6 is "Yes," check "Yes")		Yes, No	
HEALTH, WATER, SANITATION, AND SHELTER			
7.	Does this household have regular access to water for domestic use (either water fetched from within half an hour or purchased)?	Yes, No	
8.	Is there anyone in this household who is HIV- positive? <i>If you already know the status, then check "Yes." Indicate number of adults and/or children.</i>	Adults: _____ Children: _____	Yes, No DK
9.	Does the caregiver know the HIV status of ALL children in the household? <i>Skip if don't know status of anyone in the household.</i>	Yes, No	
Health, Water, Sanitation, and Shelter? (if #7, or #9 is "No", or #8 is "Yes", check "Yes")		Yes, No	
EDUCATION			
10.	Are there any children ages 6 to 17 years in this household who are not enrolled in school?	Yes, No NA	
11.	Are there any children ages 6 to 17 years in this household who are enrolled in school and have missed school for two weeks or more in the last school term?	Yes, No NA	
Education? (if #10 or #11 is "Yes", check "Yes")		Yes, No NA	
PSYCHOSOCIAL SUPPORT AND BASIC CARE			
12.	Are there any children in this household who are consistently sad, unhappy, or withdrawn, and not able to participate in daily activities including playing with friends and family?	Yes, No	
Psychosocial support and basic care (if #12 is "Yes", check "Yes")		Yes, No	
CHILD PROTECTION			

HANDOUT 2.8: PRINCIPLES OF REPORTING AND RECORDING

Documentation is the process of collecting and storing information specific to individual children and their families.

Good record keeping is a professional and ethical responsibility, and is a part of a worker's accountability.

Documentation can include:

- Information that the child and family provide directly as well as any information collected indirectly.
- Notes made over time - what happened at visits, meetings, etc. to track the situation of the child

Accuracy is essential – if there is not time to make a note while dealing with a situation, make sure that a record is made as soon afterwards as possible

For record keeping, it is important to ensure that the following guidance is followed:

- A separate record for each child or family
- If possible, a confidential way of recording data so that the child's family name is not on the cover of the record e.g. a number
- Each time there is contact with the child or family, the record should be updated e.g. visits, meetings with teachers, referrals made, school or police records, etc.
- File should be kept in a secure location with restricted access, such as a locked cabinet with the key in a confidential space.

When sharing information, key ethical principles should be followed:

- The child and family own the records. It is your responsibility to protect their privacy regardless of how it came to your knowledge. Seek child and family permission!
- Share information with other agencies only when it is necessary to protect the best interest of the client.
- Definitely DO NOT talk about clients with friends or family members!
- Share as little information as needed to accomplish the goal in cases of referral – share information only when there is a need to know.

When using records for supervision and control:

- Files are necessary when a PSW is attending a referral or case consultation with other service providers and supervision for meetings
- Files can be taken to meetings but it is essential to protect them.
 - Only carry the information necessary for the meeting
 - Ideally keep the information anonymous
- DO NOT leave case files anywhere (including in the car) with names exposed, or where someone could get access to them. ALWAYS carry them in a covered box with a lock and secure the box.

MODULE 3

APPLYING KNOWLEDGE RELATED TO CLIENTS' NEEDS

FACILITATOR'S GUIDE

Function #2: Applying knowledge related to clients' needs

This module presents global competencies related to working with children and vulnerable communities. It completes Module 2 “Communication skills” as core technical competencies to work with children and vulnerable families. Mastering these competencies is important to carry out the key PSW activities outlined in modules 4, 5 and 6.

Module overview:

- Coping and resilience, practical actions that PSW can take
- Understanding psychosocial wellbeing, care and support
- Identifying psychosocial interventions in the community
- Children living in alternative care in [your country]
- Family preservation and supporting children in alternative care – PSW role
- Supporting children living outside family care
- Practical skills for needs assessment
- Identifying children who need additional specialist psychosocial support – PSW role
- Supporting families with HIV, disability and other needs
- Supporting households and families in distress
- Children's participation

Functional domains taught in this module:

- Draws on basic knowledge in health, education, early childhood development, legal support, nutrition, shelter, household economic strengthening and protection social programs
- Identifies HIV related risk factors for children, adolescents, family members and other vulnerable groups
- Encourages and accompanies clients from at risk categories to get tested for HIV and helps them access screening

Day One of Module 3

SESSION 3.1: INTRODUCTION TO MODULE - ASSESSING AND RESPONDING TO CLIENT'S NEEDS

Session objective:

- To review module objectives and clarify the PSW role in identification and assessment of vulnerable children and families

Materials: PowerPoint Session 3.1: Introduction to module
Handout 3.1: Module objectives

Time: 45minutes

Activity 1 (20 minutes)

- Welcome the participants back to the course. Ask someone to start with an ice breaker – if no one has volunteered after 2 minutes, make sure that you have an emergency ice breaker exercise to get people moving around and laughing.

Activity 2: (25 minutes)

- Introduce the participants to this course and show PowerPoint slide with the Module objectives. Allow a few minutes for questions and answers.
- Emphasize that this module is a practical course that focuses on developing partnerships with children and families, working with them to build on strengths and identify suitable support, and work with children and families to build up their strengths.
- Show the slide that sets out the PSW core roles. Remind them that they focused on assessment in the previous session. In this session we are looking at how to work with children and families in more depth in order to build up strengths, identify support needs and decide when to refer (which will be looked at in more detail in Module 4). This module focuses on fully understanding some of the dynamics that a PSW comes across when he or she first interacts with child and family and builds on the skills and experiences that PSW already have in assessing the problems.
- The next session will focus more on psychosocial wellbeing and how important it is that we look at this wellbeing as central to building on strengths and resilience.

SESSION 3.2: UNDERSTANDING CHILDREN’S RIGHTS TO PSYCHOSOCIAL WELLBEING, CARE AND SUPPORT³⁵

Session objective:

- To understand the terms wellbeing, psychosocial care, and support
- To practice identifying psychosocial and social needs in children and families that PSW may meet

Materials: PowerPoint 3.2: Understanding children’s rights to psychosocial wellbeing, care and support
Handout 3.2: Psychosocial wellbeing and psychosocial support
Training resource 3.2: Understanding children’s rights to psychosocial wellbeing, care and support

Time: 1 hour 15 minutes

Activity 1 (15 minutes)

- Ask participants to get into small buzz groups of 2-3 people. Show participants PowerPoint slide 1 and ask them to spend a few minutes discussing the two questions. Allow no more than 5 minutes for buzz group discussion.
- Ask participants to feedback their answers briefly into the plenary. Once one person has suggested a definition, ask if there are any different definitions. If participants start to volunteer the same or similar definition as one already provided, gently remind people to only add to or provide different definitions!
- There is no need to note down any points. Show participants slide 2 and read out the definitions. Ask participants if there are similar to that which was fed back from the small groups. Make a note

³⁵ Source: Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda. Module 1 Session 2.

on flip chart of any important additions from the group that will need to be added to the definition later.

Activity 2 (50 minutes)

- Give all participants the Training resource 3.2. This is the story of Yvonne. Read through the case together – either read the case yourself or ask for a volunteer to read out the case.
- After reading the case study in plenary, ask for four or five volunteers to briefly act out the story starting from the point when Yvonne has run home (Yvonne, man, aunt, two or three friends). Allow 10 minutes for role-play.

Note to facilitator: You may prefer to avoid the role-play if it is clear that this is a very sensitive issue – make sure that the volunteers can re-enact the story objectively)

- Show the slide with the questions after you have read the story together. Ask participants the first three questions and allow some time for discussions.
- Then ask participants what they feel they could do as participants. Make note of questions that refer to what they have already learned:
 - Assessing what she may feel
 - What would be her well-being
 - Her rights under the law and policies
 - Who she may turn to.
- If you have time and it is suitable, ask a few more volunteers to role-play the PST and carry out some of the suggestions that are made. If the suggestions include referral to others, for example to a religious leader or for the PSW to talk to someone at the school, as for volunteers to be the teacher or the religious leader.

Activity 3 (10 minutes)

- Summarize the session and hand out Handout 2: Psychosocial wellbeing and support.

Note to facilitator: The list below are some possible responses to the questions on the case study – they are not an exhaustive list and it is not necessary to cover all these topics, but the facilitator can use these if participants are struggling to identify answers:

Physiological (physical) reactions

- *Contracting of sexually transmitted infections*
- *Unwanted pregnancy*
- *Headaches*
- *Loss of energy*
- *Loss of appetite, which may lead to poor nutrition*
- *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*
- *Sleep 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 behaviors, such as prostitution or drug abuse*
- *Disturbed relationships with others*
- *Blame of other people*
- *Feeling of isolation*
- *Decreased productivity*
- *In some cases, inability to marry*
- *Social withdrawal (difficulty socializing)*

Emotional reactions

- *Crying most of the time*
- *Sadness*
- *Too many worries*
- *Nightmares about the incident*
- *Irritability or outbursts of anger*
- *Frustration*
- *Low self-esteem*
- *Feeling jumpy and easily startled*
- *Feelings of shame and guilt*
- *Suicidal thoughts and feelings*
- *Difficulty concentrating*
- *Fear, hopelessness, and helplessness*

SESSION 3.3: ACCESSING WELLBEING SUPPORT INTERVENTIONS WITHIN THE COMMUNITY³⁶

Session objectives:

- To consider the types of support that PSW can draw on for supporting vulnerable children
- To identify possible sources of support in the local area
- To practice completing a child's assessment

Materials: PowerPoint session 3.3: Accessing wellbeing support
Flipchart with a copy of the Wheel of Support drawn on it before the lesson
Handout 3.3: Measuring children's wellbeing

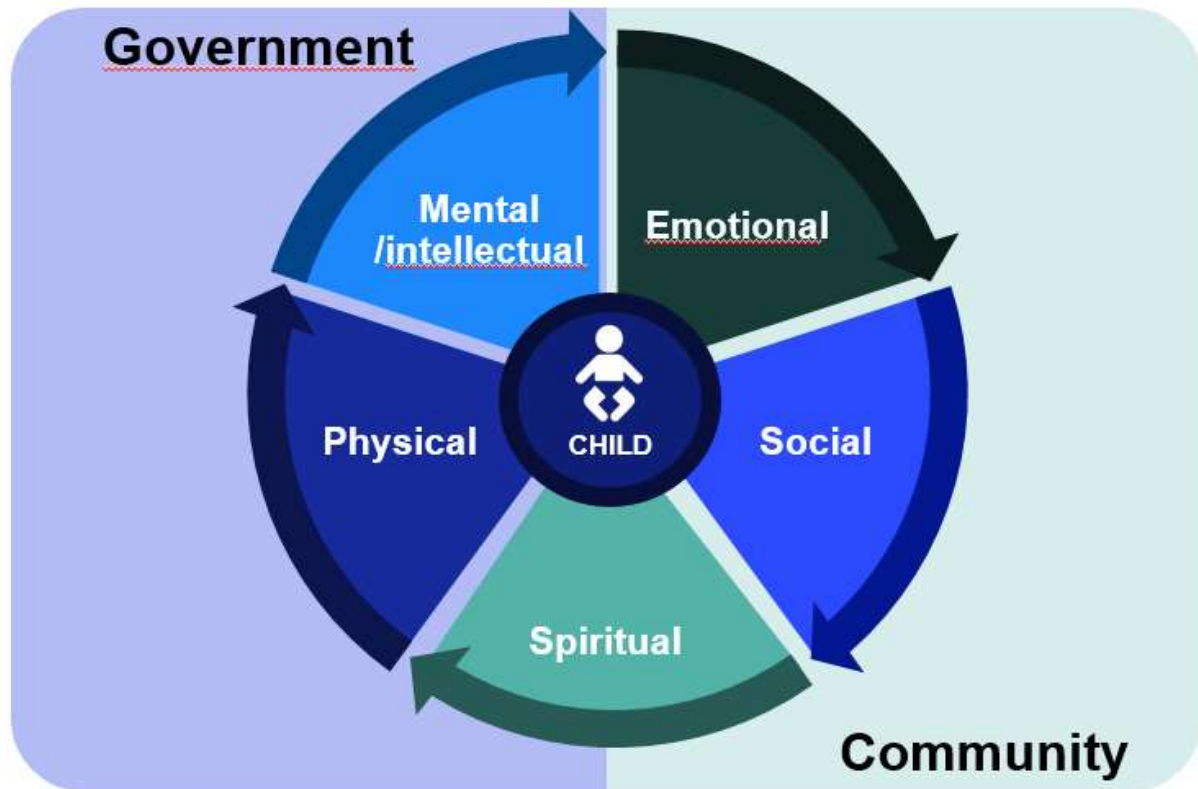
Time: 2 hours

Activity 1 (40 minutes)

- Explain that this session builds on the discussions that they have just finished about the work that PSW can do to provide psychosocial support. Much of what they already do is psychosocial support, but that the support that children need can cover a wide range of areas.
- Show participants the Wheel Model on the next slide. Explain that the circle is like a bicycle wheel, with all the psychosocial or wellbeing aspects that a child needs to be able to thrive

³⁶ Source: Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda. Module 1 Session 4.

making up the wheel. The child is at the hub – the most important piece of the wheel and the center – this is a child’s resilience. Support can also come from the two spokes that help the wheel balance when it is wobbly. This comes from either family and community or from government or NGOs – both are equally important. This is another way of looking at the support that a child needs in the “my universe” triangle.



Note to facilitator: The following aspects fall into the different categories

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*
- *Involves participation and age-appropriate inclusion in social and cultural activities*

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 optimum growth*
- *Includes clean water, nutrition, sleep, exercise, shelter, and health care*
- *Access to physical requirements influences psychosocial wellbeing*

Mental/intellectual:

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

- Once participants have confirmed that they understand this image, ask participants to call out the things that children may need, if they require support in these areas. Encourage people to think of concrete actions. They may be something that is provided within the family or within the community; they may sometimes need a service – for example, school is a service, the chance to learn about family traditions and history is something that an older family member would provide.
- Give participants a minute to think on their own, then ask people to call out their suggestions. As they call them out, ask them to write the answer on a piece of card or a post-it note and stick it on the relevant bit of the wheel.
- After all the participants have put their suggestions on the wheel, ask people what this shows us: Guide the discussion in relation to:
 - The range of services available - there needs to be support in all sorts of areas
 - Who may provide those services – some are provided within the family, some are available
 - Not every child can access these services.
- Remind people of Module 1, the role of the PSW to assess needs and ensure support for children. Ask people if they know where a child or a family could get the different supports that have been suggested on the post-its. Note down on the post-its or cards names of where to go.

Activity 2 (40 minutes)

- Remind people that it is often the PSW who has the first role in assessing a child’s needs in order to have wellbeing and in supporting the child to access the services. Module 4 looks further at seeing how to refer children and families on to the services on the wheel and how to develop and support children and families while they need support. This module focuses more on the practical aspects of identifying what the issues are.

- Hand out Training resource 3.3 and Handout 3: Child wellbeing assessment tool. Explain that this is a draft tool which can be used to find out what the child feels about the tool.
- Ask participants to divide into pairs and read through the tool. Once they have read through it once, ask them if they have any questions about the tool. They can ask the questions to the whole group, whilst staying in their small group.

Activity 3 (40 minutes)

- Ask participants to share their feedback, noting important points down on flipchart.
- Encourage participants to provide feedback to each other.
- At the end of the session, note down:
 - When this tool may be used and when it should not
 - Tips from participants about 'dos and don'ts' for completing the form
 - How the information can be used to support the child

SESSION 3.4: CHILDREN'S PARTICIPATION³⁷

Session objectives:

- To appreciate the importance of children having a say in their own protection
- To explore possible ways in which PSW can promote children's participation in their own protection
- To identify possible opportunities for enhancing children's participation in organizations

Materials: Elastic band
PowerPoint Session 3.4: Children's participation
Handout 3.4: Children's participation

Time: 2 hours (with a further one hour on the following day)

Activity 1 (30 minutes)

- Bring out the elastic band and ask if anyone remembers what the elastic band represents. Remind them that it is about resilience.
- Ask people again to define resilience – once you have had some definitions, show PowerPoint slide 1 on resilience.
- Do not spend long on this slide – remind them that they have already discussed PSW role in resilience. If participants have already mentioned participation, remind them of this. If not, move directly onto the next slide.
- Ask any participants if they have experience in promoting children's participation. Allow a few minutes for volunteers to say what they have done in the past. If no one has the experience, that is ok. If everyone has had experience, limit the inputs to no more than 10 minutes.
- Move onto the next slide. Explain that this was one of the first attempts to describe participation, by Roger Hart in 1992. Read the 'first rung' of the ladder: 1: Manipulation. Ask for a practical example of what this might look like.

³⁷ The information from this section is adapted from: Child Frontiers for Child Protection Working Group Sudan. 2012. Working with Community-Based Child Protection Committees and Networks: Handbook for Facilitators.

- Then move up the 'rungs' and ask for practical examples for the following seven types of participation.
- Then explain that while this spells out what participation might be, the challenge is that it looks like a sequence of events and a progression over time. In practice, enabling children's participation requires having a number of interconnected aspects that are all necessary for meaningful participation.
- Show the next slide of the climbing wall.
- Again, ask a volunteer to explain one of the 'bricks' in the wall – or footholds in a rock – and explain what it means and how it may work.
- Repeat for the following five 'bricks'.
- Hand out Handout 3.7: Children's participation.

Activity 2 (1 hour)

- Divide participants into four small groups. Hand out Training resource 3.4: Case studies and allocate one case study per group.
- The small groups have 1 hour to discuss the case studies. The ideal is that by the end of the hour, they have developed a tool or activity that they can present to the others that shows how children's voices can be heard in the various activities or interventions.

Activity 3 (30 minutes)

- Allow 15 minutes feedback per group, with no more than 10 minutes of presentation and 5 minutes of discussion.
- Note any practical suggestions on a flip chart and make a note of any tools or experiences that participants can share with others.

Note: This activity continues on the following day in Session 3.6.

After the session, the facilitator should write up these notes to share back with participants, to highlight the experiences in the group and share any resources that are already developed and available.

Day Two of Module 3

SESSION 3.5 RECAP OF THE PREVIOUS DAY

Session objectives:

- To review the activities of the previous day
- To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far.

Materials: None

Time: 30 minutes

Activity:

- Welcome participants back. Ask for a volunteer to run a short children’s game that promotes participation.

Note to facilitator: Make sure that you have a backup activity that you can run if no one volunteers – one option might be the ‘following’ game: Ask people to copy you. You start by clapping your hands. Once everyone is clapping, change the rhythm. People may take some time to catch up; once all are doing that, start moving your hips or feet while you are clapping. Continue the activity until everyone is active, singing / clapping / shouting. The message is that we can all join in and be part of the group but we have to constantly be aware of what is going on around us.

- Depending on the game that they do, you can facilitate a plenary discussion about the game.
- Before starting the next session, ask people to say if they have any urgent questions or comments about the previous day. Make a note of any questions or concerns and, where possible, clarify the question by explaining what will be happening next in the course.
- Yesterday we looked at psychosocial issues, assessment and child participation. Today we are looking at the different households in which children live.

SESSION 3.6: CHILD PARTICIPATION

This session is a continuation of Session 3.4 on the previous day.

Activity 1 (30 minutes)

- Continue and finalize the small group feedback from the previous day.

Activity 2 (30 minutes)

- Use the remaining time to ask participants to think about:
 - Two participatory actions they will be able to take through their work as PSWs to strengthen children’s resilience;
 - Two participatory actions they will be able to take through their work as PSWs to strengthen families’ resilience.

SESSION 3.7: ALTERNATIVE CARE CONTEXT IN [NATIONAL CONTEXT]

This session would ideally be presented by a specialist in alternative care from your country. The following session can be adapted according to local context.

Session objective:

- To provide an overview of [national context] principles on family-based care
- To collectively explore and understand the causes of a lack of appropriate care and learn about options for supporting children

Materials: Session 3.7 PowerPoint presentation: Children without appropriate care
 Handout 3.5: Family-based care and family strengthening
 Training resource 3.7: Alternative care debate

A copy of national norms and standards on alternative care, if available.

Preparation for the session: If possible, have a representative of [national agency responsible for alternative care] to deliver the presentation and be available for questions and answers about the current context.

Time: 2 hours 30 minutes

Activity 1 (60 minutes)

- Present the PowerPoint presentation on national principles relating to family-based care. The key message is that children should, whenever possible, stay in a family environment or a family-like environment.
- Ensure that people understand the difference between alternative care and appropriate care. In this session we are focusing on alternative care.
- Handout 3.5: Alternative care.

Activity 2 (1 hour 15 minutes)

- Divide the group into two teams, with three volunteers as judges who are not part of the team.
- Give participants Training resource 3.6. The teams will prepare for the debate. While the two teams are preparing, the judges can review the handouts and copies of the guidelines that are available.
- Allow as much time as needed to the groups but make sure that at least 20 minutes remain of the session.
- Call participants back. Team presents for five minutes, without interruption or questions afterwards. Then Team B presents. The judges are then allowed up to three questions that they can ask the teams (one or the other or both teams). Allow the judges up to five minutes to deliberate on which motion they accept. Once they have announced, debrief in the group by asking people what they felt.

Activity 3 (15 minutes)

- Wrap up by asking people what they felt about the exercise. Ideally it will have been clear that, although guidance is to not put children into institutions, there has to be adequate support and services for children in families. It is important to allow people time to express their views about the care that children have.

SESSION 3.8 FAMILY-BASED CARE AND FAMILY PRESERVATION AND STRENGTHENING – PSW ROLE

Session objectives:

- To gain an overview of core principles of supporting children living in family and kinship care
- To identify good principles in family-based care preservation and identify PSW role
- To identify good principles in kinship care and identify PSW role

Materials: PowerPoint 3.8: Family-based care and family preservation
Handout 3.5: Family-based care and family preservation and strengthening
Training resource 3.8: Case studies

Time: 2 hours

Activity 1 (45 minutes)³⁸

- Remind people of the discussions the day before on wellbeing and of the Wellbeing wheel. Make sure that people have the relevant handouts with them. (If not, they can share). Go back to the Wellbeing wheel on the flipchart that contains the suggested areas of support for children.
- Ask people if there are any further supports that they think they could add to this wheel that might help children stay in their own families. (If the list is already very complete, there is no need to add; it is just important to allow a bit more time for reflection).
- Explain that the first principle of appropriate care is to attempt to support the child within their existing family home, so that they are close to siblings and security. This will usually mean providing support to parents and other family members, as well as the children.
- Show Presentation 3.8 – try to avoid long discussion because they can discuss the content in the next activity and will look further at non-family-based care the next day.

Activity 2 – option 1 is presentation from different family strengthening activities, including from organizations participating in the training**Activity 2 – option 2 below is if it is not possible to identify local organizations to do the presentations (1 hour)**

- Divide the participants into five small groups. Assign each group one of the tasks from the Training resource. The groups are to prepare one piece of flipchart on their topic. They have 1 hour 15 minutes to prepare. During this time, they can contact colleagues for more information about the options that may be available, if feasible. Alternatively, they can review the course sessions before and develop a presentation based on their knowledge from their own lives and communities.
- After one hour, check that they are ready and ask participants to place their flip chart on the wall.
- People have 20 minutes to look at the other groups' presentations initially.
- Then have a plenary discussion, standing in front of the flip charts about the presentations. Ask people to first raise any questions for clarification. Then they can make observations or contribute further suggestions to the other groups' work. Allow time to focus on the details of how they, as participants, can do this support once they have finished the course.
- Ask participants how they might measure success of these programs – overall and then as PSW.

Activity 3 (15 minutes)

- Summarize by asking PSW to summarize what they feel the key actions are that a PSW can do in family strengthening. As participants are making suggestions, summarize the findings on a piece of flipchart paper. The facilitator should later write up these notes to enhance and improve the handouts at the end of the workshop.
- It is essential to remind people that children should be supported to stay within their families whenever possible but if they are at risk this is not always possible. Tomorrow and in Module 4 PSW will discuss what to do when families cannot keep their children safe. Even when this happens, it is usually important to continue to support the family so that the child can return as soon as possible.

Day Three of Module 3

³⁸ This session adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 4.

SESSION 3.9 RECAP OF THE PREVIOUS DAY

Session objective:

- To review the activities of the previous day
- To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far.

Materials: None

Time: 30 minutes

Activity:

- Welcome participants back. If a participant has an activity to start the day, encourage this. If not, come prepared for a back-up plan!
- Depending on the game that they do, you can facilitate a plenary discussion about the game.
- Before starting the next session, ask people to say if they have any urgent questions or comments about the previous day. Make a note of any questions or concerns and, where possible, clarify the question by explaining what will be happening next in the course.
- Yesterday we looked at alternative care overall and strengthening children to stay in their families. Today we are looking at alternative care options and practicing an assessment.

SESSION 3.10: SUPPORTING CHILDREN LIVING OUTSIDE FAMILY CARE

Session objectives:

- To receive an overview of identifying and supporting children outside family care
- To practice deciding whether a child should go into alternative care and practicing the PST role

Materials: PowerPoint presentation 3.10: Supporting children living outside family care
Handout 3.6: Supporting children living in alternative care

Time: 3 hours

Activity 1: (10 minutes)

- Ask participants to recall the different types of alternative care and the basic principles of supporting children (strengthen family first, then identify the most family-like option that is suitable).
- Explain that this first session is going to provide more information on the various options with inputs from people who have experience in this session.

Activity 2: (30 minutes)

- Show PowerPoint presentation, focusing on the key messages for PSWs. Allow questions for clarification but note that they will be discussing the presentation during the next and following activities.

Activity 3: (45 minutes)

- Have three brief presentations (10 minutes plus 5 minutes questions) from three organizations who provide the following types of support:

- Foster care (temporary or long-term)
- Support to street children living in transit care
- Support children living in long-term institutions.

Activity 4 (1 hour 25 minutes)

- Divide the group into three small groups. Each group has 20 minutes to develop a role-play that they will perform in front of the other participants. The task is in Training resource 3.9.
- Give each group 10 minutes to perform their role-play.
- Others have 5 minutes to review and comment overall on the scenarios presented.

Activity 5 (10 minutes)

- In plenary, invite the three presenting organizations to make concluding comments about the previous role play presentation and the role of PSWs in supporting children living in different forms of alternative care.

SESSION 3.11: SUPPORTING FAMILIES AFFECTED BY HIV AND DISABILITY

Session objectives:

- To gain / refresh information on the basic facts related to HIV
- To understand the importance of early testing, treatment, and support
- To understand the likely impacts of stigma arising from HIV on children and families
- To explore how PSW can provide support to HIV and disability-affected families

Materials: PowerPoint presentation Session 3.11
Handout 3.7: Supporting families affected by HIV and disability

Time: 2 hours 30 minutes

Activity 1 (10 minutes)

- Explain that this session has focused on assessing and responding to children's and families' holistic needs. Whilst all children and families are individual, some issues require particular support. This session focuses on two such issues: disability and HIV.
- Ask a few volunteers to suggest some of the reasons why these may both be issues that require particular focus. Make a mental note of the answers, to draw on these observations if needed later on. There are no right or wrong answers; the idea is simply to draw people's focus to the two issues.

Activity 2 (30 minutes)

- Show PowerPoint presentation on HIV. Stop where there are questions to allow some guesses; allow time for a few answers to the questions.
- Allow some discussion on stigma but keep the discussion brief; this is the focus of the next exercise.
- Move onto the session on disability and follow the same process.

Activity 3 (1 hour 20 minutes)

- Introduce the session by explaining that it will address stigma and discrimination related to HIV and disability. This activity focuses on the potential role of the PSW to support children and families.
- Ask learners to explain the meanings of 'stigma' and 'discrimination'. After you have received the answers, show the following slides.
- Explain that this session helps participants think about what stigma and discrimination feel like. Ask learners to get into small groups of 2-3 people.
- Place the images of stigma on tables around the room. Some of the images are HIV, some are disability and some may be others such as albinism, sorcery, or others.
- Ask each group to walk around the room and look at as many images as possible. Then ask each group to select one image and take it into a small group.
- Using the Training resources, each group has 45 minutes discuss the key questions.
- In plenary, ask each group to present their analysis and review the main points of definitions, remembering that it is what happens in their own communities. Focus the feedback on the role of PSWs.

Activity 4 (10 minutes)

- After plenary discussion, remind people of all that has been covered in this session. Hand out the Module evaluation form and ask participants to complete before the start of the next module.

TRAINING RESOURCES

TRAINING RESOURCE 3.2: UNDERSTANDING CHILDREN'S RIGHTS TO PSYCHOSOCIAL WELLBEING, CARE AND SUPPORT

Case study: Yvonne's story

Yvonne, who is 14 years old, was walking from school through a lonely walking path when she met a 64-year-old man who was riding a bicycle.

Unconscious of her surroundings, Yvonne continued on 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. Yvonne quickly bent over to pick up the bag from the ground and the man pushed her over from behind, held her mouth with his hands, and quickly tore off her clothes and defiled her.

He then left her there and jumped back on his bicycle and rode off. Yvonne, in tears, quickly ran home and reported to her aunt.

Her aunt immediately started yelling and snapping at her about walking alone. She told her that everything was her fault. Yvonne 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 in which she would see someone trying to kill her. Over the next three months, Yvonne lost a lot of weight and complained of 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. Even though she spoke about this to her aunt, she never received any support.

In the group, discuss the following:

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

TRAINING RESOURCE 3.3: CHILD'S WELLBEING TOOL

First activity: 15 minutes

In pairs, read the Child's wellbeing assessment tool, Handout 3.3.

If there are questions that you do not understand, or things that you feel are missing, ask the facilitator or the wider group.

Second activity: 20 minutes

In pairs, think of a child that one of you regularly works with. If that is difficult, imagine that you are working with Yvonne. Discuss and note down:

1. What may be the best opportunities for completing this form with your child?
2. When should you NOT use this form?
3. What are the best ways for completing the form – with the child on their own, helping the child fill in?
4. How will you use this information to support the child?

TRAINING RESOURCE 3.4: CHILDREN'S PARTICIPATION CASE STUDIES

Group 1

You and some colleagues have set up a club for pre-school children in a local church. It is a drop-in center where working parents can leave their children for the day. You usually have around 10 children aged 2-6 years. Some come every day, and others less often.

You have run the group for some time. You have started to run out of ideas for what to do. You remember that the children really enjoy some activities and do not enjoy others so much. But you have been so busy that you can't always remember which activities they like and which they don't!

You have also been struggling to help some of the quieter children to get involved. You have been a bit worried about one or two of the children – their mothers are clearly struggling to look after them due to money worries and the need to work at the market all the hours that they can.

You decide that you need to find a way to get ideas from the children themselves about what they would like to do and what they do and do not like about the crèche. You want to get their ideas about what to do and then you want to get their feedback regularly about how things are going.

As a group discuss the questions below. After one hour, you will have 10 minutes to give your feedback, including a practical explanation of one of the suggestions you make about increasing children's involvement.

1. What activities might you do to get feedback from the children about what they have liked or not liked in the past?
2. What might you do so that you can get regular feedback from the children on the activities in the crèche – the organized activities, the daily meal that you offer?
3. What can you do to make sure that the quieter children have a voice?
4. How should and can you involve the children's parents and the other project staff in your plans to increase children's participation?

Group 2

You are a volunteer at a local health clinic where a nurse has set up a weekly support group for parents and children affected by disability. Around 5 children, with a range of disabilities, turn up with their caregivers regularly.

The club is popular and the children are a similar age and enjoy being with each other – they are all aged between 6 and 10 years.

Although the support group is popular, and the parents appreciate the chance to talk and learn – people often come to talk to them about supporting their children with disabilities – the children haven't got

much that they can do together because of lack of resources. There is a ball that they sometimes play with, rolling or throwing it around depending on their ability, but there is not much else.

A local business likes the work that you are doing and offers a small donation. You decide to use it to provide more resources for the children.

You decide that the best way to do this is to get the children to plan how they might spend the budget themselves. You want them to think about what to do, how to make sure that the activities are open to all, and how to organize their activities. Some children from the local high school are interested in running a club for the children in your club so they can help organize regular activities.

As a group discuss the questions below. After one hour, you will have 10 minutes to give your feedback, including a practical explanation of one of the suggestions you make about increasing children's involvement.

1. How might you involve the children in thinking about what they could do with their club?
2. How can you support the children to plan the activities and run regular activities?
3. What can you do to make sure that all the children have a voice?
4. How should and can you involve the children's parents and the other project staff in your plans to increase children's participation?

Group 3

You work in a street children's center, where children come and stay for a few weeks while you support them to return to their family, or live in a group home if they are old enough. At the moment there are nine boys and two girls, aged between 9 and 14 years.

Two of the children come to you and the center's director to say that there are some difficulties between the children and they need support to sort it out. Two of the boys are bullying the other children and don't like the discipline rules that you have set in place.

You decide that, rather than telling the boys off, you will use this as an opportunity to promote more children's participation in how the center is run and how children are supported. You also want to find out what is causing the bullying and what can be done to help the children feel good while they are staying, but also be prepared for their future.

As a group discuss the questions below. After one hour, you will have 10 minutes to give your feedback, including a practical explanation of one of the suggestions you make about increasing children's involvement.

1. How will you talk to all the boys and girls about these ideas, both in response to the immediate problem of bullying and for your longer-term wish to increase participation?
2. What steps might you put in place to promote greater participation by children in running the center?
3. What can you do to make sure that all the children, both boys and girls of all ages, have a voice?
4. How should and can you involve the children's parents, other project staff and other important adults in your plans to increase children's participation?

Group 4

You are working with a social worker who has been providing intensive support for three children who were placed in a residential home but who wish to return home. The local social worker is supporting the residential care center to move from a place where children sleep to a day center that supports the children to live with their extended family.

The children who you are supporting see their family maybe once every two months. The families live quite nearby so the children and families could turn up to the day center in the future. But the children appear nervous of the prospect of going home although they also all say that they miss their mothers, fathers or grandparents.

You want to ensure that the children are able to make a fully informed decision about returning home and you also want to make sure that they continue to be able to speak out about how they are once they have returned home. The children range from age 12 to 17 years.

As a group discuss the questions below. After one hour, you will have 10 minutes to give your feedback, including a practical explanation of one of the suggestions you make about increasing children's involvement.

1. What might you do to ensure that the children can make an informed decision about where and with whom they live?
2. How can you support the children to give input into the day center?
3. What can you do to make sure that all the children have a voice once they have returned home?
4. How should and can you involve the children's parents and the other project staff in your plans to increase children's participation?

TRAINING RESOURCE 3.7: ALTERNATIVE CARE DEBATE

You are going to have a debate.

You have 15 minutes to prepare your argument. Choose some presenters and make a presentation, which is to last no longer than 5 minutes.

Your motions are as follows:

Team A:

It is better for a child who is living in a very poor family to stay in an institution where the child can get regular food and access to education. In the long run, both child and family will benefit.

Team B:

It is better for a child to stay in the family home, even when it is very poor, because the love and security that the child gets will enable the child to be resilient and benefit in the long run.

Group 1: Family strengthening activities that focus on emotional wellbeing

1. Brainstorm all the possible activities that might strengthen a child's emotional wellbeing.
Remember:
 - Think about the possible vulnerabilities and risks that a child faces and their impact on a child's emotional wellbeing;
 - Think about the possible vulnerabilities and risks that a parent/caregiver or family face that affect their emotional wellbeing, which in turn affects a child's wellbeing;
 - Think about what can make a child emotionally resilient and strong;
 - Look at the 'my universe' triangle for the important people in a child's world
2. Think about who may provide these activities – they may be the family, a government or civil society service provider or people within the community.
3. Go through the list and think about the role of the PSW: does the PSW provide a direct support when seeing the child or family; does the PSW help a child or family access a service from someone else and then help the child or family to continue to access the service.
4. Once you have discussed and agreed on the activities, list them on a piece of flipchart paper – with the most important and feasible activities at the top (the priorities that you think are relatively easy to do) like so:

Activity	Who provides	PSW role
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After you have completed your paper, you will paste this onto the wall for others to review.

Group 2: Family strengthening activities that focus on emotional wellbeing

1. Brainstorm all the possible activities that might strengthen a child's emotional wellbeing.
Remember:
 - Think about the possible vulnerabilities and risks that a child faces and their impact on a child's emotional wellbeing;
 - Think about the possible vulnerabilities and risks that a parent/caregiver or family face that affect their emotional wellbeing, which in turn affects a child's wellbeing;
 - Think about what can make a child emotionally resilient and strong;
 - Look at the 'my universe' triangle for the important people in a child's world
2. Think about who may provide these activities – they may be the family, a government or civil society service provider or people within the community.
3. Go through the list and think about the role of the PSW: does the PSW provide a direct support when seeing the child or family; does the PSW help a child or family access a service from someone else and then help the child or family to continue to access the service.

4. Once you have discussed and agreed on the activities, list them on a piece of flipchart paper – with the most important and feasible activities at the top (the priorities that you think are relatively easy to do) like so:

Activity	Who provides	PSW role
----------	--------------	----------

After you have completed your paper, you will paste this onto the wall for others to review.

Group 3: Family strengthening activities that focus on social wellbeing

1. Brainstorm all the possible activities that might strengthen a child's social wellbeing. Remember:
 - Think about the possible vulnerabilities and risks that a child faces and their impact on a child's social wellbeing;
 - Think about the possible vulnerabilities and risks that a parent/caregiver or family face that affect their social wellbeing, which in turn affects a child's wellbeing;
 - Think about what can make a child socially resilient and strong;
 - Look at the 'my universe' triangle for the important people in a child's world
2. Think about who may provide these activities – they may be the family, a government or civil society service provider or people within the community.
3. Go through the list and think about the role of the PSW: does the PSW provide a direct support when seeing the child or family; does the PSW help a child or family access a service from someone else and then help the child or family to continue to access the service.
4. Once you have discussed and agreed on the activities, list them on a piece of flipchart paper – with the most important and feasible activities at the top (the priorities that you think are relatively easy to do) like so:

Activity	Who provides	PSW role
----------	--------------	----------

After you have completed your paper, you will paste this onto the wall for others to review.

Group 4: Family strengthening activities that focus on spiritual wellbeing

1. Brainstorm all the possible activities that might strengthen a child's spiritual wellbeing. Remember:
 - Think about the possible vulnerabilities and risks that a child faces and their impact on a child's spiritual wellbeing;
 - Think about the possible vulnerabilities and risks that a parent/caregiver or family face that affect their spiritual wellbeing, which in turn affects a child's wellbeing;
 - Think about what can make a child spiritually resilient and strong;
 - Look at the 'my universe' triangle for the important people in a child's world
2. Think about who may provide these activities – they may be the family, a government or civil society service provider or people within the community.

3. Go through the list and think about the role of the PSW: does the PSW provide a direct support when seeing the child or family; does the PSW help a child or family access a service from someone else and then help the child or family to continue to access the service.
4. Once you have discussed and agreed on the activities, list them on a piece of flipchart paper – with the most important and feasible activities at the top (the priorities that you think are relatively easy to do) like so:

Activity	Who provides	PSW role
----------	--------------	----------

After you have completed your paper, you will paste this onto the wall for others to review.

Group 5: Family strengthening activities that focus on mental / intellectual wellbeing

1. Brainstorm all the possible activities that might strengthen a child's mental / intellectual wellbeing. Remember:
 - Think about the possible vulnerabilities and risks that a child faces and their impact on a child's mental / intellectual wellbeing;
 - Think about the possible vulnerabilities and risks that a parent/caregiver or family face that affect their mental / intellectual wellbeing, which in turn affects a child's wellbeing;
 - Think about what can make a child mentally / intellectually resilient and strong;
 - Look at the 'my universe' triangle for the important people in a child's world
2. Think about who may provide these activities – they may be the family, a government or civil society service provider or people within the community.
3. Go through the list and think about the role of the PSW: does the PSW provide a direct support when seeing the child or family; does the PSW help a child or family access a service from someone else and then help the child or family to continue to access the service.
4. Once you have discussed and agreed on the activities, list them on a piece of flipchart paper – with the most important and feasible activities at the top (the priorities that you think are relatively easy to do) like so:

Activity	Who provides	PSW role
----------	--------------	----------

After you have completed your paper, you will paste this onto the wall for others to review.

TRAINING RESOURCE 3.9: SUPPORTING CHILDREN IN ALTERNATIVE CARE

Group 1: Kinship care

Prepare a short role-play to present in front of the rest of the group. Use the following scenario.

Your organization has been asked to visit a home where an elderly couple has recently taken in their grandchildren. The man and woman are in their 70s. The children are 3, 5 and 7 years. Their mother, the couple's daughter, recently died and the father has disappeared. No one knows where he has gone. The family has a two-room house and has lived in the area for some time. They love their grandchildren dearly. They have two other daughters who live nearby with their own families and their only son lives with them although he often works away from home.

Your role-play should:

- Highlight the key questions that a PSW needs to consider when deciding whether a child appears to be safe, loved and nurtured;
- Consider the main support that a child may need to ensure the child's wellbeing in kinship care;
- Think about the main tasks that a PSW may undertake to support the child and family.

Group 2: Child living in transit care

Prepare a short role-play to present in front of the rest of the group. Use the following scenario.

A 12-year-old boy has recently come to your drop-in center. His friends on the street brought him along. He has arrived in Kinshasa from across the river in Congo. He hasn't said what the problem is but seems to have run away from his family. He has no documents. He can read and write.

Your role-play should:

- Highlight the key questions that a PSW needs to consider when deciding whether a child appears to be safe, loved and nurtured;
- Consider the main support that a child may need to ensure the child's wellbeing in the short term in transit care and for the longer-term;
- Think about the main tasks that a PSW may undertake to support the child and any family that may be involved.

Group 3: Child living in residential care

You work in a small Catholic orphanage where there are at any time between ten and eighteen children, aged from two up to twelve years. After 12 years, the children move to a much larger single-sex orphanage. Your director has said that he has been asked to follow up with all the children's families to see which children might return home to their birth family. You are asked to find out more about the case

of a brother and sister, François and Katia, who have been in the home since they were 3 and 4 years; they are now 7 and 8 years. One of the guards remembers them being brought in and says he is from the same village as the parents; he remembers there being some scandal which led to them coming to the home.

Your role-play should:

- Highlight the key questions that a PSW needs to consider when deciding whether a child appears to be safe, loved and nurtured;
- Consider the main support that a child may need to ensure the child's wellbeing in the short term in residential care and for the longer-term;
- Think about the main tasks that a PSW may undertake to support the child and any family that may be involved.

TRAINING RESOURCE 3.11: SUPPORTING CHILDREN AND FAMILIES AFFECTED BY HIV AND DISABILITY

In your small groups, move around the pictures that the facilitator has placed around the room.³⁹

After looking at them all, choose one that you would like to focus on – something that reflects stigma related to HIV, disability or possibly even something else that a child or family would experience.

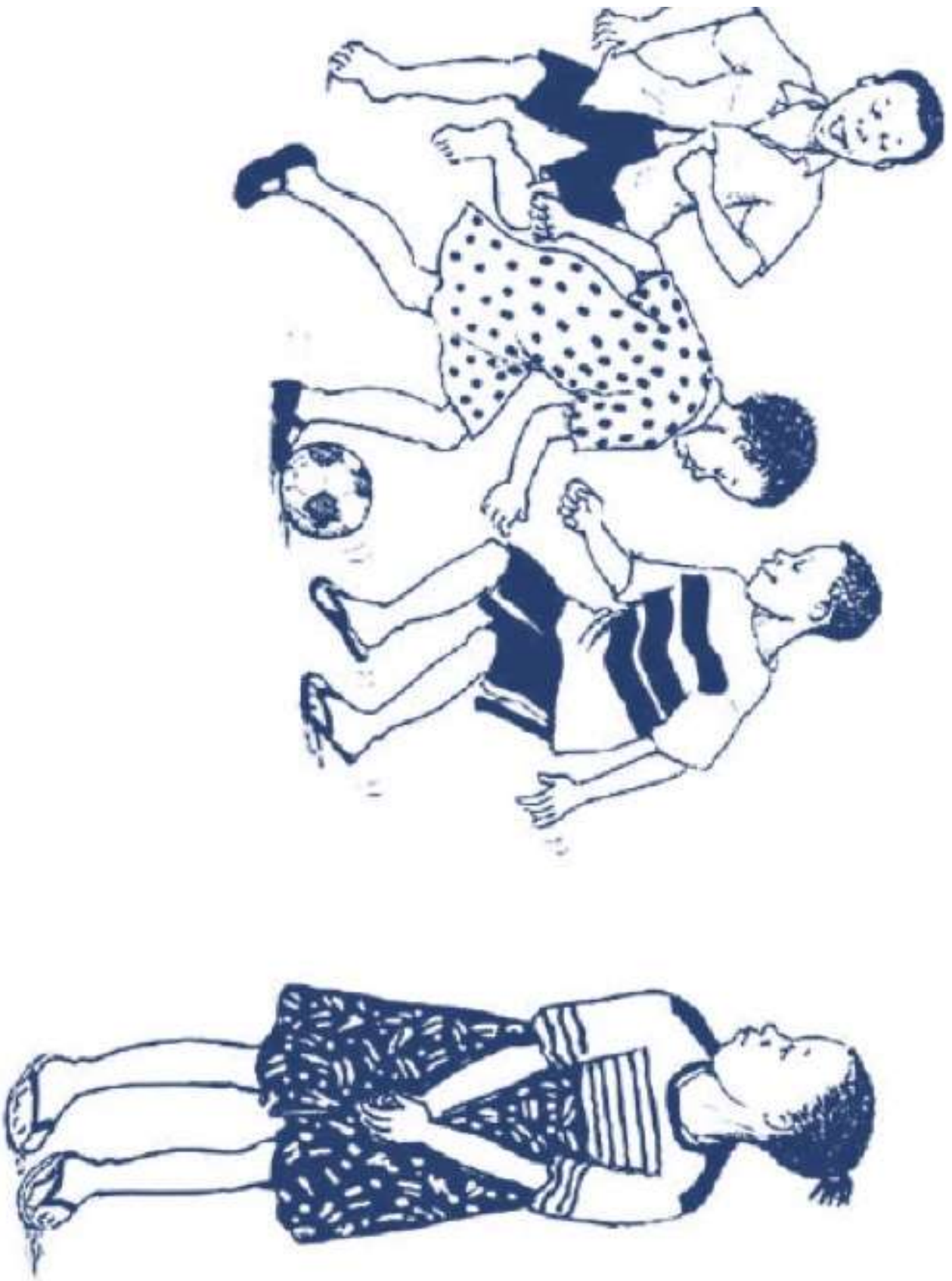
In your small group, with the photo that you have chosen, discuss the following questions:

- In your opinion, what happens in terms of stigma? (to whom, what is the cause of the stigma, what is being done to the person/people who are affected?)
- Why is this happening?
- Does that happen in your community? If so, discuss a few examples.
- Imagine that this is happening to a child that you are supporting within a family. As a PSW, list
 - How might you identify this problem? Think about the assessments that you have practiced. How would you do this?
 - What support can you offer as a PSW?

Note to facilitator: One copy of each of these images to be made for this exercise.

³⁹ Kidd, R., Clay, S., (2003) Understanding and Challenging HIV Stigma: Toolkit for Action. Academy for Educational Development: Washington, D.C.













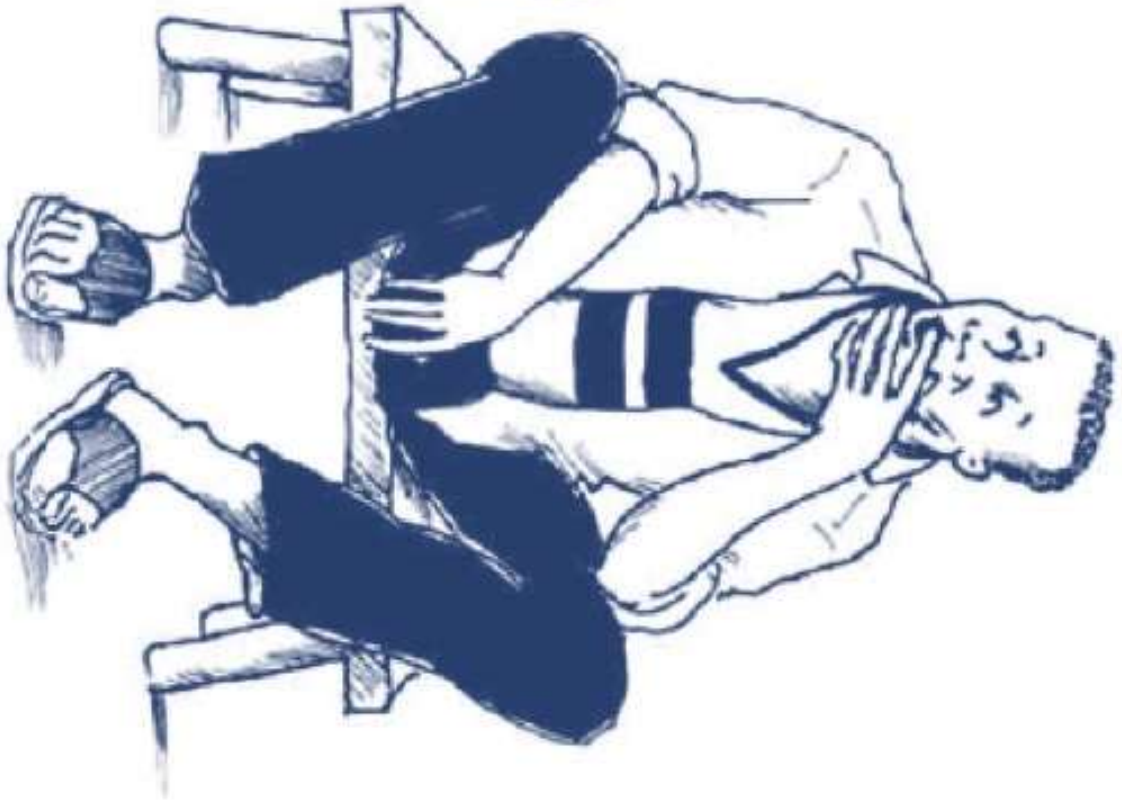












PARTICIPANTS' HANDBOOK

HANDOUT 3.1: MODULE OBJECTIVES

- Learn about coping and resilience, and the practical actions that PSW can take
- Understand psychosocial wellbeing, care and support
- Identify psychosocial interventions in the community
- Learn about children living in alternative care in [your country] and the PSWs role in family preservation and supporting children in alternative care
- Developing practical skills for needs assessment
- Learning about the PSW role in identifying children who need additional specialist psychosocial support
- Supporting families with HIV, disability and other needs
- Supporting households and families in distress

HANDOUT 3.2: PSYCHOSOCIAL WELLBEING AND PSYCHOSOCIAL SUPPORT⁴⁰

Wellbeing is ‘the state in which an individual is well in all or most of life’s domains’:

1. physical wellness (good health and nutrition))
2. social wellness (having good quality relationships with respect to values, traditions, culture, people)
3. environment (sufficient and secure income, safe living arrangements and access to basic services)
4. cognitive wellness (experiencing healthy thinking, feelings, emotions, and spirituality).

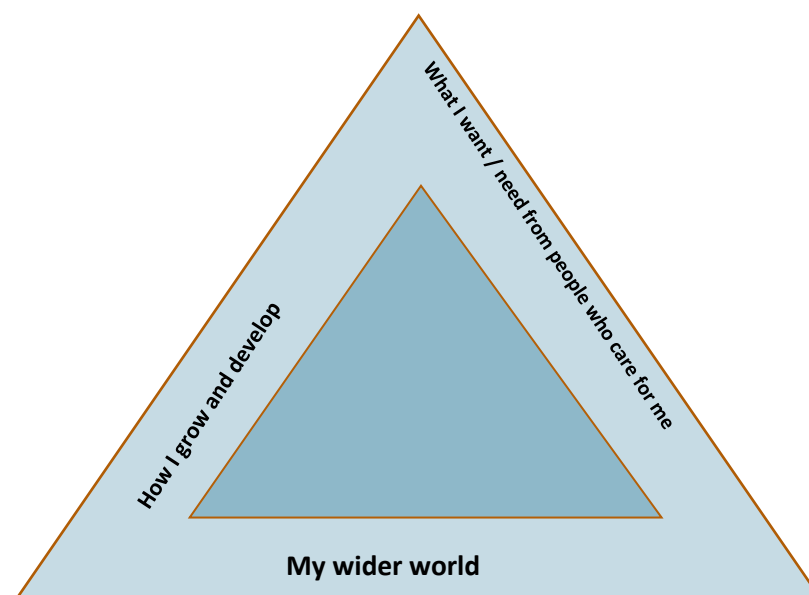
Psychosocial wellbeing has been defined as the ability to make sense of one’s world, and to have a degree of control over it and a sense of hope for the future.

Children’s psychosocial wellbeing concerns the connections between the child and the people in the community and society (“social”) around him/her. It involves the ways in which the child feels and thinks about him/herself and about life (“psycho”).

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 community that assist children and families in coping.

These are affected by and affect a child’s own sense of self.



⁴⁰ Adapted from Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda. Module 1 Session 2.

Most of the time, most children receive loving care and support from their families.

Care and support helps children to have a sense of self-worth and belonging and are important for children to learn, develop life skills, participate in society, and have faith for 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.

Sometimes a child or family needs more than the everyday care and support that is usually provided by the child's family.

Psychosocial interventions and psychosocial support programs are activities, programs and services that someone has planned and organized. Psychosocial interventions include activities like:

- Counseling
- Parenting programs
- Support groups, such as kids' clubs
- Different types of therapy
- Memory work
- Play groups

Psychosocial interventions and programs are provided in order to strengthen the everyday care and support provided by caregivers of the children.

HANDOUT 3.3: MEASURING CHILDREN'S WELLBEING⁴¹

Measuring wellbeing of children means checking the physical wellness (which is measured by looking at children's health and nutrition, for example) but also the other aspects which make up the 'what and how' the child feels about him/herself and therefore how the child interacts with the world around them.

Good wellbeing is essential for resilience.

In general, according to international research, children's wellbeing is measured across seven key areas that can be measured:

- Health and nutrition of child
- Household income and income security
- Living arrangements and access to basic services
- Birth registration
- Educational access and attainment of child
- Parent/child relationships
- Child protection
- Child development
- Social inclusion
- Subjective wellbeing of the child

The support a child needs will focus on all aspects of a child's development.

The attached tool addresses all of these areas and ask the child how well he or she is doing.

Even if a family has enough money, for example, a child may not have access to the food in the home because of discrimination in the home or because the child may be working. Or the child may not be eating properly because he or she is feeling too worried and stressed to eat properly.

Even when a child lives in a very poor household, the child may feel safe, secure and loved by his or her parents or other caregivers and therefore feel resilient and strong, despite the physical risks.

⁴¹ Definitions have been adapted from a draft report (unpublished) by Pact Namibia: Measuring Child Wellbeing in Namibia by Jane Shityuwete and Bernadette Harases.

Assessing children's wellbeing – generic tool

This tool is a generic tool for assessing a child's wellbeing in more detail. It is not an official tool, but can be used to guide a PSW to think about the support and referrals that may be needed.

Name of child: _____
Identification number (according to organization): _____
Sex: Male _____ Female _____
Age: _____
Tool completion: Spoke the answers to an adult: ____ Filled in the answers myself: _____

	None of the time	Some of the time	All of the time
1. I eat at least two meals a day			
2. I have enough food to eat			
3. I go to bed hungry			
4. My teachers treat me like the other students			
5. I have the materials I need to do my class work			
6. I am not treated as well as the other students in my class			
7. I like school			
8. I have enough books and supplies for school			
9. I have a house where I can sleep at night			
10. I feel secure in my neighborhood			
11. I feel safe where I live			
12. My school attendance is affected by my need to work			
13. My family has enough money to buy the things we need			
14. One of the adults taking care of us (me) earns money working at a job			
15. I'm treated differently from the other children in my household			
16. I'm treated the same as other children in my school			
17. I'm treated differently from other children in my village, neighborhood, compound			
18. I do not get enough sleep and feel tired because of all the work I do before and after school			
19. I have people I can talk to when I have a problem at home			
20. I am able to do things as well as most other people			
21. I am as happy as other kids my age			
22. I feel I live in a safe place			
23. At home, I have someone to look after me if I get hurt or feel sad			

	None of the time	Some of the time	All of the time
24. I have adults that I can trust			
25. I get the emotional help and support I need from my family			
26. I feel I am supported by my extended family			
27. I feel strong and healthy			
28. I worry about my health			
29. My health is good.			
30. I am growing as well as other kids my age			
31. My belief in God gives me strength to face difficulties			
32. My belief in God gives me comfort and reassurance			
33. My faith community (the place of worship that I attend and the people that I go to a place of worship with) are important to me			
34. People in my community try to help me			
35. I feel welcome to take part in religious services			
36. My household receives support from people to help them care for children			
37. My friends help me out when I feel sad.			

HANDOUT 3.4: CHILDREN'S PARTICIPATION⁴²

Child participation is central to building resilience

Resilience is not about just coping, but about being able to develop normally, even in difficult circumstances.

Resilient children tend to have three common characteristics:


- A sense of self-worth and confidence
- A range of problem solving skills – being able to use different ways to solve problems
- A belief in their capacity to make a difference

All of these can be enhanced by opportunities for participation!

The ladder of participation

In 1992, Roger Hart tried to describe the degrees of children's participation was in his ladder of participation:

⁴² This handout is adapted from: Child Frontiers for Child Protection Working Group Sudan. 2012. Working with Community-Based Child Protection Committees and Networks: Handbook for Facilitators.

	<p>8. Child initiated and shared decisions with adults: Projects or programs are initiated by children and decision-making is shared with adults. These projects empower children while at the same time enabling them to access and learn from the life experience and expertise of adults.</p> <p>7. Child initiated and directed: Children initiate and direct a project or program. Adults are involved only in a supportive role.</p> <p>6. Adult initiated, shared decisions with children: Projects or programs are initiated by adults but the decision-making is shared with children.</p> <p>5. Consulted and informed: Children give advice on projects or programs designed and run by adults. Children are informed about how their input will be used and the outcomes of the decisions made by adults.</p> <p>4. Assigned but informed: Children are assigned a specific role and informed about how and why they are being involved.</p> <p>3. Tokenism: Children appear to be given a voice but in fact have little or no choice about what they do or how they participate.</p> <p>2. Decoration: Children are used to help or 'bolster' a cause or meet a program requirement in a relatively indirect way, although adults do not pretend that the cause is inspired by children.</p> <p>1. Manipulation: Adults use children to support causes or issues and pretend that the causes are inspired by children.</p>
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Interconnected aspects of child participation

This was useful to start to see how much children were participating. But it suggests that participation is a simple progression from none to full.

As people studied 'what works' in children's participation, it was clear that there are number of interconnected aspects that contribute to meaningful participation. One attempt to show this complexity is the image of a climbing a wall, with each brick being important individually, and all the bricks needing to fit together.

Choice about
when and how to
participate

Information
about situation &
rights

Control over
decision-making
process

Voice in any
discussion

Support in
speaking up

The degree of
autonomy in
making decisions

Why is family strengthening so important?

Family-based care is a RIGHT for all children.

[Note national laws that promote family-based strengthening, if available.]

All countries that are signatories to the Convention on the Rights of the Child should guarantee that all its support to children in need of care and protection are in line with the “Lignes directrices relatives à la protection de remplacement pour les enfants”

<http://www.alternativecareguidelines.org/Accueil/tabid/2397/language/fr-FR/Default.aspx>

All the guidelines recognize the following key steps:

- the ‘necessity principle’: preventing the need for alternative care
- the ‘suitability principle’: determination of the most appropriate form of care:
- ensuring that all care settings are constantly monitored, so that children can be in a permanent placement, most suitable for them, as soon as possible, including reintegration;
- support for aftercare.

Appropriate care must be:

- Suitable: Within community norms
In accordance with the child’s best interests
- Continuous Stable
With consistent caregivers
- Promoting physical wellbeing: Health & nutrition
Safe environment
Education
- Meeting emotional wellbeing: Nurture
Love and attachment
Stimulation

All care must be measured against the child’s wellbeing (see Module 3: Handout 3.3).

⁴³ Adapted from Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 2.

HANDOUT 3.6: SUPPORTING CHILDREN LIVING IN ALTERNATIVE CARE

Supporting family-based care – kinship care⁴⁴

Children in alternative care in the community (kinship care, informal or formal foster care, supported independent living, group homes, etc.) are not necessarily more vulnerable or more at risk in alternative care, than in their own biological families.

We must act to ensure that children are protected from harm, whether within their biological families or other arrangements.

But there are particular issues facing children in alternative care. At worst, families who take in additional children can experience disruption in their own family, turning the home situation unstable, leading to stress and disorder.

Children who move into another home, especially where there are already children, may experience discrimination, stigma (related often to being orphaned or without parental care) and, at times, abuse and exploitation. Biological children may be given preferential treatment. The new child in the family may be the one who is not allowed to attend school, only allowed to eat last, forced to work for the family, given the most difficult jobs in the household, or given harsher discipline than the other children in the family. This is a particular risk if the child is in an informal arrangement living far away from the family, for example, if the child has moved to a family member's home allegedly for education but in reality, for exploitative labor.

What do children coming into a new family arrangements need?

- To feel welcome;
- To feel loved;
- To be understood, particularly regarding any loss they may have experienced in leaving their previous home;
- To be treated fairly with other children in the family;
- The minimum of disruption – continuity as far as possible by, for example, remaining in their own community and attending the same school;
- To be able to remain in touch with their parents if they are still alive and their whereabouts known, or to remain in touch with kin or previous long-standing friends if, for example, they are leaving long-term institutional care;
- To be able to bring possessions important to them into the care arrangement.

What support do carers need to reduce the risk of treating the children in their care unfairly?

- Carers need to feel that they have been involved in family discussions around who should care for children who are left with inappropriate care;
- They need to feel that their concerns have been listened to and that support may be available;
- Knowledge and information on child rights, and knowledge and understanding of child development;
- Sufficient means to provide for the child;
- Positive parenting/positive discipline skills;
- A safe and secure environment themselves; and
- Emotional and practical support.

⁴⁴ Adapted from *Kinship Care Myanmar – Handbook* (2013) by Save the Children.

Foster care⁴⁵

[Provide information for local norms about foster care, if available.]

Foster care can also be understood as formal care, typically provided by adults who are not related to the child, but may include formalized kinship care. It is usually for a limited period until the child can return home or move into a more permanent placement such as adoption.

In emergency situations, such as armed conflict, informal fostering often occurs spontaneously when a family takes in an unaccompanied child. Also, in some emergency situations, agencies have organized a quasi-formal type of foster care to ensure immediate, family-based care for unaccompanied children. Such foster care should be formally arranged by the local authority or child protection organization and include assessing each child's best interests; screening, training, and monitoring of caretakers; and planning for the longer-term needs of each child.

Foster care can provide the advantages of family-based care within a child's own community. In some situations, particularly 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.

Foster care plays 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 improved, with the eventual aim of family reunification.

It is vital that children are provided 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 their opinions are taken into account.

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 her development.

Residential care⁴⁶

[Add local norms on residential care]

Residential care refers to any group living arrangement where children are looked after by paid staff in a specially designated facility. It covers a wide variety of settings ranging from emergency shelters and small group homes, to larger-scale institutions such as orphanages or children's homes. As a general rule, residential care should only be provided on a temporary basis, for example while efforts are made to promote family reintegration or to identify family-based care options for children. In some cases however, certain forms of residential care can operate as a longer-term care solution for children.

⁴⁵ Better Care Network, 2018, <https://bettercarenetwork.org/library/the-continuum-of-care/foster-care>

⁴⁶ Better Care Network, 2018, <https://bettercarenetwork.org/library/the-continuum-of-care/residential-care>

Residential care can be a positive alternative for some girls and boys when it is used appropriately and meets certain standards. For example, small group home living arrangements or supported independent living can work well in cases where children (often older teenagers) don't feel comfortable in a family setting, or where large groups of siblings want to stay together. Similarly in cases where children have suffered trauma, severe abuse or neglect, have a severe disability or require specialized support, small group settings where trained staff can provide therapeutic care may be an appropriate care option. As much as possible, residential facilities should be small, community-based, organized to resemble a family-type or small-group situation and allow for sufficient staff to provide individualized attention to children.

It is important to distinguish between residential care and **institutional care**, which should only be used as a last and temporary resort for children. Institutional care refers to large-scale group care within big institutional facilities and has been associated with a wide range of problems for children including physical, social and emotional under-development - with babies and infants under the age of three especially vulnerable to lasting harm. Long periods in an institution can deprive children of positive individual attention from consistent caregivers, make it difficult for them to assimilate back into a family and community, and are often linked to increased risk of sexual and physical abuse, a lack of stimulation, and harsh discipline.

In recent years, **deinstitutionalization** has been at the heart of national care reform efforts, which seek to reduce reliance on institutional care and to promote family and community-based care options for children instead. This includes efforts to promote ethical volunteerism within residential care centers, educate donors and to avoid proliferation of orphanages and children's homes after humanitarian emergencies.

HANDOUT 3.7: SUPPORTING CHILDREN AND FAMILIES AFFECTED BY HIV AND/OR DISABILITY

Basic facts on HIV

These should be updated according to national data, definitions and protocols.

Definitions:

HIV: Human Immunodeficiency Virus. The virus multiplies in the body and, without a treatment, causes AIDS

AIDS: Acquired Immune Deficiency Syndrome. The person's immune system collapses and the person falls seriously ill with one infection after the other.

A: Acquired – Not congenital or hereditary = you get infected with the virus

I: Immuno – Immune system = your body's defenses

D: Deficiency – Missing

S: Syndrome – A set of signs and symptoms

To be HIV-positive: means having the HIV virus in your body. An HIV-positive person is a person living with HIV (PLHIV).

Natural history of HIV infection

Usually there are 4 HIV infection evolution phases until AIDS breaks out:

Phase 1: primo-infection

In the two to three weeks following the infection, flu-like symptoms can appear in 20% to 30% of infected individuals. Others have no symptom.

This is called "Primo-infection" and it is the **Window Period** (latent period); the person tests HIV-negative as HIV antibodies are not yet present in sufficient quantity to be detected in the blood. **Seroconversion** will then be the moment when HIV antibodies will be detected in the blood.

Phase 2: asymptomatic

It is a very long period called Incubation period during which there will be no clinical expression. It can last from 8 to 10 years.

HIV infection can only be evidenced through the serology test.

Phase 3: symptomatic

It is characterized by the gradual appearance of diverse clinical expressions due to the progressive destruction of the body's defense system. During this period, a persistent, generalized lymphadenopathy syndrome is observed as well as unexplained constitutional signs (weight loss, lasting fever, chronic diarrhea, generalized dermatitis, etc.)

Phase 4: AIDS

It is characterized by advanced immune system degradation, opening the door for opportunistic infections and cancers and tumors. Infections are caused by germs that are usually not pathogenic for the human body.

N.B.: The incubation period, the period between the day the virus enters the body to the day of the first clinical sign, lasts on average between 6 months and 15 years but the maximal duration of this period is not known and varies from individual to individual.

Routes of transmission:

Routes of HIV transmission are:

1. **The sexual route**, during sex with an infected person (90%+ of AIDS cases are transmitted through this route)
2. **The blood route**; through contact between the blood of a healthy person and the blood of infected persons (contaminated blood transfusion (5%), sharp object piercing the skin (2%))
3. **The perinatal route**: Approximately 3 to 8% transmission cases from the infected mother to her child during pregnancy, delivery and breastfeeding.

Prevention methods

Prevention of STDs and HIV/AIDS is done mostly using the following three methods, which correspond to the three routes of transmission:

a) Prevention of Sexual Transmission:

It is the set of attitudes, dispositions or behaviors to adopt on the sexual level to avoid the consequences of high-risk sexual activity.

The components are:

- **Abstinence**: Abstaining from sexual intercourse

Remarks:

- It is the safest method to prevent STDs/HIV (AIDS) and the only method which ensures 100% protection;
- It allows the development of other forms of sexual expression;
- It concerns mostly unmarried people;
- It is a no-risk sexual behavior.

- **Faithfulness**: Only having sexual intercourse with one partner

Remarks:

- For faithfulness to be successful, both partners need to be mutually faithful;
- Faithfulness should be between two partners who know their HIV status. Faithfulness protects against sexual transmission of HIV if both partners are HIV-negative
- It is a low-risk sexual behavior.

- It concerns adults involved in a stable union such as marriage
- **Condom:** It is a flexible latex or polyurethane device (sheath) that is placed on the man's penis or inside the woman's vagina to prevent STD and HIV/AIDS transmission.

Remarks:

- Condoms are 98% effective when used correctly and consistently every time

b) Prevention of Mother to Child transmission (PMTCT):

HIV treatment to prevent the transmission of HIV from mother to child during pregnancy, delivery and breastfeeding.

Remarks:

- For PMTCT to be efficient, the woman's HIV status should be known as soon as possible and she should be cared for by qualified medical staff;
- It is essential that that pregnant women attend antenatal care early in their pregnancies.

c) Prevention of transmission via blood:

A set of universal precautions to prevent HIV transmission via blood.

The key precautions include:

- a. Transfusion security: All transfusion blood and products, such as plasma, are tested for HIV.
- b. Using single use and/or personal use cutting or piercing objects
- c. Correctly sterilizing multiple use and/or collective use cutting or piercing objects before any use
- d. Wearing gloves for any blood manipulation or contact with blood.

N.B. After exposure to risk, it is advised to contact a doctor or medical structure to benefit from post-exposure prophylaxis within 72 hours (3 days).

MODULE 4

REFERRALS AND CASE MANAGEMENT

FACILITATOR'S GUIDE

Function #3: Direct practice with children, their families and other vulnerable population categories: referral and case management

Function #4: Direct work with children their families and other vulnerable population categories: direct support services

This module should be delivered alongside Module 5: Function 6. These two modules address the core PSW functions with children and communities.

Module overview:

- Introduction to PSW role within the national referral and case management protocol
- Making referrals and role in case management
- Making and following care plans: case management
- Field practice/observation on case management and referrals
- Monitoring and evaluation in case management

The course involves two complete days of field visit and observation, and a strong focus on practical application of tools and activities. It is recommended that a Ministry child protection representative co-facilitates this course, or is present at key points, to ensure quality control of referrals and case management.

Functional domains taught in this module:

- Function #3: Direct practice with children, their families and other vulnerable people: case management and service coordination
- Function #4: Direct work with children their families and other vulnerable people: direct support services

Competencies taught in this module:

- Function #3: Uses approved procedures and approaches, including sensitization and data collection tools as well as the required forms to identify children, families and other at-risk groups, or groups made vulnerable by HIV and AIDS and other difficult situations in order to proceed to more in-depth assessment and set up appropriate services
- Function #3: Uses reporting or communication tools – these include written reports or using a computer, mobile phone, internet, social media and other electronic communication means
- Function #4: Is able, with support from supervisor and/or a government social worker, to identify a specialized service need, especially complex psychosocial needs or in a crisis or emergency
- Function #4: Refers clients to support groups and encourages them to participate
- Function #4: Is able to identify individuals who could contribute to implementing household economic strengthening activities

Preparations before the course

It is recommended that a government child protection or social work representative co-facilitates this course, or is present at key points, to ensure quality control of referrals and case management.

The facilitator(s) should be familiar with national referral and case management child protection Standard Operating Procedures *prior* to training. All participants should have a complete copy of the national or institutional referral and case management processes.

In addition, referral and support protocols and tools developed by civil society organizations should also be shared, where participants are working in or in partnership with these organizations. A list of core referral documents is available in Handout 4.3: National SOPs. Other templates are provided in this module.

Preparation for field work (Day Four):

Important note:

Training resource 4.4 is a checklist for the course facilitator to review before the fieldwork. It recommends visits to children and families around one week before the visit.⁴⁷

Preparation before the session:

- Liaise closely with the government personnel or participating child protection institutions who have arranged the field observation visits.
- The visits should focus on initial assessments and/or referrals. It is essential that visits have been pre-authorized and that the organizations are willing to host visits where course participants will be observing the work of other staff.
- If some participants are visiting organizations that they are already familiar with or already work in, it is important for them to be able to step back and observe objectively. Ideally they should not visit the organizations that they work for.
- Before the visit all participants must sign a code of conduct. Before the visit, supervisors of this course should check whether the host organization(s) has their own code of conduct.

Day One of Module 4

SESSION 4.1: INTRODUCTION TO REFERRALS AND CASE MANAGEMENT

Session objectives:

- To review module objectives and amend if necessary
- To learn about the basics of referrals and case management

Materials: PowerPoint Session 4.1
Handout 4.1: Module objectives
Handout 4.2: Overview of referrals and case management

⁴⁷ The checklist has been drawn from the DRAFT tools being drafted for Training of Trainers KCHPF Reintegration Project, Uganda.

Handout 4.3: National referrals SOPs
A ball of string or wool for the icebreaker

Preparation before session: Stick on the wall the flip chart results from these earlier sessions:

Module 1 Session 1.5: The roles of the PSW
Module 1 Session 1.9: The socio-ecological model

Time: 1 hour

Activity 1 (30 minutes)

- The facilitator welcomes participants to the new module, explaining that this is a module about referrals and case management.
- Begin with an ice breaker that reflects a start to the new module. One possible activity is below⁴⁸ but any ice breaker can be used.

Get everyone to stand in a circle facing inwards. Make sure that there are no chairs or other objects inside the circle. Introduce your name (again) and say: "I'm looking for someone who..." and think of a simple question, such as "I'm looking for someone who is wearing red today". Tell the group that anyone who is wearing red, put up their hand. Toss the ball of string or wool to someone in the circle who has put up their hand, making sure to hold firmly to the one end of the string or wool. The person catching the ball of string holds firmly onto the thread that they have caught and introduces himself or herself, then says "I'm looking for someone..." [who likes eating mangos, or any other idea." He or she tosses the ball, while still holding onto the thread, to another person. The string should be held tightly and above the ground at all times. Continue until everyone has received the string at least once and greeted the group.

Activity 2 (60 minutes)

- Show the slide with module objectives. Check that everyone understands the objective. Hand out Handout 4.1.
- Show the next series of slides about PSW roles, emphasizing the need to work with others. Explain that this has to be done in a structured way if it is to be effective.
- Stop at slide 8 and ask everyone to think about his/her description of a referral system. Give them one minute to reflect then ask a few of them to give their definition. Write the key points on a flip chart and compare the definition with the one on the following slides.
- Repeat the question with case management. Emphasize the difference between a referral and case management is that for case management, it is an individualized process where one person usually has responsibility for caring for a child or family from the first point at which assessment identifies a serious problem until the child or family no longer needs external support. This is usually done for serious issues; referrals are part of case management but are also carried out across all actors working on social services.
- *Optional:* If there is time and it feels suitable, show the slides that illustrate some of the referral and counter referral processes that are being implemented in DRC. These are illustrated in the hand out referrals. Ask people to become familiar with these after the day's training.

⁴⁸ <http://www.creativeyouthideas.com/resources/icebreakers/connected/#ixzz4TOWXfx1k>

SESSION 4.2: EMERGENCY REFERRALS

Session objectives:

- To become familiar with the basic tools for referrals
- To collectively review when an emergency referral should be made and what procedures should be followed.

Note: Local referral Standard Operating Procedures to be used as handouts for this session

Materials: Handout 4.4: Referral form

Preparation before the session: If possible, have a representative from social welfare or child protection bodies, or the police, to brief the facilitator (or even better, be present during this session and the rest of the morning's session). It is important to know the key messages about emergency referrals.

Time: 1 hour 30 minutes

Activity 1 (45 minutes)

- Handout the assessment tool that was introduced in Module 2.
- Ask for some volunteers to give feedback on the discussions and activities already held on the assessment tool. Give up to 15 minutes for people to provide this feedback. Guide the discussion to cover the key points:
 - Starting with strengths
 - Finding ways to talk to both child and family members
 - Thinking about both formal and non-formal support that may be available.
- Ask people in pairs to read through Handout 4.4: Referrals form and think about how and when they would complete and refer. Make sure that you have time for questions and discussion about about how this may be used – focus not only on the completion of the tool but on how they would support the child and family to receive the support from the referred services.
- Clarify that this is not a compulsory form. The key points to emphasize are:
 - Actively referring – making sure that the PSW accompanies child or family to enable them to access and then use the recommended service, not just sending them on to someone else;
 - Documenting the referral, either using your own organization's existing reporting mechanism or keeping a record of the referrals using the assessment tool and referral form presented today, if no others exist.

Activity 2 (45 minutes) ⁴⁹

- Ask for some volunteers in the group to describe an emergency situation they may have had with a child in the past either as in their PSW role or otherwise. Ask the volunteers to give a very rapid answer, without too much detail.

⁴⁹ Adapted from Yekokob Berhan Program for Highly Vulnerable Children, Pact Ethiopia. January 2013. Volunteer Basic Training: Integrated Care for Children for Community-Based Support, Refresher-Training and Capacity Development.

- Ask them, if you faced a similar situation today in a household you visit or in the center where you work, what would you do? Encourage them to focus on any additional actions that they may have considered during this or any other training that they received.
- Then ask volunteers to a) define what we mean by an emergency and b) how an emergency should be handled. Make sure the definition refers to people who are in immediate danger of harm, death or other long-term consequences, either physical or emotional.
- Once you have received a definition: Ask the group if anyone has known a child in this situation? What was it about that child's condition that make it look like an emergency that could not wait until care was received, and waiting would likely mean further injury, severe illness or even death?
- Ask people to call out what kinds of emergencies do they feel that they are likely to encounter as PSW.

Note to facilitator: If participants do not already mention this, prompt them to think about: When there is a very sick child in the home, who is not receiving adequate health care, including HIV treatment; When it is known or suspected that a child has been abused (physical, sexual or severely emotionally), or is at risk of abuse in the very near future, or is neglected to the point of harm and danger; if a child is so malnourished that this is causing health problems or weakness, and the child is not able to do the same things as other children his or her age; if a child is at risk of trafficking or coerced marriage or otherwise likely to be removed from their home and placed in danger.

- Ask people to call out who the first referral should be made to. Ensure that people mention: health center and police in their list. The emphasis is on the very first point of call for action.
- Then ask them how they would assist the child or family to get to the health center or police station and what documents should the child (and caregiver) bring along.
- Note down all the key points about referrals.
- If you have a representative from social welfare or the police, they can facilitate this discussion and clarify any key points.

SESSION 4.3 DECIDING WHEN TO MAKE A REFERRAL USING ASSESSMENT TOOL AND REFERRAL FORM

Session objectives:

- To practice deciding when a referral should be made following preliminary assessment
- To practice completion of a referral tool, making and receiving referrals

Materials: Blank copies of the assessment tool (Module 2: Handout 8) plus the blank tools from Session 4.2
Training resource 4.3: Case studies (there are five, choose or adapt as suited to the group)
Handout 4.4: Referral form

Preparation before the session: If possible, have a representative from social welfare or child protection bodies, or the police, to brief the facilitator (or even better, be present during this session and the rest of the morning's session). It is important to know the key messages about initial identification and referrals

Time: 3 hours

Activity 1 (30 minutes)

- Hand out the assessment tool and referral form so that participants have at least one blank form each.

- Form small groups of 3-4 people and distribute group work exercises. The same case study may be reviewed by more than one group. Also give Handout 6 as a guide to discuss the questions.
- Ask participants to read the example and very rapidly discuss the questions. Explain that they should not give a detailed response – the objective is to explore the main elements based on which a child requires referral and identify the key actors.

Activity 2 (1 hour)

- Give the groups 60 minutes to discuss the questions and complete the referral form /letter

Activity 3 (1 hour 30 minutes)

- Facilitate group feedback. After the first group has explained the case that they were studying, ask them to explain what was easy and hard to complete in the forms and why. Allow time for others to provide input, especially on any suggestions for assessment or referral. Encourage participants to review the referral forms when listening to the feedback, to check if those steps have been taken.
- This is likely to take some time so allow sufficient time for detailed discussion. If the time is quicker, move onto the next session earlier.

Day Two of Module 4

SESSION 4.4 RECAP OF PREVIOUS DAY

Session objectives:

- To review the activities of the previous day
- To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far.

Materials: None

Time: 30 minutes

Activity:

- Welcome participants back. Ask for a volunteer to run a short children's game.
- Depending on the game that they do, you can facilitate a plenary discussion about the game.
- Before starting the next session, ask people to say if they have any urgent questions or comments about the previous day. Make a note of any questions or concerns and, where possible, clarify the question by explaining what will be happening next in the course

SESSION 4.5 SHARING ON REFERRAL SYSTEMS

Session objective:

- To have a common understanding of different referral systems currently existing in [your country]

Materials: To be identified locally

Time: 1 hour 30 minutes

Activity:

- Note that this training in DRC was a sharing opportunity for HIV-sensitive referrals from a 4Children project in Kinshasa. Use this time to review local HIV-sensitive referrals, or use the time for the following sessions.

SESSION 4.6 MONITORING AND EVALUATION**Session objectives:**

- To have a shared understanding of key monitoring and evaluation indicators for PSWs
- To practice competencies in sharing information with managers/supervisors

Materials: PowerPoint Session 4.6: Monitoring and evaluation
Training resource 4.6 Scenarios
Blank flip chart sheets, markers, masking tape

Time: 3 hours

Activity 1 (1 hour 15 minutes)

- In plenary, ask the following questions and write the answers on the flip chart paper (10 minutes):
 - *What is monitoring and evaluation?*
 - *What is its use?*
 - *For whom do we collect data?* [Probe and ensure the following elements are included in the answers: national and provincial authorities/[national ministry]; donors/financers of activities or the project; project manager; PSW supervisors; PSWs themselves; beneficiary children and adults with whom PSWs work – so that they can share what helped or did not help them and so that PSWs know their efforts produced results]
- Show the first two slides of Session 2.16 PowerPoint presentation. Give the participants time to answer the question on the first slide and ask their questions - 5 min
- Ask the participants to tell in plenary whether they already did monitoring and evaluation activities and to explain what type of information they collected and reported on. – 10 minutes
- Divide the participants into 3 groups and ask each group to analyze and respond to one of the following questions. They will have 20 minutes to discuss and write their answers on a flip chart paper.
 - *What information do we need to appropriately help the child and family?*
 - *What should the supervisor or the program manager know about your work and the child/family you are helping in order to be able to help you in your work?*
 - *About your work what is the core information [national ministry] needs in order to get an idea of the scope of the work you do?*
- Use the World Café approach – 30 min: post flip chart paper on the wall; 2 individual from each group remain next to their flip chart to explain their questions and answers; the other group members go and read and listen to other groups' presentations and help complete other groups' answers. Group 1 will go to Group 2's flip chart / Group 2 to Group 3's flip chart / Group 3 to Group 1's flip chart. They will all have 7 minutes to read/listen and comment then they move to the next

flip chart and have 7 minutes again. When all groups have seen and completed the answers of the other 2 groups, the completed answers are reviewed in plenary.

Activity 2 (1 hour 15 minutes)

- Show the following slides of Session 2.16 PowerPoint presentation on how to measure children's wellbeing. Give the participants time to comment and ask questions - 10 min.
- Ask the participants to get into the same work groups and answer the questions and follow the instructions on the last slide. Hand out copies of training resources 2.4 and 2.16. – 45 minutes
 - *How can you discover if the child and/or family (that you introduced earlier) have seen their wellbeing improve?*
 - *Have you already in your work had to monitor the wellbeing of a vulnerable child or family? If so, what tools did you use for this monitoring?*
 - *Take one of the cases of vulnerable children that you have already analyzed during session 2.4.*
 - *Complete the wellbeing monitoring form with this child in mind – see training resource 2.16*
- Ask the groups to share their answers and comments in plenary. Allow time for discussion. – 20 minutes

Activity 3 (30 minutes)

- After the plenary discussion, remind participants what has been covered during this session. Check if there are still outstanding questions and in this case, clarify them. Hand out the module evaluation forms and ask participants to complete them before next module.

SESSION 4.7 RAPID REVIEW OF REFERRALS

Session objective:

To review knowledge and competencies related to referrals that have been covered to date

Materials: None

Time: 30 minutes

Activity

- Ask the participants to think for no more than two minutes of a simple scenario in which a PSW might need to refer a vulnerable child or family to someone else. The scenario must be very simple.
- After no more than three minutes, ask people to all stand up and start moving around the room – if it makes the activity more rapid, encourage them to move fast, jog or run!
- After they have all started moving, shout 'Stop'. Participants stop and turn to someone near to them. One of them explains their scenario. Their partner has no more than 90 seconds to give some suggestions of where to go; then the person who responded gets to ask explain their scenario and receive an answer from their partner. Say 'go' and people move again.
- Repeat this activity two more times.
- After each person has asked for advice and given advice three times, stop the activity.

- In plenary ask if there were any really useful suggestions that have not yet been mentioned or any gaps or unclear answers that could be improved.
- Thank the participants. Ask them to review the [add local context] SOPs for referrals, in preparation for the next day's work.

Day Three of Module 4

SESSION 4.8 RECAP OF PREVIOUS DAY

Session objectives:

- To review the activities of the previous day
- To allow time for participants to voice any questions, concerns or suggestions that they may have about the module and about what training they have received so far.

Materials: None

Time: 30 minutes

Activity:

- Welcome participants back. Ask for a volunteer to run a short children's game.
- Depending on the game that they do, you can facilitate a plenary discussion about the game.
- Before starting the next session, ask people to say if they have any urgent questions or comments about the previous day. Make a note of any questions or concerns and, where possible, clarify the question by explaining what will be happening next in the course

SESSION 4.9 MAKING CARE PLANS

Session objectives:

- To introduce the concept of care plans
- To develop a sample care plan including several action steps
- To practice skills related to conducting a successful case conference

Materials: PowerPoint Session 4.9
Handout 4.5: Care planning
Handout 4.6: Care plan template
Training resource 4.6: Scenario role-play

Time: 3 hours 30 minutes

Activity 1: (30 minutes)

- Present PowerPoint session 4.9. Stop at each new step in the process and ask participants if they have done this and ask for suggestions for how this might be done.
- Hand out Handouts 4.6 and 4.7. These are a summary of the key points from the PowerPoint and are to be used as a job aid for the next activity.

Activity 2: (1 hour 30 minutes)

- Divide the participants into the groups that they were in the day before for the five case studies.
- Hand out Training resource 4.6. The groups have one hour to discuss.

Activity 3: (1 hour 30 minutes)

- Ask the groups to talk about their discussions – give them time to present their case then encourage other participants to suggest improvements. The facilitator should take time to check that the main steps were followed by asking:
 - Have you considered the child's best interest?
 - Have you recorded the main information?
 - Have the voices and opinions of children and adults been heard?
 - Are there questions related to gender or other factors that should be taken into account?
- Allow 10 minutes feedback per group and 5 minutes discussion.
- Finish the discussion by asking people whether they understand the forms, noting any adaptations that have been suggested (make sure that people write down the changes for their field work the next day) and ensure that participants understand the core principles.
- Remind people that they will be using the forms tomorrow on the field exercise.
- If more time is needed for this exercise, postpone the following session on Coordination for Module 5. It is essential that participants feel comfortable using all the tools before they undertake a field visit.

SESSION 4.10 COORDINATION MECHANISMS

Session objective: To review possible coordination mechanisms available to PSWs during the development of referrals and case management

Materials: Session 4.10 PowerPoint
Training resource 4.10: Referral coordination

Time: 1 hour

Activity:

- Show Session 4.10 PowerPoint slide and hand out training resource 4.10 as an example.
- Ask participants to get into pairs and give them 5-10 minutes to identify the coordination mechanisms they know.
- Write the identified mechanisms on a flip chart paper or on the board. Ask the participants what they should do to facilitate their participation. Write down the answers to eventually share with [national ministry] and participating organizations.
- Use the remaining time for plenary discussion.

SESSION 4.11 PREPARATION FOR FIELD EXCHANGE / OBSERVATION**Session objectives:**

- To revise protocols for conducting field observations
- To sign codes of conduct or confidentiality for the journey
- To prepare for next day's field observation.

Materials: Module 2 Handout 2.6: Field practice / observation code of conduct
Handout 4.7: Field practice / observation guide – note that this may have to be amended depending on the organizations being visited.

Important note:**Preparation before the session:**

- Liaise closely with the organizational or ministry representatives who have arranged the field observation visits.
- The visits should focus on initial assessments and/or referrals. It is essential that visits have been pre-authorized and that the organizations are willing to host visits where course participants will be observing the work of other staff.
- The facilitator and organizational or ministry representatives must ensure that all participants understand issues of confidentiality and understand that they should not be providing 'advice' to the organization's clients without having a staff member present and only when it is appropriate.
- If some participants are visiting organizations that they are already familiar with or already work in, it is important for them to be able to step back and observe objectively. Ideally they should not visit the organizations that they work for.
- Before the visit all participants must sign a code of conduct.

Training resource 4.4 is a checklist to be used by the course facilitator and organizational or ministry representatives to observe participant interaction with the field visit participants.⁵⁰

Time: 30 minutes

- Explain that tomorrow participants will be making another field exchange / observation visit. On this occasion, they will be actively practicing the skills that they have been working on in the classroom.
- Explain that, although all the participants are experienced at working with children and families in their existing work, this visit is an opportunity to step back from their work and apply what they have been learning and discussing on the course.
- The purpose of tomorrow's field observation is to apply the discussion on meeting with children and families and assessing needs in practice. Participants will be directly interacting with children and families who are receiving support from host organizations. Tell participants which organizations are being visited. They should be working in teams of minimum two and maximum four people per child or family.
- Hand out Training resource 4.5. Explain that this is the task for the teams after they have visited the family. Tomorrow they will be expected to work in small teams and prepare a presentation for feedback on the following day. They do not need to return to the workshop venue (although if the venue is available, they can choose to use the space).
- Go through the PowerPoint slides to ensure that people fully understand the process.
- Allocate participants to the relevant field visit teams. Ensure first that everyone knows the logistics for tomorrow.

⁵⁰ The checklist has been drawn from the DRAFT tools being drafted for Training of Trainers KCHPF Reintegration Project, Uganda.

- Hand out host organization codes of conduct or the MINAS code of conduct for conducting field visits and ask all participants to read and sign before the end of the session and the main do's and don'ts for working with children and the information guide for families.

Note: Ideally host organizations will have a code of conduct for visitors. If they do not, consider sharing the code of conduct that is attached as Handout 6 and the handout for families.

Day Four of Module 4

SESSION 4.12 EXPERIENCES IN THE WORK ENVIRONMENT

The visits should be attended by the facilitator. However, the facilitator should be available by phone in case of difficulties raised by the host organization or participants.

Day Five of Module 4

SESSION 4.13 DEBRIEF ON FIELD PRACTICE/OBSERVATION

Objective: To jointly debrief and review communication skills

Materials: None

Time: 3 hours

Activity 1: (15 minutes)

- Welcome participants back. Ask participants to very quickly describe yesterday's field assessments – was it enjoyable? Was it informative? Were there any problems that should be addressed in preparation for the next field visit?

Activity 2: (2 hours 30 minutes)

- Ask participants to present their findings from the field practice / observation. Each pair will have no more than 10 minutes to provide their feedback and then there will be 5 minutes for questions or comments from the other participants.

Note to facilitator: The timing of this activity and the time available for feedback will have to be adjusted according to the number of participants in the group.

Activity 3: (15 minutes)

Use the remaining time to facilitate a closing discussion about the key learning points raised by PSW. Using notes that you have made during the presentation, draw out any key themes that you observed or that have been identified by participants.

SESSION 4.14 REVIEW OF REFERRALS AND CASE MANAGEMENT

Session Objective: To reinforce information on referrals and case management

Materials: None; ensure that a social welfare or child protection representative from the Ministry are present if possible

Time: 2 hours

Activity

- This is an opportunity to review the lessons learned so far. Ask participants to think for five minutes about all the work in Module 4, as well as that from previous Modules. What they have done yesterday on the field visit is at the core of their work and they will be doing this work in many different settings. Remind them of the discussions on communication with different groups of children and adults (Module 2) and the different families and living arrangements that vulnerable children have.
- After they have had some time for reflection (the facilitator to judge how long this should be), ask them to turn to the person next to them and think of one (maximum two!) issues that they would like to review or clarify. There are two hours in this session (amend if timing has shifted) for people to revise and review. Ask them to note these down, each one on a separate piece of card.
- Go around the group and ask people to read out what they have written on their card. As each point is raised, place the card on a piece of flip chart paper. The facilitator should group any points that are similar.
- Once all have made their points, use the rest of the time to go through the points.

Note to facilitator: This session requires the facilitator to be well prepared. Make sure that you have all the handouts and training resources available. Ideally you will have a representative from MINAS who can also participate by clarifying any questions or engaging with participants on issues that they wish to raise.

SESSION 4.15 MONITORING AND EVALUATION (M&E) REVIEW

Session Objective: To strengthen M&E practices

Materials: None.

Time: 1 hour

Activity

The facilitator can use this time to review key points on monitoring and evaluation from previous sessions.

TRAINING RESOURCES

TRAINING RESOURCE 4.3 CASE STUDIES

Case study 1

You go to a household where a grandmother is taking care of her orphaned grandson. The child is six months old. She gives him porridge but says it is hard to give him enough to eat. In the house, she does not seem to have any milk for the child. She carries the child and she clearly loves him but you worry because you think the grandmother does not have the time or the necessary means to care well for the child. What's more, in the two months since the infant has been with her, they have not been to a health center.

In small groups, discuss:

1. In your assessment, what are the main problems that should be addressed? Note the strengths and the challenges the family faces.
2. Complete the form and write down, in order to share this reflection, anything that is not clear or that you are not able to complete.
3. Decide who else you may make a referral to and complete a referral form for one of these referrals (if there is more than one).

Case study 2

One of your colleagues manages a youth club for adolescents. Mostly boys come to the clubs, sometimes however also girls. There has been a lot of teasing in the group and the girls are not coming any more. You were able to discuss with a few of the girls before they left the club and asked them what is happening. The girls said that they don't like the boys to expect them to go home escorted by boys. They worry about what their families will say. They do not give any details but you suspect that they are regularly forced to have sex with the boys. One of the girls asked you if you know where she could go for menstruation problems.

In small groups, discuss:

1. In your assessment, what are the main problems that should be addressed? Note the strengths and the challenges the family faces.
2. Complete the form and write down, in order to share this reflection, anything that is not clear or that you are not able to complete.
3. Decide who else you may make a referral to and complete a referral form for one of these referrals (if there is more than one).

Case study 3

You were asked to register the following family in your program: a mother and a father with a 5 year old child who has cerebral palsy and was left at home. He does not walk and did not learn to talk. Both mother and father work; the mother tries to sell products from home in order to take care of the child. The father works in a shop and earns a salary but does not spend anything for his child. The mother loves her son but does not know how to care for a child with such a disability.

1. In your assessment, what are the main problems that should be addressed? Note the strengths and the challenges the family faces.
2. Complete the form and write down, in order to share this reflection, anything that is not clear or that you are not able to complete.
3. Decide who else you may make a referral to and complete a referral form for one of these referrals (if there is more than one).

Case study 4

You were asked to register the following adolescent in your program: a 17-year-old boy who recently left a residential institution. The institution gave him basic training in carpentry but did not give him money to set up his workshop at home. He has a starting kit for carpentry and has built his own shelter close to the bus parking lot. He does not know where his family is and says he does not remember when he came to the orphanage but he remembers living with a grandfather.

1. In your assessment, what are the main problems that should be addressed? Note the strengths and the challenges the family faces.
2. Complete the form and write down, in order to share this reflection, anything that is not clear or that you are not able to complete.
3. Decide who else you may make a referral to and complete a referral form for one of these referrals (if there is more than one).

Case study 5

You were asked to register the following family in your program: a young, 17-year-old mother with an infant, who was in a shelter for street girls. She was engaged in prostitution and a local church organization offered her a shelter as long as she stays away from prostitution. She was thrown out of her family when she got pregnant but she has finished primary school and started secondary school.

1. In your assessment, what are the main problems that should be addressed? Note the strengths and the challenges the family faces.
2. Complete the form and write down, in order to share this reflection, anything that is not clear or that you are not able to complete.
3. Decide who else you may make a referral to and complete a referral form for one of these referrals (if there is more than one).

TRAINING RESOURCE 4.6 SCENARIOS

Case study 1: The grandmother and her orphaned grandson

1. Review the case study from 4.3 and the referral form and assessment form that you have completed.
2. Spend no more than 10 minutes recalling the family's strengths and challenges that you have noted in the assessment form.
3. Decide how you will work with the grandmother to develop a care plan – will you do this alone with her or bring in other people? If you call in other people, note down who should be brought in and how will you do this?
4. Choose one person in the group to be the grandmother, two to be PSW and two others. Imagine that you are developing a care plan.
5. Note down at least two action points based on the role-play on the blank template.
6. Note down anything that is not clear or that you are not able to complete, for sharing with the wider group.

Case study 2: The girl in the adolescent club who is regularly forced to have sex with the boys and who has menstruation problems

1. Review the case study from 4.3 and the referral form and assessment form that you have completed.
2. Spend no more than 10 minutes recalling the family's strengths and challenges that you have noted in the assessment form.
3. Decide how you will work with the girl, and any caregivers that you feel should be involved in developing a care plan – will you do this alone with her or bring in other people? If you call in other people, note down who should be brought in and how will you do this?
4. Choose one person in the group to be the girl, two to be PSW and others who should be there. If you choose to just talk to the girl alone, others in the group can be observers. Imagine that you are developing a care plan.
5. Note down at least two action points based on the role-play on the blank template.
6. Note down anything that is not clear or that you are not able to complete, for sharing with the wider group.

Case study 3: The parents of the child with cerebral palsy

1. Review the case study from 4.3 and the referral form and assessment form that you have completed.
2. Spend no more than 10 minutes recalling the family's strengths and challenges that you have noted in the assessment form.
3. Decide how you will work with the parents to develop a care plan – will you do this alone with them or bring in other people? If you call in other people, who should be brought in and how will you do this?
4. Choose one person in the group to be the father, one to be the mother, one PSW and others. Imagine that you are developing a care plan.

5. Note down at least two action points based on the role-play on the blank template.
6. Note down anything that is not clear or that you are not able to complete, for sharing with the wider group.

Case study 4: The boy who recently left a residential institution

1. Review the case study from 4.3 and the referral form and assessment form that you have completed.
2. Spend no more than 10 minutes recalling the family's strengths and challenges that you have noted in the assessment form.
3. Decide how you will work with the boy, and possibly his grandfather, to develop a care plan – will you do this alone with him or bring in other people? If you call in other people, who should be brought in and how will you do this?
4. Choose one person in the group to be the boy, one to be PSW and two others. If you choose to just talk to the girl alone, others in the group can be observers. Imagine that you are developing a care plan.
5. Note down at least two action points based on the role-play on the blank template.
6. Note down anything that is not clear or that you are not able to complete, for sharing with the wider group.

Case study 5: The young 17-year-old mother with the infant who was in a shelter for street girls

1. Review the case study from 4.3 and the referral form and assessment form that you have completed.
2. Spend no more than 10 minutes recalling the family's strengths and challenges that you have noted in the assessment form.
3. Decide how you will work with the girl to develop a care plan – will you do this alone with her or bring in other people? If you call in other people, who should be brought in and how will you do this?
4. Choose one person in the group to be the girl, one to be PSW and any others in the group. If you choose to just talk to the girl alone, others in the group can be observers. Imagine that you are developing a care plan.
5. Note down at least two action points based on the role-play on the blank template.
6. Note down anything that is not clear or that you are not able to complete, for sharing with the wider group.

TRAINING RESOURCE 4.10 REFERRAL COORDINATION

A referral system relies on regular and clear exchange of information, within and between all the key sectors.

[If available, note the key coordination mechanisms that affect children at community, local administrative (e.g. district) and national level in your country.]

Some of the following key coordination functions include:

- Meeting between key actors – monthly meeting for different actors working in the same sector, such as within the health sector e.g. including clinical and community health workers from government and civil society, to review a sector such as maternal and child health, or HIV.
- Shared coordination meeting – Sometimes, different ministries, such as health and social welfare, may conduct joint supervision or a data review. These may be conducted every two or three months, with one objective being to review how referrals and case management are working.
- Continuous information coordination – in most sectors, there is ongoing coordination between different sectors through local community development or health or child protection network. The purpose of regular coordination meetings include: performance of each referral actor, referral implementation challenges, identification of corrective measures and recommendations for system strengthening that should be considered next quarter.

TRAINING RESOURCE 4.11 CHECKLIST FOR FIELD VISIT PREPARATION⁵¹

The objective of the field visit is for course participants to apply the knowledge and skills that they have so far learned in class in order to undertake a quality assessment and start to consider potential sources of support for vulnerable children or families. This one-day visit will be followed up by a further field visit that focuses on developing a care plan.

It is important that there are suitable children or families to visit, who are already receiving support from the host organization(s). Course students will be interacting with the children and families but will not be providing any follow up. This must be available from the organization after the course participants have completed their visits.

Before the course, the Ministry must ensure that:

- Projects have been identified and the course purpose explained.
- Children or families have been selected and they have been advised that students will be visiting. These are 'real' cases and they will be treated as such from start to finish.
- The host organization must meet with selected children or families several days before the field visit to explain the purpose of the visit:
 - **Sample explanation:** "We are training a lot of community workers to support children and families who may benefit from support to help provide care and support. We have learned that you / your child _____ has been receiving support / attending [name of organization] _____. We would like to visit you next week and talk about [state the types of support that the organization provides]. At the same time, we would like to bring several community workers so they can watch an actual child or family who is receiving support from the organization. This will help them understand the steps involved, and how they can be a support to families like you. We would like your consent to do this. Before you give us an answer, do you have any questions about the visit?" [answer questions]
 - **Obtaining consent:** "Here we have a piece of paper that says you give us consent to have the team come. We will be respectful of your privacy and not tell other people about it except those that will be involved in helping you. Does that sound OK? If so, could you sign [or mark] right here?"
- *NOTE: the assignment will vary according to project. If students are visiting institutions or transit centers, it is additionally essential that participant tools have been adapted to the particular needs of the center.*
- In cases where families are being visited, the families' consents have been obtained in order to participate in the field visit. In cases where children are being visited, for example in child-headed homes or in institutions, appropriate consent has been obtained according to minimum standards of talking to children in centers.

⁵¹ The checklist has been drawn from the DRAFT tools being drafted for Training of Trainers KCHPF Reintegration Project, Uganda.

- Travel times should be short so that course participants have time after the visit to reflect and document the experience.
- Participants will have learned all relevant knowledge and skills necessary for entering a home and conducting an initial assessment.
- Participants will need to have attended all of the course prior to the visit, or demonstrated that they have reviewed and understood any sessions that they have missed.
- Participants have a copy of the referrals process of the organization, assessment form, referral form/letter and note pads and pens.
- All forms are printed and ready to be filled out for each family
- Participants have 'practiced' the assessment process through role-plays and case studies before going into the field.
- There is a supervisor accompanying each of the field visit 'teams' from MINAS or participating organization.

The teams will coordinate necessary coffee/meal breaks, etc for participants in line with the host organization's procedures.

TRAINING RESOURCE 4.13 DEBRIEFING GUIDE

In your work group, you will need to review and highlight the learning, and to identify gaps in knowledge & skills.

Discuss the following issues and prepare a 10-minute presentation for the rest of the team:

- How did you feel about the rapport between the family and PSW?
- Assessment process:
 - What went well?
 - What were the challenges?
- Case planning:
 - What went well?
 - What were the challenges?
- Referral Process:
 - Did you feel that there were any emergency referrals that were needed?
 - What did you do to ensure that this happened?
 - What were the positive aspects?
 - What were the challenges?
- Roadmap:
 - What was done well?
 - What could have been improved?
- Analysis of the role of assessment
 - Do you have suggestions or recommendations for how you may use assessment tools in your own organization?
 - Do you have suggestions about improvements for the assessment form? Please explain

TRAINING RESOURCE 4.14: CHILD WELLBEING MONITORING FORM

Child wellbeing monitoring form ⁵²		Child's case monitoring number: Child's name: DATE:
[Use this form for the initial assessment and thereafter every 3 months]		
CATEGORY	STRENGTHS/PROTECTIVE FACTORS	NEEDS/ RISKS
FOOD and NUTRITION <ul style="list-style-type: none"> • Access to sufficient food and to drinking water • Does the child eat well? • Does the child seem to grow and thrive? 		
ACCOMMODATION and FAMILY ENVIRONMENT <ul style="list-style-type: none"> • Cleanliness and hygiene • Protected against health risks and illnesses • Does the child sleep in a safe, dry place and in a protected environment with sufficient bedding? 		
PROTECTION and SECURITY <ul style="list-style-type: none"> • Household and environment security • Are there any concerns about the child's security? • How is the child disciplined? • Does the child feel safe? • Are there any concerns in terms of abuse, neglect, exploitation or exposure to violence? 		
HEALTH <ul style="list-style-type: none"> • Describe the child's current health status • Known history of health problems or drug addiction • Child's growth and development • Does the child have a disability / disabilities? • Are the health referrals followed? 		

⁵² Adapted from wellbeing monitoring tool from the KCHPF project toolkit

EMOTIONAL AND SOCIAL WELLBEING <ul style="list-style-type: none"> • Child's responses, interactions with others and general mood • Describe the child's response to stress • Does the child show signs of trauma and if so, how does the caregiver address it? • How does the child play and communicate with other children? • Is there at least one adult caregiver who is involved and concerned for the child? • Does the child ask for help from his/her caregiver if needed? • Is there evidence or proof of bonds between child and caregiver? 				
EDUCATION <ul style="list-style-type: none"> • Does the child regularly go to school or early childhood services? • What is the child's progress in school? • How does the child behave in class? 				
OTHER (if needed, give description here)				
CHILD'S WELLBEING SCORE				
<p>This score refers to the child's current status. Points will be attributed for each of the 6 areas following discussion with the child during assessment (see below).</p> <p>SCORING GUIDE: (any item scored 1 or 2 should be addressed in the intervention plan):</p> <p>4: good: The child's current status does not indicate any risk,</p> <p>3: medium: The child's current status raises slight concerns that will be managed by the caregiver(s) without any additional intervention.</p> <p>2: poor: The child's wellbeing is considered at risk and should be considered in the intervention plan for speedy resolution</p> <p>1: very poor: The child's status is serious and necessitates an urgent intervention to protect the child's wellbeing</p>				
FOOD and NUTRITION	1	2	3	4
ACCOMMODATION and FAMILY ENVIRONMENT	1	2	3	4

PROTECTION and SECURITY	1	2	3	4
HEALTH	1	2	3	4
EMOTIONAL AND SOCIAL WELLBEING	1	2	3	4
EDUCATION	1	2	3	4
<p>TOTAL COMBINED SCORE: /24</p> <p>More than five scores of 1 or 2 or a total score of 14 or below is a red flag showing the need for an intervention to protect the child's wellbeing</p>				

PARTICIPANT'S HANDBOOK

HANDOUT 4.1: MODULE OBJECTIVES

- To be introduced to the national referral and case management protocol
- To understand the role of the PST within the national referral and case management protocol
- To practice making referrals
- To learn the PSW role in case management and gain practical experience
- To practice developing and monitoring care plans
- To gain field practice in making referrals and case management
- To examine monitoring and evaluation in case management

HANDOUT 4.2: OVERVIEW OF REFERRALS AND CASE MANAGEMENT

Key characteristics of a referral system

A referral system helps organize, prepare and provide adequate and timely professional support to vulnerable children and their families who need it.

A referral system facilitates good coordination and good collaboration between actors and services for vulnerable children and families.

A referral system requires a clear and shared vision of the social action partners' responsibilities, although they have sector specific missions.

Referral and counter-referral are interactive processes through which a social actor orients a client toward a structure for a social service they cannot offer themselves and through which they receive in return from this structure information on the services provided to the referred client.

Definitions

The referral process starts with identification of the vulnerable child and reporting of a concern.

Referral, in the context of the care for children in a difficult situation, means oriented a child cared for from Service A to Service B, because it is not available at the first location.

Similarly, referral includes formal and informal referral. The formal referral concerns referral cases from government or civil society services while informal referral includes referrals done by "informal" groups such as women's groups, support groups, youth groups, etc.

Counter-referral is the response or return action or the feedback that Structure B gives Structure A about Service X provided to the referred child.

Criteria for a good referral and counter-referral system

To play its role successfully, a good referral and counter-referral system will operate in a framework ensuring:

1. Holistic care for children in a difficult situation, through professional provision of a varied scope of services: psychosocial assistance, health monitoring and health care, orientation toward a relevant educative and/or professional system, legal/judicial assistance, socio-economical support, etc.;
2. Work done by qualified, supervised and adequate staff;
3. Work in synergy, encouraging sharing and exchange of skills and lessons learned;
4. Structured and sufficiently documented work (activity planning, tool development, statistics availability) to avoid overload, overlapping efforts and resource waste;
5. Team spirit: knowing each other, sense of solidarity and moral and psychological support between different actors.

Counter-referral is initiated by the structure receiving the referred child. It sends information on services provided to the referred child back to the structure initiating the referral.

Orientations on how to make referrals

A referral is a procedure by which a service provider sends a client (a child or family member) because they cannot, at their level, respond to the client's needs (expertise, experience level or responsibility level) to the most appropriate service point where the client can receive the required service.

Before you make a referral:

- Have a full and thorough knowledge of the resources available, including eligibility requirements, the types of services provided, etc.
- Ensure that the referrals specifically address the problem identified
- Check on the affordability of the service—if there is a fee, determine how it will be made
- Provide a means of confirming whether the service organization will accept the client for services, when services will start, and how long the service period will be.

When you make a referral, it is ALWAYS important to remember to:

- **Refer clients only to services or support within a reasonable distance:** in an emergency, ensure there is a means of transportation for the client;
- **Call ahead** to sensitize the service organization to the future referral;
- **Go with** the child/family to the service;
- **Know** the services provided and the staff providing the services;
- **Ensure that someone has the overall responsibility** to follow up with the child and service providers so that the child's needs are met;
- **Systematically check** the client's progress within the service organization.

When you receive a referral, it is ALWAYS important to remember to:

- **Understand** the referral that has been asked – what does the service provider ask you to do – and ask for clarification if there is not enough information.
- **Make sure the child and the family understand** the reason for and are satisfied with the referral;
- **Give feedback** to the agency making the referral.

Do you have:

- Information on how to access services, such as business hours and resources (e.g. transportation) to ensure the child is accompanied by at least one trusted adult?
- Local resource mapping?
- A record to write data about the case, with a copy for your supervisor?
- A referral form that is well understood by everybody?
- A coordination mechanism to check that the referral is working?
- A form to fill during monitoring?

(National Protocol Annex 6, with additions by the Government of Malawi. 2014. Child Protection Case Management Framework))

HANDOUT 4.3: NATIONAL REFERRAL SOP

Please use national or local referral forms and SOPs

Key messages

A referral system helps organize, prepare and provide adequate and timely professional support to vulnerable children and their families who need it.

A referral system facilitates good coordination and good collaboration between actors and services for vulnerable children and families.

A referral system requires a clear and shared vision of the social action partners' responsibilities, although they have sector specific missions.

Referral and counter-referral are interactive processes through which a social actor orients a client toward a structure for a social service they cannot offer themselves and through which, in return, they receive from this structure information on the services provided to the referred client.

HANDOUT 4.4: REFERRAL FORM

Please use national or local referral forms and SOPs. Below is a sample form from 4Children's Global Case Management Package.

Section A

Date when referral is made: _____

Name of referring organization (CSO): _____

Name of Case Manager: _____

Phone number/ email of Case Manager: _____

Name of Case Worker: _____

Phone number of Case Worker: _____

Organization receiving referral: _____

(Please be specific Health Center, HIV Testing Services, ART Clinic, Peer Support Group, Government Institutions: Child Protection Office, Legal office, birth registration, etc. See SOP for more information)

How urgent is this referral? Emergency ____ Urgent ____ Routine/follow up ____

Reason for referral: _____

Section B

Name of Person Being Referred: _____

Age: _____ years Sex: M/F Unique Identifier Code: _____

Address: _____

Phone number: _____

Signature of person referring

Signature or thumbprint of child OR caregiver

Section C

Service received: _____

Service provider contact information: _____

Comments: _____

HANDOUT 4.5: CARE PLANNING⁵³

Basics of care planning

Care planning is the process of:

- evaluating the problems that have been identified through assessment; and
- setting goals to achieve the necessary changes.

⁵³ Adapted from Government of Malawi. 2014. Child Protection Case Management Framework.

A care plan can include goals for the child and other family members.

Actions must clearly state roles and responsibilities and time lines.

The child and trusted family members/ guardians, where appropriate, will need to contribute to and agree on proposed goals.

It can be useful to start with small and easily achievable goals, rather than the ultimate goals. For example, starting by saying 'mother will attend at least ten sessions run by local parenting support group run by CBO X', rather than saying 'mother will stop verbally abusing child'.

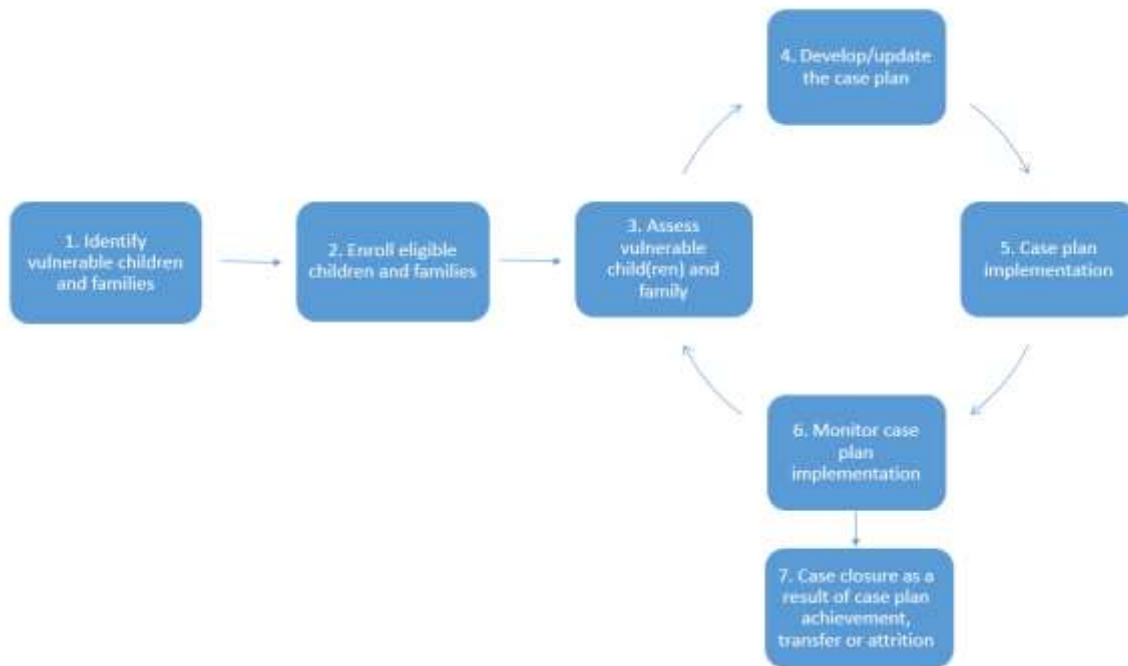
Developing a care plan requires **involvement of other important actors** who can provide the necessary support and interventions. This will be done by either referring the child and family to other services or having a group meeting with all partners. This is called a case conference. Usually a case conference should be conducted by a qualified social worker. The PSW plays an important role in providing background information, supporting child and family and ensuring follow up.

Tips for setting goals

- **Start by pointing out the strengths that have been found through the assessment:** Pointing out the possible strengths can help a child or caregiver feel more capable of overcoming problems. Once the PSW has identified some strengths, the child or caregiver may be able to think of others.
For example, at the individual level, a girl who is being exploited for her labor might be healthy, has a desire to go to school, and has done well in the past.
At the family level, a parent who is abusive may love the child, works hard to provide, and is willing to learn different ways of dealing with anger. Or a father who is absent may be sending money and genuinely loves his children.
At the community level, an active child protection committee or a local traditional chief who supports the child can be tremendous assets to the child and family. Perhaps there is a teacher at the local school who cares about the child, or a health care outreach service.
- **Goals** should be set according to the child's or family's unique characteristics and likes/dislikes, needs, strengths, abilities and skills. For example, Child A might enjoy playing with other children and being very active, while Child B would rather stay close to his parents and play quietly.
- **Goals should be first suggested by child or caregiver:** It is important for the client to feel the 'ownership' of the plan. The client should participate in making their own plan as much as possible, depending on their age and developmental level. The PSW role is to provide information and to help the child or caregiver come up with a solution. This requires the PSW to trust the child or caregiver to know what will work for them unless it is clearly obvious that the client does not have good judgment. If the PSW feels that there is a risk in the goal suggested by the child, she or he can explain the pros and cons of various different options in a way the client can understand, and suggest several good options and let the client choose from among them so that in the end the client feels ownership.
- **Measurable goals:** A measurable goal is something that is observable or is quantifiable. In other words, the results can be seen or counted. They must also be realistic, considering local resources. It may be better to set small goals and reach them quickly, then set another easily achievable goal. A

series of successful experiences like these can encourage and motivate better than a difficult goal that takes a long time to reach.

The case management process



HANDOUT 4.6: CARE PLAN TEMPLATE⁵⁴

Instructions: Please use the information gathered from the initial assessments to help complete this form.

PLEASE NOTE THAT THE CASE PLAN FORM STAYS WITH THE CASE WORKER AND IS NOT LEFT AT THE HOUSEHOLD. IT MAY INCLUDE CONFIDENTIAL INFORMATION THE CHILD, ADOLESCENT OR ADULT DOES NOT WANT TO SHARE WITH THE REST OF THE FAMILY. DO NOT LEAVE THE CASE PLAN WITH THE CAREGIVER OR ANYONE IN THE HOUSEHOLD.

Date: _____ Case Worker's name/contact information: _____
 Case Manager staff name/contact information: _____
 Name of caregiver: _____
 Name and ages of child(ren): _____

DOMAIN	GOALS OF HOUSEHOLD (this includes caregiver and child(ren))	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CAREGIVER</i>	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CHILD/CHILDREN</i> (include name of child)	SERVICES TO BE PROVIDED AND/ OR REFERRED TO	BY WHOM & DATE TO COMPLETE/ CHECK WHEN COMPLETE	REMARKS
HEALTHY				<input type="checkbox"/> HIV testing <input type="checkbox"/> ART <input type="checkbox"/> Viral load testing?		
				<input type="checkbox"/> Other HIV and Care Treatment <input type="checkbox"/> PMTCT/ ANC <input type="checkbox"/> HIV disclosure & counseling		
				<input type="checkbox"/> HIV Peer support group		

⁵⁴ 4Children Global Case Management Package

DOMAIN	GOALS OF HOUSEHOLD (this includes caregiver and child(ren))	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CAREGIVER</i>	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CHILD/CHILDREN</i> (include name of child)	SERVICES TO BE PROVIDED AND/ OR REFERRED TO	BY WHOM & DATE TO COMPLETE/ CHECK WHEN COMPLETE	REMARKS
				<input type="checkbox"/> Adolescent health counseling <input type="checkbox"/> Other health services		
STABLE				<input type="checkbox"/> Cash transfer <input type="checkbox"/> SILC group <input type="checkbox"/> Food support <input type="checkbox"/> Nutritional assessment & supplements Etc.....		

DOMAIN	GOALS OF HOUSEHOLD (this includes caregiver and child(ren))	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CAREGIVER</i>	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CHILD/CHILDREN</i> (include name of child)	SERVICES TO BE PROVIDED AND/ OR REFERRED TO	BY WHOM & DATE TO COMPLETE/ CHECK WHEN COMPLETE	REMARKS
SAFE				<input type="checkbox"/> Positive Parenting training <input type="checkbox"/> Counseling <input type="checkbox"/> Psychosocial support <input type="checkbox"/> Health services Etc....		

DOMAIN	GOALS OF HOUSEHOLD (this includes caregiver and child(ren))	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CAREGIVER</i>	PRIORITY ACTIONS PERSON RESPONSIBLE <i>CHILD/CHILDREN</i> (include name of child)	SERVICES TO BE PROVIDED AND/ OR REFERRED TO	BY WHOM & DATE TO COMPLETE/ CHECK WHEN COMPLETE	REMARKS
SCHOOLED				<input type="checkbox"/> School bursary <input type="checkbox"/> Enrolment to school <input type="checkbox"/> Enrolment to vocational training		

CASE WORKER ACTION POINTS	
----------------------------------	--

***List any emergency actions or referrals (malnutrition, ART default or child protection issues) that were made between the time of assessment and case planning or need to be made now.

Referrals: Identify the services the household and/ or child(ren) need to be referred to

List the individuals and/ or organizations the Case Worker needs to contact to implement the actions identified using the directory of services

Person to be Referred: _____ Service: _____

Person to contact: _____

Person to be Referred: _____ Service: _____

Person to contact: _____

Person to be Referred: _____ Service: _____

Person to contact: _____

Person to be Referred: _____ Service: _____

Person to contact: _____

AGREED BY

PLEASE NOTE ON THE FOLLOWING PAGE A SUMMARY OF THE KEY PRIORITY ACTIONS TO SHARE WITH THE CAREGIVER.

DO NOT INCLUDE ANY CONFIDENTIAL INFORMATION THE CHILD, ADOLESCENT OR ADULT DOES NOT WANT TO SHARE WITH THE REST OF THE FAMILY.

Summary of Key Priority Actions to Share with the Household

THIS FORM SHOULD BE LEFT WITH THE CAREGIVER.

Date: _____ Unique identifier of the household:

Case Worker's name/contact information:

Case Manager staff name/contact information:

GOALS CAREGIVER & CHILD(REN)	PRIORITY ACTIONS <i>CAREGIVER</i>	PRIORITY ACTIONS <i>CHILD/CHILDREN</i> <i>(include name of child)</i>	DATE

HANDOUT 4.7: FIELD VISIT OBSERVATION GUIDE

You will be visiting an organization that provides care and support to vulnerable children.

The organization should know about your visit. If there is any misunderstanding about the visit on your arrival, you can call the course facilitator on: Tel: _____

On arrival, make sure that the organization's director, or most senior staff present, fully understands the purpose of your visit.

If the organization has a code of conduct and you have already received a copy, hand this to the director or most senior staff present. If the organization does not, hand in the generic code of conduct that you were given in the course.

You will be conducting field observation for a half day at the organization. The most senior person in the organization will guide you and your colleagues on the visit. Show the director the questions below. They will hopefully have already reviewed these questions. If not, you may need to explain what you are looking for and why.

Make it clear that you are here to observe only and you will be making notes for your own training and assessment. The observations that you make are to be used in training practice and will not be shared with other organizations.

1. About the organization's aims and approach

- a) What is the organization's aim and which vulnerable children do they aim to work with? How are children identified or selected? Are there particularly vulnerable boys or girls being reached? What does the organization have to do to meet their needs?
- b) How does the program try to effect change? How do we think these children's lives are going to improve, allowing them to reach this goal?
- c) What interventions did you observe that reach the vulnerable children or families that the organization is working with?

2. About the children who are being supported

- d) What did you observe about the status of the children who are being supported – observe their age, their overall status, the issues that are being identified and addressed.
- e) What skills, knowledge and behaviors does the program try to build in the young people they support and why?
- f) What approaches are being taken with the children – are they meeting the children's age- and developmental stage needs? How are issues of gender difference and equality considered?

3. About families, if relevant

- c) What approaches are made to support families or households?
- d) How far are parents/guardians and other family members are engaged in the child's care, about how positive parenting is promoted?

4. Communication approaches and techniques

- c) How do the project staff communicate with children – what activities or approaches are being used? Note any that seem particularly effective
- d) What observations do you have about the interactions between the people engaged in social support at the organization, and children and their families?

Handout for families ⁵⁵

What is a para social worker who is providing care and support for children?

A trained volunteer or staff member who has completed an A3 training course on auxiliary social work, and who is working with MINAS, or with a Congolese civil society organization. The para social worker is responsible for helping children and families to keep children safe and free from danger. DRC's national law on the protection of children says that all children who may be at risk of harm, and their family, must be offered support to help children stay safe and be well.

What does a para social worker do to protect children?

A para social worker can work with children and families who are struggling to provide the care and support to children on their own, to help the family provide care. The para social worker works with the family to see if something needs to be done to prevent the child from being harmed and to see whether his or her family need any help. A plan is agreed with the child and the family to make sure the child is safe and any necessary help and support is provided. In the most extreme cases this might mean the child having to be cared for by someone else until it is safe for the child to return home.

What can you expect of how the child protection worker will go about their work?

The Child Care and Protection Act states that social workers and other organizations responsible for child protection must:

- Make sure that every decision taken with regard to your child's safety places your child's best interests at the center.
- Recognize that you, as parent/guardian, and your family play the most important role in looking after the safety, welfare and wellbeing of children and work in partnership with you at all times.
- Respect the confidential nature of the information they gather about your child, you and your family. This means only sharing information with others when they need the information in order to protect and support your child or you and your family and making sure that you know who the information is being shared with. They will make sure that any information about your or your family that is written down will be kept secure, so that others who do not need to do not have access to it.

Social workers and others who protect children will make sure that they are sensitive and respectful to your family, and to the different ways of bringing up children but cannot excuse or overlook abuse, violence or exploitation of children.

Complaints or feedback

If you have feedback or are unhappy about the service you have received from the child protection caseworker who has been in touch with you, you should contact:

..... the supervisor of

your local social welfare or government child protection officer on telephone

⁵⁵ [adapted from draft Indonesian Integrated Services Center SOPs; to be credited if adopted]

MODULE 5

WORKING IN THE COMMUNITY

TRAINER'S GUIDE

Function # 5: Working at community level, in a team and with different organizations

This module builds on the Kinshasa referral training with additional inputs on working with children and PSS. This module should be delivered alongside Modules 4 and 6 to cover the core PSW functions with children and communities.

Module overview:

- The role of PSW in community mobilization
- Addressing sensitive issues through community engagement
- Opportunities for ongoing community engagement to advocate for vulnerable children's rights and needs

Functional domains taught in this module:

- Function #5: Working at community level, in a team and with different organizations

Competencies taught in this module:

- Promoting community awareness of domestic and gender based violence and problems linked to family violence and exploitation by strengthening community capacity to act on prevention, adequately report cases and access the required services.
- Makes good use of relevant information systems, including radio and community billboards
- Ensures community sensitization and communication with other service providers
- Communicates and collaborates with the community and different actors within the community

Before the module: MINAS should liaise with organizations who are sending participants on the training course to identify any activities that the organizations conduct in relation to community mobilization or awareness raising. If there are organizations with these skills, the sessions below can be adapted or substituted by the organization's own training approaches and experiences.

SESSION 5.1: INTRODUCTION TO THE MODULE

Session objectives:

- To introduce the concept of community mobilization
- To understand the role and limits of PSWs in the community

Preparation before the session: Move all the chairs into a tight circle, so that everyone is sitting close to each other at the start with no tables in front. If this is not possible, make enough space in the room so that everyone can stand in a tight circle and be able to move their arms freely.

Materials: PowerPoint Session 5.1: Introduction
Handout 5.1: Module objectives
A ball or piece of paper rolled up for Activity 1

Time: 60 minutes

Activity 1 (20 minutes)

- Greet the participants to the new module. Introduce yourself by saying: 'Hello, I am xxxx and I am a proud member of the community of xxxxx' – think of something that is either important to you (for example, membership of a particular church, or an interest, such as 'the community of Paris St Germain fans'. Once you have introduced yourself, throw the ball or paper to a participant and ask them to also say their name and a community that they are part of, then throw the ball to someone else. No one is allowed to repeat the community!
- Once all the participants have introduced themselves, explain that this module is about the role of PSW working in the community. As we have seen, we are all part of different communities.

Activity 2 (20 minutes)

- Show PowerPoint slide 1. Remind people of the seven core PSW functions – this is Function 5. Give people a few minutes to discuss what this function means to them. Once they have had a few minutes, ask for volunteers to call out their ideas.
- Note down the key points on flip chart paper in the form of actions (i.e. 'to advise xxxx', 'to work xxx').
- Then show the following slide, 3. Review whether the activities that participants have mentioned are similar to those that have been mentioned. If the list from participants is much longer, note that there are many more actions that a PSW can do but these three are the core actions that are an integral part of support to vulnerable children.
- Ensure that everyone is in agreement with this point before moving on.

Activity 3 (20 minutes)

- Ask participants to again talk to the person next to them – get them to talk to the person sitting on the other side this time – and to think of what they have already done in any of these three areas.
- Once people have had a few minutes to think about the work, ask how many people in the room have experience of Competency 1:
Promotes community awareness of domestic and gender based violence and problems linked to family violence and exploitation by strengthening community capacity to act on prevention, adequately report cases and access the required services.
- Repeat for the following two competencies. Ask the group for observations about whether everyone is doing all the activities or whether there is less experience in some areas.

- For each of the three competencies, quickly brainstorm the types of experience that participants have had, with a very brief anecdote from no more than two participants on each of the three competencies.
- Close the introductory session by noting that following sessions will build on this experience.

SESSION 5.2: WORKING WITH OTHER ACTORS IN THE COMMUNITY

Session objective: To review possible coordination mechanisms available to PSW for referrals and case management

Materials: PowerPoint Session 5.2
Training resource 5.2: Group discussion on coordination
Handout 5.2: Referral coordination

Time: 1 hour 30 minutes

Activity 1: (45 minutes)

- Show Session 5.2 PowerPoint slides.
- Ask participants to get into pairs and give them 15 minutes to identify the coordination mechanisms they know.
- Write the identified mechanisms on a flip chart or on the board.
- Ask the participants what should be done to facilitate their participation. Write down the responses to eventually share with the national Ministry and participating organizations.

Activity 2: (45 minutes)

- Ask participants to divide into groups of 3 or 4 people. From the list of coordination mechanisms that the group has identified, ask participants to focus in their groups on discussing a mechanism that they can regularly attend. Hand out Training resource 5.2. They have 30 minutes to discuss the questions.
- Allow 15 minutes feedback in plenary and note down the key points on flip chart.

SESSION 5.3: COMMUNITY SENSITIZATION⁵⁶

Session objective: To practice advocacy techniques in addressing sensitive issues

Materials: A flip chart with the following list written on it: gender; age; disabilities; HIV; religious practices; cultural norms and practices.
Handout 5.3: Community mobilization and sensitization

Time: 2 hours 30 minutes

Activity 1: (30 minutes)

⁵⁶ Adapted from Ministry of Gender, Labor and Social Development, Uganda. 2015. A holistic approach to Psychosocial Support: A National Training Manual for Caregivers of Orphans and other vulnerable children in Uganda.

- Remind people about the circles around the child – family and community are at the center and a child’s family is part of community. Show the flip chart that you have prepared before with the words: gender, age, disabilities, HIV, religious practices, cultural norms and practices.

Note to facilitator: If there have been other factors brought up during the course that influence community practices and values, you can add these to the list on the flip chart before the discussion. Before this session, review previous modules to draw on any points that participants have already made.

- Explain that these are all factors that influence children’s wellbeing and affect their protection and care. Ask people for a few examples, as a revision of previous discussions.
- Ask participants to divide into small buzz groups of 2-3 people and think, for 10 minutes, of the institutions and practices in their communities that affect children’s wellbeing in different ways – thinking about how they affect the way that children of different sexes, ages, abilities, etc. are treated. Ask them to note these down – dividing them into positive impacts and negative impacts.
- After 10 minutes, ask for feedback from the group. Note down the answers in two columns – positive and negative. Again, ask people who have a similar point than one that has already been fed back, to just note that they have made the same point, in order to keep feedback brief.
- Rapidly review in plenary and ensure that people can see that there are both positive and negative aspects of the institutions and practices that affect children.

Activity 2 (1 hour)

- Ask people to divide into three groups. Identify from the list of institutions and practices, three common issues that affect children’s wellbeing – choose issues that a PSW may have to address for individual children and family but that are common problems. For example, coerced early marriage (if this is identified), beliefs around sorcery/witchcraft, religious beliefs that prevent children from accessing education or health care.

Note to facilitator: Try to select a range of different issues that touch on cultural and religious and gender norms.

- Allocate each group one of the issues that the facilitator has selected. Each group has 45 minutes to prepare a role-play showing how a PSW may come across this issue, how would the PSW address the issue with the family, and how could the PSW work with other members in the community to address this problem so that both the individual child and others who are also affected could be supported. They will have five minutes to show the skit or role-play.
- After 45 minutes, ask people to wrap up their discussions and be ready to present their role-play.

Note to facilitator: The groups can choose how to present this skit or role-play. The purpose is to identify opportunities for mobilizing community awareness on issues that affect child protection.

Activity 3 (1 hour)

- Ask one group to volunteer to show their skit. Ask the group to do the skit in five minutes – make sure that the skit does not run longer than 10 minutes! After they have showed their sketch, ask participants to discuss:
 - What techniques or approaches did the PSW use to support the child or family to deal with this sensitive issue?
 - What techniques or approaches did the PSW use to mobilize support from the community to challenge this harmful norm or practice?
 - Do the observers have any other suggestions of what the PSW could have done in this situation?

Note to facilitator: If it helps, prepare these questions on flip chart paper or a PowerPoint slide before the session.

- Note down any key points that are made on flip chart.
- Repeat this exercise with the following two groups.
- After all the groups have shown their sketches and discussed, review the key points that have been made.

SESSION 5.4: ROLE OF PSWs AS ADVOCATES FOR CHILD PROTECTION⁵⁷

Session objective: To explore the different mobilization techniques that a PSW can use to promote children's rights to protection and wellbeing

Materials: Flipchart paper, cards, markers, notepaper, pens

Time: 45 minutes

Activity 1

- Show the group the first slide of PowerPoint Session 5.4. Read through the slide and check that everyone understands the points. Keep the slide showing during this session.
- Divide participants into groups of three (where they are sitting). Ask the groups to quickly brainstorm as many mobilization techniques as they can and note them down. Allow 5–10 minutes for the brainstorming exercise.
- In the plenary, ask the groups to call out different mobilization techniques (not repeating ideas already mentioned). Write the different techniques on a piece of flipchart paper.
- Discuss the various types of techniques mentioned by the participants and add any techniques not mentioned.
- Highlight the key points that have been provided, using the second PowerPoint slide for the key messages. Conclude this session by asking each participant to think of one way in which they can be a more effective community mobiliser, based on today's exercises and their existing experiences.

⁵⁷ Adapted from Child Protection Working Group Sudan. 2012. Working with Community-Based Child Protection Committees and Networks: Handbook for facilitators.

TRAINING RESOURCES

TRAINING RESOURCE 5.2: GROUP DISCUSSION ON COORDINATION

In small groups, think about coordination mechanisms that you and other PSWs can follow within your community. Think about the following questions:

1. How useful are these meetings? What are the conditions for this goal to be reached?
2. Do the meetings you attend reach their goal? If not, what are the constraints? What would you recommend for these meetings to be effective and reach their goal?
3. In terms of meeting content and proceedings, what would you advise the meeting to do for priority questions about child protection in your community to be addressed?
4. Is the regular participation of members important to reach the meeting goals? Why?
5. If you do not currently attend the meeting regularly, how can you ensure that you will attend them regularly?
6. Are there currently barriers to attending these coordination meetings? If so, how can they be removed?
7. In your opinion, which important priority questions should be discussed during these meetings?
8. Which other actors should attend them?
9. What support might you need from the Ministry and/or your organization to make these meetings effective?

PARTICIPANT'S GUIDE

HANDOUT 5.1: MODULE OBJECTIVES

- To become familiar with the core PSW Function #5: Working at community level, in a team and with different organizations
- To discuss why it is important to work with the community
- To practice community sensitization techniques
- To practice participation in and advocacy in community mechanisms and coordination groups

Key competencies:

1. **Promoting community awareness** of domestic and gender based violence and problems linked to family violence and exploitation by strengthening community capacity to act on prevention, adequately report cases and access the required services.
2. **Ability to sensitize community** and communicate with other service providers.
3. **Communicating and collaborating** with the community and different actors within this community.

HANDOUT 5.2: REFERRAL COORDINATION

A referral system relies on regular and clear exchange of information, within and between all the key players.

[If available, note the key coordination mechanisms that affect children at community, local administrative (e.g. district) and national level in your country.]

Some of the following key coordination functions include:

- Meeting between key actors – monthly meeting for different actors working in the same sector, such as within the health sector e.g. including clinical and community health workers from government and civil society, to review a sector such as maternal and child health, or HIV.
- Shared coordination meeting – Sometimes, different ministries, such as health and social welfare, may conduct joint supervision or a data review. These may be conducted every two or three months, with one objective being to review how referrals and case management are working.
- Continuous information coordination – in most sectors, there is ongoing coordination between different sectors through local community development or health or child protection network. The purpose of regular coordination meetings include: performance of each referral actor, referral implementation challenges, identification of corrective measures and recommendations for system strengthening that should be considered next quarter.

A referral system should **be accountable to be efficient**.

- Everybody involved should understand and adhere to the same principles.
- Everybody involved should want to work together through coordination meetings and information sharing meetings about the progress and outcome of cases so that information required for referral flows easily and appropriately.
- Everybody should understand and use the referral forms. These forms should be reviewed regularly and those developing them should be supported by management to ensure a continuous flow of information.
- The different sectors should be ready to work together and share to best serve the interests of children and their families.

HANDOUT 5.3: COMMUNITY MOBILIZATION AND SENSITIZATION

What is community mobilization

Mobilization aims to motivate communities to be active in child protection.

Community mobilization involves a range of techniques.

Techniques can be anything from organized campaigns to informal interactions.

Techniques can involve lots of people in the community or be one-on-one discussions.

Awareness raising is one mobilization technique – but not the only technique!

Children, parents and families, communities, community-based organizations, civil society groups and service providers can all be mobilizers.

Important considerations when mobilizing or sensitizing communities

Community mobilization is the process of clarifying and expressing needs and objectives and taking collective action to meet them.

Community mobilization is important because it values the right of people to self-determination and recognizes their resilience.

A PSW has a role in sensitizing and mobilizing communities in so far as it can enhance children's wellbeing and address some of the challenges or barriers that the PSW's client children and families may face.

Community mobilization must work through community structures that meet the needs of the whole population.

What is the role of a PSW in community mobilization and sensitization

It is not the responsibility of a PSW to advocate for change on his or her own. This can be done within existing groups and with the support of other stakeholders who have a role in protecting children.

Code of conduct: All PSW must challenge harmful practices that impact on children's wellbeing. This is reflected in the LPE and in all PSW's codes of conduct.

Do no harm: Any sensitization or mobilization against harmful norms and practices must always put the children's best interests at the center. This may mean working with others to challenge norms only once a child is involved.

Child and family participation: Children can and should have a say in any action that addresses community norms. A PSW can and should encourage children's participation in all such activities.

MODULE 6

PERSONAL DEVELOPMENT AND WORK PLANNING

FACILITATOR'S GUIDE

Function # 7: Personal development and development of others

This module focuses on self-care and self-development for PSW, supervision options and planning for applying the skills. It is the final module of the course and should be provided once participants have attended all the other sessions. If separate modules are being provided, the first half of this module could be delivered as a half-day addition to another training.

Module overview:

- Principles of managing stress for PSW
- The importance of supervision and support
- Post-test questionnaire
- Setting a personal action plan
- Final revision of PST roles
- Formal course closing ceremony / presentation by MINAS

This is a short teaching and learning day, to allow for a closing ceremony and early closure.

Functional domains taught in this module:

- Function #7: Personal development and development of others

Competencies taught in this module:

- Function #7: Is able to evaluate own strengths, weaknesses and resources to target them for future development
- Function #7: if appropriate, orients other individuals to learning opportunities
- Function #7: can recognize ethical conflicts that could emerge in practice

Before the course

Look for any existing national or organizational policies on supervision and support. These policies should be used in Session 6.3, in addition to or instead of the Handouts and Training resource presented here.

The Ministry can advise on the process for approval and certification of the course, so that on the final day it is possible to advise participants of how and when they will be advised on whether they have successfully passed the course. All participants should receive an attendance certificate on the final day in the closing ceremony.

SESSION 6.1 INTRODUCTION TO FINAL MODULE

Session objective: To review module objectives

Preparation before the session: Move all the chairs into a tight circle, so that everyone is sitting close to each other at the start with no tables in front. If this is not possible, make enough space in the room so that everyone can stand in a tight circle and be able to move their arms freely.

Materials: Handout 6.1: Module objectives

Time: 15 minutes

Activity

- The facilitator welcomes participants to the new and final module and gives participants a copy of Handout 6.1: Module objectives.
- The facilitator explains that this day is a bit different. For fourteen days, participants have worked really hard to ensure that vulnerable children's rights are met and that they are supported and protected. This can be stressful. This day is about the participants themselves – how they can manage the stress that comes from such a responsible role, and how they can access support from their supervisors or managers for their work.
- So begin with some fun: Ask the participants to move their chairs into a tight circle (if this has not already been done before the session) or stand in a circle with their shoulders nearly touching each other and all hold hands.
- The facilitator instructs the person on his/her left to copy what the facilitator does as quickly as possible, then the person on their left does the same, and so on around the group. The facilitator lifts his or her hands up and then lowers them, the person next to them does this, and so on around the group, making a Mexican wave. When the 'ripple' of moving arms completes the circle, the facilitator then does the same but speeds up and, if sitting down the first time, stands up as s/he lifts his/her arms.
- If the 'wave' is working well and the group is large enough, the facilitator can start another wave before the previous one completes a circle.
- Complete until everyone is tired, laughing too much or the circle collapses.

SESSION 6.2 MANAGING STRESS IN YOUR WORK⁵⁸

Session objectives:

- To identify sources of stress for PSW
- To learn about possible steps that PSW can take to manage work-related stress

Materials: PowerPoint presentation Session 6.2
Handout 6.2: Managing stress in your work

Time: 1 hour 30 minutes

Activity 1 (25 minutes)

- Show slide 6 and ask participants to give a few examples of how their work is rewarding, then how it is challenging. There is no need to note the answers.
- Move onto the following two slides. You just need to supplement the answers already given with those on the slides, if they have not said them already.
- On the challenges slide, ask participants if they recognize the challenges on the slide. Note that not everything can be resolved to reduce the challenges, but some things can and the most important thing is to help ourselves and each other to prevent the challenges becoming too stressful and overwhelming us.
- Read through the rest of the slides up until Slide 12, Group activity.

⁵⁸ Source: Republic of Indonesia / UNICEF. 2016, draft. Professional social work training: para-social worker training, module 9.

Activity 2 (60 minutes)

- Divide the participants into groups of 4 or 5 and hand out Training resource 6.2, allocating each group one of the case studies (you may need to give more than one group the same case study).
- They have 30 minutes to read the case and discuss and note their answers.
- Call participants back into the main group. Ask for feedback in plenary. If more than one group has discussed the same case study, only ask for additional inputs from subsequent groups, once one group has fed back.

Activity 3 (5 minutes)

- Show the summary slide and pull out any significant and useful suggestions made by the participants during the previous activity feedback.
- Ask participants to close their eyes for one minute and think of

SESSION 6.3 SUPPORTIVE SUPERVISION⁵⁹**Session objectives:**

- To learn about the core principles of supportive supervision
- To identify essential tools and processes for PSW supportive supervision, building on existing experiences from organizations represented in the training course

Materials: PowerPoint Session 6.3: Supportive supervision
Handout 6.3: Supportive supervision
Two sets of two pieces of flip chart paper stuck together with an outline of a human drawn on the paper – you will need two large silhouettes for people to write on.

Time: 1 hour 30 minutes

Activity 1 (20 minutes)

- Introduce the session by asking participants who is one of the most important people in helping a PSW manage their own stress. Hopefully it will not take too long for someone to suggest ‘my supervisor’. If no one does mention this, answer yourself.
- Write ‘supervisor’ on a piece of flip chart, leaving space above the word to write another word. Ask people to call out the roles and responsibilities that a PSW’s supervisor should have. List all the suggestions made, whether these are positive or negative.
- Then write ‘Supportive’ above the word ‘Supervisor’. Ask people if there are things that they would like to add or change. If people have suggested any negative things earlier, ask them what would need to be different so that the supervisor became supportive. Add the additional suggestions, or put a line through those that no longer apply.

Activity 2 (15 minutes)

- Ask the participants to raise their hands if they have a supervision system where they work. Ask those who have raised their hands to very briefly describe what the system is like.

⁵⁹ Information drawn from Ministry of Gender, Labour and Social Development. [no date] Support Supervision Guide for orphans and other vulnerable children (OVC) service delivery.

- Then, if there are people who have not raised their hand, ask them to briefly say if they used to and it hasn't worked or whether the organization has never considered it. Do not spend too much time on this discussion; the purpose is to get a sense of what is already happening.

Activity 3 (45 minutes)

- Give participants Handout 3: Supportive supervision. Allow 5-10 minutes for people to read on their own.
- While they are reading, place the two silhouettes that have been drawn on flip chart paper on the floor or tables at opposite ends of the room.
- Once people have had a chance to read the handout, ask them to divide into two groups of equal numbers. Each group stand or sit around one of the silhouettes.
- Explain that one silhouette is the supervisor and one is the PSW who is being supervised. Groups can choose, or the facilitator can select.
- Show the PowerPoint slide for the group exercise. Each group should discuss, from the perspective of their person (supervisor or supervisee) the questions on the slide and note the answers on the relevant part of the silhouette. They should note down any concrete suggestions they have and any examples of organizations that have tools or processes that PSW feel would be useful to share more widely.

Activity 4 (10 minutes)

- Ask people to read the answers from the other group.
- Hold a brief plenary discussion highlighting the concrete suggestions made in the group.

SESSION 6.4 POST-TEST

Session objectives:

- To evaluate the level of learning during the training
- To identify personal progress

Materials: Training resource 6.4: Post-test questionnaire

Time: 45 minutes

Activity:

- Facilitator reminds participants that on Day 1 of the course they conducted a pre-test questionnaire. Now [local organization] would like to learn from participants what they have learned during the course. The results will be used to both measure individual knowledge and to measure the success of the course in enhancing knowledge.
- Hand out the post-test and give participants time to complete. Allow no more than 40 minutes for the test. If participants finish early, they can go outside to stretch their legs. After 40 minutes, collect in any uncompleted tests.

NOTE: If the questions finish early, allow more time for the next session and note how long the test took. Make a note of how long the test took so that the course can be amended in the future.

SESSION 6.5 PERSONAL ACTION PLAN

Session objective: To have the opportunity to set a personal action plan to consolidate and build on experiences gained in the training course.

Materials: Handout 6.4: Personal action plan
One blank piece of A4 paper for each participant and felt tip pens and tape, for sticking onto clothing

Time: 1 hour

Activity 1 (30 minutes)

- The facilitator notes that this is the final working session of the course before the evaluation and closing ceremony.
- During the past fifteen days, people have worked very hard and there has been a lot of sharing of experiences, building of skills on top of what has already been developed and learning new things.
- After this course, everyone will return to their work – it is often hard to remember all of the things that we have learned and applied – and it is important to be kind to ourselves and remember what we have achieved.
- This session is a chance for people to make a promise to themselves so that they can celebrate the positive. Ask people to talk in pairs, or reflect on their own if they prefer, for a few minutes about:
 - One thing that I have learned in the course about my work that I am going to do differently from now on
 - One thing that I have enjoyed learning and will try to learn even more about
 - One thing that I have learned that I am very good at and will share with others
- Hand out Handout 4: Personal action plan. As they are discussing or reflecting, they can complete this plan and take it away with themselves.

Activity 2 (30 minutes)

- Explain that now we are going to give positive feedback to each other. We have thought about what we are good at ourselves; now we are going to let our friends in the course know what we like about them.
- Give each person a blank sheet of paper and some sticky tape. They must stick the paper onto someone else's back – each person must have a sheet of paper on their back – this includes the facilitator.
- With a felt pen (in order to not mark clothing or tear the paper!), move around the room and write on other pieces of paper: I have learned xxxx from you; or I really value your skill or ability to xxxx.

Note to facilitator: The facilitator can participate but should ensure that everyone is getting comments written on their back. The facilitator should ensure that s/he prioritizes any people who are not receiving many positive comments.

SESSION 6.6 EVALUATION

Session objective: To collect final feedback on the course.

Materials: Training resource 6.6 Course evaluation

Time: 30 minutes

Activity:

- Handout the evaluation form and ask people to complete and return.

SESSION 6.7 CLOSING CEREMONY

To celebrate the end of the training – hand over participation certificate (the certification process should be defined by [national ministry])

TRAINING RESOURCES

TRAINING RESOURCE 6.2: CASE STUDY

Group 1: Angelique's story

Angelique is a young mother with two children. She was a university student but stopped school when she got married and became pregnant. She has always wanted to help children and families who struggle with abuse. Since she does not have a university degree, she decided to volunteer as a Para Social Worker.

When Angelique is doing her work, her mother takes care of her two children: a 4-year old boy and a 2-year old girl. Angelique has done a very good job with the cases referred to her, and her caseload is growing all the time. In fact, her clients have come to trust her so much, they call her all the time, even in the middle of the night.

At first she felt very needed and was glad to help, but lately she has been feeling resentful of her demanding clients. It seems like there is no end to needy clients, and she simply does not have enough time to help them all, and she hardly has any private time for herself as she is taking care of her children and husband when she gets home. She feels like running away from her clients sometimes.

1. As a group, read out loud Angelique's story.
2. Discuss the following questions (take 20 minutes to do this)
 - a. What is the type of job related stress this person is feeling?
 - b. What are some symptoms that suggest job related stress?
 - c. What are some things that can be done to deal with this job stress? Consider both what the individual can do, and what the organization can do.
Individual level:
Organizational level:
3. Note down your questions and responses, plus any additional ideas or suggestions you may have to feed back to the large group.

Group 2: Marie's story

Marie decided to volunteer as a Para Social Worker since her children are in school during the day. She is a very tender hearted and always sympathizes with others. For example, when her best friend had a miscarriage at five months of pregnancy, Marie was devastated and was depressed about her friend's loss for many months. She felt it was normal because of her intense love for her best friend.

Now, she is working with a 13-year old refugee girl who was referred to her because she was raped by the man that hired her as a domestic worker. The sexual abuse occurred over several months before the

girl was able to tell someone. Hana did the initial assessment and referred the girl to the CATSR support center, and will be following up on her progress in collaboration with a professional social worker.

Marie keeps having nightmares about being raped herself. She is afraid to go to sleep at night, and she has lost her appetite. She has frequent headache and constantly feels anxious.

1. As a group, read out loud Marie's story.
2. Discuss the following questions (take 20 minutes to do this)
 - a. What is the type of job related stress this person is feeling?
 - b. What are some symptoms that suggest job related stress?
 - c. What are some things that can be done to deal with this job stress? Consider both what the individual can do, and what the organization can do.
Individual level:
Organizational level:
3. Note down your questions and responses, plus any additional ideas or suggestions you may have to feed back to the large group.

Group 3: Faustin's story

Faustin currently volunteers as a Para Social Worker with boys who are abused in the community. Often, when a boy is the victim of abuse or exploitation, he is called upon to rescue the boy or to otherwise deal with the crisis and make proper referrals. Sometimes he has to deal with dangerous perpetrators, including violent fathers and abusive employers. The boys that he rescues are often not grateful, but rather suspicious of him; they are afraid of him because they feel that he represents authority and may take them to institutions to be locked up.

Although Faustin felt a great deal of compassion for these boys in the beginning, he is tired of all the efforts he has made to serve them, only to feel like no one appreciates his efforts. Now, when he gets a call to intervene in another case, he feels like it's just another case and he hardly feels any concern for the child. He is wondering what is wrong with himself? How can a person who started out caring so much, become so uncaring?

1. As a group, read out loud Faustin's story.
2. Discuss the following questions (take 20 minutes to do this)
 - a. What is the type of job related stress this person is feeling?
 - b. What are some symptoms that suggest job related stress?
 - c. What are some things that can be done to deal with this job stress? Consider both what the individual can do, and what the organization can do.
Individual level:
Organizational level:
3. Note down your questions and responses, plus any additional ideas or suggestions you may have to feed back to the large group.

TRAINING RESOURCE 6.4: POST-TEST

Repetition of Training resource 1.3, which is to be adapted locally.

TRAINING RESOURCE 6.6: COURSE EVALUATION

The following topics are proposed for the pre-test and post-test of the whole course. It will be necessary to adapt and add to them, especially for trainings comprising a few selected modules from the whole course.

- “The child’s opinion counts in social placement”. True or false?
- What are the alternative care options, by order of priority?
- What are currently the alternative care options that are feasible in [your country]?
- Which of these principles is prioritized in the choice of alternative care options:
 - An orphanage gives children very good services and care, especially when it complies with the norms and standard for caring for vulnerable children.
 - The family is always the ideal place for the child.
 - Social placement should always be decided by a judge.
- What is the difference between adaptation and resilience?
- What do you know about verbal and non-verbal communication?
- What are the different forms of communication popular with children?
- Which factors can positively and negatively influence the child’s development?
- What are the main roles of PSWs?
- In cases where you are not able to offer a solution, what do you do?

PARTICIPANTS' HANDBOOK

HANDOUT 6.1: MODULE OBJECTIVES

- To master another core function of PSWs, Function #7: Personal development and development of others
- To be able to analyze own professional development needs
- To be able to manage stress
- To acquire knowledge in follow-up alternatives and planning to be able to apply own competencies
- To close the course

Key competencies

1. Being able to evaluate own strengths, weaknesses and resources to target them for future development
2. Being able to recognize stress symptoms and apply health techniques to manage it
3. Participating, depending on availability, in training and professional development opportunities in order to broaden capacities
4. Participating in own performance review and evaluations with supervisor
5. Supporting other para-professionals, in particular by filling in for them to ensure action continuity when colleagues are not available

HANDOUT 6.2: MANAGING STRESS IN YOUR WORK AS PSW

Working with at-risk children and families can be very **rewarding** because...

- You feel you can help
- Often you see people's lives improve
- You feel your life is meaningful

But working with at-risk children and families can also be **challenging** because...

- Some clients don't want to change
- Some clients are too incapacitated to be rehabilitated
- You feel traumatized by the severe trauma experienced by some clients
- Your caseload is too big, you can't give enough attention to each case
- You don't have enough resources to help, you feel helpless
- You feel you don't have enough knowledge or skills to help
- You don't receive payment and you don't have support in doing the work
- You don't take time to take care of your own needs.

Although some stress can be helpful to your work – making you focus and concentrate and stimulating you – too much stress can be dangerous and counterproductive.

Too much stress can lead to:

- Burnout: *"All I do is work, I don't have a life."* A feeling of dread, being overwhelmed, lack of confidence, ineffective time management, no excitement or energy; desire to escape.
- Vicarious (or secondary) trauma: *"I feel hurt and afraid, too!"* As a result of working with people who have been traumatized, feeling similar feelings of anxiety, hopelessness, depression, sleep difficulties, loss of appetite, and fear.
- Compassion fatigue: *"I am so tired of caring for everyone else!"* Feeling detached from people, especially children and families you support, making them just "cases" not real people in need and feeling that no one notices or appreciates how hard you work.

One, two or all forms of job stresses can happen together. Some common symptoms of stress are:

- Common physiological symptoms like headaches, stomach problems, sleeplessness, fatigue
- Resenting clients, supervisors or colleagues and lashing out at them or having an overly negative view of them
- You might find yourself belittling the clients or talking about them with disrespect
- You might feel a lack of self-confidence and self-esteem, and feel de-valued.
- Depression and anxiety are common symptoms of stress.

The following are healthy ways of managing stress.

- Recognize it. Be honest with yourself.
- Talk to a trusted colleague
- Seek supportive supervision
- Separate work from personal life, be fully present in both
- Live a full and enjoyable life
- Attend workshops and career enhancing opportunities
- Practice good self-care:

- Adequate sleep, nutrition, exercise, relaxation, hobbies & recreation
- Spiritual self-care—meditation, prayer, or attend mosque/church

In case of severe stress, it is important to seek professional help.

HANDOUT 6.3: SUPPORTIVE SUPERVISION⁶⁰

What is supportive supervision?

Support supervision is a *process* of guiding, helping, teaching, coaching, and mentoring employees or volunteers to improve their work performance using joint problem solving methods with emphasis on a two-way communication between a supervisor (someone with (someone with more experience / training or qualifications in the job) and the supervisee.

What should supportive supervision achieve?

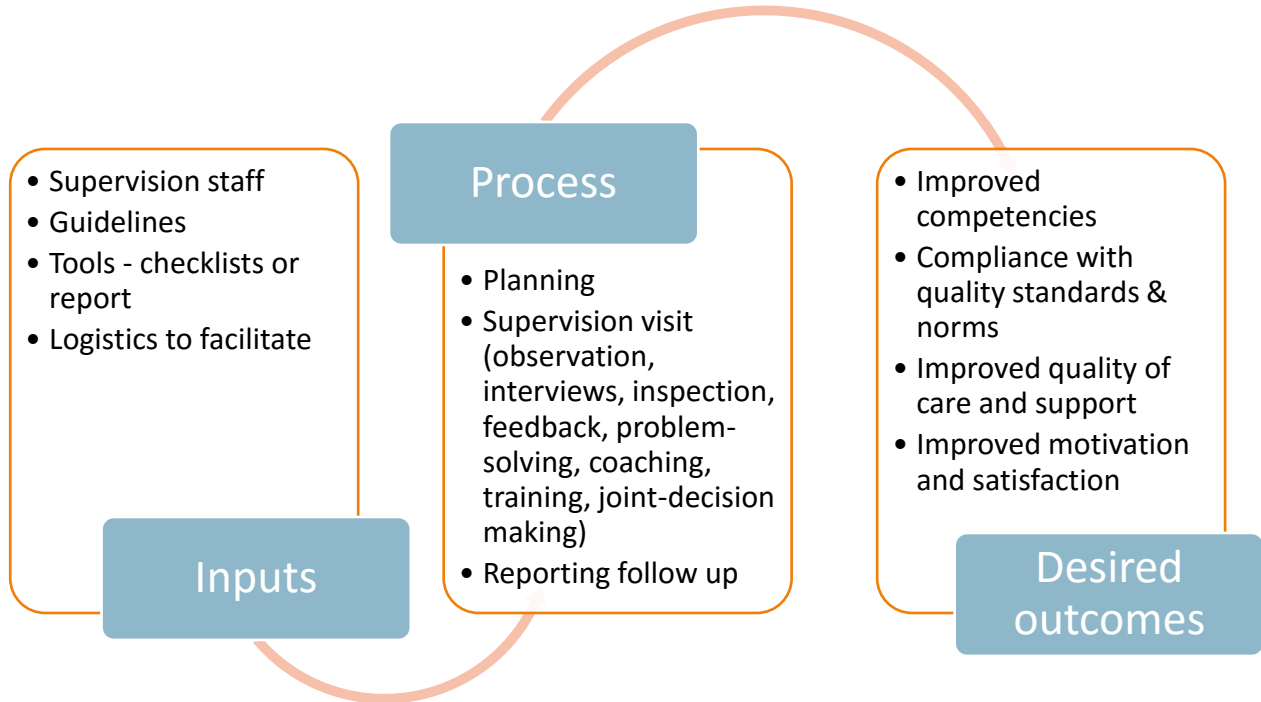
- Ensure adherence to norms and standards within the organization and according to national laws and policies
- To improve technical capacity of the PSW and others implementing the program
- To jointly identify/assess issues affecting quality in program implementation
- To jointly devise ways to improve work processes in order to enhance the timely delivery of quality services
- To communicate any successes and challenges being faced in the work of protecting and supporting vulnerable children
- To promote accountability and values (of both supervisor and supervisee)
- To consolidate and review decisions taken during previous supportive supervision.

Basic principles of supportive supervision

- Professional conduct for both the supervisor and supervisee to gain from the experience
- Mutual agreement and acceptance of outcome; jointly generated solutions
- Commitment of both the supervisor and supervisee to making the exercise worthwhile, positive, honest, objective, and unbiased
- Consideration to policy, technical, and quality requirements of the program at individual, organization and program level
- Promotion of equity and trust.

⁶⁰ Information drawn from Ministry of Gender, Labour and Social Development. [no date] Support Supervision Guide for orphans and other vulnerable children (OVC) service delivery.

Summary of supportive supervision process



Supervision should be regular and follow the same process each time, so that both supervisor and supervisee can review and monitor progress.

There should always be opportunities for raising issues and concerns.

Although a regular time should be set – ideally once a month or no less than once every two months – a supervisor should always be available for emergencies. These would include:

- When the PSW suspects that a child or children are at risk of harm and emergency action should be taken;
- When there is another concern relating to children or work that the PSW does not have the responsibility or mandate to address (reflected in a job description or code of conduct);
- When the PSW is feeling stress or ill and cannot fulfill his or her work requirements.

HANDOUT 6.4: PERSONAL ACTION PLAN

This plan is yours to keep. You do not need to share it with anyone else. You can note down any action points that you feel will help you improve your skills as a para social worker. Focus on the things that will be most useful for you.

	What new information / skill / experience do I want to gain?	How will I know when I have achieved this action point?	When would I like to do this by?
Action 1:			
Action 2:			
Action 3:			

Coordinating Comprehensive Care for Children (4Children) is a five-year (2014-2019), USAID-funded project to improve health and well-being outcomes for Orphans and Vulnerable Children (OVC) affected by HIV and AIDS and other adversities. The project aims to assist OVC by building technical and organizational capacity, strengthening essential components of the social service system, and improving linkages with health and other sectors. The project is implemented through a consortium led by Catholic Relief Services (CRS) with partners IntraHealth International, Pact, Plan International USA, Maestral International and Westat.

