Providing Support and Care to Children
MODULE 6. Providing Support and Care to Children

Module – 4 hours

Overview
This Module helps participants understand the world of children. As adults, we experience the world differently to children. Children communicate through play and their behaviour. This means to communicate with them we cannot rely on talking and using words only. We must work on ‘engaging with children’ before we can expect them to trust us.

In addition, participants must understand children’s physical and emotional development to understand what they may be feeling or experiencing. The developmental level of a child will influence how he/she reacts to factors that put them at risk of protection violations. A young person’s stage of development will also be a factor in determining the kinds of support and protection he/she needs to enhance the prospect of a healthy and productive future.

Learning Objectives
- Participants will have more insight into the different needs of children.
- Participants will have greater awareness of the qualities needed in adults to work with children.
- Participants will have a better understanding of the ages and stages of development children go through physically, emotionally and psychologically.
- Participants will understand the importance of giving children a voice, and allowing them to participate in responses and situations that affect them.

Topics
The topics covered in the Module are:
6.1 Child Development
6.2 Working with Children
6.3 Child participation
6.4 Working With Children: Case Studies

Topic Notes
6(a) What is Child Development?
6(b) Working with Children
6(c) Children’s Participation
6(d) Working with Children: Case Studies
6(e) Case Study Notes

References And Other Resources


Lukautim Pikinini Act (LPA)

National Early Childhood Care and Development Policy Department for Community Development: (2007)


PLEASE NOTE
- Make sure you have copies of the Week 1 Evaluation form for all participants. You will be handing them out at the end of Module 7.
Topic 6.1
Child Development

Small Group Activity – CHILD DEVELOPMENT

To work with children, you must know three things:

- **Nature:** What the problems are that children experience.
- **Cause:** Why children behave in the ways they do – both healthy and unhealthy behaviour.
- **Action:** How we can support and work with children.

This Module is to help understand why children behave in the ways they do. A basic understanding of how children develop helps us to identify when they are not reaching their potential. The same strategies will not work with all children but some will.

Communities and families who provide care and support to children in need of protection must have an understanding of their stages of development and changing needs. The illness or death of a parent, separation from siblings, violence, exploitation and abuse, have differing effects on children, depending on a child’s age and stage of development. A child’s stage of development will be a factor in determining the kinds of support and protection he/she needs to enhance the prospect of a healthy and productive future.

Step 2

Ask participants to get into 3 or 4 groups, no more than 5 in a group. Give each group a sheet of flip chart paper and a marker pen.

**The trainer says:**

Let’s think about ourselves and growing up. What kind of changes happened for us as we went from being a baby to being 5 or 6 years old and then as we grew up to become teenagers and young adults.

Think about our physical changes, our emotional changes, our learning changes – all the changes that happened for
Think about your own children and the changes they have gone through. If you have children of different ages, think about the differences between them.

Write down on the flip chart paper all the things you can think about.

Allow 15 minutes for this.

Step 3
When they are ready to give you their answers, stick up your 6 pieces of paper so they can see the categories you have written. DON’T stick them up before this. You don’t want them to limit the things they say to try and fit the categories you are going to look at.

Don’t ask them for their response at this time.

Step 4
Now read through Topic Note 6(a) Child Development till you get to the heading Children’s Growth and Development.

Step 5
When you get to the section on Children’s Growth, say to the participants:

Let’s have a look at the things you have put down about the changes you have thought about in children as they grow up. We are going to put up your answers under the 6 headings in this Topic Note on Children’s Growth and Development.

I am going to ask each group in turn to read out one thing on their list, and to tell me under which heading they think it should go.

We will do this round and round until we have as many things as we can under each list.

Step 6
Collect the material under the headings. Make sure each time a group gives you an answer it is something that is not already on one of the list you have put up.

When all the groups’ answers are on the flip charts, check to see that something is under each of the headings. If not, ask the group what they think could go under the heading.
Topic Note 6(a)
What is Child Development?

Development is the process that describes how humans grow. Most people who write about it agree that people go step by step through a series of stages.

Development is influenced biologically (what we were born with) and by the environment (what we are exposed to). Changes occur all the time in aspects affecting humans eg. biological, intellectual, emotional, social behaviours. When these interact together each influences the other’s progression.

Four principles of child development:
• As children grow, they construct their own rules for how the world operates
• Children develop in phases
• Children vary greatly in the rate at which they develop
• Different skills develop separately and at different rates

Children’s communication is influenced by the following:
• Their thoughts
• Their mood
• Their behaviour / pressures
• Their environment

Children’s Growth and Development
The following six areas develop side by side unless there is delay or disability

Physical – Increase in size and function
Sensory – Awareness of 5 senses – sight, smell, touch, taste, hearing
Intellectual – Ability to learn and to solve problems
Emotional – Ability to form and sustain relationships and empathise
Social – Ability to self care, work for others ie play and school, appropriate behaviour.
Moral – Ability to understand right and wrong through building of a conscience
Topic 6.2
Working with Children

Topic – 45 minutes

Small Group Activity –
QUALITIES IN ADULTS
THAT HELP US WORK WELL WITH CHILDREN

Activity – 45 minutes

Equipment and Materials:
• Flip chart sheet for each group
• Marker pen for each group
• Tape or BluTack for sticking your flip chart pages on training room walls

Step 1
The trainer says:
Hardly anything that happens in a family or a community will happen without children knowing about it. Children are more alert to what is happening than most adults realise. Children however come to their own conclusions about why things happen. They often put their own wrong interpretation on what is happening. A child may believe, for example, that he or she is responsible for what is happening between parents. Children often blame themselves for divorce, death in the family or other crises.

There are many factors that make it difficult for children to express exactly how they are feeling. Two of the most important are:
• Very mixed emotions so that children are often themselves not clear how they feel.
• The complex nature of human behaviour and human development.

Children have mixed emotions. Learning and understanding the complexities of what is happening inside the emotions of a child is still a growing study. Childhood problems are complicated by the child’s lack of knowing how to express them. It takes skill to draw out of a child their feelings when they are not even sure themselves what they are feeling. There may be a mixture of emotions that confuse the child. For example a child could feel sad that their father has died but also relieved that they will no longer be there to abuse the family or that they will not have to spend so much time at the hospital visiting him. Anxiety as to who is going to pay the bills could also be more pressing to the child at that point of time than a feeling of loss.

We have already seen that children change over time, and so what they can do and how they can express things also changes. Some behaviour that we would not accept in adults is just a part of the way a child grows up and learns. Just what is normal and to be expected in a child is a big question. When parents see aggressive behaviour in their children, they naturally need to know if it is normal: Is it a phase they will grow out of or is it a major problem they need help with? This is where understanding the developmental stages of a child helps parents and children alike.

Step 2
Ask the group to get into small groups of no more than 4 people.

The trainer says:
Think about when you were a child and needed to have an adult to talk to about some problem you had - something that was going on you didn’t understand, something you were afraid was wrong with you, something you saw that disturbed you.
What were the qualities you looked for in the adult to whom you turned at this difficult time in your life? What was it about them that made you feel you could discuss the problem with them?

Step 3
Ask each group to draw a person on their sheet of paper and to write or draw the qualities they needed as children to allow them to trust and confide in an adult. Tell them that if they want to have some fun with this and maybe draw parts of the person to show these qualities – like big ears for listening well.

Allow 15 minutes for this.

Step 4
At the end of this time, ask each group in turn to present their ideas to the rest of the participants.

Put each drawing up on the wall.

The trainer says:
Let's read through Topic Note 6(b) Working with Children and see how what we have said matches with the qualities that research shows are needed to work effectively with children.

Topic Note 6(b)
Working with Children
Important qualities in working with children
• Listen
• Eye contact
• Honesty
• Respect
• Humour
• Time
• Talking in a simple language
• Tell stories
• Non-verbal communication
• Be aware of your own problems and keep separate
• Be open minded

Tasks in getting to know children
• Build a relationship
• Establish the way you want to communicate
• Assess the stage of development
• Find out the names of relevant people, body parts, favourite things etc.
• Give choices for them to answer, yes, no, don’t know, not really
• Talk to people who look after them to get childhood information

Factors which may impact on engagement – Internal barriers
• Guilt / self blame: child may feel responsible for the abuse or enjoyed the attention / rewards associated with the abuse
• Confusion: relationship to perpetrator; child may feel responsible for the perpetrator

continues next page >>
• Fear of punishment by perpetrator; may be associated with the level of threats used
• Anxiety as to parental response to victimisation
• Defences eg. Avoidance, repression etc.
• Embarrassment
• Frequency and seriousness of abuse; ie. May feel extremely vulnerable and helpless
• Child's behaviour; inward versus outward expression – related to impact of abuse

Factors which may impact on engagement – External barriers
• Gender (of worker) – child may develop a negative response to a worker who is the same sex as abuser
• Developmental stage / age of child
• Thinking capacity of child
• Communication
• Lack of awareness that child abuse is wrong
• Developmental delays; intellectual disability
• Court process / outcomes
• Placement issues / systems issues
• Non-believing parents / caregivers – supportive versus unsupportive
• Environmental factors; things that remind child of abuse
• Cultural / religious issues

Important things to remember when working with children
• Children must be respected by adults and we need to give them time to trust us.
• Adults must try and see things from a child’s perspective and imagine what it is like not to trust adults.

• Understand that children may look okay on the outside but feel very scared and insecure on the inside.
• Adults need to be patient, spend time getting to know children and try to assess what age developmentally they are functioning at.
• Most importantly – **CHILDREN HAVE A CHOICE NOT TO TALK TO US!**
• When children refuse to engage with us, it does not mean they do not want our help, it may mean they are too scared or confused because of what is happening to them at home/school etc.
• Children feel guilty, ashamed etc of what is happening and this may prevent them “engaging”. You may need to reassure them and be honest about what you do with their information.
• Never promise not to tell anyone else what they have told you as this cannot keep anyone safe!
• It is your job to “assess” what possibly is going on for the child and respect their wishes. We must never insist they talk to us or punish them for not talking.
• Respect their wishes whilst reassuring them you understand that it may not be safe, or it may not be the right time for them to talk to you.
• Always let them know you are available in the future if they wish to talk to you again.
• Praise and encourage children whether they engage with you or not.
Topic 6.3
Children’s Participation

Topic – 1 hour and 30 minutes

Large Group Discussion – CHILDREN’S PARTICIPATION IN PNG

Activity – 1 hour and 30 minutes

Equipment and Materials:
• Flip chart
• Marker pen for the trainer

Step 1
The trainer says:
One of the main principles of children’s rights is Participation (Article 12). Children play a vital role in the world they live in therefore children must be consulted and involved when discussing matters concerning them. This involves listening to children and respecting their views. Their opinions and consent in discussions need to be considered. It is often unfair when adults only discuss and make decisions that concern the children and never allow them to be involved. This can lead to adults making bad decisions for children, ones that are harmful to them or that make them feel untrusting or unappreciated.

Let’s look through Topic Note 6(c) Children’s Participation

Step 2
Read the Topic Note to the group. Stop and check during the reading that people are understanding what you are reading out.

Topic Note 6(c) Children’s Participation

What is children’s participation?
Every child has the right to participate, which means every child has:
• The right to a voice and to be listened to
• The right to relevant and appropriate information
• The right to be involved in decisions that affect him or her
• The right to gather together or join a group together
• The right to have their own thoughts.

Participation is a process that requires long-term commitment. Children’s involvement should be part of daily practice rather than an add-on or a one-off ‘participatory event’. Children develop their communication and participation skills over time. Supporting children’s participation means that children are seen and heard. Participation requires building relationships of trust between children and adults. Adults who work with children and listen to them develop better communication skills and improve their understanding of children.
The connections between participation and other rights of children
A child’s right to participation is connected to their other rights eg. right to education, right to development, right to protection.

• **Children’s participation and development**
  Development – By listening to children from an early age, parents and teachers encourage children to express themselves. When they are told to be quiet, they are discouraged from taking part in society, which may have an impact on confidence and their development.

• **Children’s participation and education**
  Right to Education – Children who are allowed to ask questions and have their voices heard in the classroom will often find education more interesting and will learn better. The denial of the right to participation has a negative impact on the right to education.

• **Children’s participation and protection**
  Protection – If a child feels confident to speak out, and knows that their concerns will be listened to, this increases their protection from violence and abuse. Eg. There are many cases where children in orphanages have been abused but they were not provided with an opportunity to speak out or be listened to. Abusers can mistreat children for many years without fear of being caught.

Children’s Participation – Why?
One of the four main points of the Convention of the Rights of the Child is: the right of children to have a say in every aspect of life that affects them – within the family, in their homes, at school, in health care, in their local community and wider environment.

Children’s thoughts about their care and their future are important. If activities and services take into account the direct experience of children they are more likely to have positive, beneficial and a lasting impact on children’s lives. When providing assistance or support for children in need of protection, participation ensures that they feel valued and that people genuinely care for them. It is a very IMPORTANT part of any response.

Children’s Participation – Benefits
There are many benefits to helping and encouraging children to participate:

• It will bring ideas from children’s reality and adults will be able to see the problem and the solutions from children’s perspectives.
• Children will be visible and seen as social actors and active citizens.
• Children will learn new skills and it is likely to strengthen their self-confidence.
• Children learn to communicate more effectively with other children.
• Children are protected and learn to protect themselves.
• More effective projects for children are developed.
Children's Participation - Challenges
- The idea that children should be seen and NOT heard is still a common belief in many countries and cultures.
- Adults are often not used to listening to children.
- Adults may believe that children are not capable of forming opinions, or cannot be sufficiently informed to have worthwhile views.
- Children's views may be dismissed as immature and therefore not worthy of consideration.

Children's participation – How?
The most important places for children to be listened to are in their family and community. Parents have a responsibility to guide and protect children, however, they must do this in a way that children are able to participate. For children to participate they must have their other rights respected. A safe living environment, free from unfair punishment is important if children are to feel free to express themselves.

Step 3
On your flip chart write the heading – ‘What we can do to help children share their opinions’

The trainer says:
We have seen that children's participation in decision making about their lives is very important and has benefits for children, adults and society.

What do you think is the situation in PNG?
- Are children in PNG listened to and are they encouraged to express themselves? What do you know are ways children are asked to contribute to the family and community?
- Which children have the best opportunities for expressing themselves? What helps them to do this?
- What can be done at the family, congregation and community levels to make sure that children participate in matters that affect them?

Have a general discussion about these questions making sure everyone gets a chance to share an opinion.

On the flip chart, collect the ideas they have for what things could be done at the family and the community level to improve the opportunities for children to participate in decisions that matter to their lives. Collect it under separate flip chart sheets, one titled Family, one titled Congregation and one titled Community.
**Topic 6.4**
*Working with Children: Case Studies*

Topic – 1 hour and 15 minutes

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**Small Group Activity – WORKING WITH CHILDREN CASE STUDIES**

Activity – 1 hour and 15 minutes

**Equipment and Materials**

- Three flip chart paper and markers for each group
- Flip chart sheet with the Discussion Questions written on it for the trainer
- Glue or BluTack for sticking flip chart paper to the training room walls

**Step 1**

Get the participants into 4 groups.

**The trainer says:**

To finish off today, we are going to put together the things we have learned and look at some case studies.

*Turn to Topic Note 6 (d) Working with Children: Case Studies.*

Now ask two of the groups to look at the *Case Study* for Johan, and two to have a look at the *Case Study* for Regina.

**Step 3**

Point to the flip chart with the Discussion Questions on it. Read the Discussion Questions. Leave these up so the participants can see them while they do the exercise.

**Discussion Questions**

1. Explain the child’s behaviour – *why is the child acting in this way?*

2. *What can you do to help?*

3. *Do you know any activities/games/techniques that could be used to assist the child?*

**Step 4**

Ask them all now to:

- Read the *Case Study* their group is focusing on.
- Discuss the questions and write down their answers to them. Get them to put the heading of each question at the top of one of their sheets of paper and to write their answers under this heading.

Tell them NOT TO RUSH. They have 30 minutes to do this activity.

Also, make sure you tell them NOT to read ahead in the Manual past *Topic Note 6(d).* You will see that there are some additional *Case Study Notes* that should only be used AFTER the groups report on their discussions. Tell them you are going to trust them not to read this material as it is very important to their learning that they don’t.

**Step 5.**

At the end of 30 minutes, check how the groups are going. If they need extra time, give them another 5 minutes.

**Step 6**

When the groups are ready, read out the *Case Study* of Johan.

Ask one person from each of the groups that worked on this *Case Study* to come and present what their group discussed and the answers they came up with.
Encourage the other participants to ask questions of the group about their presentation and to make suggestions about other things that could be done to protect the child in the Case Study.

Give each group a total of 10 minutes to do their presentation and answer any questions.

Step 7
Do the same for the Case Study of Regina

Step 8
Thank everyone for their hard work.

Now, ask them to look at the Topic Note 6(e) Case Study Notes and read them through, making sure you give participants positive feedback when what they have said matches what is in the Notes.

**Topic Note 6(d)**
**Working with Children: Case Studies**

**CASE STUDY 1: Johan**
Johan is eight years old. He lives with his grandmother. His mother died two years ago. His father left the family when Johan was three years old. Sometimes Johan’s father sends Johan’s grandmother some money. The grandmother works as a domestic worker. Johan’s aunt and her four children also live with Johan’s grandmother. Johan’s aunt says that Johan doesn’t obey any rules at home. Johan’s teacher reports that he hits smaller children at school. Johan’s grandmother reports that she is too tired to run after Johan when she comes home in the evening. Sometimes he stays away from his grandmother’s house till late in the evening and he has been seen hanging around with the buai sellers at the kakaruk market. On the rare occasions that Johan is at home, his aunt observed that Johan and his cousin were playing violent games that included throwing stones at the girls next door and deliberately hurting the cat. Johan doesn’t have real friends at school. Some children still hang around with him, but others are scared of him. Johan gets very lonely.
CASE STUDY 2: Regina

Regina is 14 years old. When she was 11 years old, her mother was diagnosed with HIV. Because Regina is the first born of four children, her mother told Regina about her HIV. Regina reports that she is glad her mother told her. When Regina was 13 years old, her mother fell ill and slowly grew worse. Regina took over the responsibility of looking after her mother and her three siblings. She stopped going to school because she couldn't combine her education with all the work at home, but she made sure that the other children attended school. In her spare time she worked in the garden to provide food. Regina accompanied her mother to the clinic regularly. They often had to wait for a long time because other patients with adult relatives pushed in front. Regina felt that she was being treated unfairly but no one listened to her complaints. When her mother died six months ago, Regina organized a simple funeral. Not many relatives attended the funeral. Regina's uncle arranged for the children to be sent to live with different wantoks. He did not consult with Regina.

Regina now lives with her uncle who pays for her education. She is glad that she can go to school, but she would rather stay with her brothers and her sister. She feels that she is neglecting the responsibilities that her mother left her with. Regina feels confused. She feels helpless again – just the way she felt at the clinic, when she nursed her mother and when she arranged the funeral. Once again adults are making decisions in her life without consulting her. It makes her angry, yet at the same time she knows that she should feel grateful because she is getting an education.

Discussion Questions

1. Explain the child’s behaviour – why is the child acting in this way?
2. What can you do to help?
3. Do you know any activities/games/techniques that could be used to assist the child?
Explaining Johan’s Behaviour

Aggression is not an emotion or a feeling, but is actually an expression of feelings like anger, rage, disappointment, fear or sadness. Aggression is a state of increased energy resulting from underlying feelings. For this reason, aggression can be channeled into constructive (positive) behaviour or destructive (negative) behaviour. Destructive behaviour means that the energy is used to harm or hurt someone or something – and often to hurt oneself. When we talk about aggressive behaviour, we normally mean destructive energy.

Aggression can have various causes. A child like Johan may act aggressively because he grew up in an aggressive environment. He may have been exposed to aggressive behaviour and so he learnt that aggression is an acceptable way to reach his goals. He may have been exposed to violent attacks and he may have learnt that aggression is the only way to survive.

If this is how Johan learnt to be aggressive, we would say that his aggression is the result of his ‘social learning process’ because he learnt by observing people in his environment. These persons become his role models and he imitated their behaviour. If a child sees aggressive behaviour rewarded, the child learns that aggressive behaviour is acceptable and desirable in order to reach goals. Many children become aggressive when they are not allowed to do what they want or get what they want. This aggression is the result of disappointment and frustration. Other children may react aggressively because they don’t have the necessary social skills to make friends or to gain other children’s respect, for example by sharing, communicating effectively or by having a good sense of humour. Instead, they use aggression to gain respect and status from their peers. Aggression releases tension that has been built up by unwanted feelings.

Aggressive behaviour in children often becomes an upward spiral, becoming more intense as it feeds on itself. Aggressive behaviour may be deeply rooted in the child’s insecurity. In Johan’s case, the loss of a parent, the displacement into his grandmother’s home, the change in his environment and having to get used to a new group of family members was very threatening for him. This increased his feelings of inadequacy and insecurity.

Johan may feel deeply threatened and inadequate. He probably craves acknowledgement and recognition. Hanging around with older boys and men at the taxi rank probably gives Johan a sense of strength and imagined respect.

What can you do to help?

Because aggression often stems from insecurity, frustration and lack of self-worth, it is important to enhance Johan’s self-confidence. At the same time he needs to learn that aggressive behaviour does not always bring the right results. Johan needs to learn how to express his feelings in an appropriate way. He needs to learn self-control.

Naturally this won’t happen overnight. Dealing with aggressive children can be difficult and it takes a long

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time for such children to ‘unlearn’ their aggression and replace it with new ways of self-expression. When dealing with aggressive children, it is especially important that we do not become aggressive ourselves, but instead stay calm, firm and give clear instructions. This is sometimes difficult. When dealing with aggressive children, it is important to have confidence in our own skills and our ability to deal effectively with such children. We need to be self-assured and know that we are in control. Authority, honesty, calmness and self-confidence are critical when dealing with aggressive children.

**How can you deal with aggressive children?**

Aggressive adults who are role models for children promote aggressive behaviour in those children. Instead of becoming aggressive, parents, caregivers, trainers and teachers need to be very clear about what they expect from the child. The child needs clear guidelines about what is acceptable behaviour and what is not.

Aggressive children need rules. Although they may find it difficult to obey rules, rules give them the feeling of security and control. Sit with the child to draw up rules. The child needs to realize that disobeying the rules will have consequences. As with all children, do not hit or beat an aggressive child. Hitting or beating the child sends the message that violence is acceptable.

**Discuss feelings with the child**

Aggressive children find it difficult to deal with negative emotions like anger, frustration and helplessness because these feelings usually arise at times of crisis and conflict. The tension or emotional excitement produced by these feelings is not necessarily negative in itself, but unfortunately the tension expresses itself in a negative, destructive way. Aggressive children have to learn how to show their feelings in a positive, constructive way. In order to promote this learning process, teachers and caregivers should discuss the aggressive behaviour as well as the underlying feelings with the child. It is important for the child to understand why he or she feels angry or frustrated.

Often children find it difficult to identify emotions and they lack words to describe their feelings. A child first learns about feelings, and expressing feelings, in the context of a family by relating to his or her parents and siblings and by observing the interaction between parents and other children. Emotions and feelings need to be discussed in the classroom situation as well in order to support children in their learning process. Being able to identify feelings is important for all children. Orphaned and abandoned children need this skill even more because there is often no adult to provide emotional security and protection. Understanding your own feelings helps you to find suitable behaviour. Understanding our feelings improves our coping skills.
Case Study 2

Explaining Regina’s behaviour

The experience of total helplessness is a central experience for people going through trauma and loss. The sense of helplessness makes people feel extremely vulnerable. Helplessness is closely related to traumatic events – such events make people feel that they have lost control over their lives and that they can't manage.

This sense of helplessness often makes people lose faith in themselves and makes them distrust their own skills and abilities. Helplessness makes people feel overwhelmed by what is happening, and it triggers feelings like rage, guilt, inadequacy and shame.

Regina coped. By coping she demonstrated strong organizational skills as well as a warm and nurturing personality. She has a strong bond with her family. It is likely that she often felt helpless when she had to care for her mother and parent her siblings, yet she somehow managed. She maintained control and helplessness never made her feel inadequate.

In contrast, her experiences at the clinic and with the social worker made her feel vulnerable because she was not treated as an adult. Suddenly, all responsibility and control was taken away from her and she was left to face the disruption of her family, despite all her efforts to maintain normality.

The separation of the siblings may well have been in the best interests of the family in the long run, but Regina’s involvement in the decision and her consent would have left her feeling less inadequate and guilty. Because her contribution to the family was ignored, Regina feels desperate and very confused about her situation.

What can you do to help?

1. Ask Regina what would help her now. Regina may have some concrete suggestions to make. Discuss which suggestions may be possible and which are impossible. Treat Regina like an adult, but remember that because she is not yet an adult she needs more attention and guidance than an adult.

2. Regina needs someone to boost her self-esteem and her self-confidence. She has to be reassured that everything she did to care for her siblings, she did well and that she did everything she could. She has to learn to trust herself again and to trust other people too. Regina needs a trusting relationship with an adult, based on mutual understanding and acceptance. In the new relationship, Regina has to recognize her own strength and her ability to cope.

3. Hand over some important responsibilities to Regina that she will be able to manage and control. This will boost her self-esteem.

4. Encourage her to have frequent contact with her siblings. Reassure her that they are doing well.

5. In future, include Regina in decisions that affect her life.

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Module 6
Knowledge and Application Test

Test – 20 minutes

Part A – What I have learned
1. What are three important principles to remember about child development?
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   •
   •

2. What are three barriers (either internal or external) to working with children?
   •
   •
   •

3. Name three benefits of children’s participation and name three challenges to them participating.
   Benefits                  Challenges
   •                      •
   •                      •
   •                      •

Part B – How I will apply what I have learned in my community
1. Three things I can do to improve how I work with children in my community.
   •
   •
   •

2. Three things I can do in my community to increase the participation of children in decisions that have an impact on them.
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   •

3. People and organisations in my community who can help me to increase the participation of children in my community in decisions that have an impact on them.
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MODULE 7

Identifying Children in Need of Protection
– Part A
MODULE 7. 
Identifying Children in Need of Protection

Part A

Child Protection Survey

Module – 3 hours and 15 minutes

Overview
This Module focuses on training participants to implement a Child Protection Survey in their community. This Survey is the assignment they have to complete between the end of Week 1 and coming back for Week 2. Participants will not be able to attend Week 2 if they have not attempted to do the Survey.

At the end of this Manual is an Evaluation Form for Week 1. You should make copies of the Form and give it out to participants at the end of this Module. Have them complete it and hand it back to you.

Learning Objectives
- Participants understand the purpose of doing a Child Protection Survey.
- Participants understand how to conduct a Child Protection Survey in their community.
- Participants understand the next steps for Week 2 of the training.

Topics
The topics covered in the Module are:

7.1 Doing a Child Protection Survey in your community
7.2 A format for a Child Protection Survey in your community
7.3 Summarising learning from Week 1

DONT FORGET!
- Hand out the Week 1 Evaluation forms
- Ask the participants to complete the form at the end of this session
- Collect the forms

References And Other Resources
Topic 7.1
Doing a Child Protection Survey in Your Community

Topic – 15 minutes

Trainer Presentation –
DOING A CHILD PROTECTION SURVEY

Activity – 15 minutes

Equipment and Materials
None required for this activity

The trainer says:
What do you know about children in need of protection in your community? Before you can begin to plan how to address the issues of child protection in your community you need to know what they are, how many children are affected, and what is currently being done about the problem.

A good way of doing this is to conduct a Child Protection Survey.

We are now going to have a look at a Survey format that has been developed for this purpose.

Between now and the next block of training each of you is expected to conduct a Child Protection Survey in your community using this format. This will be the material that we use in Week 2 to develop your Action Plans for addressing child protection issues in your community.

You have FOUR weeks between now and WEEK 2 to do the Survey. You must do this Survey activity. You cannot participate in WEEK 2 unless you do.

Now take participants through Topic Note 7(a) Doing the Child Protection Survey

Topic Note 7(a)
Doing the Child Protection Survey

This Survey Format is based around the eight areas of the Protective Environment that were discussed in Module 2. The survey provided asks you to identify the strengths and weaknesses in each of the eight areas in your community.

You will need to talk with village and community elders, church leaders, teachers, health workers, women, children, and others in order to gain a clear picture on how the protective environment is operating in the community, who are the children in need of protection in the community, and what is currently being done to address these issues.

To do this well:

• Take a copy of the Survey with you when you talk to each informant.
• If you can make a new copy for each person that is ideal. Then as you talk with them you can write their answers in the space on the Survey.
• If you can’t make a copy for each person you talk to, then take a notebook and your copy of the Survey with you when you talk with them. Use YOUR Survey form to ask the questions. Note their answers in your notebook.
• When you have done all your interviews, read through what people have said and summarise the material. Then write this on YOUR copy of the Survey.
• Make sure you explain to people why you are doing the Survey. It isn’t a test for them. You are not judging the information they give or the things they are doing to address the problem.
• Tell them what the benefits of doing the Survey will be:
  • The community will have a good picture of the child protection issues facing them.
  • You will be using the information to develop an Action Plan that can help the whole community to address the strengths and weaknesses of the community’s response.

• **YOU MUST NOT** break the confidentiality of any child in the community or their family. So be very careful to tell the people you speak to that you do not want NAMES of children who are in need of protection. You only want to know the general issues facing children.

• Also, this is an opportunity for you to begin talking to people in your congregation and in your community about what you have learnt in this training.

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**Topic 7.2 Format of a Child Protection Survey**

**Trainer Presentation – CHILD PROTECTION SURVEY**

Activity – 1 hour and 45 minutes

**Equipment and Materials**

- One copy of the *Child Protection Survey* for each participant. They will need these to take notes on. The Survey is at the back of this manual.

**Step 1**
Hand out the copies of the *Child Protection Survey*. Point out to participants that the Survey is included in the training Manual.

**Step 2**
**The trainer says:**
*Now we are going to look at a format for doing a Child Protection Survey in your community.*

*It’s very important that you understand fully the questions that you will be asking in the survey. As I go through the Survey with you, take notes on the copy of the Survey I have handed out that will help you remember important points about the Survey.*

**Step 3**
Ask the participants to also turn to *Topic Note 2(c) Global Protective Environment Framework*. Tell them to keep this with them as you go through the Survey questions relate to the Framework.
Step 4
Go through the Survey questions with participants.
When you read a question, ask participants to look at the description of that Protective Element in Topic Note 2(c).

Ask participants:
• *Does everyone understand the question?*
• *Looking at the description of the Protective Element for this question, what kind of things are you trying to find out through the question?*

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**Topic 7.3**
**Summarising Learning from Week 1**

**Topic – 45 minutes**

**Trainer Presentation –**
**SUMMARISING OUR LEARNING**

**Activity – 30 minutes**

Step 1
Go through the Week 1 Module one at a time doing the following things:
• Read the title of the Module
• Read out the Participant Learning Objectives
• Read out the Topics covered
• As you go through each Topic ask participants ‘Does anyone have any questions on this Topic?’
• When someone has a question, ask other participants first whether they can answer the question.
• If they can’t answer it, try and answer it yourself.
• If you can’t answer it at the time, and if it is relevant to the material you have covered, make a note of the question and tell participants that you will try and find the answer for them and give them the answer at the start of Week 2.
Evaluation of Week 1

⚠️ Activity – 15 minutes

**Equipment and Materials**
- Copies of the *Evaluation of Week 1* form at the back of this Manual. Have one copy for each participant.

**Step 1**
Hand out the *Evaluation of Week 1* and ask participants to complete it now.

**Step 2**
While they are doing this, go around the room and ask each participant one by one to tell them one or two things they have learned this Week.

**Step 3**
Remind participants of the dates and venue for Week 2.

**Step 4**
Collect the Evaluations. Thank them all for their participation and tell them you are looking forward to working with them again.

**Step 5**
MAKE SURE you READ the evaluations and think about how to address any issues raised by participants when preparing for WEEK 2.
Identifying Children in Need of Protection
– Part B
MODULE 8.
Identifying Children in Need of Protection

Part B
Analysing the Child Protection Survey

Overview
In this session, participants use the material they collected in the Community Child Protection Survey they have done to identify the child protection issues that they will address through their Action Plans at the end of Week 2.

Learning Objectives
- Participants understand who are the children in need of protection in their community.
- Participants understand the strengths and weakness of the Protective Environment in their community for these children.
- Participants understand the resources present in their community from which to build a stronger Protective Environment for children in their community.

Topics
The Topics in this Module are:
8.1 Check In and Introduction to Week 2
8.2 Analysing the Child Protection Survey
8.3 Mapping Community Resources

Topic Notes
There are no Topic Notes for this Module. Participants will be using their completed Community Child Protection Survey.
Topic 8.2
Analysing the Community Child Protection Survey

Small Group Activity – ANALYSING THE COMMUNITY CHILD PROTECTION SURVEY

Equipment and Materials
- Two flip chart sheets and marker for the trainer.
  On one flip chart sheet write Community Child Protection Survey – What was easy to do?
  On one flip chart sheet write Community Child Protection Survey – What was hard to do?
- Sixteen sheets of flip chart paper for each small group
- Marker pens for each group.

Step 1
The trainer says:
Now we are going to have our first look at the Community Child Protection Survey you have done.

Let’s start with some feedback from you about doing the Survey:
- What did you find easy to do?
- What did you find hard to do?

Write their responses on the flip charts under the appropriate headings.

Step 2
The trainer says:
Take time now in each of your groups to talk about what you have found out in your surveys.

Go through each of the elements of the Protective Environment one by one. As you do this, identify the things you find are SIMILAR to what others in your group have found about each element, and also the things you find are DIFFERENT.

Write these on the sheets you have.

Don’t rush this exercise. I am going to give you 10 minutes for discussing each of the eight elements. I will tell you when the 10 minutes is up and you should move on to another element.
This activity is going to take us all of the first part of today. We will have break for Morning Tea and then continue until Lunch.

Step 3
Ask each group to present their findings on each of the Eight Protective Elements.

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**Topic 8.3**

**Mapping Community Resources**

- **Topic** – 2 hours and 45 minutes

**Small Group Activity - THE EIGHT PROTECTIVE ELEMENTS**

- **Activity** – 2 hours and 45 minutes

**Equipment and Materials**
- One sheet of flip chart paper for each small group.
- Marker pens of different colours for each group.

Step 1
Ask participants to break into small groups based on geographical location in the district.

Step 2
**The trainer says:**
Now we are going to do an exercise that will help us to understand what resources we have in our community to build a strong Protective Environment.

When we look at developing *Action Plans* for the future, it’s important that we have a very clear idea of what is already in place and what they can do in the *Action Plan*.

Step 3
Ask the group to draw their geographic area. It doesn’t have to be exact, they can have fun trying to see if they know the shape of it.

They should be encouraged to put in landscape features as well like rivers, roads, and mountains.

Give them a few minutes to do this.
Step 4.
Now get them to put on the map the main towns and villages in their area.
Give them a few minutes to do this also.

Step 5.
Now ask them to identify all of the current support services, programs, churches, community groups, schools, health clinics (anything in community that supports and assists children) in their area and to put them next to the towns or villages where they are located. They might like to use symbols for the different services – like a little classroom for a school, or a cross for a church and so on.
Give them 30 or 40 minutes to do this.

Step 6
Now ask them to identify where are the risk areas in the community eg. Any particular geographic locations where children have a greater risk of being subject to violence, abuse or exploitation.
Ask them to circle the town or village where there are risks.

Step 7
Ask each group to present their maps to the larger group.
In the discussion, help them to see whether the location of services matches where they think there are children at particular risk.
Discuss the implications for their future Action Plans if there are areas where services and need don’t match.

The trainer says:
Later in this workshop we will return to this exercise to develop specific action plans to address any gaps between the needs of children in the community and the services that are currently provided.
Module 8
Knowledge and Application Test

Test – 30 minutes

In this Module we won’t test your knowledge. But it is important for you to think about what you have learned today. This will help you when you develop your Action Plan at the end of Week 2. So, take the time now to think about your Survey and the Surveys of other participants and answer these questions.

1. Three things I noticed about what I found in my Community Child Protection Survey that were different to other participants’ Surveys
   •
   •
   •
   •
   •

2. Three things I noticed about what I found in my Community Child Protection Survey that were the same as what other participants found.
   •
   •
   •
   •
   •

3. From the presentations of the other participants, did you hear about any new community resources you could use in your community to help with an Action Plan
   •
   •
   •
   •
   •
Current Responses to Children in Need of Protection
MODULE 9.
Current Responses to Children in Need of Protection

Module – 3 hours and 15 minutes

Overview
This Module looks at global, national and local responses for the care, support and protection of children in need of protection, with a focus away from orphanages and other institutional care centres.

Learning Objectives

- Participants understand why there is a move away from institutional care responses to children in need of protection.
- Participants learn about a range of International responses for the care, support and protection of children in need of protection.
- Participants understand how Faith Based Organisations across the globe have responded to the growing number of orphans and vulnerable children.
- Participants understand the response by the Government of PNG.
- Participants learn from local PNG responses.

Topics
The topics covered in the Module are:

9.1 Alternatives to Institutional Care: Family and Community Care for Children in Need of Protection
9.2 The PNG National Response
9.3 The Role of Faith Based Organisations
9.4 Local Responses from Faith Based Organisations

Topic Notes

9(a) Alternatives to Institutional Care
9(b) The PNG National Response
9(c) Faith Based Organisations: International Responses to Children in Need of Protection
9(d) Faith Based Organisations: PNG Responses to Children in Need of Protection.

References And Other Resources


Topic 9.1
Alternatives to Institutional Care: Family and Community Care for Children in Need of Protection

Small Group Activity – WHAT ARE THE CURRENT RESPONSES TO CHILDREN IN NEED OF PROTECTION

Activity – 1 hour

Equipment and Materials
• Eight flip chart sheets – two for each small group.
• Marker pens for the groups.
• Flip chart and marker pen for the trainer

Step 1
Ask participants to get into four small groups and give each of the groups two sheets of flip chart paper and some markers.

The trainer says:
You have all now learned who are children in need of protection.

You have conducted a Community Child Protection Survey and identified who are the children in need of protection in your communities.

You have looked at whether the eight elements of the Protective Environment are strong in your communities.

It’s time now to look at what we can do to address the needs of children in need of protection.

Step 2
The trainer says:
In your groups, discuss the ways you know that governments and community organisations respond to the issues of children in need of protection.

Don’t just think about PNG, think about anything you have heard about how governments and community organisations anywhere in the world respond to the issue. You may have read about it in newspapers or magazines or you may have seen something on tv or you may have been at a meeting or conference and heard of something.

It doesn’t matter if you don’t know everything about the responses, just write down what you know or have heard.

Give the groups 20 minutes to do this.

Step 3
Now ask each group in turn to tell you what they have noted under the two headings and write them on the trainer’s flip charts sheets under the appropriate heading.

As each group gives you their responses, only add them to the trainer’s lists if they are different to responses already collected on them.

Allow no more than 15 minutes for this.
Step 4
Look at the responses you have gathered from the participants.

The trainer says:
In many countries, the common response for many years of well-intentioned governments, partners and charities has been to establish institutional care centres, such as orphanages.

Look at the responses you have collected and draw a circle around those that are about large institutions like orphanages.

The trainer says:
However, in recent years there has been a very big shift away from this. The development of community based care alternatives is seen these days as a more appropriate way for protecting children who are in need of protection.

Let's see why this has happened.

Give participants Topic Note 9(a) Alternatives to Institutional Care for Children in Need of Protection.

Ask one of the participants to begin reading the Topic Note out to the group.

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**Topic Note 9(a)**
Alternatives to Institutional Care for Children in Need of Protection

Why have orphanages been established around the world?

Recent estimates suggest that only 4% of children in European institutions are true orphans. Many children are placed in institutions because extended family options are not fully explored or because families think that the institution will be better able to provide for the child's nutritional and educational needs. It is often easier to find donor funding for orphanages because the support provided is more tangible and visible than many prevention or community based programs.

Children in orphanages often have their rights violated

There is overwhelming evidence from around the world, that children in orphanages are at significant risk of having their rights violated. In the most serious of cases, children may be systematically sexually abused, subject to harsh and inhumane forms of discipline, life threatening malnutrition or deprivation of their right to education. Of course, many institutions provide a physically safe environment, support children to access education and ensure that child residents are adequately nourished. However, there are almost invariably less visible violations of child rights. The following table provides a summary of some of the risks to children in orphanages.

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Orphanages are not cost-effective
Many studies have shown that institutional care is more expensive than community-based alternative care options. For example, the World Bank estimates that institutional care in Tanzania is 6 times more expensive than supporting a child in a foster home. Other estimates from Europe suggest that institutional care is at least 3 times more expensive than foster care. PNG does not have the financial capacity to manage, oversee or support the institutional care of children.

So what other alternatives are there?
Alternative care options vary from formal fostering and adoption, community based group homes, informal adoption and fostering, and communities supporting children to remain in their home following the death of their parents.

Whilst not always easy, it is always possible to provide children with shelter, food, protection and care within their communities.

In fact, it is the responsibility of families and communities to provide these for vulnerable children and it is the responsibility of Government and its partners to ensure that communities have the required skills and resources.

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4 A European study of the number and characteristics of children less than three in residential care at risk of harm. Browne et al. Adoption and Fostering, 29, 1-12. (2005)

Benefits For the Child:
- Keeps children in a familiar environment
- Reduces trauma and loss
- Reduces stigma
- Protects assets and property
- Allows children to develop naturally
- Avoids psychological and social problems common in those who are placed in orphanages.

Benefits For the State:
- Protects and fulfils children’s rights.
- Prevents social disorder
- Provides an affordable and sustainable solution to the orphan crisis.

There is an urgent need for services that focus on supporting communities to develop their capacity to protect the rights of orphaned children and maintain them in their community. Such services could include:
- Provision of parenting training and support
- Lifeskills training for children
- Sharing information, knowledge and supporting communities to initiate strategies to prevent HIV and other contributing factors of family breakdown
- A place for coordination of services and counselling
- Outreach support for children who are living in child-headed households
- Emergency, crisis accommodation (for up to 3 days) and intensive support to those children and their families to restore the child to the community

continues next page >>
<table>
<thead>
<tr>
<th><strong>Institutional Characteristic</strong></th>
<th><strong>Relevant Article from the Convention on the Rights of the Child</strong></th>
<th><strong>Example of impact on the child</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in institutions experience discrimination and sigma</td>
<td>Principle of non-discrimination (Article 2)</td>
<td>Has a powerful, negative effect on self-esteem, identity and social development</td>
</tr>
<tr>
<td>Decision to place a child is frequently driven by family’s wishes or because it is seen as easier than prevention</td>
<td>Principle of child’s best interests (Article 3)</td>
<td>Placement leads to sense of rejection and prevents the limited resources being targeted at maintaining family units</td>
</tr>
<tr>
<td>Contact with family almost invariably decays over time</td>
<td>Right to family contact (Article 9), preserve identity (Article 8) and family reunification (Article 10)</td>
<td>Loss of identity and sense of belonging, loss of support networks for the future; loss of land</td>
</tr>
<tr>
<td>Often deny opportunities to learn about their culture, and the roles of adults in their culture</td>
<td>Children should be prepared to live an individual life in society (Preamble); Right to preserve identity (Article 8)</td>
<td>Children’s experiences are partly aimed at equipping them with knowledge and skills needed for adulthood</td>
</tr>
<tr>
<td>Child abuse is common, even in well-resourced institutions and often persists for many years</td>
<td>Right to protection from abuse (Article 19) and exploitation (Article 34)</td>
<td>Abuse has a range of serious, long term effects on personality development</td>
</tr>
</tbody>
</table>
Step 5
Thank the participant who read the Topic Note.

The trainer says:
• What are your responses to what you have just heard?
• Does anyone know of any children who have been placed in orphanages?
• How does their experience of the orphanage compare with the points raised in the Topic Note?
• Does anyone know of any situations where alternative mentioned in the Topic Note have been used to help children in need of protection? What has been the experience of children in these programs?

Don’t worry if participants don’t have much to say about children they know who have been placed in institutions or in other programs. The purpose of this discussion is to give them the opportunity to express their views on a way of addressing the protection of children which may be very new for them.

Don’t worry if some participants support the use of orphanages and other institutions. Tell them that’s fine, but you are going to look today at some successful examples of alternatives and ask them to keep an open mind during the discussion in this Module.

Topic 9.2
The PNG National Response

Topic – 1 hour

Large Group Discussion – PNG NATIONAL RESPONSE

Activity – 1 hour

Step 1
The trainer says:
Let’s have a look again at the responses you identified before, that you know are happening for children in need of protection.

Which of these are responses at the national level in PNG?

Circle the answers participants give in a different coloured pen to the one you used for identifying institutional care. Don’t worry if you circle things you have circled before.

Allow no more than 5 minutes for this.

Step 2
Now the trainer says:
Let’s have a look at Topic Note 9(b) The PNG National Response, and see how well your answers match the information in the Topic Note.

This is a long Topic Note with a lot of important information. It is important that you understand:

• How the PNG response relates to the Global Protective Environment Framework we discussed in Week 1.
• How the PNG response relates to Topic Note 9 (a) which we have just read.
Step 3
Without having them move from where they are, divide the participants into two groups. If they are in a circle around a room or a table, those on the left of the trainer will be in one group. Those to the right will be in another. It’s up to you how to split them into two groups.

To one group the trainer says:
This group is going to see how the PNG response relates to the Global Protective Environment Framework. Will all of you in this group please open your Manuals to Module 2, Topic 2.3.

To the other group the trainer says:
This group is going to see how the PNG response relates to Topic Note 9(a)

As the trainer reads through the Topic Note, after each section in which you describe an element of the PNG response, ask each group:

- How does that relate to the Global Protective Environment Framework?
- How does that relate to Topic Note 9(a)?

When you are reading out the Objectives of the National Strategy, ask these questions after each Objective.

Make sure you are familiar with the material in the Topic Note and that you know how the PNG response relates to these two important areas.

Because this is a long Topic Note we suggest you give the participants a 5 minute break after 30 minutes.

Topic Note 9(b)
The PNG National Response

A. Looking after the most vulnerable children in PNG

The Government in PNG has legislated a move away from institutional care. The Lukautim Pikinini (Child) Act (2009) states that children should be supported to remain in their communities and children can only be placed in institutional care with the approval of the Director of the Office of Lukautim Pikinini. This approval will only be provided as a last resort and under highly exceptional circumstances where the centre can demonstrate that it is child-friendly (rights-based). Orphanages will not be approved at this stage. However, the Government does recognise the valuable contribution that care centres can play in the protection of children, maintaining vulnerable children within their communities and preventing the breakdown of traditional support structures. The Government looks forward to new partnerships with care centres that focus on providing family and community based prevention, protection, care and support programs.
B. PNG – National Situation Analysis on Families and Children Affected by HIV and AIDS and Other Vulnerable Children in PNG

The study and other reports suggest that most PNG communities are unprepared for HIV prevention or the impact of AIDS, including caring for the sick, dying and for children left behind by the loss of their parents. While some NGOs and churches are setting up community care facilities for people living with HIV and AIDS and their children, there continues to be a serious neglect and abuse of people living with HIV and AIDS. Families and communities need assistance in providing protection, care and support to children orphaned by and otherwise affected by HIV and AIDS, and in reducing stigma and discrimination. Furthermore, families and communities need to ensure that this assistance reaches all children vulnerable to violence, abuse and exploitation, who also typically lack protection, care and support. While communities in PNG were traditionally a vital source of protection for all people, their gradual breakdown leaves many people vulnerable, especially women, children and young people. This breakdown of communities has impacted on many children, including those affected by HIV, becoming more vulnerable to rights violations.


**Goal**

The four-year goal of this strategy is to improve the wellbeing of children vulnerable to violence, abuse, exploitation and neglect by increasing their access to essential services in the areas of protection, education and health and by strengthening family, community, civil society and Government, child protection systems.

Wellbeing in this strategy is defined as the absence of extreme poverty, homelessness, ill health, violence, abuse, neglect, exploitation, fear and conflict. Furthermore, wellbeing incorporates the presence of peace, health, civil relationships with others, opportunities for emotional, physical, intellectual and creative expression and fulfilment and the opportunity to realise the rights provided through the Convention on the Rights of the Child and the national Lukautim Pikinini (Child) Act 2009. As per the definition outlined in the Lukautim Pikinini (Child) Act (2009) and the United Nations Convention on the Rights of the Child, a child means a person under the age of 18 years.

**Strategies**

Five key strategies are identified to support successfully realising this goal:

1. Strengthen capacity of families
2. Mobilise and support community based responses
3. Ensure access to essential services
4. Increase Government leadership for protection
5. Raise awareness to create supportive environments
Objectives of the National Strategy

**Objective 1: Social protection**
To improve the wellbeing of vulnerable children by strengthening household and community level social protection systems

To achieve this objective the strategy adopts three broad outcomes:
1. Family and community level child protection practices are strengthened
2. The most vulnerable children and their families benefit from the piloting of a social transfer program
3. Family support centres & psychosocial network expanded and strengthened

**Objective 2: Legal protection and justice**
To create an enabling and effective legislative and policy environment that seeks to guarantee all children, including the most vulnerable, the opportunity to realise their rights provided through the Convention on the Rights of the Child

To achieve this objective, the strategy adopts five broad outcomes:
1. Women and children’s inheritance rights are protected
2. Vulnerable children have their birth registered
3. Women and children’s rights at the village level are protected
4. The justice system is more child friendly
5. The legislative and policy environment is protective of all children

**Objective 3: Extended community-care in the community**
To increase the protection provided to children in extended community care and the formal alternative care system (caring for children outside of their family or clan)

To achieve this objective, the strategy adopts three broad outcomes:
1. Extended community care is guided by the best interests of the child
2. The formal alternative care system is restricted and child friendly
3. Children in extended community care or alternative care have their rights monitored by Government and community based monitoring mechanisms

**Objective 4: Human Services coordination**
To strengthen interagency collaboration between human services to provide increased protection, care and support for vulnerable children

To achieve this objective, the strategy adopts five broad outcomes:
1. Interagency coordination for vulnerable children is practiced
2. The most vulnerable children have access to education
3. HIV and AIDS prevention and treatment for the most vulnerable is implemented
4. Vulnerable children have the opportunity to participate in sport
5. The causes of vulnerability and pathways to reduce vulnerability are better understood

The strategy draws from local knowledge and international experience to deliver 41 actions for children over 4 years at a cost of approximately 18 million kina.
Guiding Principles
The strategy adopts eight guiding principles to ensure an effective and contemporary response that encompasses international and local best practice.

1. The best interests of the child will always prevail
2. The strategy will work within the ‘three ones’ approach. The ‘three ones’:
   • One agreed HIV and AIDS action framework to co-ordinate the work of all parties
   • One National AIDS Co-ordinating Authority
   • One agreed country level Monitoring and Evaluation System
3. Sustainability will be achieved through the strengthening of existing processes and systems, and by adopting a systems approach
4. Programming will integrate responses for the protection, care and support of children and families affected by HIV and AIDS within a systems approach to child protection
5. Programming will aim to strengthen protection and care within families and communities
6. Institutional care will not be supported
7. A Human Rights Based Approach will be used
8. Child and youth participation will be built into every activity

Managing the Strategy
The management structure for the strategy draws from the key recommendations of the Families and Children Affected by HIV/AIDS and Other Vulnerable Children in PNG (2006). The study emphasises cross agency collaboration at national and sub-national levels, skills development of national officers and the establishment of technical teams within the four key agencies of the Department for Community Development, the National Department of Education, the National Department of Health and the National AIDS Council.
**Topic 9.3**  
The role of Faith Based Organisations

**Large Group Activity –**  
WHY SHOULD FAITH BASED ORGANISATIONS WORK WITH CHILDREN IN NEED OF PROTECTION?

**Step 1**  
**The trainer says:**

This training you are attending is especially for congregations and Faith Based Organisations.

But why should you be involved in working with children in need of protection?

Are there things that are particular to your congregations and organisations that can be important in working with children in need of protection?

Take a couple of minutes to think about the kinds of things your congregations and organisations already do in health and welfare work in your communities.

Why do they do these things and what makes what they do effective?

**Step 2**  
Collect all the responses onto the flip chart.

Look for answers that suggest the following points, and use them to stress these points:

- Faith Based Organisations have a deep commitment to serving the poor, the sick, and the vulnerable.
- The teachings of all faiths call upon individuals to respond to the needs of vulnerable children.
- Faith Based Organisations have special connections with communities:
  - Live and work close to communities
  - Have a prominent position within communities
  - Are well respected and can influence the community
- Allow 10 minutes for this.

**Step 3**  
**The trainer says:**

So as we can see, Faith Based Organisations and congregations have a very important role to play in all kind of health and welfare work. Now let’s look particularly at the role of these organisations in working with children in need of protection.

Let’s look first at some examples from other countries. Many of these responses have been developed in response to the HIV epidemic, but they are helpful for addressing the protection, care and support of any vulnerable child, even in communities where HIV is not present.

Follow as we go through Topic Note 9(c) Faith Based Organisations: International Responses to Children in Need of Protection.

As I read through this, think about each example we read about. Think about them and how they could address the issues you have identified in your Community Child Protection Survey.
Ask yourself:

- Is this something that would help my community deal with the issues I identified in my Survey?
- Could we do it in our community?
- What would be needed to do it in the community?

Take notes on these questions for yourself as we go through them. You will be looking at these again when you develop your Action Plan at the end of this Workshop.

As you read each set of examples under each category of response, read again the questions that participants should think about and give them a couple of minutes to write down their thoughts about the appropriateness of the responses to their community and the issues they identified.

**Topic Note 9(c)**

**Faith Based Organisations: International Responses to Children in Need of Protection**

Faith Based Organisations’ responses have tended to be small scale, however, their long-term presence in the community places them in a strong position to provide adequate support and deal with complex social issues of children affected by AIDS and other factors which put them at risk. Affected communities need to be strengthened because institutional responses, such as orphanages, will never be able to address the scale of the problem, run counter to local traditions and fail to meet children’s social, cultural and psychological needs. The capacity of families and communities can be strengthened through Faith Based Organisations providing:

1. Community Awareness and Coordination
2. Emotional and social support
3. Material support
4. Educational support
5. Protecting children from violence, abuse and exploitation

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1. Community Awareness and Coordination

FBOs inspire others to take action by raising awareness about the needs of vulnerable children.

Work in coordination with other groups – Zimbabwe Orphans through Extended Hands (ZOE)

Problem:
Faith Based Organisations working in isolation are limited in their response to the most vulnerable children due to limited resources and capacity.

Solution:
Creation of an inter-denominational committee – ‘orphans and vulnerable children care committee’ – which provides local congregations and groups with greater access to information, resources and other types of support.

Features of the response:
• The committee meets regularly to identify children according to their level of need and to develop strategies to support them.
• Volunteers from the various religious groups conducted a house-to-house survey to identify orphans and other vulnerable children in their region. Once they had accurate information they distributed clothing, food and other resources.
• Volunteers work together to provide assistance such as regular home visits, food and clothing, social, emotional, and spiritual support, and income-generating activities.
• All projects are funded largely through congregational collections.
• Between 2001 and 2005, ZOE’s network grew from 19 initiatives involving 109 churches to 60 initiatives involving 600 churches.

Give children a voice – Youth Alive Club, Uganda

Problem:
Youth, especially young women, are at the highest risk of becoming infected with HIV.

Solution:
Youth Alive Clubs promote youth involvement through peer education programs, peer counselling, youth-led awareness campaigns and youth leadership training.

Features of the response:
• The Youth Alive Clubs uses peer educators to teach life skills and to help young people avoid contracting HIV.
• The clubs work in communities and schools and provide a forum for young people to discuss HIV and AIDS and its effects.
• Youth Alive includes the wider community in its outreach, this has led to behaviour change among parents and youth.
• Activities include workshops, video shows, sports events, music, dance and drama festivals.
2. Emotional and Social Support

FBOs have a vital role in providing spiritual and emotional counselling and support for children, their families and their carers.

Child Care Services –
Kondwa Day Care Centre, Zambia

Problem:
Caregivers who are looking after additional children often have difficulty balancing their childcare responsibilities with providing for their own families. This is especially true of elderly caregivers.

Solution:
Early learning and childcare programme for young children to give guardians a break, and allow children to socialize, participate in educational activities and enjoy nutritious meals.

Features of the response:
• Village based daycare centres which are run by volunteers in their own homes, with the support and oversight of village HIV and AIDS committees.
• Children share stories and receive basic education in maths, English and home crafts.
• Communal gardens ensure children get two meals each day.
• Secondhand clothes and help with medical expenses are available to those children that need them.
• When possible, Kondwa finds funds to help pay for school fees, uniforms and school books for children.
• The centre organizes workshops on small-scale business management, income generating activities and counseling for guardians in an effort to help them provide for the children in their care.
• The centre provides spiritual guidance, as well as a formal counseling service.

Home-Based Care –
Bwafwano Community Home-Based Care Organisation, Zambia

Problem:
People who are ill with AIDS are vulnerable to social isolation, depression, and the inability to care for their family’s basic needs. Children are often forced to leave school to care for dying parents.

Solution:
Home-based care provides trained volunteers to visit the homes of the ill, reducing the burden on households.

Features of the response:
• Family-centred home based care focuses on the needs of the entire household, including children.
• Volunteers assist with a range of needs including food preparation, household chores, hygiene, and basic medical care.
• Teach families how to care for the ill while protecting themselves from the risk of infection.
• Offer emotional and spiritual support to the suffering, relieve youth so they can attend classes, and monitor the needs of children within the households they serve.
• Volunteers help parents make plans for how and by whom their children will be cared for after their deaths.
3. Material Support

Poverty prevents families from being able to take in additional children in need.

**Income-generating activities for families or communities – AMO-Congo, Democratic Republic of Congo**

**Problem:**
Extremely poor families affected by HIV are finding it difficult to provide for additional children.

**Solution:**
Short-term financial assistance plus other material and emotional support

**Features of the response:**
- Families struggling to care for additional children receive short-term financial assistance to meet their immediate and nutritional needs.
- Families are taught how to create small businesses – e.g. Selling food outside their home – and are given start-up costs, training in bookkeeping and other skills, and regular supervision.
- Volunteers help identify a business based on the abilities of the individual and what the market can support.
- Families are encouraged to use the money they earn to pay for school fees, but receive some help in paying the fees if they need it.
- Volunteers also offer emotional support and educate them about HIV.
- Regular home visits offer families support to look after vulnerable children and monitor the wellbeing of the children.
- The programme has made the community aware of the need to take responsibility for vulnerable children, and has ensured they have access to essential services such as health care and education.

Vocational Education for Youth – CPAJ, Rwanda

**Problem:**
As parents become ill and die, their eldest daughter and sons often must take on the responsibility of providing for their families.

**Solution:**
When young people learn vocational skills they can provide for themselves or their families without becoming vulnerable to prostitution, labour exploitation, and other dangerous activities.

**Features of the response:**
- CPAJ operates a transitional boarding school and training facility where street children attend classes, pursuing vocational training, and receive counseling aimed at reunifying them with their families.
- Older youth spend a month observing workshops, then choose among ten vocational training programs including carpentry, metalworking, baking, and hairdressing. They also learn literacy skills and bookkeeping.
- When youth are placed with families, they receive a female goat and are visited by CPAJ staff periodically. After their goats have birthed twice, the youth share their assets by giving one of the baby goats to another family.
4. Educational support

An education is a child’s future.

Helping children stay in school – Farm Orphan Support Trust (FOST), Zimbabwe

Problem:
One of the most distressing effects of HIV and AIDS is the increasing number of children who must leave school because their parents or caregivers cannot pay their school fees.

Solution:
FOST helps children stay in school by covering the cost of school fees, uniforms, and books by negotiating with local schools to reduce or eliminate fees.

Features of the response:
- FOST is helping over 6,500 children attend school, mainly by providing block grant support to each school as a whole, rather than paying school fees for individual children.
- This approach enables FOST to provide many more children with education support, as fees are waived in exchange for the overall grant.
- Hunger and emotional distress can prevent children from being able to participate in school. Programs that take a more holistic approach provide children with the food and counseling they need to learn.
- FOST has trained teachers in psychosocial support, sensitising them to the needs of children whose lives have been disrupted by HIV and AIDS, or by violence, abuse or exploitation.

Protecting Girls’ Rights to Education – Catholic AIDS Action (CAA), Namibia

Problem:
Girls can suffer the loss of education because of their increased caretaking responsibilities at home.

Solution:
CAA supports girls to stay in school.

Features of the response:
- CAA recognizes that the more education young women have, the more likely they are to avoid HIV infection, marry later, send their own children to school, and earn an income, enabling them to break the cycle of poverty.
- CAA pays for school fees and buys uniforms.
- The organization helps with school supplies, emotional support, clothing and other needs.
- Volunteers monitor children’s well-being and provide additional support to caregivers through home visits.
- They provide after-school tutoring and food from the CAA soup kitchen.

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5. Protecting children from violence, abuse and exploitation

Many children are vulnerable to violence, abuse, exploitation and discrimination.

Prevent gender-based discrimination and violence – The Girl Child Network (GCN), Zimbabwe

Problem:
Social inequality and their roles as caretakers put girls at greater risk of dropping out of school, more vulnerable to exploitation, early marriage, sexual abuse and HIV infection.

Solution:
Girl Child Network raises awareness about these issues and works to strengthen and protect the rights of girls and women. It works to combat child sexual abuse in high density farming and rural communities.

Features of the response:
• Establishment of ‘Girls Empowerment Villages’ and ‘Girls Child Clubs’, that support both prevention and treatment of sexual abuse.
• The Girls Empowerment Villages provide a safe space where girls from rural areas receive medical care, legal aid, and counselling as they recover from abuse.
• Advocacy and outreach help create safer communities by raising awareness and promoting community wide prevention.
• The Girls Child Clubs give youth skills to address the challenges they face in their homes, schools and communities.
• Girls meet regularly to share with and support one another, and to learn about their rights and how to access services and opportunities.
• Starting with a single club, the organisation has established more than 100 clubs with over 20,000 members across Zimbabwe.

Ensure children’s safety and wellbeing – Outreach Mobile Teams for Children Protection, Serbia

Problem:
Social services lack the resources and skills to meet the needs of vulnerable children in abusive home environments.

Solution:
Working with families to prevent abuse and to create a healthy home environment for children.

Features of the response:
• The project’s mobile teams are composed of social workers, psychiatrists, and medical and educational experts who are well known in their local communities.
• Once alerted by sources such as schools, relatives, neighbours or children themselves, mobile teams visit the home to assess the family situation. They determine whether children are at risk and what steps should be taken to help them. They then take the appropriate action, in conjunction with other groups, i.e., police and health care professionals.
• The project provides counseling for children in conflict with the law.
• The project has inspired local communities to develop their own methods of preventing and responding to domestic violence, abuse and neglect against children, on the basis that dealing with abuse against children is not a ‘private’ family affair, but the responsibility of the community.
Topic 9.4
Local responses from Faith Based Organisations

Small Group Activity – LOCAL RESPONSES FROM FAITH BASED ORGANISATIONS

Equipment and Materials
- Flip chart paper and markers for small groups
- A flip chart on which is written:
  - Is this something that would help my community deal with the issues I identified in my Survey?
  - Could we do it in our community?
  - What would be needed to do it in the community?

Step 1
The trainer says:
Responses in PNG provide examples of how Faith Based Organisations and community groups are working to ensure children grow up in safe family environments. Some of this work focuses directly on family life, other interventions seek to improve the conditions of children's lives in their communities, while others aim to improve service delivery through increased cooperation, networking and communication between faith and community based groups.

Let’s look at some of these responses now and think again how relevant they are to addressing the issues you have identified in your Community Child Protection Survey.

Step 2
Ask participants to break into small groups of no more than 5 people. Give them all flip chart paper and markers.

Step 3
Give all participants Topic Note 9 (d) Faith Based Organisations: PNG Responses to Children in Need of Protection.

Step 4
The trainer says:
In your small groups, read the examples in Topic Note 9(d). Think about them and how they could address the issues you have identified in your Community Child Protection Survey. Ask yourself:

- Is this something that would help my community deal with the issues I identified in my Survey?
- Could we do it in our community?
- What would be needed to do it in the community?

Take notes on these questions for yourself as we go through them. You will be looking at these again when you develop your Action Plan.

I have written the questions for you on this flip chart. [Show them the questions]

Allow 20 minutes for this activity.

Step 5
After 20 minutes, ask a member of each group for some brief feedback on the group’s ideas.

Tell them that the work they have done in this Module will be very important for their Action Plan and that they will get much more time to think about these examples of good practice and how they can be adapted for their communities.
**Topic Note 9(d)**

*Faith Based Organisations: PNG Responses to Children in Need of Protection*

**13 Strategies that are effective**

1. Focus on the most vulnerable children, not only those orphaned by HIV and AIDS
2. Strengthen the capacity of families and communities to care for children
3. Reduce stigma and discrimination
5. Strengthen the ability of caregivers and youth to earn livelihoods
6. Provide material assistance to those who are too old or too ill to work
7. Ensure access to health care, life-saving medication and home-based care
8. Provide daycare and other support services that ease the burden on caregivers
9. Support schools and ensure access to education for girls as well as boys
10. Support the psychosocial as well as material needs of children
11. Engage children and youth in decisions that affect their lives
12. Protect children from abuse, gender, discrimination and labour exploitation
13. Establish interdenominational and interagency working groups to coordinate responses to children in need of protection.

**Rabiamul Investment Scheme – Catholic Church**

The Catholic Church in Rabiamul and Wurup have introduced an investment scheme for families to provide school fees for children in the school. Families are encouraged to become members and invest money with the Parish priest who re-invests. The profit earned is then used to pay for the children's school fees.

**Community Based Health Care – Nazarene Church**

The Nazarene Church in South Wahgi under the program Community Based Health Care (CBHC) provide information and assist communities to provide a healthy environment for children in the community. They are taught to build good houses, provide good and nutritious food, and provide clean drinking water.

**Material Support – SDA Church**

The SDA church in Anglimp provide necessities for children in need. They put a box at the back of the church and every Sabbath members of the congregation bring clothes, soap, Colgate, and other materials. These are then collected by the pastor and his wife and are distributed to children in need of protection according to their needs.

**Training For Vulnerable Youth – Sisters Of Mercy**

The Sisters of Mercy provide training for young people, particularly vulnerable children living in settlement areas. Training is offered on various topics including human rights, health, HIV and AIDS, drug, alcohol and gambling abuse and addiction, and family and sexual violence.
Caring For Children With A Disability
Minj Tarangu centre provides skills training to children disabled, orphans and other children in special need. They advocate on the children to agencies and the communities to respect the rights of these children.

Tenga Tenga Centre
The Tenga Tenga Care Centre in Anglimp South Waghi District in WHP is a community-run care centre that provides services for orphans and vulnerable children. The Centre was established in response to the large number of children who were orphaned from AIDS. The Centre identified that these children were not provided parental care and many of their day to day basic needs were not being provided by their wantoks. Some children stay at the Centre for up to one week, at which time, the Centre requires the community to resume care of the child. Whilst at the Centre, children participate in lifeskills training including gardening, sewing and receive information on HIV and AIDS. The Centre registers the children and encourages communities to continue to care for them so that they remain connected to, and retain ownership of their land. When children are sent to the Centre, the volunteers provide information and educational programs to communities to address the stigma and discrimination that often causes families to reject the children.

Unfortunate Child Care Centre
The Centre was developed as a community based response to the visible number of vulnerable children living in and around the urban settlements of Mt Hagen. Children living in settlements often live in situations of extreme poverty. Without land for subsistence farming or a stable and reliable income, parents and caregivers struggle to provide for their children’s nutritional, educational, and medical needs. The community initially identified poor health and hygiene of children as a serious concern and responded by visiting the settlement, providing hygiene and medical supplies eg. scabies cream, soap, extra clothes. From this initial contact the relationship between with the community and children grew. A traditional bush material house was built to provide a ‘drop in’ centre for children during the weekends. Children attend the Centre on Friday nights where they are provided with a nutritious meal and have the opportunity to take part in leisure and recreation activities. Children are taught basic hygiene, prevention of diseases such as malaria and typhoid, nutrition, and basic literacy through educational games and reading. Counselling and psychosocial support is also provided and the most vulnerable children are identified and provided with clothing and school fee assistance through contributions from local churches.
Module 9
Knowledge and Application Test

Test – 15 minutes

Part A –
What I have learned
1. What are three characteristics of institutional care of children and what are their possible impacts on children?

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2. Name three alternatives to institutional care for children?

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3. What are three reasons that Faith Based Organisations should be involved in child protection in their communities?

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How did you go on the test?
Give yourself 1 point for every right answer.

If you get 10–12 points – that’s great, you are really learning!

If you get 8–9 points – that’s okay, read the Topic Notes again at the end of the session to make sure you remember the material we have discussed.

If you get less than 7 points – go over the Topic Notes one or two times to make sure you remember the material

Part B –
How I will apply what I have learned in my community
1. Three things that my Faith Based Organisation can do about child protection in our community.

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2. People and organisations in my community who can help my Faith Based Organisation in developing programs to address child protection in our community.

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