

*Note: This training material is continually being evaluated and updated to reflect current needs and best practices therefore it should be viewed as work in progress.*

*Any person, organization, or institution making use of these materials must acknowledge that they were developed by the Tanzania Institute of Social Work, Jane Addams College of Social Work, and the Midwest AIDS Training and Education Center with support from the US President's Emergency Plan for AIDS Relief (PEPFAR), USAID/Tanzania, and the American International Health Alliance's HIV/AIDS Twinning Center.*

## **Chapter 4 - Overview of Para Social Work II Training**

The training course, *Para Social Work II: Practice Skills to Intervene with Most Vulnerable Children and Families in Special Circumstances*, provides an opportunity for the Para Social Worker who has taken the introductory course and worked in the field under supervision to obtain additional skills to network with other Para Social Workers, discuss challenging cases, and prepare for continued work as a Para Social Worker at the village or ward level.

Updated information is provided on a number of topics, including programs and policies in the country, HIV/AIDS information, and new methods of working with families to address child protection issues and promote resiliency, as well as additional monitoring and follow-up information.

This chapter follows the same format as Chapter 3 and is accompanied by the PowerPoint slide sets. The program also includes an additional day of Supervision Training for current supervisors who have completed the earlier supervision course (See Chapter 5).

## **Day One:**

### **Families in Special Circumstances**

#### **Inauguration of Training Program, Registration, Pre-test**

- Welcome participants to second level of training
- Description of partnership by program coordinator and facilitators
- Pre Test - Assessment of knowledge about working with OVC/MVC and HIV/AIDS (See Appendices)

#### **Training Goal, Objectives, and Required Activities to Become a Para Social Worker**

- Training Goal - Share experiences, develop and advance participant skills related to supporting most vulnerable children and families. Slide 3
- Training Objectives: By the end of training, participants will be able to
  - Demonstrate skills related to supporting most vulnerable children and families, child protection, stigma reduction, advocacy, and empowerment
  - Explain current information about HIV/AIDS related to working with children and families, laws, and policies
  - Share successes and concerns related to their work as Para Social Workers and obtain in depth input on cases from their practice
  - Receive and share information about national resources to assist children and families as well as address HIV/AIDS needs. Slide 4
- Required Activities to become a Para Social Worker
  - Introduction to Para Social Work Training I: 9 Days
  - Supervised field experience (6 months)
  - Para Social Work Training II: 5 Days
  - Additional support, follow up and quality management
  - At the end of this training, participants will receive training completion certificate (Slide 5)

## Overview of Training

Briefly present the contents of the 6 days training and various training methods (Slide 6)

Day 1 Sharing our experience	Day 2 HIV/AIDS Updates	Day 3 Assessing Child and Family, Special Needs and Family Resilience	Day 4 Child Protection, Child Abuse, Risk Assessment	Day 5 Empowering Community, Documenting our Work (evaluation)	Day 6 Supervisor Update
Participant updates  Working with local government and Law of the Child 2009  Addressing stigma and gender issues	HIV disclosure  HIV positive children  Reducing risks for older children  HIV related problem solving Resource updates	Working with families to support children  Assessment update  Special needs  Family resilience	Child protection  Child abuse and risk assessment  Intervention  The Law of the Child 2009	Empowering community  Documenting our work – evaluation  Promoting child rights and child participation  Working with community groups	Local planning process  Advocacy and empowerment  Leadership  Obtaining support for Para Social Workers

## Introduction of Facilitators and Participants

- Introduction of facilitators by coordinator
- Use an icebreaker for participants' introduction to each other and facilitators. The participants can be asked to form pairs and ask each other's name, where she or he comes from, work done as Para Social Worker or supervisor, and what is further needed by her or him to improve services
- The pairs can be asked to introduce each other in the plenary (one minute per pair) (Slide 7)

## Housekeeping and Participants' Sharing of Experiences since last training

- Facilitator asks participants to select workshop officers as per below:
  - Chairperson—Moderates workshop sessions, conducts plenary and communicates between facilitators and participants
  - Secretary—Makes brief notes on session content and any working decisions and reports these at next day's recap session (or asks others to do so)
  - Timekeeper—Uses timetable to keep time, announcing time to move on to next session or other activities

- Develop a set of Ground Rules to be followed by everyone all through the training Ground Rules and Office Bearers names are displayed in the training room
- Participants are divided into 4 groups and given a set of 5 questions, flip chart, and marker pen for experience sharing activity (Slide 9)
- The small groups discuss their experiences on formatted questions and the group members' responses are compiled by the rapporteur on a flip chart for presentation at the plenary
- At the plenary, the facilitator invites presentation of group reports and captures the major points under the themes of (Slide 10)
  - roles of Para Social Workers
  - successes
  - challenges and
  - participants' technical assistance need in future

### **Presentation of Case Format**

The training entails increasing use of case study discussion in small groups. There are case study materials prepared in advance to be given to the participants for small group discussions. Occasionally, participants are encouraged to use their own cases from field practice experience for small group discussion on a particular training component. For either type of case materials, the following format is applicable (Slide 11)

- Name and age of the child
- Other family members
- What are the identified problems?
- How was identification done (identification forms, other tools etc.)?
- What was the service plan?
- What was the result?
- Questions that need discussion

### **Learning Objectives of the Day**

At the end of the day the Para Social Workers will learn about:

- Working with Local Government and Law of the Child 2009
- Addressing Stigma as Para Social Workers
- Small Group Practice in Application of Stigma Reduction Model
- Gender and Para Social Work Services

Learning Activities:

- Lecture / Discussion
- Brainstorming, Feedback, Discussion
- Small group discussion using a case of stigma

Instructions for Learning Activities:

- Introduce local government as a key resource for Para Social Workers in supporting children and families
- Using a diagram, explain the structure of local government from hamlet to the regional authority level

- Present and discuss paths to accessing local government resources in supporting children and families
- Brainstorm on how Para Social Workers and supervisors fit in at the village as well as ward level
- Ask participants to share examples of how they work with local government in the large group
- Introduce the role of local government in enforcing the Law of the Child (more details to be covered on Day 2)
- Review concept of stigma as learned in Para Social Work I training
- Ask participants to share their experiences of stigma in their work with vulnerable children and families
- Introduce the seven step stigma reduction model for work in communities
- Divide participants into four groups. Ask each group to use a case of stigma from any of their own field practice experience and apply the seven steps of identifying, discussing, planning, supporting, confronting, reporting, and action to the case scenario in order to learn application of stigma reduction model for communities
- Brainstorm on participants' ideas on how gender affects work with vulnerable children and families
- Present and discuss concept of gender imbalance and how it can affect our work with vulnerable children and families
- Present and discuss how Para Social Workers can address gender issues in their work

#### Equipment Needed:

- Pictorial Presentation / Diagram of local government structure
- Flip charts, marker pens
- Adequate space for small groups to spread out for their case discussion

#### Topic Outline

##### 1. **Working with Local Government** (Slides 12-22)

- a) Role of local government authorities in helping most vulnerable children and families
- b) Three focus areas are
  - Structure of local government from village to regional level
  - How does the Para Social Worker fit in?
  - To whom or where does the Para Social Worker goes to report or seeks assistance
- c) Diagram showing Local Government structure (Slide 16)
- d) Para Social Worker at the village level
  - Work with village government to identify most vulnerable children and other structures like most vulnerable children committees and community based organizations
  - Share information and data about most vulnerable children with village government
  - Advocate for provision of services to most vulnerable children and families
  - Lobby and advocate for most vulnerable children's issues to be included in village development plans
  - Lobby and advocate for participating in village development committees

- Participate in public village meetings. Say for example in during the budget process
  - Create network with other practitioners who are working with children. For example, teachers, medical personnel, religious leaders, non government organizations or community based organizations
- e) Para Social Work Supervisor at the ward level
- Introduce the Para Social Worker in the respective village government and ward development committees
  - Report most vulnerable children issues and agenda to ward development committees
  - Lobby and advocate for most vulnerable children's issues to be included in village development plans
  - Facilitate advocacy meeting between most vulnerable children issues between Para Social Worker and ward influential people like Ward Councillor
  - Convene sensitization meetings between ward leadership and other influential people like religious leaders and retired officers
- f) District Para Social Worker Supervisor's roles and functions
- Compile report on information/data on most vulnerable children from Para Social Workers and present to district management committees
  - Lobby and advocate for participating in district development plans
  - Resource mobilization and fund raising for implementing most vulnerable children activities
  - Local government work with other resources like school, health facility, police, religious organizations, and political leaders

## **2. Work of local government in enforcing Law of the Child (Slides 23-33)**

- Duty of local government authorities to safeguard children and promote reconciliation (section 94)
- Duty to report infringement of child rights (section 95)
- Investigation by department (section 96)
- Care order of court to be of benefit to a child (section 18)
- Supervision order of court (section 19)

### **Section 94**

- Social Welfare Officer of local government responsible for functions in relation to the welfare of children with assistance of other local government officers. This includes providing counseling to parents, guardians, relatives and children for the purpose of promoting reconciliation between them
- Registration of most vulnerable children within its area and give assistance to them whenever possible in order to enable those children to grow up with dignity and develop their potential
- Assist any child who requires assistance as a result of having been lost or abandoned or is seeking refuge
- Collaborate with the police to trace the parents, guardians or relatives of any lost or abandoned child and, to return the child to the place where he ordinarily resides and refer the matter to the social welfare officer or to the community development officer

- Provide assistance for any child who has been lost or abandoned or is seeking refuge

### **Section 95**

- Any member of the community with evidence or information must report to a local government that a child's rights have been infringed or that a parent, guardian or relative having custody of the child neglects to provide the child with food, shelter, right to play, clothing, medical care and education
- The social welfare officer receiving the report may summon the person against whom the report was made to discuss the matter; and make decisions in the best interest of the child
- Where the person against whom the report was made refuses to comply with the decision made, the social welfare officer shall refer the matter to the court

### **Section 96**

- Where the social welfare officer has reasonable grounds to suspect child abuse or a need for care and protection of a child, he shall in the company of a police officer and may enter and search the premises
- Where, after investigation it is determined that the child has been abused or is in need of immediate care and protection, the social welfare officer, accompanied by the police officer shall remove the child to a place of safety for a period of not more than 7 days

### **Duties of Social Welfare Officer**

- Advise and counsel the child and his family;
- Hold regular reviews to plan for the future of the child in consultation with the child and his parents or guardian;
- Apply to the court to discharge or vary the order if necessary; and
- Take necessary steps to ensure that the child is not subjected to harm
- The social welfare officer has primary responsibility for bringing cases of children in need of protection to the attention of the courts.
- The courts may enter two types of orders on behalf of children in need of protection:
- Care orders - The care order or an interim care order shall remove the child from any situation where he is suffering or likely to suffer significant harm and transfer the parental rights to the social welfare officer.
- Supervision orders -The supervision or interim supervision order shall be aimed at placing or preventing any significant harm being caused to a child whilst he remains at his family home in the custody of his parent, guardian or relative

### **3. Addressing Stigma as Para Social Worker (Slides 34 – 55)**

- Stigma is “severe social disapproval of personal characteristics, circumstances or beliefs that are against cultural norms.”
- A powerful tool of social control. Used to marginalize, exclude, exercise power over individuals with certain characteristics
- Particularly affects vulnerable children (“orphans”) and people living with HIV.
- **Seven steps of Stigma Reduction in Communities**
- IDENTIFYING stigmatizing situations

- DISCUSSING the affects of the stigma on the child and family
- PLANNING: Develop action plan
- SUPPORT: How to help child and family to cope. Use of resources
- CONFRONTING: Confronting the stigma
- REPORTING: Use legal resources
- ACTION: Implement the plan
- **Examples for IDENTIFYING stigmatizing situations**
- Name calling
- Refusal to include child in group or school
- Fighting, violence
- Forcing to give information
- Refusing services
- Others??
- **What do we (or others) do to avoid stigma or protect ourselves and our children from stigma?**
- Don't talk about it (HIV, orphan situation, etc.)
- Call it something else
- Deny the situation
- Avoid people
- Find safe people to talk to
- Get more information
- Avoid stigmatizing situations
- Don't talk about it (HIV, orphan situation, etc.)
- Call it something else
- Deny the situation
- Avoid people
- Others?????

### **DISCUSSING the effects of the stigma on the child and family**

- How can stigma affect the child? Becomes depressed, angry, isolated, shows problem behavior
- How can stigma affect the family or those who care for the child? Same ways as it affects the child

### **PLANNING: Develop action plan**

- Identify specific action steps
- Identify WHO will do WHAT by WHEN
- What service organizations will be involved in terms of referral or follow-up?

### **SUPPORT: How to help child and family to cope**

- Listening to the child's concern
- Asking about how they are doing
- Providing information
- "Normalizing"—how this can happen to others
- Helping make a plan for help
- What other supports can be provided? Asking family members to assist. How? By identifying additional support people
- Helping plan for a "normal" future—education, job training, etc. Others?



### **CONFRONTING: Confronting the stigma**

- By educating the community
- Talking to the person who is creating stigma
- Making a complaint
- Others?
- Para Social Worker helps client identify who needs to be confronted
- Identify strategies to make a complaint or ask person to stop stigmatizing behavior
- Prepare the child or family member to take action
- Help them to talk about how the stigma is affected them (Use "I statements")
- Help with follow-through

### **REPORTING: Use legal resources**

- What stigma situations may be illegal? Violence? Refusing jobs or services?
- HIV related discrimination? Others? How do we get legal help?
- **ACTION: Implement the plan**
- What happened? Revising the Plan and Evaluating it

### **Instructions for Group Practice Using the 7 Step Stigma Reduction Model**

- Divide into 4 groups
- Pick a case you've worked with and first identify evidence of stigma and its source
- Discuss its impact on the child and family
- Role play how the family may support/ cope with the situation
- Role play how they may confront the source of stigma and its effect
- Role play how legal/authorized sources can be mobilized
- Based on your learning from the steps of coping, confronting and reporting develop an action plan
- Discuss what you learned from application of skills and steps of stigma reduction model

#### **4. Gender and Para Social Work Services (Slides 56 – 61)**

Brainstorm on the way our ideas about Gender affect our support for vulnerable children and their families? Possible answers are:

- Many women do not equally or fully participate in family decision making
- Many women do not have equal access to family resources, including money, land or other material resources such as food either as wives or widows
- Many women do not have equal status with husbands in their sexual lives or even in reproductive health
- Many women place their children's needs before their own needs
- Many women are subject to abuse, neglect, illness nor do they have equal access to education or other economic opportunities

**Gender Imbalance and How does it affect us and our work? Suggested discussion questions are:**

- How does gender imbalance affect the overall health and economic status of the family?
- Is there such a thing as gender balance within the family?

- How does gender imbalance affect family communication and sexual negotiation?
- How does gender imbalance affect HIV risk of the family?
- How does gender imbalance affect the development of girls, from infancy to adulthood?
- How does gender imbalance affect the development of boys, from infancy to adulthood?

### **What Can a Para Social Worker Do to Address Gender Issues?**

- Active listening: try to understand the role of various family members with regard to gender
- Ask questions to determine if women and children are satisfied with their roles and activities within the family and community and what about the men
- Provide information and education about some alternatives in terms of roles, activities and traditional practices
- Provide linkages to existing resources or activities the family can use to create a better distribution of tasks and approaches to care and support
- Use the seven step stigma model to address gender related stigma and discrimination.

### **Summary and Debriefing for the Day**

# Day Two:

## HIV Updates

**Recap — Review of previous day and overview of coming day**

**Learning Objectives** (Slides 3-4)

- Increase the skills required to support children and families dealing with the process of HIV disclosure
- Increase the skills related to HIV advocacy for People Living With HIV, their families and their communities
- Update knowledge of HIV prevention and medical treatment
  - Medication Treatment for children, youth, and adults
  - Preventing Mother-to-Child Transmission (PMTCT)
  - Preventing Transmission to Others (Secondary Prevention)
  - Long-term treatment effects
- Update knowledge of how HIV affects infected and affected children

**Contents of Day 2: Review of HIV for Para Social Workers** (Slides 5-6)

- **Issues of HIV Disclosure**
  - Disclosure Scale
  - Disclosure to Children
  - Disclosure to Others
    - Sexual Partners
    - Family
  - Community Disclosure
- **Issues of HIV Advocacy**
  - Personal Advocacy
  - Advocacy in the Family
  - Advocacy in the Community
  - Review of HIV Treatment issues
  - PMTCT, Pediatric, Adolescent and Adult HIV Care
  - Caring for HIV Positive Children
    - Risk Reduction for Older Children
    - Sexual Risk Reduction
  - Drug Use Risk Reduction for Older Children
  - HIV Problem Solving with Children and their Families
  - Issues of Home-based Care for Children and Families
  - End of Life Issues

Learning Activities:

- Lecture / Discussion
- Brainstorm, Feedback, Discussion
- Small Group discussion using cases

### Instructions for Learning Activities:

- Conduct a brief discussion on importance of 'HIV Disclosure' discuss the issues of 'whom to tell'; 'what'; 'when'; 'where'; 'how' and 'why' related to disclosure
- Using a diagram of an HIV Disclosure Scale explain the six levels from "no one knows" to "open about HIV positive status." Tell participants that any of the disclosure levels is okay as long as it is person's own choice
- Ask for six volunteers from participants to role play each of the six stages of disclosure and share with the large group what they felt (detailed instructions given in topic outline)
- Discuss the situations in which it is very important to disclose HIV status and how a Para Social Worker can help clients prepare for disclosure
- Present and discuss HIV Advocacy issues at personal, family and community level
- Present and discuss a Para Social Worker's role as an advocate for HIV positive children and families
- Present and discuss basic facts of PMTCT; NEW World Health Organization (WHO) guidelines on PMTCT; and WHO guidelines on infant feeding practices for HIV positive mothers
- Brainstorm and give feedback on what a Para Social Worker can do to help women on issues related to pregnancy, child birth and infant feeding
- Present and discuss on what are the sexual and other risks of older children, youth sexuality, sexuality issues at different ages, and substance abuse
- Ask participants to break into small groups and perform a short role play on counseling a grandparent and sexual behaviour risks for a twelve year old girl (detailed instructions given in topic outline)
- Ask participants what Para Social Workers can do to help reduce sexual and other risk factors for children. Encourage them to share their own experiences from field practice work
- Introduce problem solving with HIV-infected and affected children and families as an important role for Para Social Workers
- Present and discuss issues affecting HIV infected and affected children and families and a Para Social Worker's role in helping the latter
- Divide participants into small groups and let them develop a case of an HIV positive child and then role play to understand better how a Para Social Worker can help the latter. Ask the small groups to share their learning in the plenary
- Present and discuss home based care and services to children living and affected by HIV
- Allow participants to form small groups and using a case study scenario let them discuss how to access home based care services for a client from different sources
- Introduce the importance of learning about end of life issues, how Para Social Workers can help the concerned prepare for an impending death and the consequences
- Present and discuss what kind of support would a Para Social Worker require to give to orphans, successor caregivers and significant other family members

### Equipment Needed:

- Flip charts, marker pens
- Hand outs of case study materials
- Adequate space for small groups to spread out for their case discussion

## Topic Outline

### 1. Disclosure: Telling Others about One's HIV Status (Slides 7-27)

#### Helping People Living With HIV Decide about Disclosure

- Whom to tell?
- When it is best to tell?
- What to tell?
- Where to tell?
- How to tell?
- Brief discussion on above questions

#### Mini Group Discussion: HIV Disclosure

Instruction for mini group discussion:

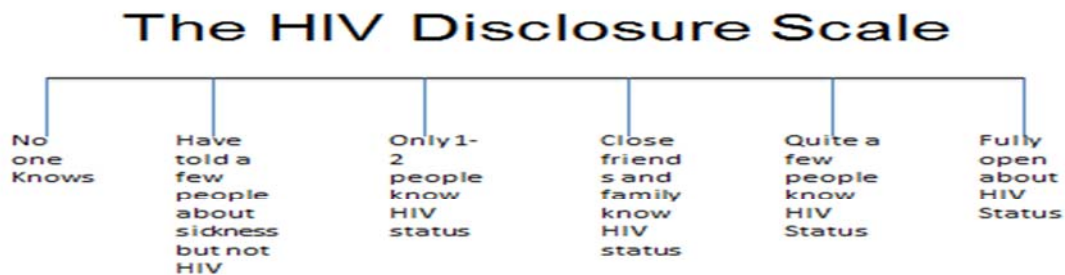
Talk to your neighbor for 5 minutes about given questions and then report in large group discussion. The questions are:

What is your experience with:

- People with HIV telling others?
- Learning about someone's HIV status?

#### The HIV Disclosure Scale

- People vary in terms of who they tell and what they tell
- We can think of this along a line from telling no one to being open about HIV Status



Instruction for learning exercise:

- Have people stand up and role play each stage depicted in HIV disclosure scale
- Discuss how they feel and get input from the group
- People vary in terms of who they tell and what they tell
- We can think of this along a line from telling no one to being open about HIV Status

## **Managing Secrets**

- Reluctance to tell others the truth (or whole truth) about HIV status
- Dealing with fear of rejection which affects how the person feels about themselves (personal wellbeing)
- Tell participants that any of the disclosure levels are fine as long as it is the person's choice
- Para Social Worker needs to help the Person Living with HIV to determine where on the scale they fit and why.
- If they fall on the secretive end, help the Person Living with HIV to determine if the secret is painful to him/herself or others
  - Children
  - Partners
  - Parents and alternative care givers
  - Friends and other supporters (potential kin care givers)

## **What are situations where it is important to tell HIV status?**

- What are issues about who to tell or not? And the related issues of “when” and “how.”
- What are the issues involved with long term care and planning for HIV issues
  - Family support for treatment
  - Advanced planning for the care of children and disposition of property
  - Disclosure to prevent further risk
- What are the ways a Para Social Worker can help People Living With HIV to make these decisions?
  - Sexual partners
  - Health care providers
  - People providing care to People Living with HIV/AIDS
  - People providing care to the children of infected families
  - Other family members and close confidants (priest, community leader, etc.)

## **Helping the Person Living with HIV or Family Member Decide about Disclosure**

- Whom to tell? (how do we decide?)
- When it is best to tell? (relationship is strong, feel person will be accepting, how soon after diagnosis, etc.)
- What to tell? person needs to decide how much to tell– just their HIV status or their history and current condition, etc.
- Where to tell? (privacy concerns, etc.)
- How to tell?

## **Helping Clients Prepare to Tell about HIV Status**

- It is always the client's decision about who, what, where, how and why to tell
- Ensure confidentiality of this discussion
- We can help think through the advantages and disadvantages of HIV disclosure
- Role play the situation with the client, whether a parent or child– rehearse the best way to share the information (develop a strategy and think about how to overcome challenges).

### **Why– what are reasons to tell the person, and tell the person now?**

- To address their own needs and concerns: relief of sharing the secret
- Because it is part of the relationship
- Because they are starting HIV anti-retroviral drugs
- To avoid someone finding out from another source
- To end hiding the information, drugs, etc.
- To obtain help from the person as caregiver or their support

### **Issues Arising When Disclosing HIV Status of Parent or Child to a Child**

- What does the child know already?
- Does the child know his or her own HIV status?
- Who has or has not told the child?
- How does disclosure depend upon the developmental stage of the child?
- Does the child know the status of other family members?
- What is the Para Social Worker's role?

### **Disclosing HIV Status to a Child**

- How does stage of child development as well as grief and loss affect HIV disclosure to children?
- What are the other issues of disclosure to a child?
  - Health of the parent and care planning for the parent
  - Discussion of future planning for the child
    - Care, education, property
  - Health status of the child
- What are the special issues of school age youth?
  - Peer groups, siblings, special friends
- How do the issues of disclosure to children change over time?

### **Telling up to the Child's Level of Information**

- Need to make the message at the child's emotional and knowledge level
- Children are likely to know what HIV is even at young ages
- Knowing Mom is sick or died related to an illness may be enough for young children
- Helping child to understand what is HIV and how it affects them when a parent or other family member has HIV or died with HIV

### **What about School?**

- Is the child in a school?
- What is the school's approach or policies about HIV and who knows about HIV?
- Disclosure to directors, teachers and other staff?
- What about disclosure to friends and peers?
- How can the Para Social Worker help?

### **What about Community?**

- Is the child involved in community programs?
- What are their approaches or policies about HIV and who knows about HIV?

- Para Social Worker can help to:
  - Provide information
  - Develop a plan
  - Be a link between home and community

## **Discussion**

Instruction for conducting Discussion:

Discuss these topics in a large group or mini-groups then report back to entire class:

- Can you tell us about some cases you have worked with that involved the issue of who knows about HIV status?
- How can we best help children and family access community resources?

## **2. The Role of the Para Social Worker as an Advocate for Vulnerable Children and Families (Slides 28 – 34)**

### **Helping and Linking HIV Positive Children and Adolescents**

- Risk Reduction
- Testing
- Care and Support
- Taking HIV Medicine
- Planning for HIV Infected Children and Adolescents

### **How HIV Affects Vulnerable Children**

- Children at risk for HIV—engaging in risk behaviors?
- Risk and Risk Reduction for Older Children/Adolescents
- Affected Children with family members with HIV
  - Parents
  - Brothers/Sisters/Friends/Boyfriends/Girlfriends
- Children who have had a parent die due to HIV (AIDS orphans)
- Children caring for HIV positive family members
  - Parents, Grandparents and Siblings
- Health Issues of HIV Infected Children

### **HIV Positive Children**

Instructions for facilitating discussion:

- Brainstorm on participants' experience helping HIV-positive children. What are children's needs?

### **Addressing the Needs of HIV Positive Children**

- Disclosure and testing for young children
- Treatment issues specific to young children
- Adherence issues specific to young children
- Testing, treatment and adherence specific to adolescents



- Issues of children and youth living with HIV with other problems, illness and disabilities
- Long term planning for HIV positive children and youth

### **HIV Issues by Age and Gender?**

What are the HIV issues by age and gender?

- 0-3 years old
- 4 to 5 years old
- 6 to 9 years old
- Pre-adolescence
- Adolescence

Discuss in Large or Small Groups

### **HIV Positive Children**

- Access to medications
  - Finding and assuring connections to clinics and doctors
  - Helping the family to administer medication to children
- Providing resources to meet other needs to support good medical care and basic rights
  - Food, shelter, clothing, education and other support for vulnerable children and families

## **3. Prevention of Mother-to-Child Transmission - PMTCT (Slides 35-49)**

### **The Basic Facts of PMTCT**

- HIV is transmitted from mother to baby during the process of birth (blood contact)
- MOST babies do not contract HIV in the womb
- C-section and vaginal lavage (washing) also decrease transmission
- HIV transmission during labor and birth can be decreased to almost nothing with treatment of mother and baby as early as possible
- HIV can be transmitted to infants during breastfeeding because the virus lives in breast milk and because nipples in early stages of breast feeding crack and bleed

### **Guidelines changed regarding Prevention of Mother to Child Transmission in January 2011**

- [http://www.who.int/child\\_adolescent\\_health/doc](http://www.who.int/child_adolescent_health/doc)
- For details, see the website of the World Health Organization:  
<http://www.who.int/pmtct>  
*Guidelines on HIV and infant feeding 2010: principles and recommendations for infant feeding in the context of HIV and a summary of evidence.*

### **The New World Health Organization Guidelines**

- All **pregnant women with CD4 (t-cell) less than 350** should receive anti-retroviral treatment (ARV or ART) as early as possible
- For **HIV positive pregnant women with more than 350 CD4 cells**, the health provider should consider anti-retroviral treatment but the medication regimen may be different.

- All **babies of HIV-positive mothers** should be breastfed for at least six months. Breastfed babies should receive daily anti-retroviral medicine from birth for a minimum of 4 to 6 weeks, or until 1 week after all exposure to breast milk has ended.
- **Babies who are NOT breastfed** should receive anti-retroviral treatment until 4-6 wks of age

### **WHO Infant Feeding Guidelines for HIV Positive Women**

- Mothers should either breastfeed and take anti-retroviral medicine (ARV) or avoid all breastfeeding
- **Where breastfeeding is judged to be the best option:** Exclusively breastfeed for the first 6 months, then introduce appropriate additional food and continue breastfeeding for 12 months. Wean gradually and continue to treat for at least 1 week after contact with breast milk. Exclusive breastfeeding for the first 6 months unless replacement feeding is ***acceptable, feasible, affordable, sustainable and safe (AFASS)***.
- At 6 months, continue breastfeeding with additional complementary food if **AFASS** is not met. Wean within a period ranging from about 2-3 days to 2-3 weeks

### **Anti-retroviral (ARV) Treatment for Breastfeeding Women**

- Breastfeeding infants born to HIV positive women receiving ARV for their own health should receive daily Nevirapine or twice-daily AZT from birth or as soon as feasible thereafter until 4 to 6 weeks of age.
- Infants receiving only replacement feeding, and born to HIV positive women receiving ART for their own health, should receive daily NVP or twice-daily AZT from birth or as soon as feasible thereafter until 4 to 6 weeks of age

### **Recent Maternal Child Transmission Research**

- Study of women and infants in Burkina Faso, Kenya and South Africa (Kesho Boro Study)
- Triple-ARV regimen cuts HIV infections in infants by 43% and reduces the risk of transmission during breastfeeding by more than half.
- Infants of mothers whose virus is undetectable (less than 50 copies) with adequate Anti-retroviral medicine (ARVs) at the time of child birth reduce the transmission rate to 2.7% for the first year. Therefore it is important to start ARVs early in pregnancy, ideally before pregnancy

### **More New Research**

- Offers new hope for mothers with HIV infection who cannot safely feed their babies with infant formula. It will improve the chances of infants remaining healthy and free of HIV infection as breast milk provides optimal nutrition and protects against other fatal childhood diseases such as pneumonia and diarrhea.
- Giving HIV-positive pregnant women and those planning pregnancy priority access to HIV testing and ARVs will help eliminate mother-to-child transmission of HIV.
- Childbearing women need Para Social Work support to understand, access, and adhere to medication treatment

## **Breastfeeding and HIV Transmission**

- During the first two months, a bottle-fed baby is nearly six times more likely to die from diarrhea, respiratory or other infections, compared to a breastfed child, mostly because contaminated water is used in mixing the formula, bottles are unclean and other reasons
- Do not switch back and forth between breast and bottle feeding
- Continue treatment to baby during weaning and wean gradually
- For HIV-positive mothers with limited access to clean water and sanitation, the new guidelines, treating both mother and child during breastfeeding eliminate the painful choice of breastfeeding and HIV exposure versus bottle feeding and unsafe food

## **What Can Para Social Workers do to Help Women related to Pregnancy, Child Birth, and Infant Feeding?**

Brainstorm

### **Para Social Workers, HIV, and Pregnancy**

- Help mothers to protect baby from the infection
- Encourage mothers to get treated with HIV medication
- Counsel mothers to plan pregnancy, childbirth and baby care
- Support women in HIV care, support their families to encourage HIV care
- Provide information on safe baby feeding and baby care
- Work with families to support HIV positive women, their babies and their families
- Support the family, when facing the double stressors of child birth and HIV diagnosis simultaneously. Many complex family situations can erupt during this high stress period
- Help the medical staff communicate complicated medical knowledge to the mother and family in a form that both can understand quickly. Time is very important.
- Advise mothers to get ARV treatment during breastfeeding for themselves and their infants
- Help mothers to get medical care for breast problems, along with sores or thrush in an infant's mouth

### **What Para Social Workers Can Do to Reduce Mother to Child Transmission**

- Assist pregnant women to obtain HIV testing and receive anti-retroviral treatments to avoid transmission, as soon as possible
- Help solve problems of funding, transportation, access to make it possible for mothers to obtain this help
- If their status is discovered during pregnancy treat as early as possible with the most effective therapy

### **Adhering to Treatment (review)**

- Adherence to therapy issues for
  - Family
  - Child
  - Other caregiver issues related to adherence
- Why is Adherence to therapy important?
  - To prevent disease progression

- To prevent symptomatic progression
- To prevent secondary transmission
- To prevent resistance

### **The CONTEXT of medical care for children**

- Family-specific issues
- Community-specific issues
- Bridging barriers of knowledge and education

### **How can the Para Social Worker help the medical system communicate with the family?**

- Cultural issues and community context– what the beliefs and usual ways people do or do not get medical care in the community?
- Family circumstances
  - Economic status
  - Disease-affected status
    - Parental disclosure
    - Child-specific disclosure

## **4. Reducing HIV Risks for Older Children: Sexual Risks and Other Risks (Slides 51-70)**

### **What are the risks of HIV for Older Children?**

Brainstorm

### **What are the Risks of HIV for Youth?**

- Sexual behaviors
- Unprotected sex
- Early sexual initiation
- Untreated sexually transmitted Infections
- Unplanned pregnancy
- Sex with consent versus forced sex
- Sex for money or drugs
- Alcohol use leading to unprotected sex, early sex
- Needle use - injection drugs
- Others?

### **Sexual Risk**

- What is your experience with children you are working with related to HIV, sexual feelings and behavior, etc.? (first talk to neighbor, then some reporting to group)
- How comfortable are we discussing these issues with youth?

### **Discussion Sexuality**

- How can we discuss these issues with youth?
  - Using simple and direct language
  - Asking child if they are comfortable with this discussion

- Using peers as resources for education and help

## **How Can Para Social Workers Help to Reduce the HIV Risk of Youth?**

Brainstorm

### **Sexuality Issues with Youth**

- What kind of information do the children get about sexuality
- From whom?
- At what age?
- What it includes?
- Risk reduction?

### **Sexuality issues at different ages**

- How are these alike or different?
- Romantic feelings
- Sexual feelings
- Sexual behavior
- What kind of sexual behavior might youth engage in?

### **Reducing HIV Risks for Older Children**

- What are some HIV risk reduction methods?
- HIV risk reduction methods
  - Delaying sexual behavior
  - Other social activities
  - Making good decisions about sexual behavior
    - What is safe?
    - What is risky?
    - How to decide?
  - Protection
    - Condoms
    - Other alternatives?
  - Reinforcing the message

### **Sexual information for youth**

- Sexual identity and sexuality
- Sexual abuse
- Informed consent to sex vis-à-vis forced sex
- Risky sexual behaviors
- Safer sex
- Preventing pregnancy (Birth Control)
- Getting help (medical treatment, education and information, counseling)

### **In Class Small Group Exercise**

- Work in groups of 6 people
- Neema is a 12-year-old girl who lives with grandfather, as both her parents are dead. She is beginning to stay out of the house very late at night and once did not return home at all. Grandfather is concerned that she has boyfriends or is having relationships with strangers.
- Do a short role play of a brief counseling session with either: Neema to discuss possible sexual or risk behaviors OR with her grandfather to discuss how he can talk to her and help her.

### **Substance use (alcohol, other drugs)**

- What drugs may the youth use? Do you see these?
- What drugs may the youth use? Do you see these?
- Tobacco
- Alcohol
- Marijuana / Bangi
- “hard drugs”– heroine, etc. May involve needle use
- Other– glue, mirungi/khat, petrol sniffing, abusing anti-pain drugs, etc.
- Which of these lead to
- HIV Risk?
- Other Risks?

### **How to help?**

- Is the child using the drugs?
- Are there other associated behaviors (sexual, criminal behaviors)?
- Is the child interested in stopping drug use?
- Can we help the child be safer using the drugs? (harm reduction)
- Can counseling or support help with this?

### **Discussion and Cases**

- Questions
- Examples from the group
- Discussion

## **5. Problem Solving with HIV Infected and Affected Families and Children (Slides 72-77)**

### **Problem Solving: HIV Related Issues for Children**

- What are some of the issues you have experienced as a Para Social Worker working with HIV infected and affected?

Brainstorm

## **Issues Affecting HIV Infected and Affected Children and Families**

- Stigma
- Grief and loss related to HIV
- School issues
- Legal issues
- Adoption and guardianship
- Property rights
- Loss of economic stability and opportunity
- Health and Medical issues
- Behavioral problems and mental health concerns
- Relationships with caregivers and peers
- Dating issues
- Anger and disconnection from the future

## **Roles of the Para Social Worker in Problem Solving for HIV Infected and Affected Children and Families**

- Listen
- Support
- Refer to resources
- Linking with district social welfare officer and other providers of support
- Provide accurate and updated information regarding HIV
- Crisis problem solving
- Help improve communication with others, e.g. parents, other caregivers, school, etc.
- Being the link to getting better (relationship)
- Help address issues of abuse and neglect (more on this in the coming days)
- Help determine if families can provide care and if not assist in locating alternatives (more on this in the coming days)
- Work from the strengths perspective

## **However the Para Social Worker Does NOT**

- Provide in-depth counseling or therapy
- Provide medical or health related services
- Deal with complex emotional problems beyond helping the person get help elsewhere
- Solve all the child's problems

## **Group Exercise**

- Work in groups of 7-8
- Each group to work with a case which will be provided (or developed by the group with the facilitator)
- Identify at least one counseling need of the child or family
- Identify at least one approach to help the child or family
- Role play how we might do this
- Discuss what we have learned and how we can apply this to other cases

## **6. Home-based care and services to children living and affected by HIV (Slides 78-81)**

## **What is Home Based Care?**

- Discuss what is home-based care
- What is your experience of this in your area?

## **Home-based care and services to children living and affected by HIV**

- Anna is a seven-year-old child whose parents both died of HIV. She is now living with her grandmother. She has been weak and feverish and was tested for HIV and found positive. Her grandmother wants to care for her at home
- The participant as a Para Social Worker has been sent by the municipal government to see what are her needs and how she could be helped
- Get together with two other participants and discuss: based on your experience in your village or town, what specific home-based programs might be of help to Anna and her grandmother?
- Hold a brief large group discussion

## **7. End of Life Issues (Slides 82-85)**

### **End of Life Issues**

- Disclosure
- Preparing for death – personally
- Preparing for death as a parent
- Preparing other family and friends for your final illness

## **Helping Families Facing Death Prepare for the Future: Role of the Para Social Worker**

- Para Social Worker Role in providing support for a mother
- For herself
- To help her communicate with successor caregivers for her children
- To help her communicate with the children
- How do age of the children and other support factors affect this communication process?
- What kind of support would a Para Social Worker require to give this kind of support?
- Role of the Para Social Worker in providing support for orphaned children
- For them individually and as siblings
- To help them communicate with successor caregivers and NEW siblings
- To help communicate with friends and classmates
- How do age of the children and other support factors affect this communication process?
- What kind of support would a Para Social Worker require to give this kind of support?

## **Summary and Debriefing for the Day**

- Final Plenary and Pashas



## **Day Three:**

### **Assessing Child and Family Needs - Family Resilience**

**Recap and review of previous day and overview of coming day**

**Objectives for the Day (Slide 2)**

At the end of this day, Para Social Workers will be able to:

- Use the eco-map as a tool to facilitate effective assessments with vulnerable children and their families
- Identify needs and approaches to work with groups with special needs, such as diverse cultural issues, women, gender, violence, health/mental issues, etc.
- Explain the concept of family resilience and how we strengthen families and build resilience as Para Social Workers

**Contents of Day 3**

- Eco-Map: An Assessment Tool for Para Social Workers (slides 4-20)
- Special needs related to diverse cultural family situations
- Building Family Resilience

**Equipment Needed:**

- Handouts: Blank eco-maps
- Large sheets of paper and markers for student and trainer use

**Learning Activities:**

- Lecture/Discussion
- Small group practice / role play and discussion
- Individual activity creating eco maps

**Instructions for Learning Activities:**

- Review Assessment as an essential and important step in the Para Social Work process
- Introduce the Eco-map as an Assessment tool
- Ask students to get into small groups and using an example from one group member's experience, role play a Para Social Worker interviewing a family in order to assess a child's needs
- Ask that the Eco-map form be filled out by each student based on the role play assessment
- Ask one member of each group to present their Eco-map and role play experience to the rest of the class

**Topic Outline**

1. **Assessment Review (Slide 3)**

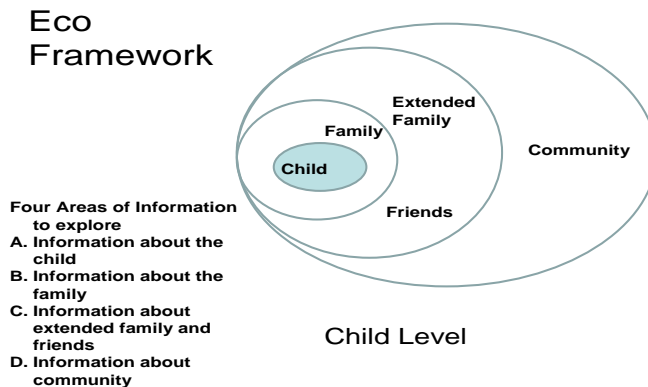
Review previous student training regarding Social Work Process for Assessment in Working with Most Vulnerable Children and their Families

- a. What does assessment mean
- b. How do we assess child and family's needs
- c. Why is it important to involve child and family closely in assessment

**a) Eco-maps (slides 4-16)**

• **What is an Eco-Map and how does it relate to assessment?**

- The Eco-Map is a tool for Para Social Workers to gain a greater understanding of the child and his or her family
- The Eco-Map also shows the relationship between the family and the resources of the extended family and the community
- The Eco-Map is a tool to get more information related to the Eco-Framework used in PSW 1 training



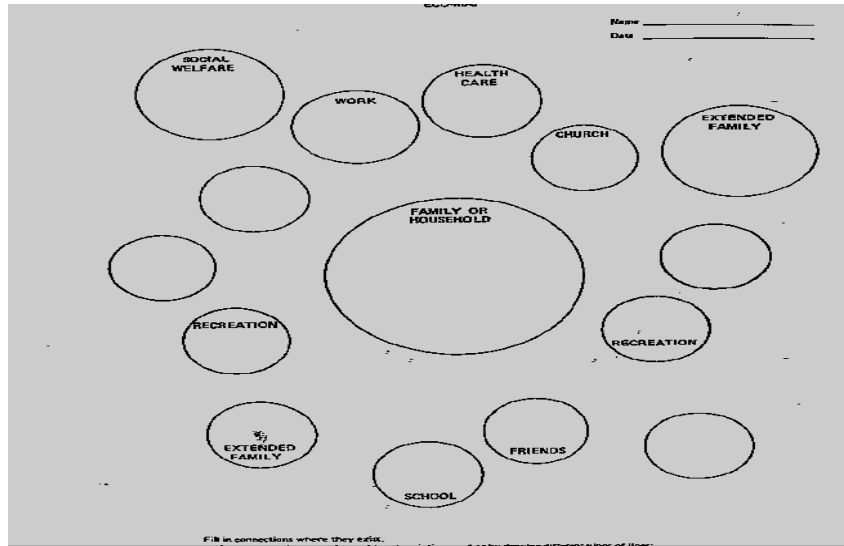
**b) The Eco-Framework**

- Provides four areas of information to explore
- Information about the child
- Information about the family
- Information about extended family and friends
- Information about community

**c) Eco-Map: A useful tool for working with children and families to assess needs**

- To be completed with the child and family
- Useful in assessment, planning, intervention
- Portrays a point-in-time overview of the family in their life situation
- Demonstrates positive connections and sources of conflict
- Demonstrates flow of resources, or lacks and deprivation of resources
- Highlights issues to address and resources to be mobilized

# Eco-Map



## d) Basic Principles of Eco-Mapping: Definitions and Instructions for Completion

- **The Family**

All of the people connected in one household; the family portion of the eco-map should include the age and the status of the members, living or dead

- **The Social Ecology**

All of the external forces/ factors in the community affecting one or more person in family. The social ecology factors may vary by size and placement to indicate their importance

- **The Connectors**

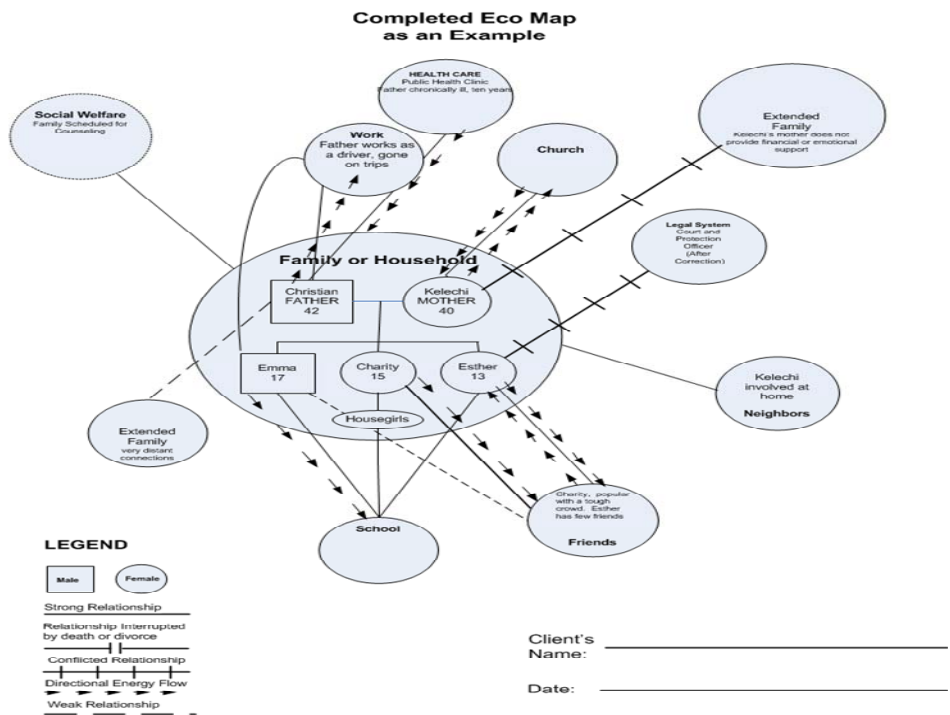
The connections between child, family, extended family and community organizations are shown by lines. The connections can be strong or weak; they can flow in or out or in both directions

*Like all complicated maps, the Eco Map changes over time and should be re-charted every time a significant event occurs in the family*

- **Instructions for Completing Eco-Map**

1. Draw the household in a large circle at map's center
  - a) use squares to depict males, circles to depict females
  - b) include ages and dates of life events if known
2. Draw straight line between husband and wife to indicate marriage
  - a) draw slash across line to indicate divorce
  - b) draw a line down from the parents to indicate children
  - c) draw a line up from the parent to indicate grandparents
  - d) draw a square or circle near the bottom of the household circle to indicate household members who are not related to the family

- e) draw an X across a square or circle to indicate death of the person
  - f) next, add connections between family, or individual family members, and the larger environment by drawing lines between the family and the circle with the particular system label
3. The type of line indicates the nature of the connection( see slide 12)
- a) solid or thick line indicates a strong connection
  - b) dotted line indicates a weak connection
  - c) slash marks across a line indicate a stressful or conflicted relationship
  - d) arrows along the connecting lines indicate the flow of energy, resources or interest OR
  - e) ask families nature of relationship and write a brief description along connecting lines



**e. Discussion and Small Group Exercise (slides 17-22)**

1. **How would you use this tool?**
  - How might it fit the Assessment Form (Child Status Index) and Service Plan
  - Other thoughts
2. **Small group Exercise- Completing Eco-Map**
  - Get into small groups
  - Using an example from one group member's experience, role play a Para Social Worker interviewing a family in order to assess a child's needs
  - Complete the Eco-map form as a group based on the assessment

- Report backs to other groups- what did we learn

**f. Suggestion for additional exercise:**

- Ask students to complete an eco-map on their own family situation paying attention to any feelings that come up as well as weaknesses in relationships with others and plan for discussion

**Special needs related to diverse cultural family situations (slides23-36)**

- Brainstorm -- What are some of the different family cultural situations that you encounter?
  - Polygamous families
  - Different cultural aspects
  - Pastoral or mobile families
  - Others
- What are some strategies to address their needs?

**Para Social Workers need to:**

- Obtain knowledge about the culture to which the family belongs (diversity competence)
- Develop skills related to cultural competence (multicultural counseling relationship) and for working with family's cultural system)
- Adopt an open-minded questioning approach, laying aside pre-conceived notions of clients' cultures
- Listen to the experiences of the client

**c. Case Examples**

- Salama is a 13 year old girl who works as a sex worker. She has some hearing loss and reports some of her clients have been violent with her.
- Zena is a 36 year old woman who has been blind all her life. She has three children including a son age 12 years who went to school when he was younger but now is selling water, eggs and other things on the street to support the family. She has a daughter, age 7 years, who is refusing to go to school, and another son, age 1 year who needs a lot of care.
- Adam is a boy among 12 children in a polygamous family of Mr. Mwakipesile. He feels like he is not cared for, the father is favoring the same age children of a young wife. Adam is becoming violent and fighting with the other children.
- Happiness is a 27 year old woman with one child age 4. Happiness became pregnant and tested positive for HIV. Her husband has left her after condemning her for having brought HIV into the family. She is upset and sad and reluctant to take anti-retroviral drugs.

**d. Discussion question: What are their special needs?**

- Salama
- Zena and her children
- Adam
- Happiness

**e. Addressing Special Needs**

- Address the whole person
- Cultural issues may be compounded with compound problems
- Need to help the person understand that multiple problems may go together Need to address each as needed
- Clients may need to be linked with others with the same mix of problems

**f. Issues related to Women**

- Full participation of women involved in decision making on personal issues as well as policy related issues
- Many women place their children's needs before their own needs
- Issues of female control in safer sex and preventing transmission
- Others???
  - Para Social Workers roles: Encouraging the woman to be involved, addressing inequities
  - Assist in planning and problem solving

**g. Issues Related to Relationships**

- Mutual respect for ones entitlements
- Supportive relationships based on trust
- Mutual support
- Shared benefits
- Negotiations/communications
- Shared ownership of problems and being part of the solution
  - Para Social Worker roles: listening, problem identification, helping the couple make a plan,
  - Referral to counseling as needed

**h. Issues related to Multiple Health Problems**

- Getting a comprehensive diagnosis including HIV and other health problems
- Accessing and working with other service providers
- Are there cultural and economic factors that affect how illnesses are addressed?
  - Para Social Worker roles: Provide information, problem solving, advocating, mediating with health care providers

**i. Issues related to Violence**

- Understand how socially constructed gender identities leads to violence against women
- Include women and men equally in decision-making and peaceful co-existence
- Violence has a continued impact across the family system
- Access to resources to address violence issues, but culturally sensitive
  - Para Social Worker roles: Educate self and clients, problem solving, referral to responsive resources, follow-up and advocacy

**c) Issues related to Gender; Sexuality and HIV**

- Women require men's cooperation to protect themselves

- Where condom is the main protection, women rely on male partners to be faithful
- Men's behavior puts women at risk for HIV
- Empowerment should address underlying social structures, institutions and relationships on which inequality is based
  - Para Social Worker roles: Empowerment of women, addressing social and cultural issues, help involve both partners in decision making, problem solving or role play to empower the woman

d) **Issues related to use of other drugs**

- Alcohol, marijuana and "hard drugs" may be a factor in HIV transmission, adherence, and quality of life for People Living With HIV
- Alcohol and other drugs may affect judgment and risk behavior
- Drug treatment programs and support groups are beginning to be available in TZ
- Use of these drugs may affect blood pressure, nutrition, and other health problems
  - Para Social Worker roles: Educate children and family about impact of these drugs, help client consider making changes in using drugs. At that point the Para Social Worker will refer to other service providers for treatment or support groups

**Building Family Resilience (Slides 37-58)**

a) In Tanzania we say: Watoto Kwanza (Children First), Kuwalinda Watoto (Protecting Children), Kuimarisha Familia (Strengthening Families)

b) **What is Resilience?**

- What are protective factors for children and families that allow them to recover from complex problem situations?
- Brainstorm

c) **Definition of Resilience**

- Resilience/Protective factors are conditions in families and communities that, when present, increase the health and well-being of children and families
- These factors or conditions improve the family's ability to bounce back from stressful situations. They are like shock absorbers (buffers), they reduce the effects of the problem or stressor and help children and family members to find supports or coping strategies that allow them to function effectively, even under stress. These factors help parents and other caregivers to parent effectively

d) **Five Evidence-Based Resilience Factors**

- **Research has shown that the following resilience/protective factors are linked to a lower incidence of child abuse and neglect:**
- Nurturing and attachment
- Knowledge of parenting and of child and youth development
- Parental resilience
- Social connections
- Concrete supports for parents

**1) Nurturing and Attachment**

- A child's early experience of being nurtured and developing a bond with a caring adult affects all aspects of behavior and development
- When parents and children have strong, warm feelings for one another, children develop trust that their parents will provide what they need to thrive including love, acceptance, positive guidance, and protection
- Therefore *enough nurturing and attachment* serves as a protective factor to help the family achieve resilience, or the ability to bounce back from stressful situations

## 2) Knowledge of Parenting and of Child and Youth Development

- There is extensive research linking healthy child development to effective parenting. Children thrive when parents provide not only affection, but also use other effective parenting principles, including respectful communication and listening, consistent rules and expectations, and safe opportunities that promote independence
- Successful parenting fosters psychological adjustment, helps children succeed in school, encourages curiosity about the world, and motivates children to achieve
- Therefore knowledge and use of effective parenting techniques serves as a protective factor to help the family achieve resilience, or the ability to bounce back from stressful situations

## 3) Parental Resilience

- Parents or other caregivers who can cope with the stresses of everyday life, as well as an occasional crisis, have resilience themselves; they have the flexibility and inner strength necessary to bounce back when things are not going well.
- Multiple life stressors, such as a family history of abuse or neglect, health problems, marital conflict, or domestic or community violence- and financial stressors such as unemployment, poverty, and homelessness- may reduce a parent's capacity to cope effectively with the typical day-to-day stresses of raising children
- Therefore assistance in *strengthening the parent or caregiver ability to cope with stressful situations* serves as a protective factor to help the family achieve resilience, or the ability to bounce back from stressful situations

## 4) Social Connections

- Parents or other caregivers with a social network of emotionally supportive friends, family, and neighbors often find that it is easier to care for their children and themselves. Most parents need people they can call on once in a while when they need a sympathetic listener, advice, or concrete support
- Research has shown that parents who are isolate, with few social connections, are at higher risk for child abuse and neglect
- Therefore assistance in *strengthening the parent or caregiver's social support network* serves as a protective factor to help the family achieve resilience

## 5) Concrete Supports for Parents and Other Caregivers

- Research has shown that insuring that families have *their basic needs met* serves as a protective factor to help the family achieve resilience



**e) What are ways for Para Social Workers to Enhance Resilience/Protective factors for Vulnerable Children and their Families?**

- Brainstorm

**f) How Para Social Workers Enhance Resilience/Protective Factors for Vulnerable Children and their Families**

- Research has found that the following are effective strategies that family support and child abuse prevention programs can use to promote these protective factors
  - 1) Facilitate friendships and mutual support**
    - Offer opportunities for parents and other caregivers in the neighborhood to get to know each other, develop mutual support systems, and take leadership roles
    - Strategies may include social activities, sharing meals, classes, organizing resources or networks to facilitate mutual supports among families in need
    - Family members may become involved in leadership of these activities as well as other volunteer opportunities
  - 2) Strengthen parenting**
    - Develop ways for parents and other caregivers to get support on parenting issues when they need it
    - Possibilities include classes, support groups, home visits, and written information materials
  - 3) Respond to family crises**
    - Offer extra support to families at times of crisis or other difficulties. For example when a family member is ill, times of famine or poor crops, loss of housing and other problems
  - 4) Link families to services and opportunities**
    - Provide referrals to develop new skills, education, health care, counseling, and other assistance from local service providers
  - 5) Value and support parents and other caregivers**
    - The relationship between families and service provider staff is essential. Providing psychosocial support appreciating the caregiver's willingness to support these children helps the family to respond to difficult situations
  - 6) Facilitate children's social and emotional development**
    - Para Social Workers can provide psycho-social support or can identify others who can provide children counseling or group support to enhance their social and emotional development. When children bring home what they learn, parents benefit as well

**7) Observe and respond to early warning signs of child abuse or Neglect**

- Para Social Workers should observe the children they serve carefully and respond at the first sign of difficulty. Early intervention can help ensure children are safe and parents get the support and services they need. Para Social Workers can also educate the caregivers to watch for signs of abuse and neglect from other adults

**Summary of Day 3 & Preview of Day 4**

## **Day Four:**

### **Child Protection, Child Abuse, and Assessment of Risk and Resilience**

**Recap and review of previous day and overview of coming day**

**Objectives for the Day (Slide 2)**

At the end of this day, Para Social Workers will be able to:

- Define child abuse and neglect in their own country
- Explain the effect of abuse on children
- Identify factors for the child, parent, and their environment that place children at risk for abuse and neglect
- Identify factors that have been found to help protect children from abuse and promote resilience in the child, family and their environment
- Develop interventions to reduce risk and promote protective factors and resilience in children and families

**Content for the Day - Child Protection, Child Abuse, and Assessment of Risk and Resilience**

Equipment Needed:

- Handouts: Blank copies of Developing an Intervention Plan
- Large sheets of blank paper and markers

Learning Activities:

- Lecture/Discussion
- Small group work
- Brainstorming, Feedback, Discussion

Instructions for Learning Activities:

- Introduce the concepts of child abuse, neglect and assessment of risk and resilience
- Ask participants to break into small groups for each individual topic and brainstorm and then share ideas with the larger group
- Discuss the importance of assessing risk to vulnerable children
- Discuss risk and protective factors
- Present various effects of child abuse and neglect
- Review the importance of assessment and developing interventions for vulnerable children
- Introduce the handout on developing an intervention plan
- Use large and small group exercises to practice developing an intervention plan and recording it on paper
- Share learning with each other
- Discuss the importance and use of the intervention plan in on-going work

## Topic Outline

### 1. Introduction What is child abuse (slide3)

Group learning activity: Use slide three to introduce child abuse. Brainstorm and Discuss

### 2. Child Abuse and the Rights and Duties of the Child in Tanzania (slides 4-11)

- Definition of Child Abuse in Tanzania—child abuse means contravention of the rights of the child which causes physical, oral or emotional harm including beatings, insults, discrimination, neglect, sexual abuse and exploitative labor
- The rights of the child are specified in the Tanzania Law of the Child 2009

#### **Rights of a Child under the age of 18**

- To live free from any discrimination
- To a name, nationality or to know his biological parents and extended family
- To live with his parents or guardians **unless living with a parent or family will:**
  - lead to significant harm to the child
  - subject the child to serious abuse; or
  - not be in the best interests of the child
- The child has the right to:
  - food
  - shelter
  - clothing
  - medical care including immunizations
  - education and guidance
  - liberty and the right to play
- The child has a right to expect from his/her parents:
  - life
  - dignity
  - respect
  - leisure
  - liberty
  - health
  - education
  - shelter

#### **Duties of the parent to the child**

- Protection from:
  - neglect
  - discrimination and oppression
  - violence

- abuse
- exposure to physical and moral hazards and oppression
- Provide guidance care, assistance and maintenance for the child to assure the child's survival and development
- Surety that in the temporary absence of a parent, the child shall be cared for by a competent person

### **Additional Rights of a Child in Tanzania**

- **Inheritance:** To reasonable enjoyment out of the estate of a parent
- **To express opinions:** No person shall deprive a child capable of forming views the right to express an opinion, to be listened to and to participate in decisions which affect his well-being
- **Avoid harmful activities:** A person shall not employ or engage a child in any activity that may be harmful to his health, education, mental, physical or moral development
- **Free of torture or unusual punishment:** including actions that intend to humiliate or lower the child's dignity (degrading treatment)
- **Free from any cultural practice which:** dehumanizes or is injurious to the physical and mental well being of a child

The penalty for violating these rights: any person convicted of violating this part of the law shall be liable to a fine not exceeding five hundred thousand shillings or to imprisonment of a term not exceeding six months or to both

Learning activity: Summarize the rights of the child with participants

### **3. Duties of a Child in Tanzania (slide 12)**

- A child shall have the duty and responsibility to:
  - work for the cohesion of the family
  - respect his parents, guardians, superiors and elders at all times and assist them in case of need
  - serve his community and nation by placing his physical and intellectual abilities at its service in accordance with his age and ability
  - preserve and strengthen social and national cohesion;
  - preserve and strengthen the positive cultural values of his community and the nation in general in relation to other members of the community or the nation

### **4. Definition of child in need of Protection in The Law of the Child Act 2009 (slides 13-17)**

- **For the purposes of this Act, a child is in need of care and protection if that child:**
  - is an orphan or is abandoned by his relatives
  - has been neglected or ill-treated by the person who has the care and custody of the child or by his guardian or parents
  - has a parent or guardian who does not exercise proper guardianship (parenting)

- is destitute
- is under the care of a parent or guardian who, by reason of criminal or drunken habits is unfit to have the care of the child
- is wandering and has no home or settled place of abode
- is begging or receiving alms, whether or not there is any pretence of singing, playing, performing, offering anything for sale or otherwise, or is found in any street, premises or place for the purpose of begging or receiving alms
- accompanies any person when that person is begging or receiving alms, whether or not there is any pretence of singing, playing performing, offering anything for sale or otherwise
- is under the care of a destitute parent
- frequents the company of any reputed criminal or prostitute
- is residing in a house or the part of a house used by any prostitute for the purpose of prostitution, or is otherwise living in circumstances calculated to cause, encourage or favor the seduction or prostitution of, or affect the morality of the child
- is a person in relation to whom an offence has been committed or attempted under the Ant Trafficking of Persons Act
- is found acting in a manner from which it is reasonable to suspect that he is, or has been, soliciting or importuning for immoral purposes
- is below the age of criminal responsibility and is involved in an offence other than a minor criminal matter
- is otherwise exposed to moral or physical danger
- is under a care of a person with disability and such disability hinders such person from exercising proper care or guardianship
- is in any other environment as the Commissioner may determine

### **Terms Referring to Child Abuse in the Law of the Child 2009**

- The Tanzanian Law of the Child contains several terms that indicate a child is being abused including
  - child abuse
  - serious abuse
  - ill treated
  - torture or other cruel, inhuman punishment or degrading treatment

### **5. What is Abuse, Neglect, Abandonment (Slides18-20)**

- Definition of Abuse- Physical harm, emotional/psychological harm or sexual activity with a child
- Definition of Neglect- Too little caring, supervision, or support for the child
- Definition of Abandonment- A child whose parent has left the child forever or a long time without making other arrangements for the child's care
- Definition of Exploitation: The forced labor or use of a child for sexual purposes

## **6. Signs of Child Abuse or Neglect (slides 21-25)**

### **a) What are the warning signs that a child is being abused or neglected**

Group learning activity: What are some initial signs you might see in a child's or parent's behavior that is a warning sign that the possibility of child abuse or neglect should be considered. Brainstorm

### **b) Signs of Child Abuse or Neglect that should be investigated when present**

#### **1. The Child**

- Shows sudden changes in behavior or school performance
- Has not received help for physical or medical problems brought to the parent's attention
- Has learning problems ( or difficulty concentrating) that cannot be attributed to specific physical or psychological causes
- Is always watchful, as though preparing for something bad to happen
- Lacks adult supervision
- Is overly concerned about following orders( too much)
- Avoids giving responses (passive) or withdrawn
- Comes to school or other activities early, stays late, and does not want to go home

#### **2. The Parent**

- Shows little concern for the child
- Denies the existence of- or blames the child for the child's problems in school or at home
- Asks teachers or other caregivers to use harsh or overly strong physical discipline if the child misbehaves
- Sees the child entirely bad, worthless, or burdensome
- Demands a level of physical or academic performance the child cannot give
- Looks primarily to the child for care, attention, and satisfaction of emotional needs

#### **3. The Parent and Child**

- Rarely look at each other or touch
- Consider their relationship entirely negative
- State that they do not like each other

## **Types of Abuse/Neglect (slides 21-38)**

### **▪ Signs of Abuse**

- physical abuse
- neglect
- sexual abuse
- emotional abuse
  - o More typically found in combination than alone
  - o Example: A physically abused child is often emotionally abused and a sexually abused child may also be neglected

Learning Activity: Recognizing Signs of child Abuse or Neglect

Divide students into 4 groups. Assign each group one type of child abuse, or consider: physical, sexual abuse, neglect, or emotional abuse. Ask the groups to answer the following questions regarding the type of abuse assigned to them:

- What are the signs that a child you are working with may be abused. List as many signs of the type of abuse assigned to your group as you can
- You have 10 minutes to complete the task
- Be prepared to report back to the larger

### **Signs of Physical Abuse**

#### **a) Consider this when the child has:**

- Unexplained burns, bites , bruises, broken bones
- Unexplained absence from school
- Seems frightened of parents or caregivers
- Reports injury by a parent or another adult caregiver

#### **b) Consider when the parent or other caregiver:**

- Gives conflicting, unconvincing, or no explanation for the child's injury
- Typically describes the child in negative ways
- Uses harsh physical discipline with child
- Has a history of abuse in own childhood

### **Signs of Sexual Abuse**

#### **a) Consider this when the child:**

- Has difficulty walking or sitting
- Refuses to bathe or to participate in physical activities with others when has been doing so before
- Reports bedwetting or nightmares
- Has a sudden change in appetite
- Demonstrates unusual sexual knowledge or behavior
- Becomes pregnant or contracts a venereal disease, especially under the age of 14
- Runs away
- Reports sexual abuse by a parent or other adult caregiver



**b) Consider when the parent or other adult caregiver:**

- Is secretive and isolated
- Is overly protective of the child; limits the child's contact with other children, especially of the opposite sex
- Is jealous or controlling with family members

**Signs of Neglect**

**a) Consider when the child:**

- Lacks essential school materials and/or is frequently absent from school
- Begs or steals food or money
- Lacks needed medical care or immunizations
- Is often dirty and has severe body odor
- Abuses alcohol or other drugs
- Indicates that there is no one at home to provide care

**b) Consider when the parent or other adult caregiver:**

- Appears to be indifferent to the child
- Seems apathetic or depressed
- Behaves irrationally or in a bizarre manner
- Is abusing alcohol or other drugs

**Signs of Emotional Abuse**

**a) Consider when the child:**

- Shows extremes in behavior – disruptive or too passive
- Displays age inappropriate behavior –behaving in too young or mature a fashion
- Is late in physical or emotional development
- Has attempted suicide
- Reports a lack of attachment to the parent

**b) Consider when the parent or other adult caregiver:**

- Constantly blames, belittles, or berates the child
- Is unconcerned about the child and refuses to consider offers
- Overtly rejects the child

**A. How Abuse Affects the Child** (slides 39-53)

Group learning activity (slides 39-42):

Use questions such as: Why is it important to learn about child abuse/neglect? Ask what participants believe might be the effect of abuse for a child. Brainstorm and discuss

Effects are what occur as a result of the abuse or neglect and may include physical, psychological, behavioral or community and societal effects. In many cases effects occur at the same time in several of these areas.

**a) Physical Health Effects**

- The immediate physical effects of abuse or neglect can be relatively minor (bruises) or severe (broken bones, hemorrhage, or even death)
- In some cases the physical effects are temporary; however the pain and suffering they cause a child may be very important
- The long-term impact of child abuse and neglect on physical health is just beginning to be explored
- Some outcomes researchers have identified are as follows:

**Shaken baby syndrome**

- Shaking a baby is a common form of child abuse. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or brain, damage to the spinal cord and neck, and rib or bone fractures

**Problems with brain development**

- Child abuse and neglect in some cases cause important parts of the brain to fail to form or grown properly, resulting in impaired development. This has long term consequences for cognitive, language, and academic abilities

**Poor physical health**

- Studies have shown a relationship between various forms of household dysfunction (including childhood abuse) and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from physical ailments such as allergies, arthritis, asthma, bronchitis, high blood pressure and ulcers

**b) Psychological Effects**

- The immediate emotional effects of abuse and neglect- isolation, fear and an inability to trust- can translate into lifelong consequences, including low self-esteem, depression, and relationship difficulties.
- Researchers have identified links between child abuse and neglect and the following:

**Difficulties during infancy**

- Depression and withdrawal symptoms were common among children as young as 3 who experienced emotional, physical, or environmental neglect

**Poor mental and emotional health**

- As many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21. Problems including depression, anxiety, eating disorders and suicide attempts were reported
- Other psychological and emotional conditions associated with abuse and neglect include panic and dissociative disorders, attention-deficit/

hyperactivity disorder, posttraumatic stress disorder, and reactive attachment disorder

#### **Cognitive difficulties**

- Children placed in out-of-home care due to abuse or neglect tended to score lower than the general population on measures of cognitive capacity, language development, and academic achievement

#### **Social difficulties**

- Children who experience rejection or neglect are more likely to develop antisocial traits as they grow up. Parental neglect is also associated with borderline personality disorders and violent behavior

### **c) Behavioral Effects**

- Not all victims of child abuse and neglect will experience behavioral problems.
- Behavioral problems are more likely among this group even at a young age
- One study about children ages 3 to 5 in foster care found these children displayed clinical or borderline levels of behavioral problems at a rate of more than twice that of the general population
- Later in life, child abuse and neglect appear to make the following more likely:

#### **Difficulties during adolescence**

- at least 25% more likely to experience problems like delinquency, teen pregnancy, poor academic work, drug use, and mental health problems.
- more likely to engage in sexual risk taking as they reach adolescence, increasing chances of contracting a sexually transmitted disease

#### **Juvenile delinquency and adult criminality**

- A US study found that abused and neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested for violent and criminal behavior as an adult, and 3.1 times more likely to be arrested for one of many forms of violent crime

#### **Alcohol and other drug abuse**

- an increased likelihood that abused and neglected children will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime

#### **Abusive behavior**

- Abusive parents often have experienced abuse during their own childhoods. It is estimated approximately one third of abused and neglected children will eventually victimize their own children

### **d) Societal Effects**

- While child abuse and neglect almost always occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs

- Direct costs include costs of services to investigate and respond to complaints about child abuse and neglect
- Costs of the legal system include courts, police, and social services to address child abuse issues
- Loss of valuable citizens who contribute to society
- Cost of dealing with the child's problems into adulthood. These include costs associated with juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence. Increased health care costs
- Loss of productivity due to unemployment and underemployment

### **Factors that Impact Effect of Child Abuse and Neglect (slides 54- 60)**

Group learning activity: Ask questions such as: does the experience of child abuse affect all children in the same way? If not, what do you think are the factors that make a difference. Brainstorm, list, discuss

- Effects on children from child abuse and neglect may be mild or severe; disappear after a short period or last a lifetime; and affect the child physically, psychologically, behaviorally, or in some combination of all three ways. Effects vary and depend on things such as: the circumstances of the abuse or neglect, the personal characteristics of the child, and the child's environment
- Researchers are exploring why given similar circumstances some children experience long-term problems while others grown older with few problems
- The ability to cope, and even thrive, following a negative experience is sometimes referred to as "resilience"
- Not all abused and neglected children will experience long term consequences. Outcomes of individual cases vary widely and are affected by a combination of factors including:
  - the child's age and developmental status when the abuse or neglect occurred
  - the type of abuse (physical, sexual, or neglect)
  - the frequency, duration, and severity of abuse
  - the relationship between the victim and his or her abuser
- A number of protective factors may contribute to an abused or neglected child's resilience. These include:
  - individual characteristics, such as optimism, self-esteem, intelligence, creativity, humor and independence
  - the acceptance of peers and positive individual influences such as teachers, mentors and role models
  - the child's social environment and the family's access to social supports
  - community well-being, including neighborhood stability and access to safe schools and adequate health care

## **Risk and Protective Factors for Child Abuse and Neglect (slides 60-75)**

Group learning activity: Using slide ---- introduce the topic of risk and protective factors for child abuse and neglect. Ask participants to divide into small groups and make a list of:

- One risk related to the CHILD
- One risk related to the PARENT / CAREGIVER/ FAMILY
- One risk related to the COMMUNITY OR SOCIETY

Ask each group to share risk and protective factors related to risks to the child and make a list for the whole group of risk factors related to the child. After creating the list review the next slide and add to discussion

### **a) Child risk factors should include**

- Prematurity, birth anomalies
- Exposure to toxins in utero
- Chronic or Serious illness
- Temperament: difficult or slow to warm up
- Mental retardation/low intelligence
- Childhood trauma
- Antisocial Behavior

Group Learning Activity: Ask each group to share their risks related to the parents/caregivers and families. Make a list for the whole group. Discuss. After listing review the next slide to add to discussion

### **b) Parental/ Family Risk factors should include:**

- Insecure attachment
- Parent: insecure adult attachment pattern
- Single parenthood ( with lack of support)
- Harsh parenting, maltreatment
- Family disorganization; low parental monitoring
- Social isolation, lack of support
- Domestic violence/ high parental conflict
- Separation/divorce, especially high-conflict divorce
- Parental psychopathology
- Parental illness
- Death of a parent or sibling
- Foster care placement

Group Learning Activity: Ask each group to share their risks related to the community, society or environment. After listing, discuss and review the next slide to add to discussion.

### **e) Social/environmental risk factors should include:**

- Poverty
- Lack of access to medical care and social services
- Parental unemployment
- Homelessness
- Inadequate child care
- Exposure to discrimination( based on class, ethnicity, etc)
- Poor schools
- Frequent change of residence and schools

- Exposure to environmental toxins
- Dangerous neighborhood
- Community violence
- Exposure to media violence

**Protective Factors** (slides 76-83)

Group learning activity: Ask students to reform their groups or to make new groups of 3 or so to discuss protective factors. Ask them to think about their own experience working with children and families and to think about any common characteristics in the child, parent or environment when a child is being well cared for. They should make lists of protective factors in the same three categories that they used for the risk factors exercise (child; parent/caregiver factors, society/community/environment factors). Ask each group to share with the larger group child protective factors only and make a list for discussion. After listing review the next slide to add or discuss

**a) Child protective factors should include:**

- Good health
- Personality factors: easy temperament; positive disposition; active coping style; positive self-esteem, good social skills; internal locus of control; balance between help seeking and autonomy
- Above average intelligence
- History of adequate development
- Hobbies and interests
- Good peer relationships

**b) Parental/Family protective Factors should include:**

- Secure attachment; positive and warm parent-child relationship
- Parent: secure adult attachment pattern
- Parents support child in times of stress
- Household rules and structure; parental monitoring of child
- Support/involvement of extended family, including help with care giving
- Stable relationship between parents
- Parents model competence and good coping skills
- Family expectations of pro-social behavior
- High parental education

Group Learning Activity: Ask each group what they identified as protective factors related to the community and/or environment. List them and use them to supplement discussion of the next slide

**Developing Interventions to reduce Risk and Protective Factors** (slides 84-92)

- Interventions to reduce risks and promote protective or resilience factors have been found to be more effective when:
  - Begin at an early age
  - Are intensive: i.e. frequent contact
  - Intervene directly with child AND parent
  - Are comprehensive: including health, education, concrete needs of family
  - Appropriate risk/ intensity relationship
  - Include continuing intervention and support

*Large group learning activity: Introduce the slide that shows risk and protective factors worksheet. Ask the group to remember the Mwakaila scenario and think about Mwakalia, his family and community. Ask them what risk and protective factors can be identified in the child, family and environment. Record the answers and discuss. Review the types of interventions used to address child abuse and neglect, and important factors to consider. Either as a large group, or breaking the participants into smaller groups practice developing an intervention plan by using the Developing an Intervention Plan slide. Use the last slides in the lecture to help decide the best way to work with participants. Finally, give group report backs and close the day*

### **Summary and debrief the day**

# Day Five:

## Empowering Communities, Documenting and Recording

Recap and review of previous day and overview of the coming day

**Objectives for the Day** (slide 2)

At the end of this day, Para Social Workers will be able to:

- Explain the importance of record keeping and reporting
- Develop skills for preparing records
- Develop skills in maintaining case records that meet client and agency/institution needs and professional standards
- Define and describe advocacy and empowerment
- Demonstrate the skills of advocacy and empowerment
- Share information and experience about available resources and skills for working with Most Vulnerable Children

### Documenting and Recording

Equipment Needed:

- Blank Handouts
- Course evaluation forms

Learning Activities:

- Lecture/Discussion
- Small group practice sessions
- Brainstorming, Feedback, Discussion
- Resource Fair

Instructions for Learning Activities:

- Introduce Documenting and Recording as an essential part of the para social work process
- Introduce forms of documenting and ask participants why it is important to keep records of client contacts
- Point out it is important to keep records of client contacts to help remember what happened with the client, to note progress or problems, and to use in consulting with supervisors or other service providers. Point out documentation is especially important in child protection cases
- Present and discuss the characteristics of good case recording, paying particular attention to the 4 principles of client privacy
- Introduce and discuss Advocacy and Empowerment skills, discussing the types of advocacy and empowerment, and the principles involved in each of these.



- Discuss HIV specific advocacy and empowerment
- Introduce and discuss the framework for promotion and protection of children' s rights in Tanzania and the six principles of A Possible Agenda For Care and Safety of Children's Rights
- Introduce the concept of a resource fair and help participants hold a resource fair as part of the training
- Use the resource fair to discuss case management sharing and build resource lists
- Ask participants to complete the Program Evaluation
- Create a closing ceremony and celebration

## Topic Outline

### 1. Documenting and Recording (slides 3-16)

- a) Who does documenting and recording?
- b) What are the various forms of documentation?
- c) Why keep records of client contacts?
  - To remember what happened with the client
  - To note progress or problems
  - To document our work, especially in child protective cases

#### **d) Characteristics of Good Case Recording**

Brainstorm, discuss and review (*slides 7-9*)

#### **e) Privacy of Case Records**

- Interaction of privacy with anonymity: permitting the use of client information for specific and ethically permitted purposes if identifying information is deleted or obscured
- **4 Principles of Client Privacy**(slides 12-14)
  - Confidentiality
  - Abridgement
  - Access
  - Anonymity
- **Sharing Client Information**
  - Information shared within the agency
  - Information shared outside the agency
  - Informed consent
- **Criteria for entries into the case record** (slide 15)
  - Review participants knowledge from Introduction to Para Social Work
  - Review from slide what entries should contain
  - Have a mini group discussion on how Para Social Work Recording is conducted, identify issues and what learning is needed and practice recording for a case session

## 2. Developing Advocacy and Empowerment Skills (slides 17-34)

### a. What is Advocacy? Brainstorm concept, types and principles of advocacy. Discuss

Advocacy activities provide support for an individual that address how he or she can utilize the resources of an organization. Advocacy also means working with others to change programs or policies at organizational or community levels.

- **Advocacy for Para Social Workers**
  - Direct advocacy on behalf of a family
  - Educational advocacy
  - Helping people we work with to advocate for themselves
- **What is Advocacy**(slide 21)
  - More on types of advocacy
  - Principles of advocacy

### b. Developing Advocacy and Empowerment Skills

In the context of this training we speak of advocacy for a *comprehensive family policy* that would deliver a variety of preventive treatment, care and support services to families

- **Empowerment- two concepts**
  - People becoming the agents of their own socio-psychological and economic development
  - A process where individuals shape their own lives
- **Relevance of advocacy and empowerment in Para Social Work process: Brainstorm why this is important**
- **Relevance**
  - Has to occur within the social, cultural and familial context of people's lives
  - Social, cultural, economic and political barriers that deny PLW HIV/AIDS and affected families rights/opportunities/possibilities in achieving their full potential
  - Need for professionals to provide services to Most Vulnerable groups in the context of HIV
- **Elements of empowerment**
  - Access
  - Inclusion
  - Accountability
  - Local organizational capacity

- **Public Advocacy** (slides 27- 28)
  - Para Social Workers should advocate for services and supports in a variety of public forums
  
- **How is Community Advocacy Different from Individual/Family Advocacy?**
  - The tools of public advocacy
    - Problems and opportunities
    - Education
    - Setting an Example
    - Reaching out to opinion leaders
    - Peer advocacy and Peer support
  
- **HIV Specific Advocacy**(slides 30-34)
  - HIV advocacy involves working to educate<sup>3</sup> the community about HIV
  - Community support for HIV requires open discussion of sexual attitudes and behaviors
  - Community support is required for all realms of HIV treatment
  - Community support is required to understand the connections between HIV, poverty, and family dislocation
  - Family and community support may be required to support the social and economic status of OVC's
  - Para Social Workers should help those infected and affected with HIV serve as PUBLIC advocates for themselves
  - HIV related advocacy works best within groups
    - Women to Women
    - Men to Men
    - Youth to Youth
  
- **Discussion question- Discuss in groups a workable empowerment approach in the context of MVC and families in Tanzania**
  
- **Group Task** (slide 34)
  
- A. **Framework for promotion and protection of children's rights in Tanzania as stipulated in the constitution** (slides 35-44)
  - **Family and Community Arrangements** (slide 36)
  - **Six Principles: A Possible Agenda for Care and Safety of Children's Rights** (slides 37-40)
    - Identify
    - Recognize
    - Start with a realistic perspective
    - Establish a system
    - In designing programs adopt a multi sector approach

- Involve
- **Creating Greater Rights Awareness in the Community** (*slides 41-44*)
  - The importance of sensitization is recognized by the children convention
  - Many public officials are unaware or have only vague notions about children's rights
  - To Empower Families and Communities the process must look at the family structure
  - Must provide "watchdog" services
  - Must forge social and legal institutions at community level that work for those children who have no voice
  - Must give knowledge about roles and responsibilities
  - Must help families and basic institutions to retain the extended traditional ways of protecting the child

### **Working with groups, community events, media, peer education** (*slides 45-52*)

- **Brainstorm what kinds of groups exist in participant village communities that may be useful to the children and families they work with. List and add to those on slide 47. Discuss**
  - The use of peer groupings
  - Traditional community event use
  - Other participant examples
- Working with media  
Brainstorm examples of local media, list and add to those on slide 51. Discuss
- Working with Village Community: Sharing Session  
Ask the group to share what they have done in working with Village Community- ie. Specific activities, success stories, issues that need to be addressed

### **Resource Fair**

- **Explain the resource fair and purpose.**
- **Discuss Case management and resource sharing and create a para social work resource list**

### **Program Evaluation**

- Complete the post-forms

### **Closing Ceremony and Celebration**

This should be a joyful event emphasizing the hard work of the participants and the fact that they are now full Para Social Workers!