



# GOOD PRACTICE IN CHILD CARE: A MANUAL FOR CHILDREN CAREGIVERS



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## FOREWORD

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Care giving is a practice that involves the care and well being of children at all stages of their lives and in all contexts. Children get cared for at home and in institutions. Care giving practices are dynamic and vary according to different communities. Knowledge on the practice is gained from traditional sources as well as from written material. However, it has been noted by various stakeholders that there was a critical need to build the capacity of caregivers, both in the public and private sector by enhancing their knowledge and skills as to what constitutes appropriate care giving that meets both ethical and legal standards. Of critical importance has been the need to address all aspects of care giving left out in previous resource material.

The National Council for Children's Services in consultation with stakeholders in the children sector and technical and financial support from GOAL Kenya has made effort to address some of these challenges faced in care giving by commissioning the production of this Children Care giving Resource Manual. The Manual is written in an easy to read manner and can be put to practical use for the better care of children. It covers topics that seek to:

- **promote** the knowledge and skills of children caregivers in the field of care giving
- **enhance** the capacity of children to protect themselves and be active participants and decision-makers in matters regarding their own welfare, and
- **explore** good practice in child care

This Manual is meant for use by those taking care of children under various circumstances, children themselves and child protection and welfare practitioners. This work is a product of consultations with stakeholders including children. It is hoped that all will find it beneficial.

**Hellen Waweru (Ms)**  
**Chairperson**  
**The National Council for Children's Services**

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## ACKNOWLEDGEMENTS

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The Children Caregivers' Resource Manual was produced through the concerted effort of a wide range of stakeholders. The Manual was developed following overwhelming requests from various stakeholders for a one-stop reference document to address appropriate care giving practices for children in various circumstances.

The National Council for Children's Services (NCCS) wishes to acknowledge the technical and financial support from GOAL Kenya in the production of this Manual.

The production of this document would not have been possible without the invaluable contribution of children, adults and representatives of various organizations. We thank the children and young people who responded enthusiastically and participated in the consultation meetings and validation workshop during the process of compiling the manual. We also thank the adults who participated in the Training Needs Assessment and validation workshop as well as various other consultations. These varied experiences and contributions were valuable and helped enrich the content of the manual.

NCCS also wishes to acknowledge the following institutions for their cooperation in the process: Kayole Rehabilitation Center for Street Girls in Nairobi; Makadara Youth Probation Hostel in Nairobi; Undugu Rehabilitation Center in Kitengela, Nairobi; Nakuru Girls Probation Hostel in Nakuru; Thika Children's Rescue Center in Thika; Nairobi Children's Remand Home in Nairobi and Mbagathi District Hospital in Nairobi.

The Council appreciates the team of consultants who compiled this Manual and the National council secretariat.

The Council extends its gratitude to all whom in one way or the other contributed to the production of this Manual.

Thank you all.

**Ahmed Hussein, HSC**  
**Director, Children's Services and Secretary**  
**The National Council for Children's Services**

## ACRONYMS

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<b>ACRWC</b>	African Charter on the Rights and Welfare of the Child
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANPPCAN</b>	African Network for the Prevention and Protection against Child Abuse and Neglect
<b>CLAN</b>	Children's Legal Action Network
<b>CT</b>	Cash Transfer
<b>DRR</b>	Disaster Risk Reduction
<b>FIDA</b>	Federation of Women Lawyers Kenya
<b>IDP</b>	Internally Displaced Person
<b>KAACR</b>	Kenya Alliance for the Advancement of Children
<b>KNH</b>	Kenyatta National Hospital
<b>LRF</b>	Legal Resources Foundation
<b>NACADAA</b>	National Campaign against Drug Abuse Authority
<b>NCCS</b>	National Council for Children Services
<b>OVC</b>	Orphans and Vulnerable Children
<b>SNV</b>	Netherlands Development Organisation
<b>UNCRC</b>	United Nations Convention on the Rights of the Child

## DEFINITION OF KEY TERMS

<b>Burnout</b>	A state of physical, emotional and mental exhaustion caused by long term involvement in an emotionally demanding situation.
<b>Caregiver</b>	A person responsible for the care and wellbeing of children in all contexts.
<b>Child</b>	Means any human being under the age of 18 years.
<b>Counselling</b>	A process in which a trained professional forms a trusting relationship with a person who needs assistance. The counsellor uses specific skills and techniques to help the person.
<b>Development</b>	Unfolding of behaviour from immature to mature, from simple to complex and from dependent to independent.
<b>Disaster</b>	An event that occurs suddenly and causes great loss of life, hardship and damage.
<b>Ethics</b>	A set of principles to guide behaviour which is acceptable within the given context. This may be within the accepted standards set by a particular community or the more widely accepted standards within the existing justice system.
<b>Family</b>	A social system consisting of a parent or parents and child or children all related by blood or marriage and living together.
<b>Guardian</b>	A legal relationship created when a person or institution is mandated by a court to take care of minor children.
<b>Health</b>	A state of physical, mental and social well being, not merely the absence of disease or infirmity of an individual.
<b>Inheritance</b>	To receive property from someone who has died.
<b>Letters of Administration</b>	Authority granted to a person to administer the estate of a deceased (dead) person.
<b>Parent</b>	A person related to the child either by being their biological father, mother or through marriage to one biological parent and who is living with the child.
<b>Succession</b>	The passing of property by or through a (written) will.
<b>Will</b>	A statement in which a person states how their property will be distributed when the person dies.

## PREAMBLE

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The need for a resource manual for those taking care of children has arisen in various forums among those who work in the children sub-sector. Both those working in the public and private sector have expressed the need for a resource manual to build the capacity of children caregivers. Following these discussions, the National Council for Children's Services (NCCS) sought partnership in developing a comprehensive and relevant resource manual on children care-giving. GOAL Kenya joined in this endeavour and spearheaded the process of developing a children caregivers' resource manual.

Care-giving is a vicious cycle in which those who were at one time children grow up to become caregivers themselves. The style of care-giving those children receive tends to be the same style that they adopt as adults. Methods that were used to raise us seem to be dear to us when it is our turn to raise children. Yet it does not always follow that those methods used on us will fit in every circumstance and at all times. Human society is one of the most dynamic, making rearing of children ever challenging as time passes. It is in view of the challenges in child rearing and care that the need for sharing knowledge and skills on this important subject arises.

Not all children caregivers have the knowledge and skills for the roles that they perform. With the many issues that affect children it is instructive that those taking care of children are enabled to carry out their duty in the best possible way. Apart from the normal challenges that affect families, there is the threat of diseases, some of which are quite new in our society. Politics, state of the economy, socio-cultural changes and technological advances affect child rearing in one way or the other. As such, caregivers as well as children need to be helped to face the issues that come with these changes effectively. The individuals who are best positioned to help children are caregivers who take charge of them on a daily basis. One source of assistance to caregivers is a resource manual that they can use.

This resource manual consolidates topics that are crucial in the practice of raising and caring for children. The manual for children caregivers, therefore, aims to enhance the knowledge and skills of caregivers to enable them provide better care and support to children under their supervision.



# SUMMARY

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## Objectives of the manual

Care-giving is a challenging task that requires a lot of support if it is to be effectively accomplished. The caregiver needs to possess appropriate knowledge and skills to address the various challenges. This manual is therefore aimed at assisting children caregivers accomplish the critical role of care-giving through the approaches to care-giving it addresses. It strives to fill gaps in existing manuals that address care-giving as well as promote positive attitudes and practices among caregivers.

Specifically, the manual sets out to achieve the following objectives:

1. To promote the knowledge and skills of children caregivers in the field of care-giving
2. To enhance the capacity of children to protect themselves and be active participants and decision-makers in matters regarding their own welfare
3. To explore good practice in child care

## Methodology

The process employed in developing this manual was highly participatory. In order to identify relevant content for caregivers, consultations were carried out that involved both adults and children. First to be consulted were adults working in the children sector. This was followed by consultations with children in different contexts: those in schools, those living with family, children under institutional care as well as children undergoing rehabilitation from street life. A review of existing documents on child care was also carried out. The initial draft manual was subjected to validation by both adults and children stakeholders. The second draft was also circulated to a wide population for comments. The final document incorporated feedback from the various validation forums as well as individual inputs from a number of professionals.

## What is children care-giving?

The art of care-giving is a complex one and attempting to define it with certainty can easily leave out some important aspects. However, care-giving can safely be described as the process of raising children to become useful members of the society. It involves provision of both physiological needs as well the psychosocial ones. Physiological needs include food, medical attention, protection and others. Psychosocial needs include love, a sense of belonging, appreciation, recognition and many others. Both categories of needs are crucial for children as they grow since they determine how they grow and develop and what persons they become. As such, it is important to take every step to ensure children are taken care of as appropriately as possible.

## SUMMARY (CONTINUED)

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### Contexts of children care-giving

Children are taken care of in various contexts or settings. They include the following:

- Nuclear family
- Polygamous family
- Extended family
- Single parent family
- Child-headed family
- Statutory children institutions: Rehabilitation Schools, Rescue Centres and Remand Homes, Probation Hostels and Borstal Institutions.
- Charitable Children's Institutions (Children's Homes)

### Types of caregivers

In this manual, caregivers are divided into two broad categories as follows:

1. **Primary caregivers** who include biological parents, children in the family, relatives and house helps (ayahs).
2. **Secondary caregivers** who include teachers, health workers, law enforcement officers, children officers, workers in children homes and statutory institutions, among others.

Nevertheless, it is worth noting that some in the secondary category also play the role of primary caregivers. For instance, a child in a Charitable Children's Institution will have the institution workers as the only caregivers. The categorisation is thus, strictly speaking, not rigid. It only helps us note that biological parents have the basic bigger role in raising the child which they should not assume someone else will play. The other caregivers only come in to supplement the effort by parents. Despite this clarification, features of care-giving change very little in whichever context. Whether in the family setting or in an institutional setting, children will need food, play, nurturing, protection, correcting, love and so on.

### Overview of the manual

The compilation of the manual took cognisance of and was guided by the four general principles of the United Nations Convention on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC): non-discrimination, best interests of the child, respect for the views of the

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child and the right to life, survival and development. Thus areas covered by this manual can be put in four broad categories of child rights namely: survival, development, protection and participation.

The manual starts with topics that address **child survival**. These include child health, care for children with special needs, caring for HIV infected and affected children, and handling children who live and work on streets, among others. On the survival of children, emphasis is put on the role of parents and caregivers in providing for the child's nutritional needs. Play and psychosocial needs are equally important as the child grows.

**Child protection** entails issues of the law, working with traumatised children, child safety, drug and substance abuse, handling children who are abused, and managing loss, among others. Protection of children is a role played by different players in society including the government. Under child protection, some areas that have been lacking in most manuals are now covered in the current one. They include *succession planning* and *caring for children during disasters*.

**Child development and participation** are also covered and they include: life-skills, parenting skills, discipline, counselling and communicating with children. Parenting has been given special emphasis owing to its central role in nurturing well-adjusted children to grow to become useful and active members of society. Biological parents should not abdicate their responsibility of raising their children as no other person can adequately replace this God given role.

Finally, caregivers are not left out. The well-being of caregivers in the process of care-giving is equally important. They should be helped to remain healthy for effective service delivery. Caregivers will find two topics particularly useful to them: *care for caregivers* and *ethical and legal issues in care-giving*. Whereas this is a fairly comprehensive manual on care-giving, it is worth noting that care-giving is such a broad and complex phenomenon that it can hardly be claimed that this manual represents a complete piece of work on care-giving. It only presents what can be said to be the most salient features of the subject.

This manual has been developed to assist the various categories of caregivers. The knowledge and skills presented in this work are aimed at helping the caregiver handle his/her work as effectively as possible. By simply reading it, the caregiver will gain insights into the process of care-giving. The manual may also be used by professionals to train caregivers. However, effort has been made to make the manual as simple as possible in terms of language and presentation of ideas. It is hoped that all caregivers will gain useful insights from the various topics in this manual.



# CHAPTER 1

## CHILD HEALTH AND DEVELOPMENT

*' Many things can wait, the child cannot.  
Now is the time. His blood is being formed,  
His bones are being made, His mind is being developed.  
To him we cannot say tomorrow, His name is today.'*

Gabriela, Mistral, Chilean poet.

### Objectives

After going through this chapter caregivers should be able to:

1. Identify key child health issues
2. Understand how children grow and develop at different stages
3. State their roles in ensuring proper child growth and development

Child health is the status of physical, mental, and social well being and not merely the absence of disease or infirmity of an individual. Many children suffer from varying but significant degrees of ill-health at various stages of their lives. This in turn negatively affects the growth and development of the child. Central to these challenges are parasitic infections, low immunization rates, malnutrition, water related health problems, HIV/AIDS and Sexually Transmitted Infections among others.

High standard of health among children is a key development agenda that the government of Kenya is committed to achieving. To realize this, it is important to ensure that there is improved health for all children at all levels.

Child development involves the physical, mental, emotional, social and moral aspects. The health and development of any child can be affected either positively or negatively by certain factors such as nutrition. A child who is well fed and nurtured develops high self esteem and is able to keep off health related problems. Health and nutrition contribute highly to brain development which enhances effective learning for the child. A child who is not healthy, not well fed becomes weak, cannot explore the environment, is not active and has poor brain development. Caregivers have an important role in ensuring a firm foundation for all children, both before and after birth.

There are several stages of development in a child as shown in Table 1 below.

**Table 1 • Stages of development and implications for parenting**

Age group	Cognitive (mental) development	Social development	Implications for parenting
<b>0-2 years (Infancy)</b>	Children manipulate objects through the use of their senses	Children develop trust if they are supported and provided with basic needs. If not supported they develop mistrust.	The caregiver should show warmth, affection, dependability to the child
<b>2-4 years (Toddlerhood)</b>	Children use physical objects to understand their world, they are self centred in their way of thinking	If children are supported, encouraged and praised in what they do they develop independence. If they are over protected, lack support, and confidence, they develop low self esteem.	Caregivers should guide the child, be firm, praise good effort and encourage the toddler
<b>4-6 years (Middle Childhood)</b>	Children in this stage use simple objects to arrive at conclusions.  They can classify objects and order them in a series along dimensions such as size, shape among others	There is a lot of peer interaction, they are able to initiate things if supported, encouraged and given opportunity. If not they develop guilt.	Caregivers should: encourage the child, guide patiently, be understanding, supportive and help the child make workable choices
<b>6-12 years (School age)</b>	They use mental images to represent the world, they have increased understanding and their discrimination is based on obvious appearances of the objects	They work hard if given adequate training, sufficient education and have good role models. If they are denied they develop low self esteem due to poor training, lack of direction, and support	The caregiver should encourage, show approval and recognition, allow time to discover, allow interaction with others and use of appropriate tools
<b>13-19 years (Teenage)</b>	They employ logical thinking and use abstract thought. They take time in their decision making and prefer working using their ideas, they have increased ability to generalize facts, they have increased memory and ability in decision making	They develop identity if they have internal stability and continuity, well defined models and having positive feedback.	The caregiver should give the child enough space and time, make programmes flexible, respect the child, help the child choose a career and set the right conditions for the child to be independent.

## The role of the caregiver in ensuring proper growth and development in children

Following are suggestions as to how a caregiver can ensure proper growth and development for children under their care:

- Introduce children to rules and regulations that guide their behaviour as early as possible
- Build on prior knowledge that children already have to teach them new things
- Provide a stimulating environment which will allow children to carry out their activities
- Provide a variety of materials for play and give them time, space and play opportunities
- Encourage them to discover on their own
- Teachers should consider the cognitive development level of the child when teaching as children learn according to their level of understanding
- Social interaction should be encouraged to facilitate learning at all times
- Caregivers should be good role models to the children under their care
- During late childhood stage caregivers should provide children with a variety of materials to help in acquisition of skills such as writing, reading and simple arithmetic
- Be aware of developmental challenges associated with adolescence and how to handle them
- Ensure that children go to school. This will enable them acquire skills like reading, writing, self identification and social skills
- Guide children to take initiatives at various tasks
- Children should be given challenging tasks that are appropriate to their age and ability, be reinforced to carry out the tasks and be assisted to complete them
- Punishment should be an opportunity for children to learn right from wrong

## Nutrition for young children

Nutrition is a process through which the body makes use of nutrients in the food to maintain life. Nutrients on the other hand are substances in food that can be used by any human being for the process of life and growth. How the body functions therefore depends on the nutrition available. A child has a right to adequate nutrition and should be provided with the right nutrients to ensure proper growth and development. Pregnant mothers need to eat a balanced diet to maintain their own health as well as that of the unborn child.

## Immunisation

Immunisation is the process of protecting a person or child from specific diseases. The mother should be immunised against tetanus during pregnancy and the growing child against killer diseases namely: tuberculosis, diphtheria, polio, tetanus, whooping cough, measles and hepatitis B. Caregivers should ensure children are immunised at the right age so as to avoid missing out on any immunisation.

## Factors affecting the health of children

Factors that affect the health of children include the following:

- Environmental factors such as lack of safe drinking water, pollution, refuse disposal, industrial waste, poor housing, access to health services, and education, among others
- Overcrowding within households
- Social-economic factors that include levels of education of the caregiver, gender roles, poverty, poor or inadequate nutrition, lack of awareness on health matters and poor infrastructure

## Ensuring child survival and health

To ensure a proper and firm foundation for a healthy child, several factors should be considered. These factors include:

- A healthy, literate, knowledgeable and physically and emotionally healthy caregiver
- A caring, nurturing family and a social environment where the physiological and psychological needs of the child are met
- Provision of essential health and nutrition interventions such as growth monitoring, immunisation and regular health checkups
- Provision of support and positive stimulation by the caregiver to meet the developmental needs of the child

## Factors affecting child growth and development

Factors that affect the growth and development of children include:

- Provision of adequate nutrition for proper growth and development and to avoid protein-energy malnutrition such as kwashiorkor and marasmus and other deficiencies
- Relationships with parents, siblings and others who interact with the child. A positive relationship affects growth and development positively while negative relationships deter growth and development
- Low economic status of the family leading to difficulties in provision of basic needs such as shelter, clothing, food, health care and education among others
- Culture, traditional beliefs, and religion that deny children their rights such as provision of health care, denial of certain types of food, and education for girls, among others
- Lack of exposure to play, where children are not exposed to play activities due to strictness of caregivers who do not appreciate the value of play in a child's life

## Developmental milestones in children

Milestones are significant developmental changes that show progress in different aspects of growth and development in children of different ages. The differences are seen in all aspects of development and caregivers need to be aware of the various stages as well as implications.

### A. Physical development

During early childhood stages the growth rate slows down as compared to infancy and toddler stage. Following are some of the features that can be observed in children:

- Loss of body fat and they become thinner
- Bones grow longer and harder
- Muscles become stronger and well developed
- Ability to throw things, jump, climb up and down stairs, run smoothly and climb low heights
- Ability to feed self and development of co-ordination needed to dress and undress
- Ability to control their bowels though at 3-4 years they may have a problem in undressing quickly enough before using the toilet and may wet themselves

Throughout pre-school years (3-6 years) retardation in growth and development is common in cases of malnourished children with childhood diseases. At the age of five years the



child's growth rate is influenced by the environment and heredity. The growth rate slows down from high to normal growth rate. Some of the features observed include:

- Growing taller with legs and arms becoming longer
- The child's body co-ordination is more developed
- They like demonstrating physical skills they have acquired
- At five years they can tie shoe laces. This shows that one has developed eye-hand co-ordination though they may not be very accurate

By six years, when the child is finishing pre-school and starting primary school there are remarkable changes in their physical growth. The arms and legs grow rapidly and they run a lot and hardly sit still. They are always on the move. When the child reaches seven years and enters primary school they are eager to learn.

### **B. Brain development**

The brain continues to develop and increase in weight during childhood. As children play they tend to concentrate, explore, experiment and discover.

### **C. Social and moral aspects**

As children grow older, they enter more and more into the world beyond their own home, and their social skills become increasingly important. However, family remains the centre of their social world even though they may show interest in people outside the home.

### **D. Emotional aspect**

### **E. Children express their fears, feelings of guilt and insecurity through play.**

### **F. Language aspect**

Language develops in children as they play, use toys, when caregivers talk to them and by repeating what is said to them or to others. Caregivers should provide children with appropriate toys to play with. They should also communicate with the child as this provides an opportunity for the child to hear, listen and imitate the sound made. Children should be talked to as early as possible to enable them become familiar with language.

Caregivers need skills to assist them to provide care to young children. There are three main categories of skills - physical care, guidance, and nurturing.

**Physical care** • Caregivers provide physical care to all children. This means that they take full responsibility for their physical needs including food, health, clothing and shelter, among others.

**Guidance** • Guidance helps children learn self control, positive values and moral standards, among other things. Children whose physical needs are met and who are given support

## **The role of the caregiver in ensuring growth and development**

and guidance have better chances of attaining their full potential, which is the primary goal of care-giving.

**Nurturing** • This is an important aspect in care-giving and refers to care, love, attention, support and encouragement. Well nurtured children develop confidence and self-worth. Through nurturing children learn and develop social skills.

### Challenges often faced by caregivers

In the course of their care-giving responsibilities caregivers face challenges such as:

**Accidents** • Caregivers should ensure accidents are avoided especially when children start to explore the environment within their reach. Growing children need to be kept safe at all times.

**Sickness** • It is the caregiver's duty to ensure a sick child receives medical attention as soon as possible. Medicine should never be given without a doctor's prescription. Medicine should be kept out of reach of children.

**Lack of education** • Many caregivers are not fully aware of what their role is with regard to children under their care. It is important to empower caregivers with appropriate information so that they are able to understand their role in care-giving.

### Points to remember in Child Health

- Caregivers should be aware of the stages of development in children to be able to provide the needed support and care at different stages
- A firm foundation for all children must be had during the pre-natal stage of growth
- Positive stimulation in care and nurturing of children is important for proper growth and development
- All children must be immunized against common childhood diseases and be protected from the leading causes of child mortality
- For children to grow and develop well they need proper sanitation, proper shelter, adequate food supply, and access to health care services, safe drinking water and education
- It is important to emphasize on disease prevention and control at all times

## Further reading

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[www.child-development-guide.com](http://www.child-development-guide.com)

## Where to seek assistance

Health facilities for services offered by doctors, nutritionists /dietitians and Public Health Officers



## CHAPTER 2

# PARENTING SKILLS

*Mtoto umleayo ndiyo akwavyo*

Swahili Proverb

### Objectives

After going through this chapter, the caregiver will be able to:

1. Point out challenges of parenting
2. Describe approaches/styles of parenting
3. Identify and explain skills that promote positive and effective parenting

The Swahili proverb that introduces this section aptly captures the main discussion in the chapter. It points to the fact that children are raised by people who may be either the biological parent or non-biological caregiver. Indeed the proverb presumes that the caregiver influences how the child grows, the characteristics that the child picks and how the child will behave in the future. Important for any caregiver to note is the bare fact that they directly or indirectly influence the child's growth and development. It is worth noting that parenting is so important in a child's life that it should be carried out with utmost care.

### Parenting

Parenting is the process of rearing children from conception till they become adults. It involves providing for and promoting the child's physiological, emotional, social and intellectual needs till they are fully grown. Parenting is not limited to biological parents but extends to other caregivers who play a role in the growth and development of the child. However, the biological parents, if alive, bear the greatest responsibility to raise the child in the most acceptable manner.

### Types of families

A child may be raised by different persons depending on the type of family they grow in as well as circumstances that affect the child. Children are brought up in any of the following contexts:

- The nuclear family made up of father and mother
- The polygamous family
- The extended family
- The single parent family
- The child-headed family
- In institutions
- By underage parents/child parents

## Issues affecting parenting

Several issues affect families in Kenya and by extension parenting. Their negative impact on parenting forms the reason for this discussion on parenting skills.

**The role each parent plays in the child's growth** • Some parents and caregivers abdicate their roles and assume the other party will take up the responsibility. In some cases, teachers and other caregivers have had to take up responsibilities which parents should carry out. This is common in the case of absentee parents. Whether by reason of nature of work or out of sheer neglect, a number of caregivers fail to be present in their families. As such children grow up without knowing them, lack emotional attachment to them and view them as visitors in the home. Similarly, children miss out on social attributes they need to acquire from them. The case is made worse when both parents literally leave the care of children to the house-help.

**Dysfunctional families** • Parents and caregivers who are always fighting, quarrelling, drunk and simply not present for the child impact on the child's growth negatively. Violence at home is not conducive to a child's proper upbringing. Indeed, it is from violent environments that children learn that violence is both justified and acceptable.

**Single parenthood** • is another issue that affects children when not handled properly. The natural way a child grows is with the presence of both parents. The absence of one parent should be explained to the child. Most children will always want to know where the other parent is, a fact that has to be made clear to the child at the earliest opportunity.

**Child-headed households** • are on the increase and deserve special attention. Children who take care of their younger siblings need to be enabled to know how to deal with the parenting that they are ill-prepared for. By the time they take on parenting responsibilities, they hardly have the necessary skills and knowledge required for this adult role.

**Children raised under institutional care** • need attention since not all caregivers in the institutions may be prepared for the roles they are assigned. Caregivers working in institutions need to be made to understand that theirs is not a job like any other as it involves nurturing of human beings, and that whatever they do affects the children.

It is against this background that one finds it necessary to gain insight into parenting skills to help in promoting proper raising of children.

## Parenting styles

Parenting styles are summarised by Hetherington and Parke (1999) in the table below.

**Table 2 • Parenting style versus children’s characteristics**

Parenting style	Children’s characteristics
<p><b>Authoritative</b></p> <ul style="list-style-type: none"> <li>• Sets standards and communicates them clearly</li> <li>• Enforces standards firmly</li> <li>• Warm, involved, responsive</li> <li>• Shows pleasure and support of child’s constructive behaviour</li> <li>• Seeks and considers the child’s opinion</li> <li>• Offers alternatives</li> <li>• Does not yield to child’s coercion</li> <li>• Shows displeasure at bad behaviour</li> <li>• Confronts disobedient child</li> <li>• Expects mature, independent, age-appropriate behaviour</li> <li>• Plans cultural events and joint activities</li> </ul>	<p><b>Energetic-Friendly Child</b></p> <ul style="list-style-type: none"> <li>• Cheerful</li> <li>• Self-controlled and self-reliant</li> <li>• Purposive, achievement oriented</li> <li>• Shows interest and curiosity in novel situations</li> <li>• Has high energy level</li> <li>• Maintains friendly relations with peers</li> <li>• Cooperates with adults</li> <li>• Copes well with stress</li> </ul>
<p><b>Authoritarian</b></p> <ul style="list-style-type: none"> <li>• Enforces rules rigidly but does not explain them clearly</li> <li>• Confronts child regarding bad behaviour and uses harsh, punitive discipline</li> <li>• Views child as dominated by anti-social impulses</li> <li>• Shows little warmth or positive involvement</li> <li>• Does not seek or consider child’s desires or opinions when making decisions</li> </ul>	<p><b>Conflicted-Irritable Child</b></p> <ul style="list-style-type: none"> <li>• Moody</li> <li>• Unhappy</li> <li>• Aimless</li> <li>• Fearful, apprehensive</li> <li>• Easily annoyed</li> <li>• Passively hostile and deceitful</li> <li>• Alternates between aggressive behaviour and sulky withdrawal</li> <li>• Vulnerable to stress</li> </ul>
<p><b>Permissive</b></p> <ul style="list-style-type: none"> <li>• Does not communicate rules clearly or enforce them</li> <li>• Ignores or accepts bad behaviour</li> <li>• Glorifies free expression of impulses and desires</li> <li>• Moderately warm</li> <li>• Disciplines inconsistently</li> <li>• Easily gives in to the child’s demands</li> <li>• Hides impatience, anger</li> <li>• Makes few demands for mature, independent behaviour</li> </ul>	<p><b>Impulsive-Aggressive Child</b></p> <ul style="list-style-type: none"> <li>• Aggressive, domineering, resistant, non-compliant</li> <li>• Quick to anger but fast to recover cheerful mood</li> <li>• Lacks self-control and displays little self-reliance</li> <li>• Impulsive</li> <li>• Shows little achievement orientation</li> <li>• Aimless; has few goal-directed activities</li> </ul>
<p><b>Uninvolved Parent</b></p> <ul style="list-style-type: none"> <li>• Self-centred, generally unresponsive, neglectful</li> <li>• Pursues self-gratification at the expense of the child’s welfare</li> <li>• Tries to minimize costs (time, effort) of interaction with child</li> <li>• Fails to monitor child’s activity, whereabouts, companions</li> <li>• May be depressive, anxious, emotionally needy</li> <li>• Vulnerable to marital discord, divorce</li> </ul>	<p><b>Neglected Child</b></p> <ul style="list-style-type: none"> <li>• Moody, impulsive, aggressive, non-compliant, irresponsible</li> <li>• Insecurely attached</li> <li>• Low self-esteem</li> <li>• Immature</li> <li>• Alienated from family</li> <li>• Lacks skills for social and academic pursuits</li> <li>• Truancy, association with troubled peers, delinquency and arrests</li> <li>• Sexually related behaviour that starts at an unusually early age</li> </ul>

In many cases, whereas it is true that one parenting style will be dominant there is always an overlap of these styles. However, the two extremes of un-involved and too authoritarian have obvious negative effects on the child. The authoritative style has more positive effects on the child.

## Parenting skills

There are many aspects in parenting including grooming, achievement in school, relating with other people, being productive, being responsible, morality and many others. The skills discussed are generic as they impact on all aspects of the child's growth and development.

### **1. Develop attachment and maintain a close relationship with the child.**

- This often starts with bonding which has to be effected by caregivers especially father and mother
- It is achieved through physical presence and positive touching of the child
- Caregivers are encouraged to touch, hold and cuddle the child
- Smiling at the child, singing to the child and other ways that make the child feel your physical and emotional presence will help foster attachment
- It is always good to show appropriate facial expressions, tone and body language to a child
- If the child is talking to you, listen. Show care, empathy and approval as is necessary
- Once the child gets attached to you, it will be easier for them to listen to you and act appropriately

### **2. Control the environment.**

The environment can be so wide that it is not practically possible to control it. However, it is quite possible to control the home environment by ensuring the following:

- Every member of the family in which the child is growing should model the same behaviour that the child is expected to pick up
- The child should be encouraged by all family members and caregivers
- The child should be shown love and acceptance by all
- Reduce unnecessary noise in the home environment, avoid quarrelling, fighting and shouting at each other or at the child
- The environment should be orderly with items placed safely and in an orderly manner
- Keep the home physical environment well kept
- Practice responsible drinking for those who consume alcohol

### **3. Communicating and dialoguing with the child.**

Oftentimes, caregivers ignore talking to their children particularly when they are in the adolescent stage.

- It is encouraged that all caregivers talk to children regularly
- Engage in light talk with children
- It is necessary that when caregivers have expectations, the same should be communicated to children clearly



- In instances where you wish to teach certain things to the child, choose the content appropriate to the age of the child and pass it accordingly. You may teach by direct instruction, through examples, by use of role-play or even by use of role models
- Some communication may be effected through family meetings especially where the family wishes to develop common values
- For mature children, caregivers are encouraged to dialogue with them instead of always talking down to them
- Avoid dictating things to children especially adolescents as if they have no say. They also have a way of looking at things and every effort should be sought to seek their opinion before deciding on what to do and how to do it
- Sometimes lack of involving children in decisions can have severe consequences such as violent strikes in schools

#### **4. Discipline.**

One cannot talk about raising children without fostering disciplined children.

- Discipline is determined by many factors including the environment that we live in, which can be quite difficult to control
- One of the first lessons we have to contend with is that children will, in most cases, act as their parents (and caregivers) do
- It is important, therefore, that all caregivers strive to be the best examples they can be to the children they are raising. Caregivers who always display inappropriate behaviour will influence children negatively
- Avoid being disorderly, noisy, violent, unreliable, drunk, and untrustworthy before children
- Discipline can also be achieved through teaching the child the right thing to do. This 'positive discipline' method emphasises the good effects of discipline while showing the child the consequences of wrong behaviour. When this is done and followed with actual examples in the family, it becomes quite effective
- Correcting children whenever they go wrong is also a method of instilling discipline. The very young ones should be stopped and redirected so that they do only that which is right instead of leaving them to explore all including dangerous activities. If left to do all, they may grow up thinking there are no boundaries in the world

#### **The following methods can be used to help foster discipline:**

**Setting structures.** Having structured activities in the family helps to create order in children. Every caregiver should help the child to keep to set structures in order to achieve the desired rhythm in life

**Use of reinforcement.** Whether a child or a grown up, it is particularly gratifying when our efforts are complemented. Children are very happy when they perform a task and told they have done well.

Every caregiver is reminded to appreciate the child's positive efforts through use of words such as:

*'that is good', 'you are a good boy/girl', 'what an exceptional piece of work!', 'no one could have done it better than you!', 'you are a very promising child', 'you will achieve great things if you continue doing such great things', 'that was amazing!'*

The reservoir of complements never runs dry. Use the one that best suits the occasion. All languages have these nice words that can be said to the child to encourage them to perform even better another time. Apart from complements, children's positive efforts can also be reinforced through occasional gifts, a trip, a visit to a place of the child's desire, a nice meal, new clothes, a new toy, a bicycle, a walk with dad or mom, praises during family meetings and many other ways. As much as possible avoid negative reinforcement such as spanking or caning as this only creates short term results and is a cause for resentment in children. Also to be avoided is reinforcement that always requires money. Use more of verbal reinforcement

**Being the role model.** Just as the case is with discipline, children quickly pick that which they see practiced by their caregivers. Always serve as the role model, the example upon which the children can build their characters. It is contradictory to tell children that smoking and drinking is bad yet that is what you do every day. The child would find it hard to trust whatever you tell them. The 'do as I say not as I do' slogan does not always work. Since children, especially very young ones, learn by imitation and association, they will learn to do what they see their caregivers doing. It is important for a caregiver to note they have a very strong influence on the child or children in their care

**Use of routines.** Routines can be particularly good in enhancing self-discipline. In the world there is time for everything. Set time for the child to do school work, to play, to have a nap, to visit friends, time for meals, time for bathing/taking a shower, time for swimming, for riding the bicycle for leisure and so on. This should be done in any family setting be it at home, school and other places where children spend long periods of time. Routines also develop a sense of responsibility in children. Assign children tasks to accomplish as a routine/duty rota and ensure they do them. Failure to accomplish the task out of negligence should attract some sanction. This way the child learns that they have to contribute to the growth of the family through their effort

### **5. Exert authority and control.**

The fact that children have to be given space and time to grow does not mean that we caregivers abdicate our role of showing the way. Authority may be exercised in the following ways:

- As much as caregivers have to allow the child to participate in making decisions in accordance with their capacity, children have to be guided by the adult

- Young children have to be stopped from exposing themselves to danger such as going near fire, holding sharp objects, crossing a busy road on their own or moving near a mass of water
- Even as they mature into adolescence, it is still the responsibility of the caregiver to teach the right thing, to direct appropriately, correct the child, redirect the child and show the available right options
- Avoid leaving all choice to the child just because they are in high school or in college. There are many things they still do not understand and it is up to us to help them understand so that they make informed choices
- Do not allow the child to take charge
- We (caregivers) remain responsible for the child's proper growth and development

### **6. Foster morality.**

Bringing up morally upright children is one of the most challenging tasks a caregiver can go through. We all expect our children to be honest, respectful, faithful, responsible, self-disciplined, loyal and generous - all attributes that are commonly associated with morality.

- As caregivers, we have the silent responsibility of nurturing a moral society, a society that has values and where all practice social responsibility
- Much of the aspects of morality are imitated by children from caregivers. They do what they see us doing. If we are generous, they are likely to care about others. If caregivers respect children, they learn to respect in turn. So morality can be achieved by blending examples (modelling) and teaching (instructing them to do certain things)
- Train children to think through the things we term as valuable, moral and desirable. *What would be the consequence of doing the wrong things? How would you feel if a wrong was done to you?* Let them think through such questions
- As children complete the chores assigned to them, they take responsibility and develop morals
- Help them to develop self-esteem, a positive self-concept and be positive about life and people
- Help foster a just moral community where there is justice, respect and concern for all. Community rules should apply to all equally. Above all, there should be seen to be justice, equality and love in the whole community

As we raise children, we should try to avoid forcing them to do what we want. Force produces only short term results while developing resentment in children. Make them understand the good in what we require of them. Force may include using physical pressure, criticism, shouting at them, arguing, and nagging and so on. For caregivers, patience and calmness is core in the proper guidance of children.

## Points to remember about parenting skills

- There is no rule of the thumb about parenting. There are as many parenting skills as there are families. The important thing is to aim at getting the best out of the child.
- Both male and female parents (caregivers) should be involved in parenting so that the child gets socially adjusted
- Always be calm and patient while parenting
- Avoid using force, punishment, and dictating as you parent
- Each age of the child's growth may call for a particular parenting skill more than others. Use age appropriate skills while parenting
- As a caregiver, be present to the child. Presence here means being physically, psychologically, emotionally and socially available
- Although children are endowed with their own abilities, they will most likely be what the caregivers make them

## Further reading

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### Where to seek assistance

Ministry of Gender, Children and Social Development - Department of Children's Services, Jogoo House, Harambee Avenue, Nairobi and also NSSF Building, Bishops Road, Milimani Block 'A', Eastern Wing, 5th floor, P. O. Box 46205-00100 Nairobi

Department of Probation - Reinsurance Plaza, 11th floor, Aga Khan Walk, P.O. Box 42335 - 00100 Nairobi

Parenting in Africa Network (PAN) Secretariat - Regional Office, ICS Africa, Gate 40, David Osieli Road, Westlands, P.O. Box 13892-00800, Nairobi  
Email: [info@parentinginafrica.org](mailto:info@parentinginafrica.org); [www.parentinginafrica.org](http://www.parentinginafrica.org)

Accredited Counselling Organisations

Faith Based Organisations - Church, Mosque, Temple

Health Institutions



## CHAPTER 3

# CHILDREN WITH SPECIAL NEEDS

*"The future mental health of our societies depends on how we deal with the mental health of our children today."*

Mohammed Okasha: World health Organisation

### Objectives

It is expected that by the end of this chapter, caregivers will be able to:

1. Identify a child with special needs
2. Use various interventions while taking care of children with special needs

In all societies, there are children who have mental health problems that prevent them from achieving their full potential. There are equally adults who are dedicated to helping these children live a full life. Some of the caregivers are the parents of the children, while others are professionals. In Kenya, the Children Act, 2001 has identified categories of children in need of care and protection.

### Defining 'Special Needs'

- A child whose circumstances are such that they need extra care or specialised attention is said to have a special need. The term 'Special' implies that there is something about the child that sets them apart from others
- A need is defined as something that is absolutely necessary, not something that is a mere desire or preference. Thus if children do not have this need met, then they will experience some form of serious social, psychological, physical or emotional impairment within their daily functioning
- The caregiver needs to understand that among the general population of children, there are those children who need special attention because of an underlying need
- A constant challenge for caregivers is how to identify a child with a special need and also how to take care of that child

### What causes special needs in children?

The causes of special needs in children vary. Some are biological (genetic abnormality, exposure to drugs and toxins such as alcohol, nicotine during pregnancy, premature birth and difficulties during birth, among others). Others are caused by the environment children live in such as chronic abuse, severe neglect, parental depression or alcoholism. Socio-economic factors like poverty are also related to the development of mental problems.

This manual does not address all the categories of children with special needs but focuses on a few as described herein below:

## Attention Deficit Hyperactive Disorder (ADHD)

### Fidgety Freddy

*He won't sit still  
He Wiggles, and Jiggles,  
He swings backwards and forwards  
And tilts up his chair  
When his chair falls, Freddy screams and grabs the tablecloth,  
And down upon the ground they fall  
Glasses, knives, forks, spoons, and all.*

Hoffman 1845, in Mash & Wolfe, (2002)

### Definition

Attention Deficit Hyperactive Disorder (ADHD) describes children who display persistent age inappropriate symptoms of inattention, hyperactivity and impulsivity.

ADHD is a developmental disorder in which the child manifests the following behaviour:

- Short attention span: The child cannot pay attention for a long period
- Gets stimulated and distracted by things around him/her
- Constantly moves about and is always busy
- Fails to follow instructions from teachers
- Leaves homework unfinished, moves from one play activity to another without completing any
- Does not pay attention to details and will just do things the way they want
- Often fidgets with hands and cannot sit still
- Often gives out answers before question being asked is completed
- Often has difficulty awaiting for their turn such as when queuing for something

### The role of the caregiver in managing a child with ADHD

The behaviour of a child with ADHD can be frustrating to parents, teachers, siblings, peers and even to the child itself. The child is labelled as difficult, they are blamed for not controlling themselves, and they are very frequently physically and emotionally abused. They may be stigmatised by their own families and eventually out of frustration and hopelessness begin to engage in antisocial behaviour.



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Such a disorder can only be clinically diagnosed by a qualified professional. Caregivers are therefore cautioned against jumping into quick conclusions and labelling children as 'hyper'. In instances where, the caregiver suspects that the child's behaviour is unusual for the age and developmental stage, they may make the following interventions:

- Refrain from meting out corporal punishment or any other form of action aimed at retraining the child
- Arrange for the child to undergo psychological testing in order to rule out emotional problems
- If the child has been diagnosed with ADHD and put on medication, the caregiver should ensure that the child takes their medication as required and also monitor the child for side effects and effectiveness
- It is important that the caregiver also holds consultation meetings with the prescribing physician regularly to discuss the child's progress
- If the caregiver is a parent, it is important to educate oneself on ADHD. This helps the parent manage symptoms as well as the child's behaviour
- Educate yourself about the dietary supplements that are helpful in managing ADHD
- The caregiver may more often than not find themselves easily irritated and impatient with the child. Stress management and self care or joining a support group for parents with ADHD children can help one to deal with these feelings
- Distractive materials should be kept out the way in a classroom or at home settings so that the child is not over-stimulated
- The child can be taught some basic study skills that promote paying attention
- A routine and predictable schedule helps the child know what to expect and what is expected of them
- In school, have the child sit in the front row during class so that they do not distract learning
- Schedule breaks from tasks, and provide frequent feedback to the child
- Teach the child self regulation exercises like deep breathing, how to stop themselves from fidgeting, thinking and listening skills, as well as ways to delay the need for instant satisfaction

## Autism

### *Case Study 1*

*Millie is a 3 year old girl. From the moment she was born, her parents sensed that she was no ordinary child. Millie would not cuddle, when being breast fed, she never looked into her mother's eyes like other children do. When shown affection in the form of touching or tickling she never showed any response. She rarely spoke and when she muttered anything it was to parrot back what she heard others say. She was incapable of using facial expressions or gestures to communicate her need and neither did she seem to make sense of other people's body language or pick their feelings.*

*Millie seemed to live in her own world of rituals and interests which when interrupted would cause her to become extremely upset. Mum and Dad knew something was wrong with Millie.*

### Definition

Autism is a brain-developmental disorder that most of the time appears before the third birthday, and is characterized by abnormalities in social functioning, language, communication and unusual interests and behaviours.

Children with autism may exhibit the following behaviour:

- Difficulties in language and communication
- The child is unable to play with other children and lacks social skills
- The child cannot respond to emotions such as laughing at a joke, crying when hurt, or hugging somebody
- The child is a loner and likes to spend time on their own
- Unlike other children who run crying to a caregiver when hurt in play, the autistic child does not seek comfort from a caregiver when hurt
- The child has difficulty using or understanding facial expressions and they avoid eye contact
- The child rigidly follows repetitive behaviour that has no purpose like banging the head on something, rocking, or spinning objects
- The child will throw a temper tantrum in the face of minor changes to their surrounding such as their toys are not being in a specific spot in the house, placing a television in a different corner of the house, or changing classes
- The child shows a persistent preoccupation with objects, part of objects or restricted areas of interest such as staring at a spot on the wall for an extended period of time
- The child has difficulties in initiating a conversation or participating in one for an extended period of time

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## The role of the caregiver in managing an autistic child

The following are some actions a caregiver can take to help them in caring for an autistic child:

- Refer the child for assessment and testing to rule out vision or hearing problems
- Seek advice on the best way to have the child educated
- Learn more about autism, including helpful diets and behavioural interventions
- Get to know what the child likes, dislikes, their interests and what upsets them, among other things
- Educate other children and people about autism so that they can understand the child with autism and not discriminate them
- Avoid exposing the child to unnecessary changes. Make the day predictable by establishing routines so that the child can understand the day and what will happen
- Use direct statements when giving instructions such as, *“John, sit down”*.
- Actively build the level of trust with the child through consistent eye contact, frequent attention and interest, unconditional positive regard and warm acceptance
- Keep harmful objects out of the child’s way
- The child needs to be taught basic life skills such as combing hair, dressing, bathing and brushing teeth from as early as possible
- Encourage the child to engage and participate in creative activities such as drawing or painting
- Join a parents/caregiver association for parents of autistic children to receive support from others

It is normal for children to be strong willed, rebellious and go against the wishes of the caregiver from time to time. They may argue, talk back, break rules, and challenge caregivers. Oppositional behaviour is often a normal part of development for two to three year olds (the so called terrible twos), and early adolescence. However, sometimes the behaviour can become extreme like the case of Michael explained above.

## Conduct and Oppositional Defiant Disorder (ODD)

### *Case Study 2*

*Twelve year-old Michael was referred to a psychiatrist by a social worker for a number of behavioural problems. He has been violent at the Charitable Children's Institution he stays in and at school. He gets into fights with his peers and often gets into trouble for bullying other children. On one occasion he hit a classmate with a stone and laughed when the child started bleeding. A few weeks ago, he tried to throw a 6 year old child down from the third floor. He has on several occasions tried to set a fire to the dormitory. He never does his homework and he uses a lot of swear words. He has been stealing other children's clothes and when confronted he says that everybody in the institution does it too.*

### **Definition**

Children with Oppositional Defiant Disorder (ODD) are uncooperative, defiant, and hostile toward authority figures and this interferes with the child's day to day functioning. The disorder is thought to be caused by a combination of biological, psychological, and social factors.

Symptoms of ODD may include:

- Persistent refusal to comply with rules or expectations in the home, school, or community
- Regular temper tantrums and physical aggression
- Shouting at and arguments with adults
- Arguments about why they should obey rules
- The child frequently takes things that do not belong to them
- Deliberate attempts to annoy or upset people
- Failure to accept responsibility for misbehaviour and lack of remorse

This behaviour usually starts by age 8, but it may start as early as during the preschool years. Children with ODD problems are difficult to bring up and test the patience of the caregiver to the limit. Some guardians get overwhelmed by their behaviour to the extent that they get the child apprehended for discipline and even institutional correction. It is important to note that a child with ODD may also have other underlying disorders such as attention-deficit hyperactivity disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder) and anxiety disorders. It may be difficult to treat ODD without treating the co existing disorder.

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## Conduct Disorder (CD)

### Definition

Conduct disorder refers to a group of behavioural and emotional problems in children. Children and adolescents with this disorder have great difficulty following rules and behaving in a socially acceptable way. They are often viewed by other children, adults and social agencies as 'bad' or delinquent, rather than mentally ill. Children or adolescents with conduct disorder may exhibit some of the following behaviours:

- Often bullying, threatening and intimidating others
- Aggression to people and animals including drowning or even killing animals
- Destruction of property such as through setting fire
- Dishonesty, theft and telling lies
- Breaking and entering into other people's property
- Stealing things of little value just for the fun of it, such as shoplifting 'carbon papers' that one obviously has no use for
- Running away from home and school
- Not showing remorse for any wrong doing

### The role of the caregiver

- Be aware of situations that trigger the child's anger
- Take the child to a doctor to rule out causes like brain damage, tumour, or high testosterone levels
- Take the child to a psychiatrist or a clinical psychologist for assessment. If the child is given medication, ensure that they take their medication as required
- Inform the child's school about the condition so that the child is not given excessive punishment
- Set up reasonable, age appropriate limits to behaviour with consequences that can be enforced consistently
- Be firm in confronting the child's antisocial behaviour and attitude
- Point out the consequences of not adhering to set rules
- Teach the child ways of calming themselves when they get angry such as muscle relaxation and paced breathing

## Children with physical and learning disabilities

### Definition of learning disabilities

A learning disability is a condition that describes a mixed group of disorders that affect listening, speaking, reading, writing, reasoning, mathematical skills and social skills. A child with a learning disability does not perform up to their expected level at school and that is why they are referred to as having learning disabilities.

A physical disability is a restriction or lack of ability to do something or perform a task due to a physical impairment.

**What causes learning disabilities?**

It is believed that learning disabilities are not caused by one specific factor but rather a number of factors such as interference with a developing child’s brain during pregnancy. This can happen through substance abuse during pregnancy, or genetic factors among other reasons.

**Signs of learning disabilities in children**

A child may be said to have a learning disability when the child:

- Has difficulty understanding and following instructions
- Has trouble remembering what someone just told him or her
- Fails to master reading, spelling, writing, and/or math skills at the appropriate developmental stage
- Has difficulty distinguishing right from left; difficulty identifying words or a tendency to reverse letters, words, or numbers; (for example, confusing 25 with 52, “b” with “d,” or “on” with “no”)
- Lacks coordination in walking, sports, or small activities such as holding a pencil or tying a shoelace
- Easily loses or misplaces homework, schoolbooks, or other items

Types of learning disabilities are shown in the table below:

**Table 3 • Types of learning disabilities**

Learning Disability	Symptoms	How the caregiver can help
<b>Dyslexia (reading problems)</b>	<ul style="list-style-type: none"> <li>• Difficulties with spelling</li> <li>• Confusion over left and right</li> <li>• Writing letters or numbers backwards</li> <li>• Difficulties in maths/numbers</li> <li>• Difficulties with organizing themselves</li> <li>• Difficulty following 2- or 3-step instructions.</li> </ul>	<ul style="list-style-type: none"> <li>• Build on the child’s strengths</li> <li>• Be understanding and patient with the child’s learning process</li> <li>• Give the child feedback on where they need improvement and discuss with them how they may improve e.g by setting specific goals, homework assignments, practical activities</li> <li>• Avoid hitting the child as this will only increase the problem</li> </ul>
<b>Dyscalculia (Mathematics problems)</b>	<ul style="list-style-type: none"> <li>• The child has difficulty in mathematics for example calculations, naming amounts, or numbers, writing mathematical symbols and performing calculations mentally</li> <li>• Slow in counting and calculating</li> <li>• The child may not be able to understand the concept of time, is often late for school activities and has trouble remembering schedules</li> <li>• They get confused when a school routine is changed</li> <li>• The child has difficulty playing games that require estimation, precision like chess, snakes and ladders and other board games</li> </ul>	<ul style="list-style-type: none"> <li>• Use creative ways of presenting mathematical information</li> <li>• Explain mathematical concepts from general to specific</li> <li>• Allow students to ask questions where they do not understand</li> <li>• Provide a place to work with few distractions and have pencils, erasers and other tools on hand as needed</li> <li>• Provide adequate information when routines and schedules are being altered.</li> <li>• Be patient and avoid shouting/beat-ing the child as this will lower their self esteem.</li> </ul>

**Table 3 • Types of learning disabilities (continued)**

Learning Disability	Symptoms	How the caregiver can help
<p><b>Dysgraphia (writing problems)</b></p>	<ul style="list-style-type: none"> <li>• Refers to the problem of extreme poor handwriting</li> <li>• Illegible handwriting</li> <li>• Puts full stops and comas in the wrong place</li> <li>• Mixes capital and small letters</li> <li>• Drawings are not clear e.g a triangle or a circle</li> <li>• Unfinished words or letters, omitted words</li> <li>• Inconsistent positioning of writing on page</li> <li>• Cramped or unusual grip, especially holding the writing instrument very close to the paper, or holding thumb over two fingers and writing from the wrist</li> <li>• Talking to self while writing, or carefully watching the hand that is writing</li> <li>• Slow or labored copying or writing - even if it is neat and legible</li> </ul>	<ul style="list-style-type: none"> <li>• Let the child practice handwriting and give them enough time</li> <li>• Help the child to sit comfortably while writing</li> <li>• Teach the child how to hold a pencil and place the paper in a slanting manner.</li> <li>• The child can use a ruler to mark the space they are writing and ensure words are not spread across the paper</li> <li>• Allow more time for written tasks including note-taking, copying, and tests</li> <li>• Give the child enough time to accomplish an assignment</li> <li>• Avoid using neatness as the only criteria for marking handwriting</li> <li>• Do not use corporal punishment like hitting the child's hands/fingers in an attempt to 'persuade' them to have a neat handwriting</li> </ul>
<p><b>Dyspraxia (coordination problems)</b></p>	<ul style="list-style-type: none"> <li>• Can be diagnosed from 3 years</li> <li>• The child has a problem with fine motor co-ordination</li> <li>• Clumsy, falling easily or bumping into things</li> <li>• Their hands, legs do not seem to coordinate very well</li> <li>• Difficulty at two handed tasks</li> <li>• They hold a pen crookedly</li> <li>• They have problems buttoning, tying shoe laces or undressing themselves</li> <li>• Going up or down the stairs is a problem</li> <li>• A teen may appear to lack rhythm when dancing</li> </ul>	<ul style="list-style-type: none"> <li>• Buy the child legos or building blocks, so that they can play using both hands and learn coordination</li> <li>• Puzzles, and games like snakes and ladders, board games can teach them how to move things properly</li> <li>• Use drawing, painting, colouring books and pictures that connect dot to dot</li> <li>• Be patient with the child</li> <li>• Avoid teasing the child or labelling them</li> <li>• Sensitise the child's siblings and peers to be understanding of the child and protect the child from bullying</li> </ul>

## Definition of physical disabilities

A physical disability is a restriction or lack of ability to do something or perform a task due to a physical impairment. Persons with disabilities include those who have physical, mental (intellectual) or sensory impairments which, with interaction with various barriers may hinder their full and effective participation in society on an equal basis with other children.

A child with disability means a child suffering from a physical, mental handicap or sensory challenges which necessitates special care for the child.

## Types and forms of physical disabilities in children

The different types and forms of disabilities in children include:

- Mental retardation
- Visual impairment
- Hearing impairment
- Deaf/ blind
- Cerebral palsy
- Physical impairment

## Causes of physical disability in children

Some causes of disability in children take place during pre-natal stage (during pregnancy), perinatal (during birth) or during post natal stage (after birth). This can be as a result of the following:

- Genetics (inherited)
- Road and other accidents
- Diseases such as poliomyelitis( polio)
- German measles
- Malnutrition
- Exposure to radiation and x-rays
- Lack of oxygen during delivery due to prolonged labour
- Social environment that may lead to severe emotional disturbance
- Natural disasters
- Armed conflict
- Drug and other substance abuse
- Child abuse e.g. in cases of excessive punishment

## Challenges faced by children with disabilities

### A. Stigma

This occurs as a result of social cultural beliefs associated with disabilities. Many people still believe that disability in children is as a result of witchcraft, evil spirits or ancestral curses. There also exists a negative perception in society with many people still believing that 'disability is inability!' Some cultural practices and beliefs also perpetuate discrimination of such children with some communities viewing such children as 'taboo children' or 'bad omens'.

### B. Discrimination

According to Article 2 of the UN Convention on the Rights of Persons with Disabilities, "Discrimination on the basis of disability" means any distinction, exclusion or restriction



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on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field. In Kenya, children with disabilities face discrimination at all levels in the society. They cannot access their rights at the same level as other children as a result of the stigma associated with disability. In many homes, such children are hidden from the public and many cannot access education and health services, among others.

### **C. Child abuse**

Children with disabilities are vulnerable to child abuse due to their condition. The abuse may be physical, sexual or emotional, among others. They are teased, laughed at, imitated and excluded from activities that their peers enjoy.

### **D. Limited access to specialized programmes and services**

Children with disabilities require specialized medical and educational programmes to enable them access their rights like other children in the country. This clearly illustrates the fact that many children with disabilities face challenges accessing such programmes and services.

#### **Mental retardation**

This refers to a state of incomplete mental development where an individual is unable to adapt to the normal environment to maintain independent existence. They learn at a slow rate and have problems in communication. They are not able to see any similarities or differences among objects or situations. They have difficulties in remembering what they have seen or heard and also have difficulties in paying attention to stimulants.

#### **Physical impairment**

This affects the child's ability to use their body parts and perform motor skills. They are classified into two groups as follows:

- Neurological impairment. This is when the central nervous system is damaged. This includes the brain, spinal cord and nerves network.
- The muscular skeletal impairment where the muscles and frame work or bones that support the body are damaged such as having broken or weak limbs.

#### **Deaf/blind**

- The auditory senses of these children are dysfunctional.
- They also have impaired sense of sight and hearing.
- They have a challenge with living skills and have limited mobility and may be disoriented.
- They have a challenge in communication.
- Tactile method can be used to teach them.

#### **Cerebral palsy**

This is a disability that affects movement and body position. It means 'brain paralysis' and is related to brain damage. Cerebral palsy may occur before, during and after birth. The whole brain is not damaged, only parts of it, mainly parts that control movement. Once the parts of the brain are damaged, there is no reversal, and the child's condition does not deteriorate. However, the movements, body positions, and related problems can be improved or made worse depending on how the child is treated.

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**Visual impairment  
(blindness and  
difficulty in seeing)**

This is difficulty in seeing. It can be mild, moderate, or severe. When a person sees very little or nothing, we say they are blind. Some children are completely blind and cannot see anything. However, some have limited vision. Some can only see the difference between light and dark or day and night, but cannot see any shapes. Others can see shapes of large objects, but none of the details. Many more children are not blind but have problems seeing things clearly. For example, they may see fairly well for most daily activities, but have trouble seeing details. The family may not realize that the child has a visual problem until they notice that the child has difficulty threading a needle, or reading letters on the blackboard at school. Often these children can see much better with eyeglasses or a magnifying glass. (Children who are completely blind cannot see at all, even with eyeglasses.) Some children are born blind. Others become blind during early childhood, or later.

**Hearing impairment**

This is the failure to respond to verbal communication. Children constantly rub their ears. They show no startle response at noise that would normally evoke such a reaction. The child bends forward to hear what is being said, complains of ringing or buzzing in the ears, watches the speaker's lips instead of the eyes, speaks too loudly or in a low monotonous voice, and has a low tolerance for noise or changes in sound pattern.

**How to help a child with a hearing problem**

- Let the child sit at the front of the class where they can hear well
- Be sure everyone speaks clearly and loudly enough. But do not shout because shouting makes the words less clear. Check often to make sure the child understands
- Have one child who hears well sit next to the one who hears poorly, to repeat and explain things if necessary
- Always try to look at the child while you are speaking to them
- If possible, the child should be assessed and examined in an Educational Assessment and Resource Services (EARS) centre especially if they have pus in an ear or frequent earache

## Points to remember about children with special needs

- Women should avoid taking medicine unnecessarily especially during pregnancy as well as abstain from drug and substance use at all times, but more so during pregnancy
- If a caregiver suspects that a child has a problem, it is important to seek an evaluation from a specialist at the earliest time possible
- Children are growing up in a competitive world where acceptance is tied to school grades. As a caregiver, it is important to show unconditional acceptance of the child first as a human being
- The caregiver is crucial in helping raise the self esteem of the child
- Encourage the child and remember no child sets out to deliberately be a failure in school
- If the caregiver gives up, the child will also be demoralised
- As a caregiver it is your duty to teach the child other life skills that are equally significant for learning and developing such as self expression, loving oneself, social skills, and creativity, among others
- Every child has potential and should be helped to reach within themselves and bring out their talent and potential
- Seek information about children and learning disabilities as this is both empowering and also helps reduce anxiety
- Teachers should seek to understand their students and build on their strengths as opposed to dwelling too much on what the children are not capable of achieving
- Protect the child from stigma and labelling
- Avoid using corporal or humiliating punishment as a means to 'rid' the child of their learning difficulty

## Further reading

American Academy of Child & Adolescent Psychiatry. *Children with Oppositional Defiant Disorder: Facts for Families*. Issue no. 72 /2009. [www.aacap.org](http://www.aacap.org)

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Steiner H, Remsing L, Work Group on Quality Issues. *Practice parameter for the assessment and treatment of children and adolescents with oppositional defiant disorder*. J Am Acad Child Adolescent Psychiatry. 2007; 46:126-141.

World Health Organisation: 2005. *Atlas: Child and Adolescent Mental Health Resources: Global Concern: Implications for the future*: WHO Press: Switzerland

Schroeder, Carolyn. 1991: *Assessment and Treatment of Childhood Problems: A Clinicians guide*. New York: Guilford Press. [www.helpguide.org/mental/learning\\_disabilities](http://www.helpguide.org/mental/learning_disabilities)

Republic of Kenya. Children Act, 2001

United Nations Convention on the Rights of Persons with Disabilities

Republic of Kenya. Mental Health Act, Chapter 248, Laws of Kenya

Republic of Kenya. Persons with Disabilities Act, 2006

### Where to seek assistance

Ministry of Gender, Children and Social Development, P.O Box 16936 – 00100, Nairobi. NSSF Building, Block A, Eastern Wing, Floor. Email: [information@gender.go.ke](mailto:information@gender.go.ke)

Kenya Institute of Special Education (KISE) – Kasarani, Off Thika Road, P.O. Box 48413 – 00100, Nairobi. Email: [info@kise.co.ke](mailto:info@kise.co.ke); [www.kise.co.ke](http://www.kise.co.ke)

Special Education Professionals c/o Gertrude’s Garden Children’s Hospital, P.O Box 42235 Nairobi

The National Autistic Centre, Gitanga Road, Off Methodist Guest House Round about P.O Box 21436 00505, Nairobi

Special Needs Education and Rehabilitation Programme in Kenya, Thika, P.O. Box 460 – 01000 Association of the Physically Disabled of Kenya (APDK), P.O. Box 46747 – 00100, ABC Place, Westlands

National Council of Persons with Disability, ABC Place, Westlands

Schools with special needs units

Health institutions

# CHAPTER 4

## CHILDREN AND DRUGS

*'The past may have gotten you there,  
but it doesn't have to stay with you forever.'*

Author unknown

### Objectives

1. Discuss the effects of drug use and abuse on children and adolescents
2. Explain effective interventions for drug use and abuse among children and adolescents

One of the challenges facing children and adolescents growing up in Kenya is drug use and abuse. Drug abuse in the country is a serious problem made worse by the fact that children are now forming a significant population of drug users in the country.

Today, children are living in a culture in which they are constantly exposed to information about drugs and have easy access to these drugs. Some children abuse drugs as a result of having to deal with difficult circumstances in their lives like being on the streets, being abused or being orphaned.

Rehabilitation and treatment of children who are addicted to drugs is difficult because the few drug treatment centres in the country target the adult population. Prevention is therefore viewed as the better alternative to addiction and caregivers need to focus on helping children under their care avoid getting hooked on drugs.

### Drugs commonly abused by children and adolescents

Some of the commonly abused drugs are:

- Alcohol
- Cigarettes
- 'Bhang'/'marijuana' (cannabis sativa)
- Glue
- Prescription drugs
- 'Miraa'/'khat'(a green shrub chewed as a stimulant)
- Brown sugar (a slang used to describe a type of heroin)
- Children also use prescription drugs (over the counter drugs)

### Modes of consumption and storage of drugs by children

Children and especially adolescents are very creative when it comes to getting and using drugs. Parents and caregivers need to keep up to date with the fast changing methods that children use to hide drugs (either for personal use or for trafficking) in order to avoid detection. Some of the methods children use to bring drugs into a school setting include:

- Hiding them within the school compound such as in the playing field or inside the fence, among other places
- Using school staff to traffic them in
- Disguising them as detergents, sweets, or 'mandazi'(doughnut)
- Hiding them inside writing materials such as the tip of a pen
- Peddling them during school functions like visiting days, inter school meetings and sports days
- Under age children drink alcohol purchased on their behalf by those with identity cards
- Using precursor chemicals to make drugs in the school laboratory

### Why do children and adolescents use or abuse drugs?

Most start with experimentation and then go on to become regular users. Drug use among this group is considered a normal stage of adolescent development. They experiment with substances because:

- Drugs are available and provide a quick, often inexpensive way to have "fun"
- They are curious
- Using substances expresses opposition to adult authority and can be part of the process of separation from parents
- Using substances symbolizes developmental transition, which is moving from a less mature to a more mature stage. In some families, the 'first drink' is considered a rite of passage
- Once adolescents have some experience with a drug and know what the effects are, they might continue to use drugs because:
- Drug use becomes a coping mechanism for dealing with anything from poor grades and social rejection to family conflict, family dysfunction and child abuse
- Drug users might be trying to deal with anger, frustration, stress, fear of failure or failure itself
- Drug use can be an attempt to self-medicate symptoms of mental health problems such as depression or anxiety
- Drug use can demonstrate a personal identity. It can be a way of showing that they are "cool" or have characteristics valued by other adolescents
- They might view drug use as a way to gain admission to a peer group
- They might believe drug use will make others perceive them as adults
- They feel they can do anything they want and nothing bad can happen to them

### Who are the children at risk of abusing drugs?

Although many adolescents experiment with substances and stop using them relatively quickly, some do remain occasional or recreational users. Others become heavy users. Some young people are at greater risk of developing substance use problems than others. Any child, girl or boy can get into the habit of substance use and eventually abuse. Parents, teachers, guardians and others in the child's life need to be on the lookout as well as open communication channels with their children as a prevention measure to drug use and abuse.

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The following categories of children live in circumstances that make it easy for them to start using drugs:

- Children living with alcoholic adults
- Children whose caregivers sell alcohol or traffic illicit drugs
- Children without parental guidance and those who are neglected
- Children living and working in the streets
- Children suffering from mental illness
- Children in conflict with the law
- Children with low self confidence, low self esteem and those prone to peer pressure
- Children from dysfunctional families where domestic violence and other forms of abuse take place
- Children with discipline and behavioural problems at school

### How can a caregiver tell that a child is using drugs?

This depends on the drug being used because each has a different effect on the user. Some of the signs may be quite obvious but a caregiver should be aware of the subtle signs as well. Educating oneself about the issue of drug abuse can equip the caregiver with the necessary skills to tell when the child is using drugs. A child who is using drugs may behave in some of the following ways:

- Keeps secret about their movements and friends
- Has money that the caregiver did not provide
- Makes and picks calls while hiding
- Listens to music that glorifies drugs
- Has sudden and unexplained mood changes
- Sleeps too much or not enough
- Neglects personal hygiene
- Plays truant in school
- Shows lack of interest in school
- Comes home late with no proper explanation of where they have been
- Constantly tells lies
- Keeps the bedroom locked even when it is not necessary to do so
- Keeps to themselves a lot
- Has blood shot and tired looking eyes, suffers from frequent sore throats, coughs a lot, Wheezes or has bruises they cannot easily or convincingly explain
- Has impaired memory

### The caregiver may also notice:

- A drop in school performance
- Loss of items in the house
- Violent and aggressive behaviour which may be verbal or physical
- The child frequently fails to meet their obligations at school and home

## Effects of drug abuse on child development

Adolescence involves development of expanded reasoning, cognitive abilities such as abstract reasoning, problem solving and goal setting. Substance use disorders interfere with all of these abilities. For example, if an adolescent uses alcohol to cope with a problem, the alcohol may provide emotional relief. Eventually this pattern leads to a dependency on using alcohol as a coping mechanism as opposed to using other life skills.

Mood altering substances like drugs affect the normal and natural emotional regulation part of the brain. Mood swings which are part of normal adolescent development are made worse by drugs. The user becomes more impulsive and self destructive in behaviour.

Socially, the child who uses drugs is likely to keep the company of other children who also use drugs. This means that instead of the child developing through the normal social stages, they develop under the influence of a drug using sub - culture, which is characterised by immediate satisfaction, doing things without thinking of the consequences and selfish behaviour. They are then rejected by society and this alienation affects their self esteem, leading them to engage in anti social behaviour.

## The role of the caregiver in working with children who abuse drugs

- Prevention is the best cure. Drugs and alcoholic drinks should be kept away from children and adolescents
- Adults in all care-giving settings should familiarise themselves with laws dealing with alcohol and substance abuse
- Provide opportunities for children and adolescents to express themselves and ventilate pent up emotions and energy
- Provide the child with age appropriate information on the dangers of drug use
- Do not tell the child that they are a family disgrace. Remember: No one strives to willingly become an addict
- Avoid saying things like 'if you cared for us you would stop using drugs' since addiction is compulsive and cannot be controlled by will power alone
- When the child indicates they need help, the caregiver should get the child admitted in a rehabilitation centre immediately as the motivation to change at that time is high. The child may quit and even relapse while in rehabilitation but this is also an important part of healing
- Avoid nagging and lecturing the child as this may make them tell more lies and get angrier
- Do not engage in too much blaming of other systems like the school, community but rather think of practical ways to help the child before it is too late
- Avoid using threats unless you intend to carry them out
  
- Enrol the child in peer counselling programmes. Peer educators and peer counsellors can communicate with fellow children in a way that an adult may not. Besides positive peer pressure can also be helpful
- Use mediators or people who the child respects and listens to such as a teacher, uncle, aunty, parent, guardian, grandparent, neighbour or a religious leader



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- The caregiver should set a good example such as abstaining from drinking or moderating their drinking patterns. Drinking at home or in the presence of children can be an indication to the child that this habit is tolerated and this may prompt the child to drink to pick up the same habit
  - Caregivers should abstain from involving children in activities that lay the ground for the child to engage in drug taking. These activities include but are not limited to: sending children to fetch drinks for them; asking a child to serve them with drinks; having a child accompany the caregiver to a place where the caregiver is taking drugs or alcohol
  - Adults should not discuss about the 'benefits' and 'joys' of using drugs like alcohol or discuss their escapades while intoxicated in the presence of children as this may encourage children to experiment in drugs
  - Provide a clear family position on drugs
  - If a caregiver suspects that their son or daughter is using any drug, they should talk to the child immediately and take action before the child gets addicted
  - Build self-esteem. Children who feel good about themselves are much less likely than other kids to turn to illegal substances to get high
  - The caregiver needs to identify ways of dealing with their own emotions as having a child who is addicted can be traumatising and depressing

## Further reading

Republic of Kenya. *The Alcoholic Drinks Control Act*, 2010

Republic of Kenya. *The Children Act*, 2001

Republic of Kenya. *The Public Health Act*, Cap 242 of the Laws of Kenya

Republic of Kenya. *Mental Health Act*, Cap 248 Laws of Kenya

Republic of Kenya and UNICEF. 2010 *Child Friendly School Manual*

National Campaign against Drug Abuse. 2006. *Drug and Substance in Tertiary Institutions in Kenya*. NACADA.

National Campaign Against Drug Abuse. 2006. *Frequently Asked Questions on Drug and Substance Abuse*. NACADA.

## Where to seek assistance

National Campaign Against Drug Abuse Authority – [www.nacada.go.ke](http://www.nacada.go.ke)

Asumbi Treatment and Rehabilitation Centre – Homabay, Email: [dohasumbiproject@yahoo.com](mailto:dohasumbiproject@yahoo.com)

East Bridge therapeutic Community - P.O Box 52869-00200, Nairobi, Email: [eastbridgecommunity@yahoo.com](mailto:eastbridgecommunity@yahoo.com)

Freedom from Addiction Organisation - P.O Box 20880-00900 – Kiambu Nairobi, Email: [freeaddorg@yahoo.com](mailto:freeaddorg@yahoo.com)

Teens Challenge - P.O Box 27-00900- Kiambu, Email: [info@kenyatc.com](mailto:info@kenyatc.com)

Omari Project - P.O Box 1658, Malindi, Email: [theomariproject@yahoo.co.uk](mailto:theomariproject@yahoo.co.uk)

Psycaca - P.O Box 17138, Nakuru

Good Hope Rehabilitation Centre - P.O Box 116- Mtito Andei, Email: [goodhope.rehabilitationcentre@gmail.com](mailto:goodhope.rehabilitationcentre@gmail.com)

Mathari Psychiatrist Hospital, Thika Road, Nairobi  
Hospitals and health facilities

## CHAPTER 5

# COUNSELLING CHILDREN AND ADOLESCENTS

### *Case Study 3*

*Lisa is a 14 year old girl. She is the first born child in her family and has only one sibling, Moses who is aged 5 years. Their parents have been experiencing marital problems and have already filed for divorce in court. Both parents are having relationships with other people though the children spend weekdays with the mother and stay with the father on weekends only. Lisa has been having some behavioural problems in school, fighting with her peers, and missing classes frequently. She was found with a love letter which she had written to a male classmate. Moses is reported to be forgetful, throws temper tantrums at the slightest provocation and cries easily. The school has recommended counselling for both children.*

### Objectives

1. Describe problems for which children and adolescents seek counselling
2. Explain skills and techniques for counselling children and adolescents.

Like Lisa and Moses, for most children, childhood can be a challenging stage of life. These challenges may be caused by factors within the child's environment such as how they are nurtured or by biological factors. Parents, teachers, friends, relatives and significant others can help children deal with these challenges. These caregivers may use advice, information giving, befriending and even spiritual guidance to help a child. However, there are those times when a child will need professional counselling in order to deal with a situation or problem confronting them. Depending on the age of the child, caregivers responsible for the child can link the child with these services by way of referral and support. The aim of this chapter is to expose persons working with children, as well as parents to some of the basic skills used by child counsellors. These skills can also be incorporated with other care-giving skills.

### What is counselling?

Counselling is the skilled and principled use of relationships which develop self knowledge, acceptance and growth, and personal resources. The overall aim is to live a more full and satisfying life. Counselling may be concerned with addressing and resolving specific problems, making decisions, coping with crises, working through feelings and inner conflict and improving relationships with others. (BACP1990).

### Problems for which children and adolescents seek counselling

- Experiencing trauma such as death of a loved one or a pet
- Abuse (sexual, physical, emotional or psychological)
- Fear of undergoing a painful or frightening medical procedure
- Witnessing a crime or violence
- School performance
- Changes brought about by adolescence
- Drug abuse
- Delinquent behaviour
- Disasters such as accidents, fire, flooding, political violence or ethnic conflict
- Being diagnosed with an illness including a terminal illness, disability or living with a terminally ill parent
- Divorce or separation of parents
- Boy-girl relationship
- Relationship conflicts such as those between a child and parents, siblings, teachers or peers
- Change of environment with regard to home, school or country, or
- Developmental issues like going to boarding school, sexuality, teen pregnancy, self concept as well as puberty

### Signs that a child is in need of counselling

The following signs will alert a caregiver that a child requires counselling:

- Low self esteem
- Excessive anger, worry, sadness or fear
- Regressive behaviour (a return to an earlier and less developed stage of development) such as thumb sucking, attachment anxiety or bedwetting
- Drop in school performance
- Preoccupation with sexual behaviour (common in a child who has been sexually abused)
- Physical symptoms like headaches or stomach ache that have no medical explanation
- Excessive shyness
- Talking about not wanting to live or attempting suicide
- Anti social behaviour
- Nightmares and lack of sleep
- Abuse of drugs
- Aggressiveness
- Withdrawal
- Hyperactivity
- Cutting themselves especially on the wrists
- Running away from home or school
- Telling lies

### Who can provide counselling to children and adolescents?

Counselling is an integral aspect of care-giving. Some caregivers by virtue of their work are required to have basic counselling skills and to use the knowledge, skills and attitudes related to counselling during their work.

This category of caregivers includes:

- Parents and guardians
- Social workers
- Religious leaders
- Law enforcement agents (Police, Children Officers, Probation Officers,
- Prison officers, Lawyers)
- Health workers
- Administrators, and
- Child rights advocates, among others

These caregivers though not trained in professional counselling do use some of the skills which include listening to a child and asking questions and interacting with children. On the other hand, there are professionally trained and qualified counsellors who interact with children specifically for purposes of offering counselling services. These counsellors are found in counselling institutions, schools, health institutions and institutions that deal with child related issues. The professional child counsellor is different from the person who uses counselling skills in their work. In professional counselling, for example, a counselling agreement is entered into between the child and their guardian and the counsellor. This 'contract' between the child and the counsellor defines the nature of the relationship, the terms of confidentiality, the goals and expected outcomes as well as payment for the sessions.

### Career guidance

Career guidance is an aspect of counselling that focuses on helping students choose appropriate careers with regard to their capacities and abilities. In career guidance the child is given a variety of choices to make and together with the counsellor discusses academic performance and interest in extra-curriculum activities. Advice giving is an integral part of career guidance. The activity is helpful in assisting adolescents in particular think about what they want to do with their life after completing school.

### Qualities of an effective counsellor

Even though these qualities are for counsellors, they also apply to a caregiver:

- Respects every child
- Is attentive to the child during sessions
- Observes confidentiality and never shares information revealed by the child unless in very exceptional circumstances, such as when a child states they have been sexually abused
- Accepts the child as they are regardless of the child's problem, race, social status or ethnicity, or any other reason
- Empathises- puts oneself in the child's shoes and helps the child work on their problem
- Genuineness - the counsellor has the courage to be honest and express their feelings and thoughts ( without hurting the child)
- Communicates a sense of safety and dependability
- Trusts and respects the child's views and opinion
- Constantly makes the child feel good about themselves

- Knowledgeable on child development, child related psychological problems as well as family therapy
- Has a sense of humour
- Willing to get in touch with the inner 'child' that rests within all of us
- Is ready to confront their own childhood unfinished business, if any
- Has the ability to come down to the level of the child
- Is objective rather than subjective
- Has a positive self image
- Is patient and caring
- Is flexible and accommodative
- Is creative and imaginative

## Basic child counselling skills

### A. Attending skills

The skill of attending involves the counsellor positioning themselves in such a way as to give full and undivided attention to a child. When the counsellor fully attends to what the child is saying and doing, they are better able to see the child's expressions, hear what the child is saying as well as engage with the child. Attending is made more effective by the skill of observation.

### B. Observation

Observation begins from the moment the care provider sets eyes on the child. The counsellor may observe several things such as:

- The child's relationship with their parents or guardian
- The ease with which the child separates from their parents and sits in a counselling room alone with a counsellor
- The child's general behaviour
- The child's mood and affect to see if the child is happy, sad, excited, angry, depressed or has little or no emotion
- Whether the child is affectionate and dependant on the interactions with the counsellor
- The child's response to physical contact
- Any changes in mood during the counselling session and if the child is aware of their own moods

### C. Active listening

Listening involves attending to, hearing and understanding the messages which a child sends through words and actions. Active listening may require the counsellor sitting on the floor with the child in order to assume the same posture as the child.

A counsellor needs to match the speed of talking and the tone of voice of the child or adolescent as this improves the child - counsellor relationship. This is the art of encouraging children and adolescents to talk about their problem situations. This shows that the counsellor is concerned about what the child is saying and also encourages the child to

continue talking. Using words such as, 'Ah...uhmm...', and then, tell me what happened.' will also encourage a child to talk. This works when the child or adolescent has difficulties disclosing information related to abuse.

## Responding skills

The child needs assurance that the counsellor is listening attentively to what the child is saying. The most effective way of giving the child this assurance is by using the skills of responding appropriately as follows:

### A. Reflection of content

Using this skill, the counsellor literally reflects back to the child what the child has said to the counsellor.

The counsellor picks out the most important details of what the child has said and expresses this in a clearer way and in their own words rather than the child's.

An example:

*Child: 'My mum and dad are always working. My dad leaves home a lot to go to the pub. Mum is the boss where she works and has to stay back sometimes and tell other people what to do.'*

*Counsellor: 'Sounds like your mum and dad are not around very much for you.'*

### Reflection of feelings

- Reflection of feelings is important because it raises the child's awareness of feelings and encourages the child to deal with significant emotional feelings rather than to avoid them
- Frequently, children will try to avoid exploring feelings because they are associated with strong emotions such as sadness, despair, anger or anxiety. However, getting in touch with feelings means moving forward to feeling better emotionally and then being able to make sensible decisions
- Be aware that you correctly reflect the child's feelings then the child is likely to get in touch with those feelings. If the feeling is a painful one, the child may start to cry
- Reflecting feelings allows the child to fully experience their emotions and feel better as a result of releasing these feelings
- Once feelings have been released, the child is then able to think more clearly and be able to consider useful options and choices about the future

### B. Summarizing

- Reflecting back to the information from a number of statements which the child may have made over a period of time
- Draws together main points from the conversation with the child and also takes into account the feelings that the child has described
- Frequently, children can become confused by details of their own stories

- Summarizing clarifies what the child has been saying and puts the information into an organised format so that the child has a clearer picture and can be more focused

### **C. Use of questions**

- Children live in a world where adults expect them to have answers to many of their questions
- Many children in response to pressure for answers become very good at producing what they consider the 'right' answers. These are answers which the child thinks will satisfy their questioner
- They are not necessarily what the child believes to be true and they may not fit with the child's experience or with what the child is thinking
- If a counsellor relies on asking questions, they may never discover what the child is really thinking and/or experiencing but instead may be given misleading answers which are useless in the healing process. Also, questions have a problem in that the direction in which the counselling session heads is likely to be influenced and controlled by the questions the counsellor asks, instead of following the direction in which the child's energy leads

## **Play therapy - an approach to counselling young children**

Children under the age of 11 years may benefit from a different approach as opposed to the traditional counselling approach, which is useful for older children. This approach referred to as play therapy uses the child's natural way of communication and play to counsel young children.

### **What is play therapy?**

The Association of Play Therapist UK defines play therapy as *"The dynamic process between child and play therapist in which the child explores, at his or her own pace and with his/her own agenda, those issues, past and current, conscious and unconscious, that are affecting the child's life in the present. The child's inner resources are enabled by the therapeutic alliance to bring about growth and change"* (West 1996).

### **Techniques of play therapy**

#### **A. Drawing**

Through drawing children can express feelings and experiences that are hard for them to talk about. The caregiver may ask the child to draw a particular thing or just let them draw anything they wish to. Do not influence what to draw. When the child has drawn the picture ask him/her to tell you about it without using any pressure.

The counsellor, however, needs to have a good idea about the use of art with children and the underlying meaning of colours used the use of space and what the child has drawn. The counsellor should provide as many varieties of colours as possible.



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## **B. Painting**

Painting is one way in which children express their thoughts and emotions. As paint flows so does emotions and therefore even negative emotions are expressed in a socially acceptable way. After the child has finished painting the helper can ask the child to talk about it, to become the picture and share their feelings. Children may be asked to paint what is happening in their lives such as how it feels to wet the bed or to live in an institution. Use of different colours can reveal their feelings about a certain aspect of their lives.

## **C. Clay/play dough**

Clay provides the child with a lot of choices on how to use it to express different feelings, such as anger. Working with clay is a wonderful way to release tension since it has to be worked vigorously. The therapist can actually see what's going on with the child by watching how she or he works with the clay. It is also a good link to verbal expression for non-verbal children.

The counsellor makes note of specific things that a child models noting how they keep changing. A child may mould their family, their fears, a perpetrator and other things or persons.

## **D. Doll house and family figures**

A child may demonstrate a family or home situation and may play realistically, such as putting dolls to bed or feeding them. In some instances, they may use a baby doll to express the baby part of themselves. The doll becomes the object at which various emotions like love, anger or tenderness are shown. They are loved, stabbed, slapped, strangled, and nurtured.

## **E. Storytelling and Bibliotherapy**

This involves children making up stories, reading stories from books, writing stories, dictating stories, or using things to stimulate stories such as pictures, puppets or drawings. A therapist can ask the child to tell a story, and then the therapist tells their own story, using the same characters that the child has used but offering a better solution. Since the story is a projection, it will reflect something about the child's real situation. Each story should have a lesson or a moral derived from it.

When using this technique, it is important to know something about the child's life, and to quickly understand the main theme of the child's story.

Stories help children to communicate indirectly about relationships, learn new ways of solving problems, how to interact with others, and helps them adjust their attitudes, perceptions, and outlook in life.

When working with young children, the caregiver is encouraged to have as many play materials as possible so as to provide the child with a wide choice for self expression.

## Points to remember about counselling children

- Counselling is about establishing a therapeutic relationship with a child
- Specific skills and techniques used by the counsellor help to move forward the counselling process
- The caregiver needs to differentiate between counselling and other helping activities as there are those who use counselling skills in other helping activities and those who offer professional counselling as a service to children
- Children and adolescents seek counselling for problems emerging from the child's environment, for developmental challenges and issues that are personal
- Some signs and symptoms can be an eye opener that a child is in need of counselling
- Parents and significant others can play a critical role in working together with the counsellor to help the child
- Children from 3 years to adolescence can benefit from counselling.
- Play therapy is the recommended approach to counselling those aged 3-11 years

## Further reading

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New York: Guilford Press

West, Janet.1996. *Child Centred Play therapy* 2nd ed. Britain: Arnold

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**Where to seek  
assistance**

Amani Counselling Centre and Training Institute  
P.O. Box 41738-00100 Nairobi; Tel. 602672/602673, E-mail:accti@wananchi.com

Kenya Association of Professional Counsellors  
Mombasa Office: Email: kapcmsa@gmail.com  
Kisumu Office: Email: kapc@swiftkisumu.com

Kenya Counselling Association  
P.O. Box 41132 - 00100 Nairobi  
Visit- <http://www.kenyacounsellingassociation.org> – for a list of accredited counsellors

Nairobi Women’s Hospital, Hurlingham Medicare Plaza,  
P. O. Box 10552 Argwings Kodhek Road, Nairobi

Childline Kenya, Lower Kabete Road, Kabete Rehabilitation School, Nairobi. P.O. Box 10003 –  
00100, E-mail: [info@childlinekenya.co.ke](mailto:info@childlinekenya.co.ke)  
For free helpline dial: Child helpline116 from any network



## CHAPTER 6

# CARE FOR HIV/AIDS AFFECTED AND INFECTED CHILDREN

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### Objectives

This chapter will help the caregiver to:

1. Describe various challenges faced by children infected or affected by HIV/AIDS
2. Explain ways of offering appropriate care and psychosocial support to such children
3. Describe their roles in provision of care and support for children infected or affected by HIV/AIDS

HIV/AIDS has affected a large population of children and young people as much as it has the adult population. This has given rise to many vulnerable children such as orphans. There are children who are also infected, some as a result of sexual abuse.

Orphan-hood has given rise to social and legal challenges associated with providing care and protection for these children, whose numbers continue to rise. Their inherent right to survival, development and protection is threatened by the disease. Younger children are more vulnerable and suffer profoundly after losing their parents or caregiver. They experience psychosocial distress and trauma due to illness and death of parents, economic hardships, malnutrition as well as exposure to abuse. In addition, many extended families are no longer able to take up the responsibility of taking care of additional children.

### Impact of HIV/AIDS on children, families and communities

Children, families and communities are affected differently by HIV/AIDS. However, the effects of the loss are all interrelated.

For children:

- There is loss of immediate and close family members such as parents and siblings
- They also lack basic needs such as food, shelter, access to health care and clothing
- They suffer from stress and low self esteem
- Some are disinherited
- They drop out of school
- Orphans are more vulnerable due to the fact that they may already suffer stigma and discrimination and psychological suffering in the communities they live in
- Older children take care of younger children within child headed households
- There is extreme poverty in households with OVCs resulting in child labour (including child prostitution), child marriage and general child abuse
- Difficulty in accessing care and treatment
- It leads to trauma especially when both parents are infected or have died

### Children living in child headed families face the following challenges:

- Stigma due to their parents' illness or death
- Suffer from stress and depression
- Majority lack basic needs with those requiring health care suffering the most
- They are at risk of abuse and exploitation as they lack adult care and supervision
- Young girls may fall victim to sexual exploitation and some see it as the only option of catering for their own needs and those of their siblings

### Importance of disclosure of HIV status

Disclosure may be at two levels:

1. Disclosure of the parents' HIV/AIDS status to their children, and
2. Disclosure by parents to children of the children's status

Both scenarios are difficult to parents as caregivers. Some parents on antiretroviral drugs find it difficult to inform their children about their status as well as the children's own infection status and use of antiretroviral drugs. This is mainly due to fear of how the children will react. Some parents fear children may view them as promiscuous especially in communities where the pandemic is associated with people of loose morals. Other parents fear that children will default in taking the medication.

Parents also want to protect their children from the stigma and discrimination that the children are likely to face once people in the community they live in become aware of the parents' status and that of the children.

## Memory Books

A memory book may include items reflecting

- Background information on the family including their history and key milestones
- Photographs of events in the family's life
- A list of property belonging to the family
- Letters from a parent to a child
- Letters, poems or any form of writing expressing the wishes of the child
- Plans for the future

Importance of a memory book

- Parents are able to disclose their HIV/AIDS status to the children
- The book provides children with a sense of identity and knowledge about the family
- It helps the person living with HIV/AIDS to accept their status
- Children have a chance to save memories of their parents and other family members
- The child gets a sense of belonging as they get to know they were loved
- They learn what aspirations their parents have or had for them

### **Disclosure has advantages for both the children and parents because:**

- It reduces the level of anxiety in children (who in any case may already suspect that the parent is hiding something from them)
- Children get answers to their questions
- It gives children the opportunity to begin the process of healing
- It enables parents to begin preparing their children for any eventuality including death
- It increases openness and respect between parents and children

### **How can a caregiver communicate with children about HIV/AIDS?**

- One way is through a memory book which is like a diary or journal in which a parent or guardian writes about important issues. It may also contain pictures about the family or events closely associated with the family such as births, weddings, graduations or funerals. It is a tool that enables one to disclose issues they feel deeply concerned about. Children may get to read the memory book before or after the death of a parent. In both cases it is helpful to the child
- Closely related to this is use of the memory box where items of sentimental value can be placed for later use by the children. This is helpful to parents with low levels of literacy who may face challenges with regard to making entries in a journal
- Apart from the two, it is also important to pass important information about the family to guardians who will in turn share this information with the children at an appropriate time

### **The role of a caregiver in the care and support of children affected or infected by HIV/AIDS**

Interventions to assist these children are determined by whether the child is affected or infected. Any care and support must be comprehensive and not restricted to treatment only. It is important that the care focuses on provision of social, psychological, emotional, physical and spiritual support. Care for persons affected and infected by HIV/AIDS should, among other things:

- Encourage disclosure of status, thus helping prevent transmission
- Promote positive living, good nutrition and a healthy lifestyle
- Manage opportunistic and sexually transmitted infections medically, and
- Provide treatment with antiretroviral therapy, home based care and end of life support for patients who develop terminal illness

Caregivers should work closely with other stakeholders to ensure that children in need of care and protection in the context of HIV/AIDS get the necessary assistance. Some of the ways in which children can be assisted include:

#### **A. Identifying children**

Identification of children affected and infected with HIV/AIDS helps ensure that appropriate intervention measures are taken. This may include sharing certain information concerning the child amongst professionals. The sharing of this information should be on a need to know basis and the privacy of the child should be respected at all times. The overriding consideration should be the best interest of the child.

## B. Keeping children in their communities

Children should be supported to remain in their own communities and families. Removing them to an unfamiliar environment away from home, school, friends and the neighbourhood may cause a lot of suffering to them. Separating siblings after the death of their parents is also not in their best interests. It is better to keep them within their natural support group where a caregiver is able to supervise and give support in a familiar environment.

## C. Community Child Care Committees

Communities should be encouraged to form Community Child Care Committees which can form a linkage between needy children and child protection structures. Children whose parents are infected or affected have many needs which include the following:

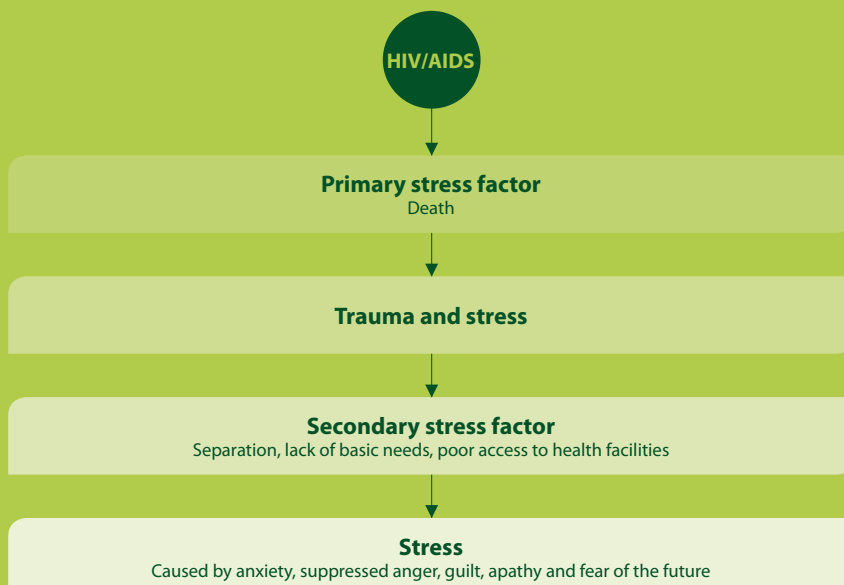
- Birth registration to acquire Birth Certificates
- Bursary fund assistance to pay school fees
- Social support such as OVC Cash Transfer Funds
- Registration to acquire National Identity Cards when they reach 18 years of age

The committees can also work with government officials to identify foster parents for orphaned children. The committees can also monitor these parents to ensure the children are treated well since they are vulnerable to exploitation.

## D. Psychosocial support

Psychosocial support refers to the provision of affection and attention to children. It includes physical, visual and verbal interaction between a caregiver and a child. Vulnerable children require strong social support from both family and the community.

The stages of psychosocial damage caused to children by HIV/AIDS are shown in the diagram below:





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The psychosocial effects of HIV/AIDS on children are often characterized by anxiety, loss of self esteem and confidence, stigma and discrimination, depression, guilt, anger, sadness, and low self esteem.

### **How can a caregiver offer a child psychosocial support?**

A caregiver can do the following to strengthen support to children affected and infected with HIV/AIDS:

- Show them love
- Provide opportunities where children can play and develop life skills and core values
- Work with communities to promote and strengthen community responsibility towards vulnerable children
- Enhance participation and involvement to enable children express their feelings
- Encourage openness and truth at all times when working with young children
- Where children cannot be cared for in their communities, ensure that they are fostered and if possible adopted, and
- Prepare children for ill health and death of parents or guardians

### **E. Antiretroviral therapy (ART)**

The benefit of highly active antiretroviral therapy has been established and there is increased use. Proof of efficacy is shown by the improvement in quality of life and high survival rates of those infected as well as reduction in HIV related hospital admissions.

Caregivers should ensure children who are infected have access to ART and that they have regular medical check-ups. Opportunistic infections should be treated without delay. To ensure they provide the best care to children under the circumstances they have to be knowledgeable about HIV/AIDS in general and how to administer the drugs. In particular, caregivers need information on adherence to medication and the consequences of non adherence including development of resistance to the medication as well as progression of the disease. (Adherence is defined as taking all the ARV pills in the correctly prescribed dosage at the right time in the right way and observing dietary requirements). Adherence counselling aids in addressing causes of non adherence.

### **F. Nutrition**

Nutrition is a key component in the treatment and care for people living with HIV/AIDS and also children. Effective use of drugs has been known to prolong life and improves quality of life. Nutrition is an essential complementary intervention to antiretroviral treatment (ART).

It is common knowledge that many caregivers lack resources to enable them provide children who are infected with a balanced diet. Communities are encouraged to ensure that such children have access to foods such as hard-boiled eggs which are high quality and protein-rich; vegetable proteins such as kidney beans, lentils, chick peas and black-eyed peas; beans; rice; peanuts; and milk products among others.

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### **G. Children support groups**

Caregivers can help children form support groups. These groups can help the children and young people to meet and interact with others, share experiences and plan together in activities such as group discussions, income generating activities and awareness creation activities. Children can also get counselling services and get information about their status, how to live within the community and how to take care of themselves. They can also have fun through games, debates, drama and other forms of recreation.

#### **Role of caregivers**

- Ensure children who are affected and infected access psycho-social, financial, material support, relevant and age appropriate information, training, support and counselling services, among others
- Engage children in activities that aim at improving their living conditions
- Ensure Orphans and Vulnerable Children (OVC) have access to adequate treatment and management of the drugs
- Respect the rights of OVCs
- Should be aware of community child care committees, child care support groups and how to link children with these committees as well as health care facilities
- The caregiver should be aware of legal and ethical issues pertaining to HIV/AIDS in order to equip themselves with skills and knowledge to enable them give appropriate care

## Points to remember

- Due to their vulnerability to HIV/AIDS children require specific and broad intervention measures
- Children affected or infected with HIV/AIDS retain their full rights just like other children
- Specific categories of children such as orphans, children on the streets, children with disabilities and girls are more vulnerable than other children
- Children rights are interdependent and planning programmes for children requires a holistic approach. The “best interests of the child” and the “non discrimination” principles should form the basis of any intervention
- It is important for caregivers to address the psychosocial needs and other needs of OVC
- Parents and guardians who are infected can seek help to prepare them on how to disclose their status to their children

## Further reading

Republic of Kenya. 2007. *Kenyan National Guidelines on Nutrition and HIV/AIDS*

Johansen, Diana. 2007. *“Practical Guide to Nutrition for People Living with HIV”*. Canadian Aids Treatment Information Exchange

N’Galy B, Ryder RW. 1988. *“Epidemiology of HIV infection in Africa”*. Journal of Acquired Immune Deficiency Syndromes

Regional Statistics for HIV & AIDS. 2008. Worldwide HIV/AIDS Statistics. Retrieved from <http://www.avert.org/worldstats.htm>

## Where to seek assistance

Department of Children Services – OVC Secretariat, Department of Children Services, Jogoo House, Harambee Avenue

Health institutions

Kenya AIDS NGOs Consortium (KANCO), Chaka Road, off Argwings Kodhek Road P.O. Box 69866-00400, Nairobi – Kenya, Email: [kanco@kanco.org](mailto:kanco@kanco.org);

KANCO Resource Centre (Mombasa), Tudor Catholic Pastoral Centre, P.O. Box 16961 - 80100, Mombasa - Kenya

KANCO Resource Centre (Kakamega), Kholera House, P.O Box 2156-50100, Kakamega - Kenya

KANCO Resource Centre (Nakuru), Prestige Mall 3rd Floor – NKU05, P.O. Box 253 -20100, Nakuru - Kenya

KANCO Resource Centre (Central), Umoja Business Centre, 2nd Floor, Office No. 12, P.O Box 2830-10140, Nyeri – Kenya

National AIDS & STI Control Programme (NAS COP), Kenyatta National Hospital Grounds P.O Box 19361-00202, Email: [info@nascop.or.ke](mailto:info@nascop.or.ke)

Voluntary Counselling and Testing (VCT) Centres

## CHAPTER 7

# LOSS AND GRIEF IN CHILDREN

*When you are sorrowful look again in your heart,  
and you shall see that in truth you are weeping  
for that which has been your delight.*

- Kahlil Gibran

### Objectives

1. To describe how children and adolescents experience and process loss
2. Explain the role of the caregiver in helping children of different ages work through their loss

Loss and grief are closely related concepts. In the African setting, these concepts are more often than not acknowledged when they affect adults than when they do children. As a result, many children are denied the opportunity to process the feelings, and thoughts that they experience after having being separated with someone or something that they loved.

Care-giving entails being able to identify when a child is affected by a loss. It also involves going a step further and helping the child to mourn that which they have lost.

The following terms are helpful to the caregiver dealing with a grieving child:

<b>Loss</b>	This is being without something that one has had before. The term 'loss' for children and adolescents is broader and cuts across different objects, situations and issues. For example, children can experience a deep sense of loss for a valued object like a toy or a pet in a way that an adult may not.
<b>Grief</b>	This is a natural expected reaction to a loss.
<b>Bereavement</b>	This refers to the state of having suffered a loss.
<b>Mourning</b>	This is the process that children go through when they are expressing grief.

## Types of losses that affect children

### A. Loss of a loved one through death

The death of a significant other in a child's life signifies not only a permanent state of physical separation but is tied to other losses. It may mean the loss of a reliable, dependable relationship, loss of the only source of love that the child was getting, loss of financial, social support, loss of a home or loss of trust among others.

The death of a sibling may mean for that child the loss of a play mate, a confidant, a friend, and even a rival.

### B. Loss through separation and divorce

Divorce is disruptive and may be traumatic to the lives of everyone involved. For children the loss brought about by parental divorce and/or separation can be particularly intense. Children are expected to form strong attachments to both parents, to understand the notion of a strong family unit, as well as, enjoy the presence of parents together in one home. Divorce often results in many changes in children's living situations such as change of schools, child care and homes, among others. Children also often have to make adjustments to changes in relationships with friends and extended family members. These changes create an even more stressful environment for children.

### C. Loss during illness

When children are physically sick, they experience the loss of health, they are unable to move around and play like their peers, and are angry especially when adults do not seem to really comprehend what the child is going through. For those whose illness is terminal, it means the loss of hopes, dreams and so forth.

### D. Developmental losses

These include but are not limited to: going to school for the first time, birth of a new sibling, bedwetting problems, circumcision, developmental delays, the onset of puberty, going to boarding school or an older sibling leaving home. Children need to be adequately prepared for these separations so as to minimize the degree of grief that they will experience.

### E. Loss related to abuse

Abuse instills a sense of loss in children such as loss of trust, loss of childhood dependability/safety, loss of relationship with the perpetrator or loss of self esteem/confidence

### F. Loss of objects

Loss of treasured objects that are tangible and physical also affects children significantly. The objects may include toys, pets, a home or even a special clothing item. The caregiver needs to acknowledge that for children separation from a treasured object is also a loss

## Influences to children's understanding of death

Children do not just come to know about death on their own. The environment is critical in influencing their views and attitude towards death. It also plays a crucial role in how children define death and dying as well as the accompanying processes of grieving and mourning. Some of the social systems that influence children's understanding of death are as follows:

## Children's understanding of death

### **A. The family**

Beliefs and values of parents regarding death are transmitted to children directly or indirectly, in actions or words

The extended family like grandparents transmit information on death by telling stories that have themes on death and loss

### **B. School and peers**

The social world of the child is broadened during the school years partly because of greater opportunity for interaction with peers. Children are socialized about death and dying when a school mate dies or when children play about death and dying.

### **C. Mass media**

Media also communicates cultural attitudes towards death to children, even when the message is not purposely directed at them, as in the case of news reports of disasters, critical incidents, shootings, suicides and wars. Children's literature is full of messages about death, near death or threats of death. Television programmes directed at child audiences also give messages about death which may be conflicting at times.

### **D. Religion**

Spirituality and religion are an integral part of human culture and as such have the potential to shape individual lives and personalities. For children and adolescents, religion can be an important avenue for understanding and coping with death and dying. It can offer solace, suggest some meaning in dying and provide mourning rituals that ease the pain of grief.

### **E. Community**

The community too is an agent of socialization and a rich source of practical information for children. A child's first experience of death is often within the community they live in. The way in which that community handles death (through rituals and mourning rites) may influence the child's understanding of loss and grief.

The way children understand death largely depends on their age and developmental stage. A caregiver should understand that various factors affect the way a child will be affected by a particular loss. The following is a description of how children in different age groups understand and process their loss.

### 0-2 years (infants and toddlers)

- The child at this age may perceive that adults are sad, but they have no real understanding of the meaning or significance of death
- Many people believe that infants and toddlers do not experience grief merely because they cannot verbalize their grief. However, infants and toddlers grieve the loss of loved ones similar to verbal children and adults
- They are able to “sense” the loss of someone’s voice, touch, and smile. However, their grief reactions may also be in response to what they sense from their caregivers. They may, however, exhibit some behaviour that indicates that they feel the physical separation with the deceased such as:
  - decreased activity- for example, if the child was learning how to walk prior to the loss or separation they may stop any attempts for movement
  - refusal to eat
  - irritability due to change of schedule or environment
  - yearning and searching for the deceased through crying, and
  - loss of trust in people within their environment

### 3-5 years (early childhood)

- During this developmental period, young children do not understand finality and irreversibility of death. This is demonstrated by how they speak about it. They say things like, “*when will mum come back?*”, “*Can we take some food to dad at his grave?*”, or “*Can I call my mum in heaven and speak to her?*”
- Children of this age group conceive of time as being circular: we get up, go through the day, go to bed, and fall asleep. So to them in the same way we live, we die, then we live again
- They are concerned about the physical well being of the person. To them, dead people see, hear, talk, have friends, and can eat. They think in practical terms at this stage so it is important to avoid complicated explanations of death

### The role of the caregiver in helping 3-5 year olds to grieve

- Give them simple but honest explanations about death and what is going to happen to them now that their loved one has died
- Tell them the death means that the person cannot do the things they used to do anymore like eat, drink, walk, talk etc.
- Let them know that when someone has died, we feel sad because they are no longer with us
- Let them draw or paint their feelings about the loss
- If the child is afraid of sleeping alone, the caregiver may stay with them until they fall asleep
- Reassure them about the future, for example letting them know that that you will be there for them
- Reassure them that they did not do anything to cause the death/loss and that there are people who still love them



**6-9 years  
(middle and late  
childhood)**

- This is a time of 'magical thinking' where children believe that if they want something bad enough, they can make it happen. If they wished that the person would die, they might believe that they made it happen and feel intensely guilty about this. They may also have intense fear about death, for they think of death as 'bad spirits'- something that happens to bad people
- During this age, children tend to ask a lot of 'why' questions and often link the death with consequences/motives/rules. They are extremely interested in the body so will ask detailed questions about what happened or what will happen to the body now that the person is dead

**The role of the  
caregiver in helping  
6-9 year olds  
grieve**

- Explain death using practical examples like, '*the heart has stopped beating*', '*the legs can no longer walk*', or '*the person can no longer eat*'
- Avoid using euphemisms like, '*God has called him/her*', '*he passed away*', or '*he/she has gone to heaven*'
- Ask the child what they wish to do to remember the person who has died or the object which they have lost
- Provide the child with opportunities for play as much as possible
- Tell the child that is okay to cry because they miss the person
- Probe for any questions that they may be having and answer them using the most simple terms and language
- Discuss with the child any fears that they may have that are associated with the loss such as, '*where will I live now?*' or '*who will take care of me?*'
- Reassure the child that they will not be alone
- Find out if the child could be harbouring any feelings of guilt or anger due to the loss
- Provide the child with a book where they can write messages or draw pictures whenever they wish to
- The child needs to know that expression of sadness is alright and that the death can be discussed with the caregiver

### 10-17 years ( pre-adolescence and adolescence)

- They are beginning to understand that death is a part of life and that it can happen to anyone, including themselves. They also know that death means the cessation of all bodily functions
- This new understanding increases their realistic fears about death and whether or not death is painful. They are interested in what happens to the body after it dies, and the idea of 'spirits' and 'afterlife'
- They can also show empathic feelings towards those others who have lost. They cope better with death when they are given detailed information about different aspects of the event
- By adolescence, the child's concept of death becomes more abstract, and they are able to understand more of the long-term consequences of a loss. They can therefore express their sorrow just like adults. Adolescents see death as destruction of life, the body and dreams

### The role of the caregiver in helping pre-adolescents and adolescents to grieve

- Allow them to verbalise their thoughts and feelings about the loss
- Give them space if they do not wish to speak to an adult but would rather share with a peer
- Provide information on symptoms of grief and some of the thoughts and feelings that people experience when they are mourning
- Allow them to cry and mourn so that they do not feel like they have to put on a strong face
- A memory book where they write about their thoughts and feelings can help keep memories of the loved one alive
- Encourage the child to keep a journal or a diary where they can record their stories about the deceased, remember them in different ways and also to record their thoughts, and feelings
- Adolescents may be more receptive to rituals like visiting the grave
- Others may decide to address their unfinished business by writing a letter to the deceased where they talk about things like what they miss about the person, what they wish they had said or not said, among other things
- Caregivers should be careful not to ignore the views and wishes of the adolescent with regard to funeral arrangements and other matters
- A child should not be forced to engage in mourning rituals that they do not wish to engage in

## General tips for helping children to deal with losses brought about by change

There are many changes that a child can experience, in the process of growing up. These too constitute some degree of loss. The way that children handle the loss occasioned by change depends on the type of change, whether it is a sudden or a planned change, and also how caregivers handle the change. The following are changes that have implications of loss for children:

### A. Divorce and separation of parents

Divorce and separation of parents affects children in a variety of ways. For children it not only means that mother or father will not be around but also means that nothing will ever be the same again. Some of the feelings children experiences as a result of divorce are very similar to the loss and grief reactions that children experience following the death of a loved one. Here are some examples of how divorce impacts on children:

- **Fear of being abandoned.** When parents are either separated or considering separation, children have a realistic fear that if they lose one parent, they may lose the other. The concept of being alone in the world is a very frightening thing for a child.
- **Losing attachment.** Children have a natural attachment for their parents and fear losing this bond. Irregular visits and phone calls cannot replace the physical presence of a parent.
- **Coping with parental tension.** Even though many divorces follow a lengthy period of tension between a husband and wife, the tension level typically increases during and shortly after a divorce. It becomes worse when one parent speaks ill of the other. This makes children feel confused since they love both parents and may feel like they have to divide their loyalty.
- **Sadness.** This is related to the loss of a loved parent and perhaps other relatives in the family. This feeling is similar to mourning and is often accompanied by waves of loneliness and longing
- **Anger.** Children whose parents have divorced usually have feelings of anger. Sometimes the anger is directed towards the parent who has left, other times at the remaining parent. Often times the child cannot even explain who or what they are angry at. The anger may be manifested in several behaviours
- **Self blame.** Children are not sure whether they were in some way responsible for what happened. Some make attempts to bring the parents together. Some of these attempts may be extreme, such as pretending to be ill, running away from home or school or committing an offence. They do this in the hope that the parents will get concerned and come back together

### The role of the caregiver in helping children deal with separation and divorce related loss

- Caregivers should acknowledge that divorce and/or separation of parents is painful for children as well
- When parents have decided to separate or divorce, it is important that both of them make time and talk to their children
- Parents should assure children that they (children) are not to blame

- Children should be given important information such as which parent will move out, where they will stay and how the parent and children will maintain contact
- Minimizing the conflict and hostility between parents following the divorce enables the child to move on. Agreement between the parents on important parenting issues such as discipline and child rearing, as well as love and approval from both parents, contributes to the child's sense of well being and self-worth
- A parent who lives in a different town or estate can still keep in close touch with his or her children. Letters, e-mails, phone calls, school visits for parent or open days, being present during important occasions in the child's life like a birthday, baptism, prize giving, sports are ways parents and children can keep in contact with each other
- Parents need to be aware that children of all ages fantasize that their parents will get together again. This may be particularly true when parents co-parent successfully
- If possible, limit the number of disruptions children must handle during separation or divorce. For example, try to keep the child in the same school, child care facility, home or neighbourhood
- Develop positive ways to handle your stress. For example, exercise, eat nutritious food, spend time with friends or take up a hobby. If you feel you are under too much stress and may hurt your children, ask for help immediately
- Turn to relatives and friends for support. It is unfair to expect your children to meet your needs for companionship and affection. Take care of yourself so you can take care of your children
- Children need to see the positive ways you use to cope with stress. This helps them understand that they must also find positive methods to handle their feelings. Suggest activities they might do to feel better. Playing with friends, taking up a hobby, or reading can be helpful in reducing stress
- Provide the nurturing and love that your children need, while setting firm limits on inappropriate behaviour
- Adult friends and family members can provide emotional warmth, reassurance and comfort to your children. They can teach them new skills and activities and act as role models. This will make the children feel appreciated
- If the child seems unable to cope with the situation, it is important to take them to a counsellor
- It often takes two or more years for children to adjust to their parents' divorce. Through love, understanding and keeping in close contact with your children, you will help them grow into well adjusted and productive adults

### **B. Moving to a new location**

Moving to a new estate, town or country is challenging for parents. For children it may be an emotional transition that brings about a deep sense of loss. Parents may be too preoccupied with planning for the move that they forget that children also need to deal with it.

### **How parents can help their children**

- Communicate honestly with children about why you are moving. Help them to see the big picture behind the move. If the move is necessary because of a divorce or death in the family, your children will most likely already be at a delicate emotional state
- It is important to discuss with children about the relocation on an ongoing basis as well as giving them the space to express themselves
- Keep children up to date on the relocation process as children like stability and routine.
- Be honest in order not to raise a child's expectations unrealistically as this may end up in disappointment for them
- Assure children it is alright to feel angry or sad. Share with them how the moving is also affecting you and how you are coping
- Children are very visual and seeing the town, neighbourhood or home that they will be moving into helps them come to terms with the relocation. Parents may also involve them in the house hunting process or take them for a pre-move visit to the area
- Involve children in packing stuff as it also brings in the reality of moving. An infant may be overwhelmed by the new environment and cry all night or be irritable and restless. Acknowledge their sense of loss and provide them with familiar objects. Touching and soothing the child is also important

### **C. Going to a new school**

- Moving to a new school is a significant change for many children
- Children spend more time in school than at home. They become attached to their teachers, the school environment and other children
- Moving to a new school implies the loss of familiarity, the loss of friends and is like the loss of a second home
- If children are not prepared adequately for change of school or consulted about the change they may feel resentful and angry. This may impact negatively on the child (especially pre-teens and teens) - parent relationship and on the child's performance

### **How parents can help their children**

- Parents should sit with their children and listen to their views about the change of school
- Acknowledge the child's resistance to change school because they are losing the familiarly and embracing a totally different environment
- Do not give the child the impression that moving school is a form of punishment for poor performance or bad behaviour
- If possible, arrange for a guided tour of the school to help them feel more at ease once they start in their new school
- If possible, meet your child's teacher, as they will be an important part of a successful transition for your child

## Points to remember on loss and grief in children

- Loss touches different aspects of our lives. For children loss can be as a result of death, or loss of valued objects, loss due to changes like divorce/ separation of parents, moving to a new location, changing schools, etc
- Children of all ages are capable of experiencing grief. The age determines how a child will attach meaning to their loss
- A bereaved child can experience physical and emotional symptoms similar to those experienced by adults
- When breaking the news about the death of a loved one to children, have an adult who has a caring relationship with the children do it and not strangers or people that the child is not familiar with
- The setting should be confidential and not in a crowded place so that the adult can be able to help the child to process the information without bystanders staring
- Children will revisit their grief through each developmental stage. The way the child processed a loss at 6 years will be different from the way they will process it at adolescence

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## Where to seek assistance

Accredited Counselling Organisation

Health institutions

## CHAPTER 8

# WORKING WITH TRAUMATISED CHILDREN

### *Case Study 4*

*Carol and Davy (not their real names) are two siblings aged 8 and 13 years respectively. They were rescued from their home and taken to a Charitable Children's Institution after a good samaritan notified the authorities. Two weeks ago the parents had one of their many verbal fights. After the quarrel the children's father stormed out of the house and went drinking. The mother, feeling scared that the ordeal might get worse when the husband came back decided to sleep in the children's bedroom. Late that night, Carol's father came home very drunk and appeared to be even angrier than he was when he had left. He dragged the mother from the children's bedroom and started beating her. She collapsed, and eventually died. The children witnessed it all and only survived the father's wrath because they managed to lock themselves in the bedroom. After realising that he had killed his wife, the father took a rope and hung himself in the bathroom.*

### Objectives

1. Define trauma and its effects on children at all developmental levels
2. Describe the role of caregivers in helping traumatised children in a variety of settings

Growing up for the average child consists of certain regularities such as the presence of parents or any other caregiver, waking up in the morning, preparing for school, meeting with the same teacher, the same children, playing with friends, sleeping in a familiar place, and essentially being able to depend on a series of predictable events. Traumatic events interfere with this natural flow of life.

### What is a traumatic event?

A traumatic event is said to have occurred when the child has been exposed to an event in which both of the following were present:

- The child experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury
- A threat to the individual child or someone else
- The child's response involved intense fear, helplessness, or horror

### What causes trauma in children and adolescents?

Trauma can be brought about by various factors which may be related to the family, environment or community. However, some causes of trauma are beyond the family or community control as they are brought about by natural factors.

### Natural causes of trauma in children

- Famine
- Floods
- Earthquake/tsunami
- Illness
- Severe disability
- Natural death

### Manmade causes of trauma in children

- Traumatic death of a significant person like a parent or sibling (through suicide, murder, accident, illness etc)
- Having terminally ill parents
- The child being diagnosed with a terminal illness (such as cancer or HIV/AIDS)
- Being involved in a carjacking or kidnapping incident
- Witnessing violence at home or in the community
- Experiencing abuse
- Divorce and separation of parents
- Acts of terrorism
- Bullying by peers

### How trauma affects child development

Understanding the effects of trauma calls upon the caregiver to be aware of the normal behaviour of children and how such behaviour or characteristics are affected by trauma. The age and developmental stage of the child at the time of trauma also determines how the trauma will affect the child. The table below provides an overview of children's age and developmental stage and changes as a result of trauma.

## 0-2 years: Infancy stage

Normal developmental pattern	Changes due to trauma
Basic trust is the foundation of the child's assumption that the world is a relatively safe place and that humans can be relied on to provide protection in times of danger	The traumatic experience may shatter the infant's growing sense that the world is a trustworthy place and that caregivers can protect them from harm
Learning to interact with the caregivers and family through play Forming secure attachment with regular and consistent caregivers	Lack of interest in play Generalised fear, inability to form attachments
Having a sense of self expression, including emotional experience and expression	Lack of usual responsiveness. The child does not show fear in situations where they are expected to be afraid



## 2-4 years: Toddlers

Normal developmental pattern	Changes due to trauma
The child shows a strong wish to do things for himself and makes such attempts every now and then	Unpredictability of life due to ongoing trauma may cause them to doubt their own competence and to doubt that they can rely on others for help and support
Often strong willed, expressing their emotions as they experience them, asserting themselves	The child becomes withdrawn or may become overly aggressive toward others
More able to control moods and responses	Emotionally, the child may experience mood changes, becoming elated at one time and withdrawn the next instant. They may become extremely afraid of the dark or of being alone and may cling to the care giver

## 4-6 years: Preschoolers

Normal developmental pattern	Changes due to trauma
Prefers to play in groups with other children, and may have specific friends	The child may fear venturing outside the house, is no longer interested in playing with friends
Increasing self-control and a sense of initiative	Trauma takes the child back developmentally and the child may refuse to go to school, start stammering, bedwetting and have sleep disturbances
Increased ability to connect events outside themselves with their own experiences	These children may engage in post-traumatic play re-enactment, talking about the event outside play. When done repeatedly it shows inability to connect or understand their place in the events

## 7-11 years: Latency age

Normal developmental pattern	Changes due to trauma
Children at this stage look to parents as role models and copy the parent's behaviour as acceptable and normal	Children will avoid places and situations associated with the traumatic event such as refusal to go back home. They may even show behavioural signs of terror at a particular person by excessively crying or hitting or running away from the person or home
Increasing self-esteem	Exhibit feelings of shame, guilt, and embarrassment. Low self-esteem and low confidence
Begin differentiating "their" community from "other"	May have angry feelings toward members of another community and harbour feelings of revenge
Able to sustain good relationships	Children may fight with peers, experience school problems

## 12-19 years: Adolescence

Normal developmental pattern	Changes due to trauma
They begin to understand themselves and have a sense of identity	Stress and trauma only serve to increase the upheaval that children in this stage experience resulting in role confusion and drop in academic performance
Establishing a durable sense of personal values	Some teenagers rebel against societal/familial values and become involved in criminal activity, premarital sex, drug abuse, teen pregnancy
Capacity to control their emotions	Extreme manifestation of anger, fear, anxiety, self blame or blaming others, guilt, shame, embarrassment, mistrust, manipulation, violence, bullying others etc
Enjoy or desire social activities and spending time with their friends	Withdrawal from previously enjoyed activities like hanging out with friends. Teens may assume the parent/caregiver role (especially in HIV/AIDS affected households) and experience confused feelings

### Working with traumatised children: the role of the caregiver

The following are examples of specific roles of caregivers in helping traumatised children:

- Restore psychological and physical safety. This can include putting the child in a place of safety like a Charitable Children's Institution or a Rescue Centre. Talk to the child about the traumatic incident and be willing to listen. Share your feelings with the child, taking into consideration their age and developmental level
- Keep a predictable routine and do not expose the child to too many changes while they are still coming to terms with the trauma. When the day includes new or different activities, tell the child beforehand and explain the reason for this
- Help children develop protective plans of action if another traumatic event were to occur. Examples include teaching basic first aid, avoiding certain dangerous places, taking cover in case of an earthquake, not keeping secrets from parents, etc. This should be done in consultation with the child as most children can devise their self protective mechanisms that make sense to them

### The role of the teacher in school settings

- Be sensitive to cultural differences among the children. In some cultures, for example, it is not acceptable to express negative emotions
- Remain calm because children can model how teachers express their feelings when under distress
- Assist the child to talk about what happened. Do not be hesitant to refer the child to a professional counsellor as this is an ethical responsibility
- Hold meetings for parents to discuss the traumatic event, their children's response to it, and how they can work together with the school to help

- Understand that immediately after the trauma children may not understand complex information while learning
- Even traumatised children must be accountable for their behaviour and should not be exempted from following school rules. They need to know that obeying rules will make a positive influence in their lives
- Provide social skills training to teach them what is acceptable at school as well as how to make friends
- Avoid labels such as 'IDP' (internally displaced person) or 'orphans' as this makes trauma a prominent feature of the child's identity
- Create a safe environment in school to avoid re-traumatizing children and provide avenues for children to report abuse such as through speak out boxes
- Help children create activities for moving forward such as a 'peace corner' in a classroom, a 'safe space', or drawing pictures for instance those of their new community

### The role of the counsellor

In order to address the psychological needs of a traumatised child, the counsellor has a crucial role to play. Traumatised children need professional counselling to assist them process the thoughts, feelings and behaviours associated with the trauma. The step by step approach explained below can assist in addressing traumatic experiences in children:

- The counsellor should be aware that the child may have come to counselling at the insistence of the parent
- To establish rapport means to create a good friendly working relationship with the child so that the child can be free to open up to the counsellor
- Start by greeting and calling the child by their name and asking them how their day, class was etc
- It may involve doing an activity with the child like reading a story, talking about likes and dislikes or asking the child to tell a story
- The counsellor can prepare the child to talk about the traumatic event by giving some information about trauma in general and how it affects children
- A counsellor may use pictures, pamphlets, puppets or dolls for friendly discussion with the child
- The counsellor should address feelings and thoughts associated with the trauma
- Young children do not have a large vocabulary to explain their feelings and may instead use common words such as 'bad', 'sad', 'mad', or 'angry'
- The counsellor needs to help the child identify negative thoughts such as when children say, '*I am a terrible human being*' '*Nothing good will ever come out of me*', or '*I am a criminal*'
- Teach the child how to stop the negative thoughts by, for example, humming a favourite song or visualizing (thinking of) a safe place
- Help the child share thoughts about their traumatic experience in detail in order to get it out, and not to keep the pain and terror inside
- Let the child know that sharing the story in full is like cleaning out a wound. It might be painful at first, but it hurts less and less as we go on and then the wound can heal

- The caregiver should listen carefully without judging, using prompting words and asking open ended questions. The caregiver needs to show empathy understanding
- The caregiver should avoid pushing the child to reveal everything at once. If the child becomes uncomfortable, give them time
- Teach the child personal safety skills on prevention and protection. These techniques include, calling for help, being aware of their surroundings, memorizing the telephone numbers of key people such as parents, siblings, relatives, or teachers

**Points to remember in working with traumatised children**

- Trauma may have a long term effect on children if not addressed appropriately
- Trauma affects all aspects of the child in terms of normal development including physical, social, emotional, behavioural and spiritual
- The age and developmental stage have a bearing on how a child will be affected by trauma
- Counsellors should help parents, teachers and child protection officers to understand the changes they see in children following a traumatic event
- Parents, teachers, counsellors, social workers and significant others all have a role to play in helping traumatised children
- Concerned caregivers should seek professional counselling for children who have experienced a traumatic event
- It is possible for a traumatised child to overcome the trauma if provided with appropriate and timely help

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**Where to seek  
assistance**

Kenyatta National Hospital, Off Mbagathi Road, Milimani, P.O. Box 20723 - 00202 Nairobi

Nairobi Women's Hospital, Hurlingham Medicare Plaza  
P. O. Box 10552, Argwings Kodhek Road, Nairobi

Moi Teaching and Referral Hospital, Nandi Road, P.O. Box 3, 30100 Eldoret, Kenya

Health facilities

Kenya Red Cross, South "C" (Bellevue), Red Cross Road, Off Popo Road, Mombasa Road, Nairobi

Accredited Counselling Organisations

## CHAPTER 9

# HANDLING CHILDREN LIVING AND WORKING ON THE STREETS

### Objectives

After going through this chapter, caregivers should be able to:

1. Identify challenges facing children living and working on the streets
2. Provide care for children living and working on the streets

According to UNICEF the term “*children on the streets*” refers to “*any girl or boy who has not reached adulthood for whom the street has become her or his source of livelihood, and who is inadequately protected, supervised or directed by responsible adults*”. Other terms used to refer to these children are: street children, street kids, street families, street urchins, and chokoraa (the last two are derogatory and associate them with wrong doing including thuggery).

Most children on the streets are between the ages of about 5 and 17 years with majority being boys. Their population varies from one urban centre to another and from one season to another. Living and working on the streets exposes these children to abuse, exploitation, and neglect and in extreme cases murder. The Children Act, 2001 places them in the category of children in need of care and protection. Living on the streets puts them at risk of getting in conflict with the law leading to some of them being charged for vagrancy and other offences.

### Categories of children living and working on the streets

There are different categories of children living on the streets. There are those who live and spend all their time on the streets and others who work on the streets and return home at night. According to studies done by organisations that work to improve the lives of children and youth in Kenya, children on the streets can be categorized as follows:

- Children who work and live on the streets full time while living in groups
- Children who work on the streets by day but go home to their families in the evening (this category constitutes the majority of children on the streets in Kenya)
- Children who are on the streets occasionally, such as in the evening, weekend and during school holidays
- There are also ‘street families’ where both parents and children live and work on the streets

### Factors that push children to the streets

Children end up on the streets for several reasons including the following:

- Abandonment and neglect
- Orphan-hood
- Poor care-giving practices such as mistreatment by caregivers or domestic violence, among others

- Dysfunctional families leading to disintegration of the family unit
- Negative peer pressure
- Being in conflict with the law
- High poverty rates and inadequate social safety nets
- Ethnic conflict leading to family being separated
- Drugs and substance abuse
- Violence in schools especially excessive corporal punishment

### Challenges facing children on the streets

Among the problems they face are the following:

- Sexual abuse by fellow older youth in the streets and others in return for food and protection
- Difficulty in accessing health services
- Lack of shelter
- Poor sanitation
- Inadequate nutrition
- Substance abuse
- Poor health and lack of access to health services
- Beatings and other forms of physical mistreatment
- Stigma
- Missing out on education
- Forced labour and exploitation

### Care for children living and working on streets

The government, the private sector, civil society including faith based organisations as well as private individuals have over the years assisted children living and working on the streets in various ways. The government has established the Street Families Rehabilitation Trust Fund. Similarly, all local authorities are required by law to establish programmes to address the needs of children on the streets within areas of their jurisdiction.

The social welfare programmes established by the government are meant to address, among other things, problems of children and families on the streets. They include:

- Orphans and Vulnerable Children Cash Transfer Programme (CT – OVC) in the Department of Children's Services
- Cash Transfer for Older Persons in the Department of Gender and Social Development
- Cash Transfer for those with Severe Disability administered by the National Council for Persons with Disabilities
- Women Enterprise Fund
- Youth Enterprise Fund
- Constituency Development Fund
- Education Bursaries
- Free Primary Education Fund and
- Subsidized Secondary Education



The government has established rehabilitation centres and drop-in centres targeting children and families on the streets in several urban centres. Services offered in these centres focus on:

- Rescue
- Rehabilitation
- Counselling
- Tracing and reintegration
- Repatriation
- Nutrition
- Health, hygiene and sanitation
- Apprenticeship
- Education
- Shelter

Non-governmental organisations on the other hand use a wide variety of strategies to address the needs and rights of children living and working on the streets. They include the following:

#### **A. Preventive programs**

- Education
- Sensitization and awareness creation to communities

#### **B. Advocacy**

- Lobbying for enactment of laws
- Lobbying for implementation of laws, policies and programmes
- Development of appropriate materials for sensitization campaigns

#### **C. Street based programs**

Street based programmes are more economical to run than institutional ones. They are also more accessible to children hence benefit a large number. They include:

- Drop-in centres where children visit and are provided with food and other services
- Medical care
- Legal aid
- Education
- Guidance and counselling and psychosocial support
- Financial support for business ventures such as banking and entrepreneurship programs
- Family re-unification, and
- Outreach programs designed to bring children into closer contact with the agency

#### **D. Institutional programmes**

These are residential rehabilitation programmes. Activities focus on assisting children to recover from abuse. Children are no longer on the streets but live in a home environment provided to promote fostering into individual families. There are group homes where small numbers of children live together with home parents to care for them. The children

are registered and the records assist with reintegration. Some institutions have follow up programs to monitor and counsel children and families even after the children have left the residential program.

To protect and support vulnerable children, families are empowered and supported to be able to deal with the social, emotional and financial challenges they face in order to reduce the risk of their children going to the streets. Caregivers are also counselled to make them improve their parenting skills.

### **E. Reintegration programme**

Family is generally the best place for the child to grow and develop and every effort should be made to recreate effective social ties between children and their families. The ultimate goal is for children on the streets to be reunited with family. It is important to:

- Assess whether the child or the adolescent wants to establish contact with their families
  - Develop a life plan to help the child
  - Offer support to the child and the family
  - Monitor the situation regularly
  - Assist children who cannot be re-united with family with appropriate services including re-entering the schooling system
  - Establish a reintegration and after care team comprising social workers and other caregivers to work with the children and their families to prevent children going back to the streets and assist the children
- 
- Ensure proper parenting to prevent children running away to the streets
  - Get as much information as possible on the issue of children living and working on the streets
  - Provide children with adequate information including the dangers of living on the streets
  - Ensure they maintain communication with children who are on the streets to assist them go back home
  - Assist children to form peer groups that can assist others off the streets
  - Link the children to rehabilitation programmes and rescue programmes
  - Participate in advocacy for the rights of children living and working on streets
  - Assist children rejoin school
  - Advocate for positive discipline in institutions to prevent children running away
  - Design an exit strategy for children who have been rehabilitated

### **The role of the caregiver**

## Points to remember

- Caregivers should ensure that children under their care are not exposed to abuse or exploitation which can push them to the streets
- Children living and working on the streets have the same rights as other children and should be protected
- Interventions for children living and working on the streets should be coordinated to ensure effective service delivery
- The goal for any intervention should be eventual removal of the children from the streets and ensure they get an education

## Further reading

Forum for actors in street children work. 2001. *Best practice in working with street children in Kenya*. Nairobi

Kilbourn, P. (editor). 1997. *Street children: A guide to effective ministry*. Monrovia, California, World Vision Resources

SNV Kenya and German Technical Cooperation. *'The story of children living and working on the streets of Nairobi'*

UNICEF, Kenya: Statistics, Unite for Children  
[www.unicef.org/infobycountry/kenya\\_statistics.html](http://www.unicef.org/infobycountry/kenya_statistics.html)

Republic of Kenya and UNICEF. 2009. *Situational Analysis of Children, Young People and Women in Kenya*.

Republic of Kenya. National Plan of Action for Children 2008 - 2012

## Where to seek assistance

Department of Children's Services

Ministry of Labour - Child Labour Division

County Authorities

Street Families Rehabilitation Trust Fund, 5th Floor, Cianda House, Koinange Street, Nairobi. P.O. Box 30040, Nairobi

Pandipieri Street Children Programme, Kisumu Urban Apostolate Programmes, P.O.Box 795, 40100, Kisumu, Next to Manyatta Market

Undugu Society of Kenya, Nairobi Offices, Arnold Plaza, 5th Floor, Woodvale Groove, Westlands, P.O.Box 40417-00100. E-MAIL: [undugu@undugukenya.org](mailto:undugu@undugukenya.org)

Children Legal Action Network (CLAN) Riara Road, Hekima College, Compound unit No. 5, Next to Riara Primary School. P.O Box 7979, 00200, Nairobi. Email: [info@clan.or.ke](mailto:info@clan.or.ke); <http://www.clan.or.ke>

The CRADLE – The Children's Foundation Wood Avenue, Off Argwings Kodhek Road, P.O. Box 10101, 00100 Nairobi, [www.thecradle.org](http://www.thecradle.org)

Faith Based Organisations - Churches, Mosques, Temples



# CHAPTER 10

## CHILD PROTECTION

*Justice delayed is justice denied*

### Objectives

This chapter on child protection aims at:

1. Providing the caregiver with information on various aspects of child protection
2. Identifying forms of violations or abuse towards children and how a caregiver can handle them
3. Providing information on institutions that deal with child protection issues

The term “child protection” is used to refer to the range of activities undertaken to prevent and respond to abuse, exploitation and violence against children. Children of all ages, background, both girls and boys, and in school and out of school children suffer abuse in different ways. Child protection should be viewed as part of the wider social protection system for children as opposed to a one stop place. For child protection to work for the child, the different partners need to work together. These partners include caregivers, the community, government institutions as well as other agencies.

### Categories of children vulnerable to abuse

All children, by virtue of their age are vulnerable to abuse. However, caregivers need to know that certain categories of children are more vulnerable to abuse than other children. These children include:

- Those without parental care
- Those living in conflict situations
- Those in conflict with the law
- Orphans
- Children with disabilities
- Those displaced by calamities such as floods, conflicts and drought
- Those who live on the streets
- Girls
- Those in the justice system

### Perpetrators of abuse towards children include:

- Primary caregivers (parents and guardians)
- Relatives
- Older siblings
- Friends of the family

- Domestic workers
- Neighbours
- Teachers
- Law enforcement agents
- Religious leaders
- Health personnel
- Staff of children institutions
- Children themselves

### Types of rights violations

The terms abuse and violation in the context of child protection are usually used interchangeably. The most common forms of rights violation against children in Kenya are:

- Sexual exploitation (including commercial sexual exploitation of children)
- Child labour
- Child trafficking
- Child marriages
- Female genital mutilation/cutting among others

Children who are abused suffer short term and long term effects depending on various factors such as age at which violation took place, the nature of the violation, the period over which the violation took place as well as the relationship between the perpetrator and the child. Some of the effects of these rights violations include:

- Death
- Severe injuries including disability
- Trauma (short term or long term)
- Poor growth development
- Poor health (both mental and physical)
- HIV/AIDS and other sexually transmitted infections
- Displacement leading to homelessness
- Interruption of education

There is no one successful way of addressing rights violations faced by children. A good approach, however, must be:

- Child friendly
- Have the best interests of the child as a guiding principle
- Allow for effective participation of all stakeholders including children

### Categories of abuse

**Physical abuse** which comprises of intentional infliction of physical harm. Common forms are:

- Corporal punishment both at home and in learning institutions
- Shaking of small babies

- 
- Burning a child using paraffin, cigarettes, hot knives and other implements as a form of punishment
  - Confining a child unreasonably
  - Pinching
  - Biting among other forms

**Sexual abuse, assault and exploitation** includes: sexual contact with a child through deceit, force or threat. The most common are:

- Defilement (unlawful sexual intercourse with a minor)
- Sodomy
- Child sexual exploitation (such as during commercial sexual exploitation)
- Exposure to pornographic material
- Indecent exposure or assault
- Sexual harassment

The Children Act and the Sexual Offences both outlaw any form of sexual activity with a child who is considered a minor.

**Neglect** is failure to provide a child under one's care with food, shelter, clothing, water and other necessities of life which are meant to provide one with physical, emotional and mental comfort. It also includes exposing a child to unsafe conditions, leaving a child with no one to take care of the child or leaving a child in the care of another child.

- Children are subjected to financial exploitation when used by adults to beg for money as beggars, and to perform illegal activities like theft
- An individual may also neglect themselves (referred to as self neglect) when they fail to take care of their well being
- When a caregiver self neglects and fails to take adequate care of themselves, this has a negative impact on the child they are taking care of

Some forms of abuse are tied to **cultural traditions** with communities believing they are appropriate because they have been practiced for a long period. Many adults justify these types of abuse on the grounds that the same thing happened to them as children.

Examples of abuse bases on cultural traditions are:

- Child marriages
- Female genital mutilation/cutting
- Child labour at home
- Denial of food as a form of punishment
- Child battering as a way of discipline
- Disinheritance of children, especially girls

**Emotional abuse** is also referred to as psychological abuse and includes insults, threats, name calling or acts of intimidation.

**Kidnapping and abduction** of children is another form of child abuse that has been on the increase in urban areas in the recent past. Families involved are left traumatised and many have had to get counselling. These two point to the evolving nature of rights violations.

### What are the risk factors for abuse towards children?

Some situations increase the chances of abuse taking place. For children, the risks are high when that child:

- Is ill
- Has a physical or mental challenge (disability);
- Is female
- Lives in an area with high rates of drug abuse, unemployment, poverty and general crime
- Lives in a refugee or displaced persons camp
- Is in contact with the criminal justice system
- Lives and/or works on the streets
- Is an orphan
- Is an orphan living in a child headed household
- Uses and abuses drugs
- Is a child labourer or worker (especially a child domestic worker)
- Walks unaccompanied to school, to fetch water or firewood, to the shops, and generally run errands
- Lives with an abuser who themselves was abused as a child, and
- Lives with an abuser who uses drugs, alcohol or suffers from mental illness, depression or low self esteem
- Lives in an institution

### Signs of abuse

Some signs of abuse are obvious and easily noted while others require a trained person to detect. The signs also depend on the type of abuse and the age of the abused child:

- **Sexual abuse** – presence of bruising on the private parts such as genital area and breasts; sexually transmitted infections; or pregnancy for girls. A child who is being sexually abused may walk in a funny way, behave in a sexually suggestive manner or overreact to situations
- **Emotional abuse** – having trouble talking, eating; behaving in extreme ways; and in young children there is delay in overall development

#### A neglected child:

- is usually hungry
- looks for food in any place including garbage bins
- is absent from school often due to lack of adult supervision, sickness or other reasons
- has poor hygiene
- is poorly and shabbily dressed



- shows frequent general tiredness
- often does the work of an adult
- reports that they live without an adult caregiver

A caregiver needs to be aware that any changes in a child such as a decline in school grades could be a pointer to abuse.

### What can a caregiver do to prevent abuse of children?

- Not engage in any abusive behaviour
- Acquire skills and knowledge on how to detect abuse in children
- Create a good relationship with the child so that the child feels safe to confide in you/ them
- Teach children about abuse and how to protect themselves
- Remove children from situations where they are likely to be abused
- Give children tips on what to do in case someone tries to abuse them such as screaming, running away, kicking and biting, among others
- Teach children what to do in case they have been abused
- Teach children the difference between appropriate touch and inappropriate touch
- Create awareness and education in communities on the dangers and ill effects of abuse and the role of the community in preventing child abuse
- Educate communities on how they can assist fellow community members who are likely to perpetuate abuse

### The duty to report child abuse

Professionals such as medical personnel, teachers and social workers are in close and regular contact with children. Their training enables them to notice unusual behaviour patterns in a child that may be a sign of abuse or exposure to abuse. Comments made by children about their home may indicate the child's exposure to domestic violence. Professionals have a duty to report abuse or suspected abuse to the relevant authorities. Parents, guardians, children themselves, relatives, neighbours and religious leaders also have a duty to report abuse. Children are especially helpful in reporting abuse happening to other children which they may become aware of in school, while playing, talking with each other or when visiting each other.

#### The role of a teacher in reporting abuse

Due to the amount of time they spend with children, teachers are in a good position to detect cases of abuse among children within a learning institution. Following are some of the steps a teacher can take:

- As a priority ensure that the child is safe
- Find out if the institution has set reporting procedures such as how and the period within which a complaint may be made with the relevant authorities and in what format.
- Seek information and assistance from seniors on how to handle the issue
- Report the matter to child protection services such as the Department of Children Services,

- the police, the chief, a legal aid organisations or a community child protection group
- Remove a child from an abusive environment
- Make a detailed written record of all that takes place and keep it safely. Make copies for back up and reference
- Seek counselling services in order to remain strong enough physically and emotionally to follow the matter to the end and avoid stress and burn out
- Make follow up to ensure the matter is not abandoned as a result of “out of court settlements” or indifference by authorities

### How can children protect themselves and other children?

Children can protect themselves and each other by:

- Learning about their rights in general and about abuse in particular
- Reporting cases of abuse to parents, guardians, older siblings, school mates, the police, the chief, relatives, neighbours, school authorities, religious leaders, legal aid organisations, or social workers among others
- Identifying vulnerable children in their midst and assisting them to get linked to individuals or institutions who can help them
- Attending and participating in forums held to discuss rights of children

### The role of community based child protection groups in protecting children from abuse and exploitation

Communities comprise of children, young people, parents, guardians, professionals in various disciplines and religious leaders. They all have a role in ensuring children are protected. Causes of child rights violations are similar in most parts of the country. However, approaches to addressing the problem may differ from one community to another. Interventions in child protection should start at community level since communities understand themselves and their issues better. This is also in line with the new devolved system of government that acknowledges that systems should be established at the grassroots and then linked up at the national level. Similarly in child protection there are structures that exist at community level that communities can utilise.

#### **For community structures to protect children certain aspects have to be considered:**

- They should be sustainable
- Members of the community need to contribute towards these structures in order to get a sense of ownership
- Children and young people also have a role to play in ensuring child protection systems at community level function properly
- Communities should be educated on the rights of children and what constitutes violation of these rights
- It is important that community attitudes and perceptions regarding child abuse and child protection changes with time in order to reflect the new thinking
- Each community should identify priority child protection issues and have local solutions.
- Vulnerable families should be targeted for intervention
- People working in child protection should have background checks and those with a history of abuse kept away from interacting with children

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### Challenges associated with ensuring child protection for children

- Those in direct contact with children should be properly vetted
- Community-based child protection groups should not work in isolation but rather with each other and existing national child protection system. Ensuring proper sustainable linkages between the two greatly enhance efficiency in provision of services to children
- Communities and government should ensure local child protection structures have the necessary support including financial
- The level of awareness on child rights violations among children, young people, caregivers, school authorities, government officials, religious leaders and communities in general remains low in most parts of the country
- Not all existing structures work as well as they should. This is partly due to lack of adequate resources
- In most instances child abuse is a hidden phenomena and thus difficult to detect and eradicate. Getting accurate and up to date data and information is a resource intensive exercise that communities may not have (both financial and human resource with the proper skills)
- Many communities still believe in cultural practices that violate the rights of the child such as early marriage, female genital mutilation/cutting, child labour and corporal punishment
- The juvenile justice system serves to rehabilitate children in conflict with the law and even though it should operate differently from the main criminal justice system there are still challenges due to lack of effective child protection structures in many parts of the country
- Corruption practices such as abuse of office, impunity, cover up of cases at the police, health institution and judiciary level and generally actions that defeat the cause of justice deny children who have been abused justice. Parents and guardians are also known to accept settlements out of court for sexual abuse cases. This in itself is a form of child abuse and is not in the best interests of the child
- Lengthy judicial processes deny children justice
- Many communities lack information on what to do in case of abuse and either do not take any action or interfere with evidence unknowingly as happens in sexual abuse cases. Lack of (enough) evidence to support the case leads to acquittals. There may also be no follow up of cases once the case is reported
- Fear of stigma and dependency on the perpetrator for economic gain/support prevent many caregivers, especially mothers, from reporting abuse especially incest (sexual intercourse between people who are very closely related such as parents and children, brothers and sisters, grandparents and grandchildren, aunts/uncles and nieces/nephews, adoptive parents and adopted children. The law also states that these categories of people cannot marry each other
- Some caregivers fail to treat these violations with the seriousness and priority they deserve as they do not always make reports
- Lack of adequate mechanisms to address the violations

## How to strengthen the child protection system

An effective child protection system is based on a child friendly legal and policy framework and is guided by the best interests of the child. It also draws legitimacy from involvement of all stakeholders including children who have a role to play in ensuring their own protection. Following are suggestions of how child protection systems can be strengthened.

- The education and training of stakeholders on child protection ensures that they are aware of their roles. Professionals in the field need to be well informed in order for them to effectively offer and supervise services
- Parents and guardians as primary caregivers should create a good and conducive environment at home that fosters respect for the rights of the child. They should be proper role models on child protection and protect their children from all forms of abuse
- Civil Society Organisations can assist in the production and dissemination of relevant material to all stakeholders in a form and manner appropriate for them. Hard to reach populations and special categories of children such as children with special needs, orphans, working children, children of minorities, children in refugee and displaced persons camps need special consideration to ensure they are not left out
- The government as a duty bearer has the responsibility to ensure children are protected from all forms of abuse and violence including removing them to places of safety. This includes ensuring that effective child protection systems are established and enabled to function properly. Existing laws on child protection should be implemented to the letter and perpetrators of abuse dealt with firmly through imprisonment, fines, community service, and counselling among others. Appropriate action should be taken against those who obstruct justice, including caregivers
- To develop effective strategies to address child abuse and exploitation it is important to continuously carry out situational analyses using evidence based research as well as develop proper linkages

## Points to remember

- Violation of children rights can take place anywhere – at home, in school, in a religious institution, in children institutions, at police stations, when children are on the way to or from school, to the shops, to the farm etc
- Parents, guardians, teachers, police officers, religious leaders, neighbours, domestic workers and children themselves among others all commit various forms of abuse against children
- It is the duty of parents and guardians as primary caregivers to ensure children are kept safe from all forms of abuse
- Children too have a role to report any abuse perpetrated on them or other children.
- Any suspected case of child abuse should be reported as soon as possible for investigation and action
- Caregivers have a duty to teach children how to protect themselves from abuse
- Detailed documentation of incidents on child abuse should be recorded and kept safely
- Child protection structures including police stations, chiefs offices, health institutions and learning institutions should have detailed yet simple forms for recording cases of abuse
- Child protection structures function best when there is an effective coordination and referral system
- Procedures at administrative and judicial levels should be child friendly

## Further reading

*Children Rights and Child Protection in Kenya*. 2004. A Manual for Children's Service Providers

Kenya Alliance for the Advancement of Children. 2010. *Good Practice: Community-Based Child Protection Guidelines and Procedure*

GoK and Japan International Co-operation Agency. 2010. *Facilitators' Manual for Capacity Building Programme for Child Care and Protection Officers in the Juvenile Justice System*

The Constitution of Kenya

Republic of Kenya. 2001. The Children Act

Republic of Kenya. 2006. The Sexual Offences Act

Republic of Kenya. The Probation of Offenders Act, Cap 64 of the Laws of Kenya

## Where to seek assistance

African Network for the Prevention and Protection against Child Abuse and Neglect (ANNPCAN) Regional Office, Komo Lane, Off Wood Avenue, P.O. Box 1768 Code 00200 City Square, Nairobi, Kenya. Email: [regional@anppcan.org](mailto:regional@anppcan.org)

Department of Children Offices in the various Counties

Chiefs Offices

Childline Kenya, Lower Kabete Road, Nairobi. Childline Kenya, Eldoret Office.

Law Courts

Legal Aid Organisations

Gender, Violence and Recovery Centre at Nairobi Women's Hospital

Gender Violence Recovery Centre at Kenyatta National Hospital

Kenya Police - Child Protection Units

## CHAPTER 11

# SUCCESSION AND INHERITANCE: PLANNING FOR CHILDREN

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### Objectives

The chapter aims at helping the caregiver to:

1. Understand what is meant by succession and inheritance
2. Identify their role in succession planning for children under their care, and what this role entails
3. Gain basic skills on how to write a simple will

Just as it is important to plan for important events in our lives, it is similarly important that families plan ahead on how to deal with important issues that impact heavily on the lives of family members. The death of a family member, particularly the head of the family has the potential to change many things in the family, not least the lives of family members and particularly children. It is important to make plans related to the upbringing of the children such as their education, as well as matters related to other family members and any property. This is referred to as succession planning. Poor succession planning or the lack of it can result in family fights, family break ups, misunderstandings, all of which have an impact on the welfare of children in the family. More than ever before, especially with the increasing numbers of children becoming orphans as a result of HIV/AIDS, it is important that caregivers prepare a future for children.

This chapter aims at providing the caregiver with information related to succession and inheritance and how they can secure a future for children under their care.

### Why is succession planning important?

The advantages of succession planning are many and include the following:

- The welfare of children is addressed and safeguards put in place to protect their inheritance
- Important matters regarding the general welfare of the family such as guardianship and writing of wills are addressed over a period of time and not during times of crises
- A family's source of income such a thriving business will continue operating even after the death of the head of the family since success tips for the running of the business will have been passed to those who will be managing it
- It ensures that what an individual has worked hard for many years will not be misused after the person dies or end up in the hands of undeserving persons
- After succession planning a caregiver can concentrate on care-giving roles as important matters will have been taken care of

## Aids to succession planning

There are several things that a caregiver can do to ensure that children are well protected both before and after the death of a parent or guardian. These aids to succession planning can be adapted to suit local circumstances. They include the following:

- Writing letters to children about important issues in the family's life. The issues could even be about things that a parent or guardian would ordinarily have difficulties discussing with children such as disclosing a terminal illness
- A video recording can be made to be used to pass important information to children left behind
- Keeping a memory book about important family which children can use to learn about the history of the family. A memory book can be a vehicle through which children understand more about their family which gives them or improves on their sense of identity. It has been used by caregivers who have terminal illnesses and who may lack the courage or knowledge of how to communicate this with their children
- Business and career coaches can train family members including older children how to successfully manage businesses to ensure the businesses continue to run after the incapacity or death of a parent
- Writing a Will or making an oral Will

It is important for caregivers to know that writing a Will offers children the best protection. The other interventions can still be used even where a Will has been written.

## Writing a Will

A Will is a statement in which a person states how they want certain important aspects of their life to be conducted after death. A Will may be either written or oral.

A Will addresses the following important issues, among others:

- Who will be left in charge of children after parent(s) die
- Distribution of property while one is still alive
- Burial plans
- Who will manage property left behind after death and how it will be managed, and
- Naming of dependants and how to provide for them

Many people are reluctant to address issues concerning their own death including writing a Will in the mistaken belief that making or writing a Will is for the rich and that it is an expensive and complicated exercise. Others believe that culture forbids one from addressing matters to do with death and that doing so would be courting death. Failure to plan has left in its wake a host of problems and hardships for grieving families, and as the saying goes, "*failure to plan is planning to fail*". It also creates room for mismanagement and possible loss of assets that one has accumulated over time through hard work and a lot of sacrifices.



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The following information about making a Will is based on provisions of the Law of Succession Act, Cap 160 of the Laws of Kenya, the Children Act, 2001 as well as other existing laws of the country. Caregivers can use this information to ensure that they address important factors when writing a Will.

The following section outlines key aspects about Will writing that caregivers can use as part of succession planning.

### **A. Choosing who will draw up your Will**

There is no legal requirement that only lawyers can draw a Will. An individual, as long as they meet the laid down legal requirements can also write their own Will. The important issue is that the intention of the maker is clear and they follow laid down procedures as shown below. However, it is advisable to involve a professional lawyer in order to avoid common mistakes such as asking close family members to witness the Will, yet these same people are beneficiaries. Such mistakes can lead to successful claims against the Will.

### **B. Document Title**

A Will being a legal document, should have a proper title that identifies it as a Will. A good example is *"Last Will and Testament..."*

### **C. Declaration**

Some of the issues that should be included in the declaration are statements to show:

- This is your own Will
- You are the one who has made it freely without any coercion (intimidation and forcing someone to do something against their will), or force, from anybody
- Your full particulars including name and address
- You are of sound mind, that is, you do not have any mental difficulties that would make it difficult for you to write a Will
- That you are over 18 years, and
- That this is your last Will and that you revoke (do away with) any other Will or Wills you may have made in the past (this means that it is only this current Will that can be recognised by a court of law)

### **D. Importance of making a Will**

- The testator (person making the Will) is able to decide who manages their estate (estate refers to the total of an individual's ownership of money and personal property)
- It reduces disagreements about how the property will be shared by beneficiaries (persons for whose benefit property is held in trust)
- The testator has the freedom to decide about their funeral and who gets their property
- A written Will that names an executor makes it easy for the executor to immediately start managing the estate. Where there is no executor a court has to appoint an administrator who can only start working when letters of administration (the power

- or authority given to a person by a court of law to enable them manage the estate of a deceased person) have been granted by a court, a process that may take time to finalise
- A Will helps to reduce anxiety among family members as they know what to expect, or even if they do not, they are assured that in the event of the death of the testator there is already a laid down process to guide them in the necessary processes
  - However, it is important to note that anyone can challenge a Will, even where all the critical steps and processes have been followed. It is then up to a court of law to make a decision

### **E. What makes a Will valid?**

The validity of a Will is based on the following:

- The person making the Will must at the time of making the Will have capacity to do so
- The person must be over 18 years old
- The Will has to follow laid down provisions of the existing laws in the country where the maker of the Will lives
- In cases of an oral (unwritten) Will it has to be made in the presence of two or more competent witnesses. It is important to note that an oral Will remains valid for only three months after it is made, and thereafter becomes invalid unless the maker dies within the three months
- A written Will has to be signed by two or more competent witnesses in each others' presence. They must also be present when the maker of the Will signs it

### **F. In what situations can a Will be declared invalid?**

- Lack of capacity on the person making the Will as explained above
- If the person making the Will was in any way forced, threatened or cheated into making the Will
- In the case of a written Will, if it was written on behalf of a testator but the contents were not read back to the testator before she or he signed it
- If it can be proved that a certain phrase or phrases, or word or words were inserted by mistake

### **G. Can a Will be altered or revoked once it has been written?**

Yes, under the following circumstances:

- If the maker fails to reasonably provide for dependants. This includes children being taken care of before death even if the maker of the Will was not married to the mother of the children's mother, or if they were born out of a bigamous union (when a person marries or gets married while already married). The most important thing is that the maker of the Will previously supported the children who are considered dependants under the law
- If the maker writes another Will the previous one is revoked
- A Will can be altered by making an addition or amendment to the existing Will (the addition is called a codicil)

- A Will can be destroyed by fire, tearing or any other action that shows a clear intention to revoke it
- If the maker marries, unless it can be proved that at the time of making the Will the maker made it with the intention of marrying a specified person, any previous Will is revoked

For a Will to be revived (made useful for use again) given the above circumstances it can be re-executed or by adding information that clearly shows there are intentions to revive it.

#### **H. Appointing an executor**

- An executor is a person selected to make sure that the wishes of the person making the Will are carried out after the maker of the Will dies
- She or he must be willing to perform this important role that calls for a lot of responsibility
- An executor can be a spouse, a relative, a friend, the main beneficiary or even a fellow colleague at work
- It is important to have more than one executor, especially in cases where one appoints a spouse as an executor. This guards against a situation where both the maker of the Will and the spouse who is an executor die at the same time. This can happen in a car accident. A sole executor may also refuse to carry out the role
- An executor should apply to court for a formal document of recognition, known as probate. However, where a Will has been contested a court will not grant probate until the matter has been addressed and resolved. A court will also not issue probate in cases where the Will is suspected to be fraudulent. If a Will is discovered to be fraudulent after probate has been granted it can be revoked

A court has powers to appoint an executor where none is provided for in a Will.

#### **I. Appointing a guardian**

- It is important for parents with minors (young children) to appoint a guardian for them. A guardian is a person given custody or legal responsibility of the testator's children through a legal process
- According to the Children Act, 2001 a guardian can be appointed to be in charge of the children, the property or both after the death of the testator
- A guardian can be appointed even when there is a surviving spouse, in which case it is important that both work together for the best interests of the children
- In certain situations a court of law can name a guardian for children
- A guardian can protect children from being disinherited by relatives and other people such as business associates of their late parent(s)

#### **J. Appointing a trustee**

For purposes of making a Will, trusts are usually set up to manage assets on behalf of minor children until the children are 18 years old thereby becoming adults and capable of managing the property on their own. It is a legal arrangement that assists children as named beneficiaries in a Will.

### **Role of a trustee**

The duties and powers of a trustee are based in law with the main one being to administer the trust on behalf of children. A trustee also has:

- A statutory (legal) duty of care to the children who are the named beneficiaries
- A duty to act in accordance with the rules set out in the trust
- Powers to invest on behalf of the beneficiaries
- Duty to review these investments as often as necessary
- Duty to make any payments due from the trust as per the instructions contained in the trust
- Duty to seek advice with regard to the trust

### **Appointing trustees**

It is important that the appointment of a trustee is contained in the Will. Some testators decide to appoint executors or guardians as trustees as well. The following qualities can assist in the selection of a trustee:

- Someone who is honest and can be trusted
- Someone with the best interests of the child at heart
- Someone with experience in matters related to investments and finance
- Someone younger than the testator since they will be expected to carry out their duties mainly after the death of the testator

### **K. Providing details of assets**

Providing the details of assets in a Will is important in order to make a distinction between property already distributed and that meant for the beneficiaries. Where property is owned in another country a separate Will for that country must be made and it should not include the assets from the home country. This is because every country has separate laws and taxes, which must be worked out separately.

### **L. Signature**

- Signature in the context of a Will refers to signature by:
  - the maker of the Will
  - the witnesses
- A Will has to be signed by the maker of the Will. This must be done in the presence of at least two witnesses. The purpose of this is that they will witness to the fact that it is indeed the will of the person who made it
- The signing must specify the date and every page must be signed
- The testator must make sure that the signature is placed at the end of the page as any text following a signature will not be relevant and will thus be ignored
- If any information is put after the signature and it is considered important then it may mean that the whole Will may be declared invalid since ignoring it in its current state would be taken to be going against the intention of the testator

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In case of a dispute the witnesses who signed will be called upon to give the correct position. It is important for testators to know that a beneficiary to the Will cannot be a witness to the same Will as it would present a conflict of interests.

### **M. Writing a new Will**

- Sometimes changes in a person's life make it necessary to change a Will or write a new one
- An addition to a Will is referred to as a codicil and it has to be signed and witnessed in the same way as a Will. A codicil can address minor changes to a Will such as changing an executor or guardian or adding a beneficiary
- If the changes to a Will are many then it is advisable to make an entirely new Will. A new Will automatically makes the old one irrelevant. The following instances call for the making of a new Will:
  - When an executor, guardian or trustee are no longer able to serve
  - A change in marital status (unless the previous Will was made with this in mind and was very specific)
  - The birth of the first child or additional ones, and
  - A change in property ownership

### **Storing a Will**

A Will is a very important legal document and should be kept safely much in the same way that one keeps other documents such as Birth Certificate, Marriage Certificate, Personal Identification Number (PIN), Passport, Driving Licence, and Title Deeds among others. Once the Will has been drawn up, signed, dated and witnessed it should be kept in a place that is safe and easily accessible. The storage place should be safe from pests, fire, floods and other calamities that can cause damage to a Will. Some suggested places where a caregiver can store a Will are:

- In a safe place at home
- In a lawyer's office
- In a bank, or
- In a place offering storage facilities

It is important for a testator to ensure a trusted person or persons (such as a spouse, children, a sister, a brother, a guardian, lawyer, or a trusted friend), are aware of the existence of the Will and where it is kept. This is to avoid a situation where the testator is treated as having died without making a Will. Intestate succession and what it entails are discussed next.

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### **N. Intestate succession**

This refers to a situation where someone dies without leaving a Will. Partial intestacy refers to situations where there are such arrangements but certain properties are not addressed in a Will. In such cases the law assumes the person died intestate which means that:

- Where there is a surviving spouse with a child or children, the spouse is entitled to the house hold effects and an interest as long as she remains unmarried
- When the surviving spouse remarries the property is divided among the surviving children equally. Any child who feels the distribution is not fair can go to the High Court to challenge this in which case the court can redistribute or make changes
- Where the deceased had more than one wife distribution of property and other assets is done in accordance with the number of children in each house hold
- The surviving spouse in each house hold has a life interest as long as she does not remarry

### **O. Administration of estates**

Executors named in Wills apply for probate to enable them carry out their responsibilities. In cases of intestate succession where there is no Will and therefore no named executor the most well placed person, in this case a surviving spouse applies to court to be granted letters of administration. Temporary letters can be issued and confirmed later. If beneficiaries cannot be traced the property left behind goes to the government. The government through the Office of the Public Trustee occasionally places advertisements in the newspapers with details of the various unclaimed estates for the relevant beneficiaries to come forward and claim the assets after providing the necessary proof.

## Points to remember in succession planning

- Family succession planning should ideally start as early as possible and be continuously reviewed to suit any changes
- Writing a Will is only one part of succession planning
- It is important to prepare well before writing a Will, and selecting the one who draws it up, guardians and executors
- Under the laws of Kenya both girls and boys have equal rights to inherit and a Will should not discriminate on any of them
- A guardian should safeguard the children's welfare by taking care of the children and property left behind
- Trustees should be appointed on the basis of ability to deal with financial matters
- A new Will which has been drawn up in accordance with the law makes the old and previous Will invalid. It is wise to destroy an old Will and all copies in order to avoid confusion
- Caregivers need to regularly update official records regarding next of kin such as records pertaining to insurance and SACCO funds among others to ensure their children and other rightful dependants do not miss out on any payments. Some caregivers do not change/update records after marriage
- If a parent dies and leaves behind young children more than one person have to apply for letters of administration. This helps safeguard the rights of the child. A surviving spouse can apply for the letters with other people, including a trusted friend, work colleague and not necessarily with a relative

## Further reading

The Constitution of Kenya

Republic of Kenya. *Law of Succession Act*, Cap 160 Laws of Kenya

Republic of Kenya. *The Public Trustee Act*, Cap 168, Laws of Kenya

Republic of Kenya. 2001. *The Children Act*

Legal Resources Foundation Trust, 2009. *Family Law and Succession*. Nairobi. New Ivory Press

## Where to seek assistance

Law Courts

County Headquarters

The Law Society (LSK) of Kenya Offices (Head Office in Nairobi, Lavington, Opposite Valley Arcade, Gitanga Road, P.O.Box 72219 – 00200, Nairobi. E-mail: [lsk@lsk.or.ke](mailto:lsk@lsk.or.ke); [www.lsk.or.ke](http://www.lsk.or.ke)

LSK regional offices

FIDA Kenya Offices (Head Office in Nairobi, Amboseli Road, Off Giatanga Road, Lavington, Nairobi, Kenya. P.O. Box 46324-00100 Nairobi. Email: [info@fidakenya.org](mailto:info@fidakenya.org); [www.fidakenya.org](http://www.fidakenya.org)

Mombasa Office - Kizingo East Road, Off Mama Ngina Drive , Mombasa. P.O. Box 80687-80100 Mombasa. Email: [info@msa.fida.co.ke](mailto:info@msa.fida.co.ke); [www.fidakenya.org](http://www.fidakenya.org)  
Kisumu Office - Milimani Estate, Off Tom Mboya Drive , Kisumu. P.O. Box 19219-40100 Kisumu . Email: [info@fidaksm.co.ke](mailto:info@fidaksm.co.ke); [www.fidakenya.org](http://www.fidakenya.org)

Legal Resources Foundation Trust, Lenana Road, Hurlingham, Nairobi.  
P.O. Box 34720 – 00100, GPO, Nairobi, Kenya  
E-Mail: [info@lrf-kenya.org](mailto:info@lrf-kenya.org); Website: <http://www.lrf-kenya.org>

Kituo Cha Sheria - Head Office - Nairobi, Ole Odume Road Off Argwings Kodhek Road, P.O. Box 7483, 00300 Ronald Ngala Nairobi, Kenya. Email: [info@kituochasheria.or.ke](mailto:info@kituochasheria.or.ke); Website: [www.kituochasheria.or.ke](http://www.kituochasheria.or.ke)

Regional Office - Mombasa  
Fidelity House Kaunda Avenue – Kizingo, P.O. Box 89065 Mombasa – Kenya  
Email: [msa@kituochasheria.or.ke](mailto:msa@kituochasheria.or.ke)

Branch Office - Eastleigh

Urban Refugee Intervention Centre (URIP), Eastleigh 26th Street AMCO Plaza/Complex 3rd Floor. Email: [info@kituochasheria.or.ke](mailto:info@kituochasheria.or.ke)

Department of the Administrator General and the Public Trustee - State Law Office, Sheria House, Harambee Avenue. Nairobi

Office of the Public Trustee at County level



# CHAPTER 12

## CHILD SAFETY

*Kuzuia ni bora kuliko kuyonya*

Swahili proverb

### Objectives

This chapter helps the caregiver to:

1. Identify contexts that pose danger to the child
2. State ways that can be used by the caregiver and/or the child to avoid harm and danger

One of the things caregivers have to beware of always as they stay with children is minding the children's safety. Child safety recognises first and foremost the physical safety of children. This physical safety translates itself into other forms of safety. Safety of children can be seen in different contexts. The home front presents its own safety needs. Outside the home, children are exposed to various types of dangers as they walk along the road, when they are in school, in church, as they participate in games and sports and many other places. The purpose of this chapter is to highlight the various dangers the child is exposed to in various places and ways of protecting the child from harm.

### Safety at home

For young children, the home context can present a lot of risks as they grow. There is the danger of fire in the house or around the house from stoves, jikos, electricity and electric appliances. There is also danger from water, holes, medicines, chemicals, soaps and detergents, stairs, balconies, trees, the fence, bicycles and a host of other things. Because of the innumerable dangers posed by these things to the child, the caregiver needs to take every precaution to protect the child. It is important that the caregiver takes the following steps:

- When cooking, keep young children out of the kitchen or cooking area
- As children grow older teach them how to use the kitchen properly
- When done with the cooking put off the fire: fire place, jiko, stove, gas-cooker, electric cooker
- Switch off and keep electric appliances safely far
- If possible, secure electric sockets as children can insert metallic objects
- Household chemicals and products such as spirit, jik, vim, omo, paint, pesticides, oil, etc should be kept out of sight and reach of children
- Alcohol, perfumes, cigarettes should be kept away or even locked in a safe place as they can be poisonous and dangerous

- Keep medicines out of reach of children
- Avoid storing kerosene in soda bottles as young children may drink it mistaking it for soda
- Household implements such as knives, pangas, slashers, pliers, tool kit and so on should be kept safely far so that they are not misused by children
- Teach children the correct use of potentially dangerous substances and objects such as medicines, knives, electric switches, etc
- Dispose off empty containers since children can use them to take water
- Use carbon monoxide producing appliances correctly. These include stoves, charcoal jikos, open fires, tin lamps, water heaters, boilers among others. Such need enough oxygen to burn efficiently. Ventilations should thus be in perfect shape always. After use put them off immediately to avoid exhaustion of oxygen supply in the house
- Keep hot liquids, drinks, and other hot items out of reach of children as they can attempt to reach them and in the process get scalded
- Children should not be allowed near bonfires. Bonfires can be blown by the wind in any direction and could cause harm. Again a bonfire can easily spread. Smoke from bonfires can easily choke the child
- Children should be taught about what to do in the event of a fire. They should alert an adult, run away, never go back to where the fire is, never hide at a corner or in the next house
- Because children are curious and adventurous keep matches, lighters and candles away from them to avoid the risk of them trying out these items
- Parents who have bought bicycles for their children should ensure the children use helmets while riding
- Children should be kept away from balconies and should only be allowed to play there under supervision. Fit balconies with barriers around the edge
- Crawling children are at a higher level of risk than older children. They should always have an adult around. Do not allow them to climb stairs as they can trip over
- Keep stairs clear of items. Do not allow children to play on stairs or run up and down them. When walking along stairs with a child, ensure one hand is free so that you support yourself on the rail
- Teach children not to play on double-decker beds
- Encourage children not to climb roofs, high sheds, fences, tall trees, etc. as this can be risky
- When leaving children at home do not lock them inside the house. Older children may be left alone at home but should be given clear instructions on what to do and what not to do. Tell them how to seek help in case of an emergency. Keep dangerous objects away before leaving the house
- Keep water safely far. Crawling babies can easily be harmed by water in buckets and other containers. Any containers with water should be kept tightly closed. Do not allow children near rivers or other water bodies alone. Children should not be allowed to play in flood water. Flood water is usually contaminated as it carries a lot of dirt
- Keep the home compound clean. Cut grass to guard against crawling animals and insects. Fill any holes and generally level the home compound. Any litter and sticks should be picked and either burnt or disposed off appropriately. Waste from domestic animals should be cleared

- In the house, any objects that can fall over such as books should be secured
- Children living on their own (in a separate house/room) should be monitored to check on their behaviour
- Children should make sure that when away from home, they inform their caregivers where they are

### Road safety

- All children should be taught road safety. In towns, they should know how to use traffic lights signs. Road signs should be understood by all
- Do not allow young children to venture onto the road unattended
- In rural areas, teach children to use clear paths when going to school and other places. Routes that pass through forests should always be avoided by children since the risk of encountering a wild animal is very high. Other routes that pass through bushy sections such as sugar cane plantations, coffee plantations, tea plantations, etc, should be avoided by children as much as it is practicable
- In towns, children should be taught to avoid narrow passages or dark alleys
- Children should not be allowed to walk alone late in the evening or very early in the morning. They should not be sent to shop or fetch water from the river alone late in the evening or very early in the morning
- Encourage children to walk to school in groups
- Teach children to walk on the sides of the road and not right on the road
- When travelling in vehicles, children should be taught to belt up. They should remain seated while the vehicle is in motion
- Do not crowd children in a vehicle just because they are small. This is risky
- The vehicle being used by children should be insured as well as the children
- Children should not be transported on tractor trailers and open canters and lorries
- Avoid loud music in vehicles that transport children to and from school
- Children should not approach a stranger who calls them from a vehicle or pass near a stationary vehicle as they can be snatched
- They should not sit on laps of strangers in a vehicle, or accept food and drinks from them

### Safety of children in institutions

Children are in institutional care most of the time. They are either at the kindergarten, at a day care centre, in the day school, in boarding school, in a Charitable Children's Institution, Rehabilitation School, Remand Home, Rescue Centre, hospital or any other institution where they spend long hours and sometimes periods. Caregivers need to be aware of situations and circumstances that make children under institutional care vulnerable. In these institutions they need to be cared for to ensure their safety.

While there, they use buildings, vehicles, stay in compounds and interact with people. All these come with risks. Notable efforts have been made by the Ministry of Education, Ministry of Public Works and Ministry of Health to ensure that children's safety is secured while they are in these institutions. The safety precautions suggested for the regular schools apply also in all other institutions. Reference is made to these safety measures.

### **Institutional buildings**

While in institutions, children use buildings and vehicles. These physical facilities are expected to be in good shape for safe use by children. These include classrooms, halls of residence, science rooms and latrines. The following safety measures apply with regard to institutional buildings:

- All institutions should maintain an updated register of the children it is holding
- Classroom and dormitory doors should open outwards and should not be locked from outside while children are inside
- Windows should not have grills and should be wide enough for escape in case of danger as well as for adequate ventilation and light
- All buildings should be well lit
- Floors of buildings should be kept even and smooth
- Corridors and stairways should be wide enough and well lit
- Fire extinguishers should be fitted on all buildings and children taught how to operate them
- Buildings should be accessible by special needs children e.g. by having ramps
- Each dormitory should have two doors, one at each end
- All buildings should be kept clean and be checked regularly by adult caregivers
- Pit latrines should be built a distance away from the dormitory. They should be adequate for both boys and girls. Cleanliness is particularly important when it comes to toilets since they can easily transmit communicable diseases. Holes should be of the right size, not too wide for young children. Water and soap should be available near the toilets for washing of hands
- Ablution blocks should be kept as clean as possible especially if attached to halls of residence
- Proper disposal of sanitary wear for girls should be taken care of
- Electric sockets should be located high enough so that young children do not reach them
- Buildings should be maintained and kept in good conditions always. Any defects should be repaired promptly
- Toilets should always be inspected so that any defects are attended to as soon as possible and to ensure they are kept clean always. They should also be well lit and placed to ensure they are accessible and not obscured from view
- Shower rooms should be well lit and the floors safe, not slippery or cracked

### **Institutional compound**

- The compound should be fairly spacious equivalent to the number of children as children need space for play
- Playgrounds should be even and kept clear: grass and bushy areas should be cleared, holes filled and any clutter cleared from the compound for ease of play by children
- The institutional compound should be secured with a fence to avoid entry of unwelcome persons such as drug traffickers or escape by students
- There is need to have security personnel on hand throughout
- Solid waste should be properly disposed

### **Institutional transport/vehicles**

- Parents /caregivers should have the best interests of the child while deciding on the form of transport to use for their children. Some like the Boda bodas (motorcycle/ bicycle transport), have proved to be a leading cause of road accidents
- Drivers for institutional vehicles should be properly vetted
- Adults who chaperon children in institutional vehicles should monitor children's behaviour while in the vehicle to avoid instances of bullying and abuse
- Institutional vehicles should be insured and well maintained

### **Internet safety**

It is understandable that information technology has come with a lot of benefits. For instance it aids in learning, fast exchange of information and communication, can be used to perform certain procedures faster, is a research tool and so on. But at the same time, it poses a number of challenges. Children are affected by these internet challenges. Among the challenges associated with wrong and irresponsible use of internet are:

- Easy access to pornography and sexually suggestive messages
- Use of social networking sites and websites without adult guidance
- Online music, videos, photographs that can be potentially dangerous
- Online friends and dating
- Internet harassment including bullying

Caregivers are supposed to take certain steps in order to protect children from being harmed by internet. Among the things a caregiver can do are:

- Talk to children about proper use of internet
- Children should be made aware of the dangers that internet poses
- Sometimes, a caregiver is called upon to monitor use of internet by children
- Caregivers should keep abreast of the latest knowledge on the internet so that they guide children under their care
- Ask children not to engage with strangers on online
- Children should be stopped from posting personal information online as it poses a threat to them and their caregivers
- Control children's use of cell phones
- Ask children to visit only controlled cyber cafes
- At home, let the computers be in the open to help monitor use
- Do not allow children to play games on internet or watch pictures

## Points to remember about child safety

- The safety of children depends on caregivers as much as on children themselves
- Safety of children takes into account the places they are including home, institution, road, vehicles
- The latest safety concern has to do with internet
- Caregivers have to take every step to ensure the child is safe
- Child safety has to be holistic: physical, mental, emotional and social

## Further reading

The CRADLE. *Beyond Borders: An Exploratory Study on Child Online Safety in Kenya*. Nairobi: The CRADLE – The Children Foundation

Child internet safety: *Anything more important than child internet safety?* Retrieved, March 2, 2011, from <http://childinternetsafety.org/>

*Microsoft online safety*. Retrieved, March 2, 2011, from <http://www.microsoft.com/protect/parents/social/predators.aspx>

Ministry of Education. 2008. *Safety Standards Manual for Schools in Kenya*. Nairobi

Ministry of Education. 2010. *Child Friendly Schools Manual*. Nairobi

Ministry of Public Health and Sanitation and Ministry of Education. 2009. *National School Health Guidelines*. Nairobi

## Where to seek assistance

Health institutions

Ministry of Public Works

Ministry of Information and Broadcasting

Kenya Police

Ministry of Education

Communications Commission of Kenya (CCK), Waiyaki Way, P.O. Box 14448 – 00800, Westlands, Nairobi, Kenya. E-mail: [info@cck.go.ke](mailto:info@cck.go.ke)

Childline Kenya

# CHAPTER 13

## LIFE SKILLS

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### Objectives

After going through this chapter, the caregivers should be able to:

1. Describe the life skills that children can use for their protection
2. Explain how they can help children acquire life skills

Since one cannot be with children always, one has to impart in them life skills for their own safety, survival and protection. In our society the issue of life skills and living values has not been adequately addressed. In most cases values have been eroded resulting in moral decay. Young children need living values and life skills to enable them become responsible citizens. Caregivers have a big role to play in moulding young children.

The purpose of life skills is to enable the individual child to translate knowledge, attitudes and values into actual abilities; that is what to do and how to do it. Life skills are abilities that enable individuals to behave in responsible ways; give the desire, scope and opportunity to do so. They help one to adapt and have positive behaviour which enables an individual to deal effectively with demands and challenges of everyday life.

### Types of skills

There are two types of skills:

- **The psycho:** These are skills that deal mainly with mental functions and processes. These are the problem solving skills which are carried out in the mind
- **Social:** These are the skills that deal with one's interaction with the environment and culture. They are interpersonal skills

### Life skills for social competences

Psychosocial competences are a person's ability to deal with demands and challenges of everyday life. It is a person's ability to maintain the state of mental well being and to demonstrate this in adaptive and positive behaviour while interacting with others, their culture and environment. Psychosocial competences have an important role to play in the promotion of health in its broadest sense and in terms of physical, mental and social well being of an individual.

There are three categories of life skills:

#### 1. Skills of knowing and living with self

Caregivers should always make sure that children at all levels of development are aware of the skill of knowing the self. This entails self awareness which includes: recognition of oneself, one's character, strengths, weaknesses, desires, self-esteem, coping with emotions, coping with stress and capabilities among others.

## 2. Skills of knowing and living with others (interpersonal skills)

This type of skill helps one to relate positively with other people with whom they interact. They include:

- **Empathy:** The ability to imagine what life is for others even in situations which we have not experienced. This skill helps us to understand others who are different from ourselves. It enhances our capacity in social interactions
- **Effective communication:** This is the ability to express oneself and to exchange ideas. One can express personal ideas which is an outcome of the self awareness
- **Being assertive.** This is the ability to express feelings and desires without threatening or hurting others
- **Negotiation skills:** These are the abilities to discuss issues in a calm and open way so as to reach a consensus or agreement based on some understanding
- **Conflict resolution skills:** They are deliberate actions aimed at creating a peaceful environment by establishing fair play.

## 3. Effective decision making skills

This is the process through which challenges, demands or problems are solved. The process enables an individual to deal constructively with a problem in life. It is a systematic process where one identifies the best alternatives to overcome challenging problems that are encountered in life. Making decisions involves:

- **Critical thinking:** This means an attempt to understand what really constitutes a problem and analyse it to be able to establish the cause
- **Creative thinking:** This happens when the problem is understood and analysed. This calls for looking for various solutions to address the problem at hand
- **Decision making:** This involves weighing each option and looking at each possibility in the light of options, possible combinations of options. Decision making means taking the best option out of the possible options.

### Steps in decision making:

- Caregiver should identify the subject matter or the problem at hand
- Analyse the situation. This involves looking at the prevailing issues critically so as to have a deeper understanding of the subject matter
- Identify and weigh all the possible consequences for each option or choice
- Identify the best option and implement it
- Evaluate the outcome of the action resulting from the option or choice made

## Living core values

The living core values provide guiding principles for the development of the whole person recognizing that the individual comprises physical, social, intellectual, emotional and spiritual dimensions.



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### **Call for values**

The call for value is echoing throughout every land as caregivers, communities and more and more children are increasingly concerned about and are affected by violence, growing social problems, lack of honesty and respect for each other and the world around them leading to lack of social cohesion.

### **Need for values**

It is very important for all children to have good values since values:

- Bring happiness in life
- Are treasures of life
- Make a person wealthy and rich
- Help one acquire independence and freedom
- Bring empowerment and remove weakness and defeat
- Open the heart and transform human nature so that life is filled with compassion and humility

The following are core values: love, honesty, tolerance, simplicity, peace, happiness, co-operation, humility, respect, responsibility, freedom and unity.

### **Promoting life skills and core values among children**

Caregivers have a very big role to play in ensuring that all children have acquired the required life skills and core values. This can be done by using different approaches to instil them. Some of the approaches are:

- Through observation of role models provided by the caregivers
- Caregiver telling children stories with characters of good morals
- Singing songs
- Role acting
- Reciting poems

### Points to remember about life skills

- Teaching children life skills enhances their morals, safety and self-protection
- Life skills is about translating academic knowledge into practical supportive skills
- Life skills concern the individual being able to manage own life events as well as the individual co-existing with others peacefully
- Promotion of life skills goes hand in hand with living core values

### Further reading

Peace Corps. *Life skills manual*

Washington, D.C., *Information collection and exchange publication No. M0063. 2001*

SNV Kenya and German Technical Cooperation. *'The story of children living and working on the streets of Nairobi'*

### Where to seek assistance

Schools

Ministry of Youth and Sports

Church, Mosque, Temple

Kenya Alliance for the Advancement of Children (KAACR), Wendy Court, House No. 11, David Osieli. Waiyaki Way. Box 73687 Nairobi. E-mail: [kaacr@kaacr.com](mailto:kaacr@kaacr.com); [www.kaacr.com](http://www.kaacr.com)

## CHAPTER 14

# COMMUNICATING EFFECTIVELY WITH CHILDREN

*I have found the best way to give advice to your children is to find out what they want and then advise them to do it.*

Harry S. Truman (1884-1972)

### Objectives

1. Discuss various methods of communicating with children of different ages
2. State the different stages of interviewing children

### Communicating with children

Communicating with children is a critical aspect of care-giving. Caregivers are always interacting with children in various circumstances and situations. Communicating with children as opposed to communicating to children shows that the caregiver is concerned about what the child really feels. It enhances interaction with the child not only under normal circumstances but also makes it easier for positive interaction to take place during times of crisis.

This chapter aims at providing the caregiver with the capacity to use appropriate skills and techniques to communicate effectively with children. It is expected that caregivers will use appropriate methods when communicating with children of different ages.

#### **What does communication entail?**

Communication entails a series of messages or information sent from one person to another through verbal expression, touch, body language, the written word, or art among others.

#### **Why should a parent take the time to communicate with children?**

1. To listen to the child
2. To develop a positive relationship with the child
3. To really get to know the child and see the world through the child's eyes

#### **Communicating with children of different ages**

Adults need to communicate in a way that relates to the age and interests of the child.

Age group	How children communicate	Caregiver communication skills
0-2 years	<ul style="list-style-type: none"> <li>• Through smiling, crying, playing, eye contact, facial expressions</li> <li>• By 2 years, they use words and specific gestures</li> <li>• Body movement and body language is used to clarify what they are attempting to communicate</li> <li>• Play is a powerful medium of communication at this age; especially make believe play and interacting with toys</li> </ul>	<ul style="list-style-type: none"> <li>• Quickly respond to infant communication such as comforting a crying baby, smiling at a smiling baby</li> <li>• Provide meaning to infants' communicative efforts (e.g. you are putting on your shoes, you want to go with me, you are happy with your new toy)</li> <li>• Take advantage of the times when you and an infant are doing things together (e.g. during bath, changing, or feeding times) and talk, sing or gently tickle the infant. Infants are fascinated by adult faces and love to look at them when they are close</li> <li>• Expand a child's vocabulary by helping them name things around them</li> </ul>
2-4 years	<ul style="list-style-type: none"> <li>• By this age, the child should have developed language and is capable of using specific words for specific things</li> <li>• They learn new words and non-verbal expressions from other children</li> <li>• They can use certain words even before they fully understand the meaning of those words</li> <li>• They model how adults communicate to each other e.g. while making telephone calls</li> <li>• They are curious to know many things and usually ask a lot of questions</li> </ul>	<ul style="list-style-type: none"> <li>• Provide the child with as many opportunities to communicate as possible, including group play</li> <li>• Provide the child with a variety of play materials and toys that they can use to expand their language</li> <li>• Tell your child short stories using different tones of voice, music, pictures, etc</li> <li>• Answer children's questions using simple explanations, pictures, stories etc</li> </ul>
4-6 years	<ul style="list-style-type: none"> <li>• The child can speak in full sentences</li> <li>• The sentences are grammatically correct</li> <li>• When they are communicating about an event they may not follow specific order in which that event occurred</li> <li>• Depending on how many languages the child has been exposed to, by 6 years, they show preference for one language which they have mastered</li> </ul>	<ul style="list-style-type: none"> <li>• Ask the child open ended questions so that they can explain things in detail</li> <li>• Teach them to use eye contact when communicating their needs</li> <li>• Use simple, concrete examples when explaining things</li> <li>• Observe their body language to see if there is a match between their verbal and non-verbal language.</li> <li>• Talk to the child while sitting down or lower yourself to their physical level. This avoids intimidation due to height difference</li> </ul>
7-11 years	<ul style="list-style-type: none"> <li>• Their talk is almost like that of an adolescent</li> <li>• Language, grammar are fully developed</li> <li>• They can listen to instructions and remember the details</li> <li>• The child understands that people may have different opinions about the same issue</li> </ul>	<ul style="list-style-type: none"> <li>• Set aside special times to regularly have conversations with the child about school, friends, growing up, etc</li> <li>• Be a caregiver that the child can approach with questions</li> <li>• Use conversation to help school-age children set goals and solve problems</li> </ul>

Age group	How children communicate	Caregiver communication skills
12-19 years	<ul style="list-style-type: none"> <li>• Adolescents prefer talking to their peers than to adults</li> <li>• They communicate very well verbally and non-verbally</li> <li>• Their language is made up mostly of slang</li> <li>• They question what adults say and have their own opinions about things</li> </ul>	<ul style="list-style-type: none"> <li>• Listen to what the teenager has to say</li> <li>• Talk TO the teenager, not AT them</li> <li>• Take interest in discussing their views about different matters</li> <li>• Set a special time to have a conversation with the adolescent about personal life issues such as sexuality, relationships, HIV/AIDS, drugs, peer pressure, academic performance, career choice etc</li> <li>• Do not be judgmental as this may make them not open up</li> <li>• It is better to open up communication channels with the child than to go behind their back and invade on their privacy e.g. going through their cell phones, reading their diary, etc</li> </ul>

### The Do's and Don'ts in communicating with children

- Parents have a responsibility to communicate to their children about matters touching on their life. Yet sometimes this critical role is left to other caregivers such as teachers
- As a parent, do not assume that the child has already been given the information by teachers. It is good to find out exactly what the child knows so as to fill the gaps
- Know how to control the tone of our voice. We should be aware of when our voice sounds critical or mocking, or when we sound like we are giving orders and shouting
- Do not offer advice every time your child speaks to you. It is better to listen attentively, try to understand the feelings behind the words then find out what the child is trying to say
- Avoid using words like *"always"* and *"never."* For example, *"You always do the same thing to defy me"*, or *"You never help me with anything."* This may make children take a defensive attitude. On the other hand, if we talk with them about our feelings, we create a positive atmosphere and we make conversation easier
- A good way to respond to your child is to tell him/her your feelings. For example, *"I am worried about..."* or *"I understand that sometimes it's difficult...."*. The child may do the same and this creates a productive discussion

### Interviewing children

While all caregivers engage in communicating with children, interviewing is a more specific form of interaction with children. The caregiver who engages a child in an interview is trying to get specific information and may even disengage from the relationship with the child once the interview is over.

#### What is an interview?

An interview can be referred to as a structured conversation between two or more people, that is, the interviewer and the interviewee. It is also a way of gathering information, evaluating a situation or getting the other person's opinion.

## Stages in the interviewing process

### Contexts in which children can be interviewed

- For admission in an institution such as a school or children's home
- During case investigation
- During a court case
- When the child is a victim of crime or abuse
- For research purposes
- Media coverage
- To prepare a social enquiry report to court
- To establish if a child is ready to be released from an institution

### Examples of caregivers who engage in interviewing of children

- Social workers
- Law enforcement agents such as magistrates, police officers, probation officers, children officers, or prison officers.
- Counsellors
- Teachers
- Religious leaders
- Child protection agents

### Stage 1 • Preparation

#### The practical issues

- The child has a right to be informed of the purpose for the interview and give their personal consent to participate
- It is helpful to know as much as possible about the child before the interview. This can be through interviewing others, or reading information about the child and their circumstances. This may also help establish if the child has any special needs
- In some situations, the child's guardian is interviewed first before the child is interviewed
- If the child is being interviewed for purposes of research, the parent or a person responsible for the child at the time being must give permission
- It is unethical to approach an unaccompanied child and proceed to interview them. This is regardless of whether or not the child has "consented" to be interviewed
- Interviewing a child within their home or other familiar setting makes the child feel safe and comfortable. It also gives the interviewer an opportunity to learn more about the child's environment

### Stage 2 • Building rapport

- Rather than go straight into getting information from the child, the caregiver should first aim at getting to know the child and create a rapport in order to prepare the ground for an interview

- Whether it is one child being interviewed or a group of children, it is important that the caregiver tries to be physically on the same level as the child. This helps maintain eye contact and also break down any barriers
- The caregiver should ensure the child is safe and actually assure the child of this

### Stage 3 • Conducting the interview

#### Attending to the child

- This is the skill of being present for the child, not only physically but also psychologically. It communicates to the child that the caregiver is not just interested in the information the child will give, but that they value the information the child will provide
- Attending also means that the caregiver is able to pay attention to what the child says and how he/she says it. It is important to take notice of the child's tone of voice, words, gestures, body language, and state of mind as these communicate a lot
- The caregiver should sit facing the child and maintain a comfortable distance - not so far that the child has to shout and not too near to make the child uncomfortable. Any barrier between the caregiver and the child should be removed
- If the caregiver is taking notes it is important to inform the child at the beginning of the interview the purpose for that and address any anxieties that the child may have
- A caregiver shows a child that they are attending well by using encouraging words, gestures and sounds such as nodding the head, pausing, saying "Mmmm," silence, "Uh-Huh"?. This will help keep the conversation going as well as gently encourage the child to provide more information
- The child needs enough time to process the questions and prepare responses

#### Use of language and words

Language is a key and important aspect of interviewing. Children come from different cultures and the interviewer needs to adjust their language and words to fit in with the child's language. When interviewing an adolescent, the caregiver should be conscious of the adolescent's choice of words. It is important that a caregiver seeks clarification on a certain phrase or slang that they do not understand in order not to misunderstand issues

#### Beware of the concept of time!

- Young children do not have the same concept of time and do not experience the passage of time in the same manner as adults do
- They are unlikely to be able to pinpoint exact dates or to translate time that has passed. To children, 'yesterday' and 'before' may have the same meaning. To children aged between five and 7 years old any time period lasting more than a week is 'a long time'
- One way to help a child remember an event is by connecting a special event, holiday, or a memorable occasion with an experience that they may be talking about

## Stage 4 • Closure and disengagement

- In the closure or final stage, the caregiver may take the opportunity to summarise what has been discussed. The child is also given an opportunity to ask questions. Every effort should be made to ensure that the child is not distressed and is left in a positive frame of mind
- Before ending the interview the caregiver may return briefly to neutral topics of conversation in order to disengage the child from the interview. This also indicates that the 'formal aspect' of the interviewing has come to an end. It is important to explain to the child what will happen next
- The interviewer should make sure the child does not feel like they have failed or disappointed the interviewer
- It is important to thank the child for the interview

### Techniques of interviewing children

#### Drawing (*'A picture is worth a thousand words'*)

- Drawing is one of a child's natural ways of communicating and expressing their feelings and thoughts. This is especially helpful in situations where a child has experienced trauma
- The use of drawings is a valuable technique in interviewing children of all ages. Young children as well as adolescents like drawing and tend to provide more information when drawing is incorporated in an interview
- Drawing helps reduce anxiety and helps a child feel more comfortable with the interviewer
- Drawing increases the ability of a child to remember events
- Drawing helps explain in more detail what the child may find difficult explaining using words

### Use of questions

- Questions should be framed and asked in a manner that elicits information from a child
- Questions should be carefully framed to suit the child's age, capacity for understanding as well as their circumstances
- Open ended questions help children freely recall information. Examples include:

*'Tell me what happened'*

*'Tell me about your family'*

*'Tell me about your friends'*

*'Tell me about your father/mother/sister/brother/aunt/uncle/friend'*

*'Tell me more about the beating/pinching/slapping/shouting/touching'*

This type of open question invitation is suitable for older children from 10 years and above. Younger children may need more specific prompts. This can be done by using the child's prior responses as prompts e.g. if a child has said, *'I have one brother'*, then the interviewer can prompt: *'You have one brother, how many sisters do you have?'* or *'What did you do after you woke up?'*



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## Questions to avoid

### **A. Closed ended Questions (i.e. questions that can only be answered with 'yes' or 'no')**

- Do you like your new school?
- Do you live with your parents?
- Would you like to live with your mum or your dad?
- Did he touch you?

### **B. Leading questions**

- Would you rather live with your mum?
- Did you come here all by yourself?

### **C. Double questions**

These are questions that often draw a 'yes' or 'no' response but leave the interviewer unclear what the answer refers to e.g. When the police stopped you, were you worried or angry or didn't you care?

### **D. Multiple choice questions**

Is it every day, every week or a couple of times a month?

### **E. Curiosity questions**

These are questions that the interviewer asks out of their own personal interest and not as part of the interview. These should be avoided.

## Points to remember when communicating/ interviewing children

- Communicating with children should begin at the infancy stage as this builds a solid foundation for when the caregiver and the child will have to communicate about more intricate things
- It is upon the caregiver to adjust their communication skills to the age and developmental stage of the child
- Parents should role model good communication by communicating with each other well
- All interviews with children/young people should be planned
- The child/young person should not be further traumatised by the interview
- Effective communication reflects genuineness, respect and empathy
- Body language by both the caregiver and the child are an important component of communication
- There are no standard procedures that can be followed in the interviewing of children/young people. However, with experience and training each caregiver will develop their own skills and style
- The age and developmental stage of the child/young person, as well as possible effects of trauma, should be considered in the planning and conduct of interviews
- Age and developmental level determine the structure and techniques to be used during the interview
- If the child indicates that he/she does not wish to continue with the interview, the caregiver should not push them. The interview can be postponed to a later date

## Further reading

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# CHAPTER 15

## CARING FOR CHILDREN DURING DISASTERS

### Objectives

1. Identify the various forms of disasters common in Kenya
2. Examine the various ways in which disasters affect children
3. Identify the role of the caregiver in protecting children from disasters

Disasters, both natural and manmade, have been around for a long time and are associated with destruction such as fires, floods, drought, accidents, wars and earthquakes, among others. They leave in their wake death, damage and destruction. Whole populations are affected by disasters though children, women, persons with disabilities, people living with HIV/AIDS and the elderly suffer even more. These groups already face disadvantages in society including lack of access to appropriate information which is vital in times of disaster.

### How do disasters affect children?

- Children are physically not strong enough to withstand disasters and are prone to get into dangerous situations out of curiosity. They need adult caregivers to protect and guide them
- Children under 5 years of age need special protection during times of disaster
- Children who have been separated from family during times of disaster are vulnerable to abuse, exploitation and abduction
- Adolescent girls are at risk of sexual violence
- Adolescent girls and boys risk serious psychological trauma when they are unable to protect family members from the effects of disasters
- Adolescents are also vulnerable to negative peer influence
- Children such as orphans under the care of elderly caregivers suffer as the caregivers may be physically weak or in poor health and may not want to leave their homes even in the face of disaster. This is a problem when they are the only caregivers to children under their care
- Women are primary caregivers yet they have been culturally conditioned to place the welfare of children, family and property over themselves. This affects their own caregiving capacity during disaster periods

### Causes of disasters

The main cause of disasters is vulnerability caused mainly by:

- Competition for resources such as water, land, and minerals, among others
- Large population sizes
- Degradation of the environment mainly due to human settlements
- Increased urbanization leading to unplanned settlements
- Construction of houses in high risk zones such as river fronts and under electricity lines
- Impact of diseases such as HIV/AIDS which is now a pandemic
- Climate change and variability, and
- Geological hazards such as landslides and earthquakes

## How to reduce the impact of disasters

Certain actions can help minimise the impact of natural and manmade disasters. Following are examples of the steps that can help do this:

- Disaster preparedness greatly reduces the impact that disasters may have on children. Preparation includes:
  - collection of information about previous experiences
  - traditional knowledge and research, and
  - sharing this information with others including relevant authorities
- Sharing information and learning from previous experiences ensures that even when disasters occur there is minimal loss of human life, damage to property and the environment
- An important strategy is making disaster risk reduction part of the education curriculum to ensure all children including those who are out of school have access to this information. The information should be in a child friendly language and format and should also take into consideration children with special needs
- It is critical to establish how different communities define children to avoid cases of children missing out on interventions as a result of being labelled “grownup”
- Enhancing the capacity of communities to enable them take charge during disasters is a long term strategy that ensures that knowledge on how to combat disasters is passed on from adults to children. Capacity building means having information on:
  - hazards and risks that exist in the community
  - where hazard areas are located
  - groups of people vulnerable to each hazard
  - types of behaviour that may contribute to the risk or disaster and what can be done to avoid them
  - community plans and what they are used for
  - the role, if any, played by children, youth, women and other vulnerable groups in community affairs regarding disasters

## Challenges posed by disasters

The main challenges are associated with the effect on the survival, dignity and livelihood of people, especially children and the poor and vulnerable. Gains made in communities are eroded by disasters and recovery is usually a lengthy process.

## Child led Disaster Risk Reduction

Children, as rights holders, should be an integral part to any emergency response. They should maintain their full range of rights in all situations including disasters. Response systems to disasters should address all services including health, education, water and sanitation and food relief. Using a child rights approach also referred to as Child Rights Programming (CRP) in emergencies ensures:

- Equal treatment of those affected
- Children as a vulnerable group are protected against abuses of power
- Children and other beneficiaries participate and are fully involved in reduction strategies
- Collaboration and strengthening of civil society so that it can work with government in child protection during disasters

- The state is held to account to meet its obligations to children and caregivers, families and communities in times of disaster, and
- Accountability to beneficiaries and other stakeholders

### Child protection issues during disasters

As a vulnerable group children face more challenges during disasters compared to the general adult population. Some of the challenges stem from the disaster itself whereas others are due to acts of commission or omission by their primary caregivers such as parents and guardians, communities, relief agencies as well as government representatives.

Some of the problems faced by children are:

- Getting overlooked during disasters with concentration being on other matters viewed as more important by government and humanitarian authorities
- Some cultures do not give priority to children and the needs of children are addressed long after those of adults
- Humanitarian and relief agencies base their interventions such as food, medicine and clothes distribution based on adult and not children population samples
- Information and data regarding children is usually not disaggregated by age, sex, and vulnerability among others
- Families facing disasters usually experience high stress levels which can result in violence amongst family members which affects children
- In as much as shelters offer children protection they are also a source of violence against children due to overcrowding and family pre-occupation with survival among other issues
- Children with disabilities are especially vulnerable to all forms of abuse
- Play is important for children during emergencies but there are limitations due to lack of space, safety, and lack of play material
- There is an increase in maternal and infant mortality rates, spread of diseases such as tuberculosis, HIV/AIDS, cholera, and typhoid among others
- An interruption of education
- Lack of a legal framework to protect children during disasters, and
- Different communities use different approaches ensure child protection and some of these do not meet the established minimum standards

### The role of care-givers in addressing violations of children rights during disasters

#### Food and nutrition

During disasters children rarely have access to a balanced diet due to food shortages or inadequate rations. Nursing mothers are also not able to continue breastfeeding sufficiently due to interrupted lifestyles and associated trauma as well as lack of adequate nutrition. Many children get malnutrition and develop certain chronic illnesses due to extreme weather conditions.

Families living in shelters usually prepare and cook food out in the open. Food preparation in such circumstances may undermine the nutritional value of the food. Both the quality and quantity of food affects children's right to health.

### What caregivers can do?

- If there is any registration of persons going on they should ensure they register all their children including their ages and any special circumstances the children may be in such as disability
- Ensure orphans and other vulnerable children are not left out of the registration process
- Alert those in charge to make sure children access immunization and are given priority during food distribution, and
- Ensure pregnant and nursing mothers receive special consideration such as rest, shelter, food and health services

## Water and sanitation

Displacement during disasters as well as natural calamities may reduce access to clean and safe water for communities leading to threats of waterborne diseases. Communities may have to walk far in search of water. Children may face challenges due to the distance and location of the water points. Cases of violence against children such as sexual assaults have been carried out when children especially girls go searching for water.

Temporary shelters and the general environment in which children live in during disasters are usually unclean due to overcrowding. Children risk diseases as they eat, play and live in these areas.

### What caregivers can do?

- As much as possible the duty of looking for water especially if the water points are far should be left to adults to avoid sexual abuse of children
- Teach children how to protect themselves from abuse and especially sexual abuse
- Children should not be sent to fetch water late in the evening or early in the morning to guard against abuse
- Where water has to be fetched from wells, deep holes or rivers a caregiver should ensure children are protected against drowning or attacks by animals
- Ensure cleanliness of the environment through regular sweeping, proper disposal of rubbish and other waste and observing personal hygiene in the best manner possible in the circumstances
- The area around water points should be kept particularly clean to avoid contamination
- If the water is not clean it should be boiled before drinking, and
- If clean drinking water is supplied caregivers should teach children to drink this and not the contaminated water

## Health

Emergencies place children's health in a worse situation than during ordinary times. There is a noted increase in psycho social needs for both children and adults due to trauma experienced. Common ailments that affect children during disasters include diarrhoea and respiratory infections. This becomes worse if both children and their caregivers lack appropriate information on matters pertaining to health and hygiene. They may not be used to dealing with shortages of water, food, and having to share shelter in places like camps.

Adolescent girls lack privacy as well as adequate information on reproductive health issues. They also need sanitary pads.

#### **What caregivers can do?**

- Ensure that young children are kept in places with adequate air circulation as much as possible to avoid respiratory infections
- Teach children and young people how to keep the environment clean to avoid spread of disease, and
- Talk to young girls about reproductive health issues and how to avoid pregnancy

### **Shelter**

Children living in temporary shelters are exposed to rain, sun and wind leading to colds, pneumonia and other ailments due to lack of adequate clothing, beddings and exposure. In addition there is lack of privacy as sleeping arrangements for entire families are disorganised forcing adolescent children to share sleeping arrangements with their parents and other adults. Overcrowding in shelters forces children to be near people who may sexually abuse them. This puts them at risk of HIV/AIDS, sexually transmitted infections and pregnancy for girls.

#### **What caregivers can do?**

- Parents and guardians should take extra care to safeguard the safety of their children in overcrowded situations, and
- They should also teach the children how to protect themselves

### **Education**

Education, during and after disasters, provides children with both physical and psychosocial protection. During conflicts education provides children with a sense of normalcy and this helps them overcome trauma faster. When children are busy learning in school they are protected from sexual exploitation, abuse, abduction, child labour, recruitment into gangs and armed groups. Relief agencies and other groups also use education during emergencies and disasters to educate children on what to do to protect themselves and the communities they live in from future disasters, or at least mitigate or reduce them. The setting where this education takes place provides a good opportunity to get data regarding children affected by a disaster.

Challenges posed by disasters to education are many and include the fact that:

- Schools and other centres of learning are among the institutions where communities run to in search of safety and shelter whenever a disaster strikes
- After the disaster is over the structures including classes, toilets and teachers offices are left in a dilapidated state and may take a while before the necessary repairs are carried out, further delaying the resumption of classes
- Shelters are not conducive to alternative learning and many young children lack the stimulation required to enable them learn in such an environment
- Children lose their books and other learning material, uniforms and shoes

- Due to displacement parents and guardians are unable to pay for education related expenses
- Children get separated from parents, guardians, fellow pupils or teachers due to death or displacement and this affects their performance in school

#### **What caregivers can do?**

- Encourage children to resume their education as soon as possible
- Help children deal with the trauma of death of family and friends
- Reduce the workload for children to enable them attend classes
- Ensure children with disabilities, girls and orphans also benefit from education
- Help with the necessary learning provisions and where necessary help children to improvise
- Volunteer as teachers
- Help with construction of classes and other facilities, and
- Help cook meals for the children

#### **Caregivers ought to know that:**

- Children who are separated from family need to be identified as soon as possible in order for tracing and eventual re-unification with family
- Orphans need to be placed with foster parents in order to assist them regain a sense of normalcy
- Child protection should be part of any disaster management efforts starting from the community to the national level
- As a high risk group children should receive attention even during the pre-disaster phase to ensure they receive adequate protection, and
- Vulnerability can be reduced through ensuring safety in school buildings and the environment in general

#### **Communication in the context of displacement**

Disasters affect entire communities and normal day to day activities such as communication become difficult. Traditional forms of communication may be affected due to displacement. Communicating with children in such circumstances calls for patience, sensitivity as well as openness. It is important to remember that children may withhold information, give incomplete or inaccurate information as a survival strategy. This happens in cases where children have been betrayed by adults in the past or where information shared with adults has been used for wrong purposes. Children have a natural fear of anyone who appears to be in authority and may be reluctant to share information as they do not know how the information will be used.

#### **What caregivers can do?**

- Encourage communication in local languages to ensure messages are passed fast and accurately, and
- Use existing local media such as local FM radio stations to pass important messages during disasters



## Points to remember

- Children must maintain the full range of rights in all situations including disasters as clearly stated in the United Nations Convention on the Rights of the Child (UNCRC), African Charter on the Rights and Welfare of the Child (ACRWC) and other international human rights instruments
- The family remains the chief source of protection for children during disasters in order to give the children a sense of normalcy and assurance
- The impact that disasters have on communities and especially the vulnerable population can be reduced through adequate preparation as well as cooperation
- Freedom from disaster is a human right and all are responsible for its reduction
- Duty bearers (government, parents and guardians) must continue to meet their responsibilities and obligations in all situations and in relation to all rights
- Children have a role to play in disaster preparedness and mitigation. It is not a question of IF children should be involved, but HOW they should be involved
- Important cross cutting issues connected with disasters include children, older people, persons with disabilities, gender, HIV/AIDS, protection, and the environment.
- Vulnerability may be based on exploitation, sexual violence, malnutrition, lack of opportunities to participate in decision making, abduction and recruitment.
- Efforts to reduce disasters and risks must be systematically integrated into existing policies, plans and programmes
- Disaster risk reduction, poverty reduction, sustainable development are all mutually supportive of each other and must be addressed together

## Further reading

United Nations. 2005 – 2015. *Hyogo Framework of Action*

UNICEF. 2010. *Climate change in Kenya: Focus on Children*

Save the Children Sweden. 2007. *Child – led Disaster Risk Reduction: a practical guide*

United Nations. 2011. *Children’s Charter for safety during disasters*

Office of Disaster Preparedness and Emergency Management (ODPEM). *Guidelines for Child – friendly Disaster Management and Response.*

Republic of Kenya. 2009. *National Disaster Management Policy*

## Where to seek assistance

County Headquarters

Local Disaster Management Committees

Kenya Red Cross Offices, Head Office, and Branch Offices in various parts of the country

NGOs

Church, temple or mosque

# CHAPTER 16

## CARE FOR CAREGIVERS

### Objectives

1. Explain the meaning of burnout
2. Identify the causes of burnout among caregivers
3. State ways that a caregiver can use to overcome burnout

Working with children can be very engaging. For those working with children who are abused, it is even more demanding. There is usually a great deal of emotional investment in the issues that affect children. Caregivers listen to the children’s heartbreaking stories such as those who have been sexually abused by adults, those who have been intentionally burnt, harmed through beatings, neglected and left without food and shelter, those who are abandoned and a host of other cases. To listen meaningfully to these stories, to observe the children and help them out of their situation, obviously touches on the feelings and emotions of caregivers. This process takes a toll on caregivers who inevitably suffer, sometimes as much as the children under their care. Again some caregivers go through abuse themselves thereby complicating the issue. As such they have to be helped to overcome the exhaustion that comes with all this. This chapter looks at burnout among caregivers, its causes and suggests resources that can be used to manage and overcome burnout.

### Meaning of burnout

According to Pines and Aronson, burnout is a state of physical, emotional and mental exhaustion caused by long-term involvement in an emotionally demanding situation. Physical exhaustion makes the caregiver feel tired or run down (burnt out). Emotional exhaustion makes one feel depressed and hopeless. Mental exhaustion involves feeling disappointed, disillusioned and resentment towards people. Indeed burnout means ‘being on fire’, getting burnt out, losing hope and belief in the value of whatever you were engaged in. It leads to exhaustion and lack of interest in what we are doing. It commonly affects those in the service industry such as caregivers.

### Differences between burnout and stress

Both burnout and stress have some relationship since they touch on our emotions. Secondary traumatic stress comes with little warning as much as burnout also comes gradually. However, burnout differs from stress as shown in the table below:

Burnout	Stress
<ul style="list-style-type: none"><li>• Characterized by disengagement</li><li>• Emotions are dull, dead</li><li>• Produces helplessness and hopelessness</li><li>• Exhausts motivation and drive, ideals and hope</li><li>• Leads to detachment, depression and paranoia</li><li>• Causes demoralization</li><li>• Primary damage is emotional</li><li>• Burnout may never kill you, but your life may not seem worth living</li></ul>	<ul style="list-style-type: none"><li>• Characterized by over engagement</li><li>• Emotions are over-reactive</li><li>• Produces urgency and hyperactivity</li><li>• Exhausts physical energy</li><li>• Leads to anxiety</li><li>• Causes collapse, destruction</li><li>• Primary damage is physical</li><li>• Stress may kill you prematurely, and you won’t have enough time to finish what you started</li></ul>

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It is easier to notice stress than burnout as it usually comes gradually. The helplessness, hopelessness, detachment, and demoralization can take long to appear unlike stress whose manifestations appear fast enough.

## Causes of burnout

### 1. The burden of work

When work demands are over and above what we can adequately handle, it will lead to exhaustion. This is common where the children-worker ratio is too high. The caregiver is expected to do so much in an effort to serve so many children effectively. It is common in some hospitals, children's homes and schools. Because of the burden of work in some of these institutions, a caregiver may feel overwhelmed and as a result unintentionally direct his or her frustrations towards the child. Some families are fairly large and it is quite demanding on the parents to pay sufficient attention to all the children. In an effort to serve all the children as best as they can, some caregivers end up getting severely drained. Some situations may present unrealistic goals to be met by the caregiver hence cause burnout. In the face of unrealistic goals, the caregiver is still expected to perform, produce results and meet deadlines which are usually way beyond the ability of most caregivers.

### 2. Unchallenging work

Some caregivers feel they are doing work that does not gratify them. As such, they feel trapped, helpless and bored. Doing work that one does not like just for economic reasons can lead to burnout simply because the caregiver does not enjoy whatever they are doing. The caregiver may feel the work being accomplished is monotonous with little variation and therefore not challenging enough.

### 3. Lack of recognition

When we exert ourselves so much yet no one recognises our efforts, there is always the feeling of not being valued. There is neither appreciation of our effort nor any rewards for work well done. One feels that their contribution is not recognised at all. Such a situation leaves you feeling insignificant.

### 4. Lack of supervision

Caregivers are not able to gauge how well they are doing since they are hardly supervised. Similarly they hardly get opportunities for continuing education and training. This in itself demoralizes them hence leads to burnout.

### 5. Lack of control

Many a time, caregivers lack authority over things that they are held responsible for. Some lack opportunities for personal expression or even trying new approaches. Innovation, experimentation and change may be discouraged. Sometimes they are criticised for matters beyond their control. Anything going wrong, therefore, puts a lot of psychological pressure on them.

## **6. Seeking perfectionism**

When we always look for the best out of what we do without achieving it we cause ourselves unnecessary pressure. We end up seeing nothing that is good enough and feel we have not achieved anything.

## **7. Pessimism**

Some people are always pessimistic about anything and everything. The negative attitude they have causes emptiness in them leading to burnout.

## **8. Working with difficult groups**

Difficult groups such as resistant clients or clients who are slow to show progress can also lead to burnout as one finds it hard to achieve any results at all.

## **9. Unreasonable rules**

Working under rules that are unreasonable, coercive and punitive will frequently lead to burnout as well. Such rules exert unnecessary pressure on the worker who is left with no window to vent out personal feelings.

## **10. Low morale**

Another cause is low morale which may result from lack of trust between supervisors and counsellors, conflict and tension among staff or lack of support from colleagues.

### **Dealing with burnout among caregivers**

Caregivers need to be assisted to overcome the emotional exhaustion that comes with their nature of work. The following have been suggested as ways of preventing burnout or dealing with it:

- Set realistic goals to be achieved. Avoid being too much and doing so much in one day. We cannot deal with all the problems brought to us. Some cases are too complex if anything. Our strength, time and energy are also limited. We need to learn to take in just as much as we can handle. The rest can be pushed to another person or another day. Manage your time and have schedules that you follow
- Learn how to bring variety and meaning in your work and life. Find other interests especially if your work situation does not provide variety and interest. Take initiative and start projects that have personal meaning. Outside of work, find meaning in your life through tours and visits, play, or new experiences and this will re-invigorate you and your work
- Learn to work for self-affirmation and self-reward as opposed to looking outside of yourself for validation of your value as a person. Indeed, children may not really openly and directly appreciate. What is important to you as the caregiver to realize is that you have made an impact in their lives. Accomplish what is good to them and move on
- Caregivers are encouraged to look out for opportunities for self-growth. Attend seminars, workshops, conferences, continuing education and discussions to gain new

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insights into the wide work of care-giving. Joining professional organisations can also add value to caregivers. Exchange jobs with colleagues for a short while as a way of evaluating the self through seeing how the other will do what you normally do

- Use support groups. Ideally this should consist of people doing related work but not the same. Such a group can be good for counselling, exchange of ideas, emotional and spiritual nourishment. The group will give you stability and strength in dealing with your work situation. Have positive relationships and socialize with people to prevent burnout or reduce its onset. Even with the children we take care of, it is important that we develop healthy trusting relationships. This develops security and openness to share
- Attend to your personal health such as by having enough sleep, eating a balanced diet, exercising, meditating, attending to hobbies and relaxation
- Accept your imperfections
- Seek counselling as an avenue for personal development
- Accept personal responsibility for the consequences of your choices
- Go on leave to rest and get new energy

## Points to remember about burn out

- Burnout can be recognised through feeling drained of emotional energy, detachment, withdrawal, isolation, irritability, sadness, frustration, powerlessness/helplessness and hopelessness
- It mainly affects those offering services requiring intensive interaction with people face to face
- It mainly affects our emotions
- It leads to low productivity, lack of interest, low morale, absenteeism, quitting of jobs, alcoholism, marital problems
- Most of the ways to fight burnout are to do with the affected person making it practically easy to overcome

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## Where to seek assistance

Accredited counselling centres





# CHAPTER 17

## ETHICAL AND LEGAL ISSUES IN CARE-GIVING

### Objectives

1. Equipping the caregiver with information on ethical and legal issues in care-giving
2. Identifying what constitutes unethical behaviour in care-giving
3. Informing the caregiver about their rights and those of children in their care

Ethics and laws are part and parcel of people's day to day lives. Application of ethics in many care-giving settings is influenced by the values and beliefs of the different people involved. Ethics refers to moral values or principles used in day to day activities. Laws on the other hand are rules from established authority such as government and are used to ensure there is order in society. Laws such as those dealing with abuse are both legal and ethical.

On the other hand not all ethical principles are legal in nature and no legal sanctions can be imposed if one does not observe them. Professionally it is ethical to be honest with people one works with but there are no legal requirements for this. It is therefore important that caregivers are able to differentiate between ethics and laws.

### Why ethics in care-giving?

Ethics should ideally be part of everyday practice in caring for children. It is in the best interests of a child for a caregiver to be guided by moral values and principles when taking care of the child. Observing ethical behaviour by a caregiver means giving thought to decisions that need to be taken while at the same time ensuring respect for the concerned children.

It is important for professionals who work directly with children and young people or who come into contact with children in the course of their work to observe laid down fundamental legal and ethical principles. This includes professionals such as:

- Health workers
- Staff of learning institutions including teachers
- Social workers
- Counsellors
- Probation officers
- Children officers
- Police officers
- Prison officers
- Judicial officers
- Lawyers and
- Paralegal workers, among others

## Fundamental ethical principles in care-giving

Care-giving for children entails ensuring that the rights and welfare of the children are protected and safeguarded. In law these have been outlined in the Children Act, 2001 as the rights that children have as well as the duties that parents and guardians have towards children.

In the context of ethics in care-giving certain key and important principles are important. They apply to different professionals who in the course of their work interact with children at different levels and in different contexts. Some institutions have adopted a code of ethics which every employee is inducted on upon joining the institution. In addition to providing employees with copies the institutions may also require employees to sign a copy.

Fundamental ethical principles in care-giving can be divided into “*what to do*” and “*what not to do*”. Some of the issues overlap and it is important for a caregiver to be familiar with each as it impacts on the quality of their work and may also have a legal implication. These principles are:

### Reliability

Observing punctuality in carrying out assigned duties as a caregiver shows responsibility, commitment and pride in the work. Punctuality enables a caregiver to accomplish set tasks within the given time. This is beneficial for all parties. Reliability also establishes trust which is important in any relationship.

### Honesty

Caregivers need to treat children with respect and ensure that they are honest with them. It is bad to lie to children, even in the mistaken belief that it is “for their own good”. Children, especially those in institutions or in the justice system need to be informed of the processes that they are going through in a language and form that they can understand. Distressing news should be communicated to children in a manner that takes into consideration their vulnerable nature. Caregivers should keep promises they make to children.

### Respect

Respect as a principle in care-giving presupposes both self respect in the caregiver as well as respect for those they serve. A caregiver with self respect:

- Takes time to improve themselves through joining support groups, going for retreats, and attending workshops organised by different professionals among other activities
- Learns the value of taking time off from care-giving services in order to rest. The period of rest depends on the circumstances. This time can be used to do activities unrelated to care-giving, and
- Knows the importance of asking for help. A caregiver keen to gain knowledge will know when it is time to call for help and from whom and where. Failure to ask for help may result in serious illness, nervous breakdown and a build up of resentment towards those one is caring for as well as burnout

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A caregiver working with children respects the views of the child, allows the child to air their views and takes those views into consideration in line with the standards set out in law, policies (both national and internal ones), guidelines as well as standards established regionally and internationally with regard to child protection.

Respect in care-giving also means accepting other people for what they are, even though they may have different views and opinions from one's own. It means treating other people's property with respect, not stealing or taking a client's possessions without the consent of the client, even where the client is a child.

### **Integrity**

Falsifying documents or reports in order to gain unfairly and wrongly is both ethically and legally wrong. A caregiver with integrity knows when to ask for assistance where they are not clear about issues. She or he will also politely decline to do any work that they feel goes beyond what they are supposed to do. It is important to always follow laid down plans and consult one's supervisor regularly as this can assist a caregiver in the event that concerns are raised about their work.

### **Do no harm**

Caregivers should avoid situations that may cause "harm" to children under their care. The harm may be intentional (such as abuse) or unintentional (such as not paying proper attention to a child during a counselling session). It is important that caregivers are sufficiently familiar with both situations.

Justice

Professionals working with children have a duty to ensure that they practice fairness in their work. It calls for fair and equal treatment of all clients, doing one's work diligently and without undue delay and accepting clients as they are.

### **Confidentiality**

Confidentiality in care-giving is both an ethical and legal issue. Confidentiality builds trust between and among caregivers and their clients. It calls for respect of a person's personal information related to their care and other important details. However, there are a number of exceptions depending on the age, vulnerability and capacity of the person concerned to make informed choices and judgment on their own. Ability to make an informed choice involves being given all the necessary information and ensuring that there is no coercion or undue influence. A child should be given information appropriate to their age and in a manner that they can understand.

A professional caregiver treats all information concerning the work they handle in a professional and confidential manner. Currently, information may be received in a variety of ways as opposed to the past when it was either written down or spoken. Information can be saved in computers and other electronic devices. Irrespective of the manner in which a

client's personal information is stored it should be treated with respect and should not be released to unauthorised persons without the consent of the client.

Important issues that should be handled with confidentiality include:

- Any personal information related to a client such as the nature of their illness
- Information regarding any treatment they may have had in the past and what is proposed for the time being and in future
- Conversations whether spoken or on phone regarding a client should be as private as possible
- Records stored on computer

Revealing this information to unauthorised persons is a breach of confidentiality and in some cases can be subject to legal measures including a fine or imprisonment. This will depend on the seriousness of the act and whether it was intentional or unintentional.

Clients, including parents and guardians with sick children should be encouraged to put in writing any permission granted to a caregiver to divulge information concerning them or their children to authorised third parties.

### **How can a caregiver ensure confidentiality is protected?**

This will depend on how the information is disseminated. It could be through the spoken word or in writing (electronically or by hand). Most of these situations apply in a professional setting.

#### **Spoken communication**

- A caregiver should only answer or give information or answer questions on a "need to know" basis, that is, information should only be given to those who need to know
- Issues about a child's health matters should not be discussed in the presence of unauthorised third parties
- Caution should be taken not to discuss confidential matters in a loud voice to avoid unauthorised third parties from listening in
- Important matters should be discussed behind closed doors and away from crowds.

#### **Telephone communication**

Important and personal messages should not be left on voice mail or an answering machine where anybody can access them. Instead one can leave details for the person being called to call back.

#### **Official records**

These should be stored safely and be accessible only to authorised personnel. They should not be left in open unattended areas where anyone can access them and should be returned to safe storage as soon as possible where they remain under lock and key. Examples of official records include those related to adoption proceedings, abuse cases as well as medical records.

## Computers

To safeguard confidentiality of the information in computers it is important for caregivers to observe the following:

- Create a strong password and change it regularly to ensure sensitive information is safeguarded from unauthorised access.
- Keep computers positioned away from busy and open spaces in offices
- Always log off when not using the computer

## Discarded and used documents

These are usually treated as rubbish but they can be accessed by unauthorised persons if not disposed of properly. Anything put outside premises for purposes of disposal is taken to be in the public domain and no action can be taken against those who access information in this manner. However, action may be taken against anyone responsible for such an incident. It is therefore of utmost importance that documents are discarded properly. Sensitive information can be shredded to avoid disclosure of personal information. As a caregiver one can also help retrieve any information they come across that has not been discarded properly and hand it over to relevant authorities.

## How can a caregiver avoid being sued for wrongdoing in the course of their work?

The work of a caregiver, especially those taking care of vulnerable groups such as children, the sick, those with disabilities, the aged, among others is both challenging and sensitive. Mistakes can happen. A caregiver may also behave carelessly resulting in unpleasant situations such as injury or even death of those they are taking care of. Knowing how to avoid these and other situations is an important part of good care-giving practice.

The following are ways in which caregivers can avoid having legal action taken against them for actions related to their work:

- Any information of a personal nature such as medical files, family issues or financial records handled should be treated with confidence
- A caregiver should never insult a client
- If a caregiver detects or suspects abuse they should report this as soon as possible to the appropriate authority
- It is also helpful to put down in writing details of any action taken in cases of abuse for future reference
- Professionals should only do the work assigned to them which in most cases is what they have trained for as they will be held liable (accountable or responsible) for what they do.
- Closely related to this is that one should not do less work than they are supposed to do as this will have an effect on the care-giving services, including putting someone who requires care at risk
- Proper care-giving services entails doing good quality work and avoiding careless mistakes since this can lead to injuries or damages for which one can be held liable

## Rights under care-giving

Since care-giving is a service both the receivers and the givers have rights and duties.

### **Rights of clients include the following:**

- Have a say on how they should be treated. This includes how services should be carried out, if they are undergoing treatment what kind of treatment plan they should have, who will deliver these services and how
- In case of dissatisfaction in services a client has a right to request that the caregiver be changed
- It is up to the client to agree to treatment or not. When a client is able to make choices this improves their well being as they feel they are able to exercise their independence. On the other hand, a caregiver is advised to give alternatives to clients leaving them with a choice of whether to agree to it or not. Further, caregivers can also raise the issue with the supervisor and ensure that all the actions they take are properly documented
- To have personal information handled in a confidential manner
- To confidential communication in the manner he/she requests
- To give permission in writing or verbally that family members can be given information regarding the client
- To have full access to their medical records and make copies if necessary
- To decide who has access to their medical records (this may be limited due to certain factors)
- Those undergoing probation have a right to timely delivery of reports so that judgment and sentencing are not delayed unduly

If a client feels that any of their rights have been violated in any way they have a right to file a complaint with the relevant authorities. It is important to make this complaint in writing and to make copies for personal use.

### **Rights of caregivers include the following:**

- To work in a safe environment without fear
- Not to be abused in any manner
- In case a caregiver is not happy about the way things are going they have a right to complain without fear of being victimised
- In case a client complains about them a caregiver has a right to be informed of this as soon as practically possible
- This should be followed by the right to a fair hearing complete with all the information regarding the allegations against them
- Be involved in any changes to a client's service plan including treatment
- Be fairly remunerated for services rendered without undue delay

If a caregiver feels that any of their rights have been violated in any way they have a right to file a complaint with the relevant authorities. It is important to make this complaint in writing and to make copies for personal use.

## Points to remember

- Professionals working with children or who have close contact with children and adolescents should have adequate training on the rights and welfare of children
- Emphasis should be on the ethics and principles of working with and for children
- It is the duty of caregivers to protect children from all forms of violence
- Different communication strategies work with children of different ages and backgrounds
- Professionals working with children should be vetted to establish their suitability of working with children. The closer they work with children the more rigorous the vetting should be
- Professionals should adhere to established codes of conduct
- Training and orientation on the code of conduct should be carried out on new employees and caregivers as soon as possible
- Each employee or caregiver should sign the code of conduct and be given a copy to keep. In the absence of this a copy of the code of conduct can be kept in a place where it is visible

## Further reading

The Republic of Kenya. 2005. *National Guidelines for Charitable Children Institutions*

Codes of Conduct for Institutions

Code of ethics for Kenya National Association of Probation Officers

## Where to seek assistance

Institutions of higher learning

Health institutions

Kenya Legal and Ethical Issues Network on HIV/AIDS(KELIN), Maisonette No. 4 on LR No. 1/714, Kilimani, Kindaruma Road, Off Ring Road, Milimani, Nairobi. P.O Box 112, 00202, Kenyatta National Hospital. E-mail: [info@kelinkkenya.org](mailto:info@kelinkkenya.org); [www.kelinkkenya.org](http://www.kelinkkenya.org)

Nurses association of Kenya, Kenyatta National Hospital Grounds, P.O Box 49422 - 00100 Nairobi, Kenya. Email: [info@nnak.or.ke](mailto:info@nnak.or.ke); Website: [www.nnak.or.ke](http://www.nnak.or.ke)

National Association of Social Workers in Kenya

Kenya National Association of Probation Officers, P.O Box 6104-00100.  
E-mail:[secretariat@knapokenya.com](mailto:secretariat@knapokenya.com); [www.knapokenya.com](http://www.knapokenya.com)

Law Society of Kenya

Medical Practitioners and Dentists Board, MP & DB House, Woodlands Road, P.O. Box 44839 – 00100, Nairobi. E-mail:[medicalboard@wananchi.com](mailto:medicalboard@wananchi.com); [www.medicalboard.co.ke](http://www.medicalboard.co.ke)





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