handbook

Child Rights and Child Care for Caregivers in Zimbabwe
handbook

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ACRONYMS

AC African Charter on the Rights and Welfare of the Child
AIDS Acquired Immuno-Deficiency Syndrome
AU African Union
CDC Children in difficult circumstances
CPAA Child Protection and Adoption Act
CPS Child Protection Society
CRC Convention on the Rights of the Child
DFID UK Department for International Development
DRC Democratic Republic of Congo
FBO Faith Based Organisation
HIV Human Immuno-Deficiency Virus
NAP for OVC National Action Plan for Orphans and Vulnerable Children
NGO Non-Governmental Organisation
MLSW Ministry of Labour and Social Welfare
OAU Organisation of African Unity
PVO Private Voluntary Organisation
UN United Nations
UNICEF United Nations Children’s Fund
ZNCWC Zimbabwe National Council for the Welfare of Children
Zimbabwe has one of the biggest HIV/AIDS pandemics in the sub-Saharan region with an estimated total of 1.6 million children having been orphaned by HIV/AIDS to date. Of this figure around 5000 children identified as children in need of care as stipulated by the Children's Act 5:06, live in Residential Child Care facilities. Zimbabwe is signatory to both regional and international instruments among them the United Nations Convention on the Rights of the Child (UNCRC), the African Charter on the Rights and Welfare of the Child (ACRWC), International Protocol for Alternative Care and has domesticated these into a plethora of legal instruments and policies aimed at promoting and upholding the rights of children. These international guidelines make it mandatory for the Government of Zimbabwe to put into place administrative measures, resources and mechanisms to protect all children and thus the Government of Zimbabwe has mandated the Department of Social Services to ensure that alternative care is provided for these children whilst family tracing and efforts for reunification and reintegation are in progress.

The Children's Act 5:06 gives the Ministry of Labour and Social Services the statutory mandate to place all children in need of care (as stipulated by Section 2 of the Children's Act 5:06) in Residential Child Care facilities and it is the role of the Department of Social Services through Probation Officers to monitor these institutions to ensure they adhere to the minimum standards as stipulated by the laws of Zimbabwe.

For enhanced protection of children in residential care institutions, Section 31 of the Children's Act 5:06 provides that such institutions must be registered and issued with registration certificate by the Minister of Labour and Social Services.

It is with pleasure that the Ministry of Labour and Social Services approves this Caregivers Manual developed by the Child Protection Society, JF Kapnek Trust, Zimbabwe National Council for the Welfare of Children (ZNCWC) with technical support from UNICEF, in acknowledgement of the contribution it can make to improve the quality of life for children living in Residential Child Care facilities. It is noted that the manual will:

- Provide information and skills for caring for children of various ages with varying and sometimes complex needs
- Be used as a facilitator's guide by trainers including Caregivers, Heads of Residential Child Care facilities and Administrators or anyone who wishes to facilitate the learning process on child rights and care giving skills, and
- Be used as a basis for a Code of Conduct specific to child treatment.

This manual is a companion volume to the approved National Residential Child Care Standards (2010) as well as the Minimum Quality Standards for OVC Programming (2008) as these outline the minimum quality standards that are expected in Residential Child Care facilities. The Government of Zimbabwe will continue to make efforts to ensure that every child grows up in a family and that placement in Residential Child Care is a last resort as stipulated by the Zimbabwe National Orphan Care Policy. While the Government recognizes the importance of the role played by Residential Child Care facilities, efforts will continue to strengthen the family unit including family-centered child protection interventions and the Harmonised Social Cash Transfer Scheme (HSCTS) under the auspices of the current National Action Plan for Orphans and Vulnerable Children Phase II 2011-2015 (NAP for OVC II).
The issues covered in the Manual are of significant importance as they inform caregivers and authorities of the various developmental needs of these vulnerable children. The manual also articulates how Residential Child Care facilities can protect the rights of children in their care. It recognizes that child abuse, as one of the worst form of child rights violations, is a common problem prevalent in all sectors of society and Residential Child Care facilities are not an exception. It thus focuses on the prevention of and response to child abuse in all its forms including how to identify the signs and symptoms and take action for prevention of child abuse, protection of child survivors and prosecution of perpetrators of the abuse. The topic on HIV and AIDS will assist caregivers to work with those children who are infected and/or affected by the virus to reduce the impact and provide them with coping strategies and skills. The manual also provides guidance for caregivers on disciplining children by stressing that positive discipline rather than punishment is important for learning. It also provides guidance on working with children with special needs, including children with disabilities.

In conclusion, let me take this opportunity to appreciate the efforts of civil society organizations and the UN agencies working with Government in contributing to making Zimbabwe a better place for our children. This Manual is a public document and should be used by all those who are working with children especially in Residential Child Care facilities and encourage improvements in the life experiences of vulnerable children in need of special protection.

L.C Museka
SECRETARY FOR LABOUR AND SOCIAL SERVICES

Harare 2011
This handbook is based on the information brought together for caregivers by the series of efforts made by the Zimbabwe National Council for the Welfare of Children (ZNCWC), the J.F. Kapnek Trust and Child Protection Society (CPS) with technical support from United Nation's Children's Funds (UNICEF).

The above mentioned three organizations initiated a project entitled "community integration for children in residential care" to promote resilience and self-reliance among children in residential care institutions and to increase opportunities for their re-integration into the community under the Fast Track Fund for National Action Plan for Orphans and Vulnerable Children (NAP for OVC) funded by UK Department for International Development (DFID) through UNICEF. The J.F. Kapnek Trust, as part of the project, carried out a baseline survey in a selected number of childcare residential institutions and information from the survey are also included in the handbook.

Marsha J. Treadwell, PhD, a consultant to the J.F. Kapnek Trust during the implementation of the Project and a member of the Fulbright Senior Specialist roster, is a principle writer of the Handbook. Dr. Treadwell worked with staff of J.F. Kapnek Trust, CPS and ZNCWC to develop the handbook.

Yoko Kobayashi, Child Protection Specialist responsible for the Project from UNICEF Harare, wrote selected sections in the first and the third chapter and provided technical input and editing support throughout the document.

This handbook is meant to empower caregivers in Zimbabwe's residential institutions with information and skills for caring for children of various ages and tendencies. It is also meant to guide and provide open options for trainers, heads or anyone who may wish to facilitate learning processes on child rights and care giving skills. It can also provide the basis for a code of conduct specific to child treatment.

The effectiveness of this handbook in upholding appropriate standards of child rights observance depends on the staffs in childcare institutions taking this handbook, not as a textbook, but as:

- A guide for thinking about challenges institutions face in order to develop practical strategies of taking good care of children
- A checklist against which to verify whether or not children's rights are protected
- A justification of punitive action against caregivers who infringe on children's rights to protection from abuse or neglect

The usefulness of this handbook is greatest when the questions provided are explored and related to reality.

The first chapter is based on modified text from the book "In the Best Interests of Children: Manual on Childcare and Children's Rights" and covers an overview of children's rights—an account of developments in the world from the 1600s to date, which led to the eventual respect for children's rights as well as legal provisions on children's rights. The second chapter deals with responsibilities of childcare institutions and child care skills required.

The third chapter addresses child abuse and neglect. The fourth chapter is intended to help readers to gain a better understanding on child development and temperament. The fifth chapter deals with a critical issue in Zimbabwe and the region—HIV/AIDS. The sixth chapter discusses skills needed for positive discipline.

Lastly, the seventh chapter shares the results of the baseline survey carried out from 2005 to 2006 in 10 children's home; explains challenges children face and guides the ways to support such children with special needs.
CHAPTER ONE

Child Rights

Overview
Work to promote better child treatment and rights has a long history. This chapter looks at how children’s rights have gained importance and more public attention over time.

The key objectives of this chapter are to:

- Show that children’s treatment has evolved from the times when child abuse was acceptable
- Show the users of this handbook their place in the development of child rights observances and inspire them to further promote their development.

The disrespect of children’s rights is an age-old problem. The development of this problem can be classified into five major times namely—(i) the industrial revolution, (ii) slave trade, (iii) African armed conflicts/wars, (iv) rapid action and (v) AIDS/poverty time periods. The different events and economic processes that people were going through during these time periods are closely related to child abuse or maltreatment.

Historical Background

(i) Industrial Revolution Era (1600 - early 1700s)
Child abuse was first realised as far back as the medieval times [1600] when a number of European states developed their industries. During that time period, industrial development was taken so seriously that children had to be employed to work in factories together with adults, doing such tasks as cleaning and packing. The children’s small sizes allowed them to work in tight spaces such as chimneys, where adults could not. Just like adults, children worked for long hours under risky conditions including operating in excessively smoky environments. Whenever they behaved like normal children (e.g. by wanting to play rather than work, as children do), they were punished like adults, being either beaten or deprived of food. Childlike behaviour was considered not as normal for the child’s development but as immature. By working together with adults, children were exposed to such adult activities as dirty jokes about sex, drugs and violence before their time.

Having children do industrial work cut costs, and increased profits because child labour was so cheap. People with religious beliefs and academics (psychologists, social workers and sociologists) however, complained about the potential damage to the future of the children involved. Some of them began to campaign against exposing children to drug taking, vulgar language and aggressiveness. It was then that campaigns against child labour and abuse began and was joined by lawyers and politicians.

(ii) Slave Trade Era (1700 - 1800s)
During the 1700s Africans, many of them children, were captured and traded in Western countries, particularly the Americas, to forcibly work on plantations and in the tobacco and cotton industries. Most historians argue that slavery featured the most abusive treatment of children in living memory. Affected children were disgraced by being sold on slave markets at cheap prices. Placing a monetary value on a human being is today unthinkable. On the slave market, children underwent humiliations such as forcible opening of their mouths to inspect their teeth for health. These experiences created bitter memories that formed a strong oral tradition that survives to this day, including films and songs.

Slave children were racially insulted and inhumanly punished for petty offences such as eating “the boss’ food,” failing to address their enslavers with the respect they demanded or refusing to surrender their African names for American ones. Children witnessed their parents being harassed and sometimes their mothers being raped. Can you think of anything more degrading considering that parents are normally the immediate heroes and
heroines of their children? Many campaigns led to the end of the slave trade by the late 1800s.

(iii) African Armed Conflicts and Wars Era (1900s)

After attaining political independence in the 1900s, internal squabbles arose in many African states over leadership choices (e.g. FRELIMO versus RENAMO in Mozambique) and territorial disagreements (e.g. between Ethiopia and Eritrea; and in Uganda, Rwanda and the Democratic Republic of Congo (DRC)). In the most serious armed conflicts, children have taken to battle where their rights to life and protection were violated, as they faced higher chances of dying and being captured as prisoners of war. These children witnessed traumatic sights such as corpses and people during moments of death. Under normal circumstances, their parents would have protected them from such sights and experiences.

(iv) Era of Rapid Action (1970s - 1990s)

Following military events in Africa, the UN identified a special class of Children in Difficult Circumstances (CDCs) in the 1970s to push for action against the effects of armed conflicts and war on children. 1979 was later declared as the International Year of the Child to draw the attention of governments to the general welfare of children. The UN’s concern for children’s rights was transformed into legislation through the UN Convention on the Rights of the Child (CRC) in 1989 when, for the first time, children’s rights were made official. The Organization of African Unity (OAU), now the African Union (AU), in 1990 developed and adopted the African Charter on the Rights and Welfare of Children (AC), which Zimbabwe ratified in 1995. In Zimbabwe, a Victim Friendly Court system to specifically handle crimes committed against children was also set up. The Private Voluntary Organisations (PVO) Act was passed and the Children’s Act was developed to guide the operations of institutions dealing with children in various difficult circumstances. These legal instruments will be discussed in more detail in the next chapter.

(v) HIV/AIDS and Poverty Era (1980s to date)

The lives of children in developing countries changed drastically with the advent of HIV and AIDS. In Africa, poverty has been an immense problem largely as a result of natural disasters, wars, poor economic policies and governance, as well as the HIV/AIDS pandemic. The number of children orphaned by AIDS has risen rapidly as has the disappearance of capable adult breadwinners, resulting in many children heading households. In fact, many of the recently established childcare residential institutions were set up in response to the effects of HIV/AIDS and poverty. These problems have resulted in much difficulty for many children including the following:

i. Children being forced to take on responsibilities of the heads of families when both parents succumb to the disease and the extended family are unable to support them. Such children overwork themselves to support their siblings, sometimes abandoning school to find whatever
employment that they can. Growing up too fast in this way can be physically and emotionally damaging.

ii. Children falling under the care of abusive relatives when orphaned. Some relatives adopt orphans simply to gain access to the assets of the deceased, not because they love the children. As soon as they achieve their goal, they may continue looking after the children, because they publicly made such commitments, but may abuse them sexually, physically and verbally. Some of these children might leave their home for the streets.

iii. Female children being married at a young age thereby prematurely facing challenges of marriage, pregnancy and child rearing.

iv. Female children resorting to transactional sex or prostitution in a bid to generate incomes for survival.

v. Poor children being sexually abused (e.g. rape and sodomy) and bribed or threatened not to report. The psychological consequences of these activities are devastating.

Concluding Summary
Long ago child abuse was very common, but it went unchallenged. People of these times did not even know they were abusing children when they employed them under poor working conditions and at a young age, not allowing normal child development to take place. The development of children’s rights shows that previously and sometimes even today, children's welfare is sacrificed for activities that benefit adults, such as when children are enlisted as soldiers in conflicts. We now know that children are a vulnerable group and they should be protected at all times. Serious efforts to improve the welfare of children and respect of their rights began when the UN adopted the UN Convention on the Right of the Child (CRC). The OAU (now the AU) followed suit. Local leaders of organisations, especially childcare institutions must be next in line to take action to promote children's rights.

Unfortunately, HIV and AIDS contribute to the violation of children’s rights today and present challenges for all people concerned with children's welfare. Staff in childcare institutions should educate children about the pandemic to protect them from risking their lives and be creative in developing strategies of handling the crisis.

Questions for discussion
1. What lessons can be learned from the accounts of events during:
   a. The industrial revolution
   b. The slave trade
   c. African armed conflicts and wars

2. This chapter challenges leaders of childcare institutions to take a lead in promoting children's rights. How do you think they should do so?

3. What do you think are the factors causing child abuse today?

4. What should your institution do to address the effects of HIV and AIDS on:
   a. Children under your care
   b. Other children elsewhere
Legal instruments and policy on children’s rights

The previous section showed that although social scientists and people with religious beliefs pioneered the campaign for better treatment of children, the participation of national governments later on resulted in children’s rights becoming largely a legal matter. Today, observing children’s rights is not just in the public good, but also entails abiding by the law. Therefore, in addition to saying, “child abuse is cruel”, it is true to say “abusing children is illegal.” For people caring for children in communities or institutions this means abusive caregivers are criminals and should be punished accordingly.

This section’s main objective is to highlight legal provisions and policies meant to protect children’s rights at the levels of the world, Africa and Zimbabwe. It will explore the international and national laws on children’s rights and look at their usefulness to children’s welfare. The following are the major laws and policies that govern the treatment of children in Zimbabwe:

- The UN Convention on the Rights of the Child (CRC)
- African Charter on the Rights and Welfare of the Child (AC)
- Zimbabwe National Orphan Care Policy
- Children’s Act (Child Protection and Adoption Act Chapter 5:06)
- National Action Plan for Orphans and Vulnerable Children (NAP for OVC)

The CRC, the AC, Children’s Act and the National Orphan Care Policy are applied more commonly than other legislations and policies in relation to childcare institutions.

4 fundamental principles of the CRC

The treaty monitoring body of the CRC, the Committee on the Rights of the Child, defines the following 4 fundamental principles for the implementation of all provisions in the CRC.

i. Non-discrimination

This principle provides that all rights in the CRC apply to all children without exception and the state parties are responsible for protecting children from all forms of discrimination.
ii. Best interest of the Child
This principle means that the best interests of the child should be a primary consideration in all measures directed at the child.

iii. The Rights to Life, Survival and Development
The fundamental rights to life, survival and development should be the core of all actions taken for children.

iv. Respect for the View of the Child
In all matters affecting them, children not only have the right to express their opinions but also have the rights that their views be given due weights according to their age and the level of maturity.

The fulfillment of all rights enshrined in the CRC should be guided by these 4 principles. For example, the child’s right to education should be fulfilled without any discrimination against any categories of children (e.g. girls, children with disabilities). Education should also be provided in such ways that enhance child’s rights to life, survival and development. Children’s views concerning access to school and the quality of education should also be given serious consideration through child participation so as to ensure that the educational programme serves their best interest.

The CRC is one of the most comprehensive human right treaties encompassing civil and political rights as well as social, economic and cultural rights. The following are highlights of the provisions within the CRC that are particularly relevant to care practices for children in residential care institutions.

(1) Fundamental Rights to Survival and Development
Children have fundamental rights to survival and development. Within the CRC, there are other provisions that are particularly relevant to the fulfillment of their rights to growth and development – rights to identity, education, health, rest, play, recreation, leisure, social security and a standard of living.

i. Right to life and survival (Article 6)
Every child has an inherent right to life and all state parties to the CRC should fulfill children’s rights to survival and development as much as possible. In compliance, Zimbabwe’s constitution [section 12] states that: “No person shall be deprived of his/her life intentionally, saves for the execution of sentence”

Zimbabwe’s Criminal Procedure and Evidence Act, Infanticide Act and Concealment of Birth Act [Chapter 9:04] also make it a criminal offence to take a child’s life.

ii. Right to an identity (Article 7)
Children have rights to nationality and identity. They should be registered soon after birth and should have a nationality and the knowledge of, and care from, their parents right from birth. The Zimbabwean’s Births and Deaths Registration Act makes it an offence if a birth or death that occurs in the country is not registered.
iii. Right to health (Article 24)
The CRC, states that: "Children have the right to the highest attainable standards of health and facilities for the treatment of illness and rehabilitation of health."

Governments are urged to take appropriate measures to:

- Reduce deaths of infants and children;
- Provide the necessary medical assistance and healthcare, especially for primary health, to all children and;
- Ensure appropriate pre and post-natal healthcare for mothers.

iv. Right to social security (Article 26)
Every child has a right to benefit from social insurance and social services assistance (e.g. in the form of monetary and material grants), depending on the circumstances and resources of the child as well as the person having responsibilities for his/her maintenance.

v. Right to standards of living (Article 27)
Children have a right to standards of living that allow for their physical, mental, moral and social development. Governments that are signatories to the CRC should ensure that parents secure these rights for children through necessary welfare programmes.

Considering that childcare institutions hold parental roles for children, the grants that are given by the Government through the Department of Social Services (DSS) of the Ministry of Labour and Social Welfare (MLSW) partially fulfill this requirement. Every parent who can guarantee a standard of living to his/her children without additional support should do so. The Zimbabwean constitution makes it a criminal offence for a person to fail to comply with a maintenance order without a lawful reason. Offenders are normally fined and/or imprisoned.

In view of the general development of children, the Zimbabwean government has passed the Private Voluntary Organizations (PVO) Act to legitimize and regulate their operations. Numerous Non Governmental Organizations (NGOs) and Faith Based Organisations (FBOs) were formed to cater for children's welfare as a result. Some of them have been also supporting childcare institutions in the country and are the beneficiaries of this handbook.

vi. Right to education (Articles 28 and 29)
All children have a right to education, so the State Parties to the CRC are encouraged to make primary education free and higher education accessible to all. Measures to maximize attendance in schools are also important given that education lays the foundation for children's future.

Education is one of the most important rights for children. Education helps children to develop their talents and skills enabling them to contribute more meaningfully to the welfare of the wider community. Depriving children of that right is thus just about the same as depriving their communities of potential future development.

vii. Rights to rest, play, recreation and leisure (Article 31)
Children have the right to rest and leisure, to engage in play and recreation that suits their ages and to participate freely in cultural life and the arts.

(2) Child participation in the making and implementation of decisions that affect them

Children have the right to independently form and express their views. Those views have to be taken seriously in considering all matters or decisions affecting them, according to their age and the level of maturity. The older or more mature the child is, his or her opinion needs to be given greater weight in the decision making process.
To guarantee that, children should enjoy the rights listed in the table below.

<table>
<thead>
<tr>
<th>Right</th>
<th>Description and application</th>
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<tr>
<td><strong>Right to express views and be heard</strong></td>
<td>Children should be given a chance to express their views on decisions and matters affecting them and their perspectives should always be taken seriously especially in accordance with their level of maturity. Examples include determining the type and vocational training they wish to undertake and choosing family members with whom they can be reunified.</td>
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<tr>
<td>(Article 12)</td>
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<tr>
<td><strong>Freedom of expression</strong></td>
<td>Children are free to seek and receive any type of information or ideas anywhere they want, whether through speaking, writing or in print. They should not be deprived of opportunities to access information they want nor should such information be interfered with.</td>
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<tr>
<td>(Article 13)</td>
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<tr>
<td><strong>Freedom of thought, conscience and religion</strong></td>
<td>Children's freedom of thought, conscience and religion should be respected. Officials in childcare institutions should not impose their views, religion or personal feelings on children. Although children need guidance on religion and other things, they should be allowed to independently choose what they want to believe in.</td>
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<tr>
<td>(Article 14)</td>
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<tr>
<td><strong>Freedom of association and assembly</strong></td>
<td>Children have the right to freely associate with colleagues they want and assemble wherever they want so long as they do it within the limits of rules and regulations of the place in question. For instance, children may be allowed to freely assemble for discussion, but not for drug taking.</td>
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<td>(Article 15)</td>
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<td><strong>Right to privacy</strong></td>
<td>Children's privacy has to be respected and shall not be unlawfully or arbitrarily interfered with. They have rights against interference with their honor, reputation, homes and correspondence. The law against defamation (of character) protects children's honor and reputation. Other laws prohibit the publication or identification of children involved in criminal proceedings as litigants or witnesses.</td>
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<tr>
<td>(Article 16)</td>
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<tr>
<td><strong>Access to information</strong></td>
<td>Children must have access to information materials from diverse national or international services, especially those promoting their social, spiritual and moral well-being and mental and physical health. Of course the government and other stakeholders have responsibilities to protect children from information and documents harmful to their well-being (e.g. pornography).</td>
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<tr>
<td>(Article 17)</td>
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(3) Protection from All forms of Abuse and Harmful Treatment

Children are vulnerable and must be protected from any harmful treatment that they may experience from family members, state officials or any other persons. They enjoy the following rights:

viii. Right to protection against abduction and illicit transfer (Article 11)

Children have a right to state protection against illicit transfer abroad where they may fail to return--something that is commonly treated as abduction. In 1995 Zimbabwe passed a Child Abduction Act to deal with the abduction of children across national borders.

ix. Protection from violence, abuse, neglect (Article 19)

Children have rights to protection from all forms of physical or mental violence, injury, neglect or negligent treatment, or any form of exploitation including sexual abuse. Appropriate legislation, administrative, social and educational measures should be taken to protect them.

This should be done while the children are in the care of their parent(s), legal guardians(s), or any other person or institution caring for them (e.g. children’s home).

Zimbabwean criminal laws address child sexual abuse through the Sexual Offences Act on rape, which protects any girl or woman from forced sexual intercourse with men. Severe penalties are imposed on rapists, the minimum being seven years for each count.

The newly enacted Domestic Violence Act also prohibits cultural practices that are harmful to children, particularly girls, such as forced virginity testing, forced and child marriage and the tradition where girls are pledged to relatives of a deceased person for purposes of appeasing ‘the angry spirit’.

x. Freedom from economic exploitation (Article 32)

Child labour is the most common form of child economic exploitation today. Children have a right to protection from economic exploitation and doing any work that is likely to:

- Be hazardous to, or to interfere with their education
- Be harmful to their health or physical, mental, spiritual or social development

Zimbabwe’s Labour Regulations Act states that anyone who breaks this law shall be guilty of an offence which attracts a fine or imprisonment of up to 12 months, or both.

xi. Protection from illicit use of drugs (Article 33)

Children have a right to protection from the illicit use of narcotic and psychotropic drugs as well as from being part of their production and trafficking.

xii. Protection from sexual exploitation (Article 34)

Children have a right to protection from all forms of sexual exploitation and abuse.

Zimbabwe’s Children’s Act specifies punishment for sexual offences committed against children. The Act’s section 8 provides that:

- "Anyone who allows a child or young person to reside in or frequent a brothel shall be guilty of an offence". In almost all Zimbabwean beer halls and pubs, children below the age of 18 are officially not allowed.
- "Any person who causes or makes it possible for children to be involved in prostitution or to be seduced or abducted for sexual reasons or any other immoral acts shall be guilty of an offence".
xiii. Protection from torture and inhumane treatment (Article 37)

No child shall be subjected to torture or other cruel, inhuman or degrading treatment, punishment or imprisonment. Every child that may be deprived of his or her liberty shall be treated humanely and with respect.

xiv. Rights to protection of the rule of law (Article 40)

Children have rights to be treated with dignity and respect whenever they are accused of, alleged or recognised as having broken the penal law. They should be presumed innocent until the law otherwise proves them guilty.

xv. Social integration of child victims (Article 39)

All levels of society from the government downwards should take appropriate measures to promote physical, psychological and social integration of child victims of any form of neglect, exploitation or abuse.

Childcare institutions, working with the DSS, should assess holiday placements and ensure that the extended family to which the child returns can provide for the child’s needs and protect the child.

It is important that the family understands any medications that the child is on, or any special emotional needs the child might have if she has been traumatized, for example. Staff of the childcare institution must take the time to get to know the family and let them know that you are all working together on the child’s behalf. Some staff might pay little or no attention to the fundamental process of preparing children to join the outside world. Holiday placements with relatives are a priority and a base for reintegration that needs serious consideration.

xvi. Rights of children with disability (Article 23)

Children with mental and physical disabilities face particular challenges in the fulfillment of their rights including the right to protection from all forms of abuse. They should enjoy full and decent lives, in conditions that ensure their dignity, promote self-reliance and facilitate their active participation in their communities. In addition, special needs of children with disabilities should be met as much as possible.

(4) Rights to Family Life

The CRC recognises that for full and harmonious development, a child needs to grow up in a family environment where there is happiness, love and understanding. The family is regarded as the fundamental group of society and the natural environment for the growth and well-being of children. The CRC therefore provides protection and assistance to the family so as to enable it to fully assume responsibilities for children.

The following provisions are particularly relevant to child’s rights to a family life:

xvii. Parental guidance (Article 5)

Parents and, where applicable, the members of the extended family or community have the responsibilities and rights to provide appropriate guidance to children, in accordance with the capacity of the child.

xviii. Rights to be raised by parents (Article 7)

Children have the rights to know and be cared for by his or her parents as much as possible.

xix. Rights to family reunification (Article 9 and 10)

All children have a right to be brought up by their parents, unless it is considered not in their best interests. Children thus have the
right to be in direct and personal contact with both parents, which means that application to enter specific states for purposes of reuniting with parents should be treated positively and humanely.

xx. Protection of Children without families (Article 20)

Children who are temporarily or permanently deprived of their family environments have rights to special protection and assistance. Alternative care that is in line with a child’s upbringing and their ethnic, religious and cultural backgrounds should be arranged. Such care include kinship care, community-based care, foster care, adoption or when necessary suitable institutions.

xxi. Standard of Care (Article 3)

The government is responsible for ensuring that the institutions responsible for the care of children conform to the standards established.

In Zimbabwe, the DSS and the ZNCWC, together with other stakeholders have been working to develop the National Residential Care Standards with technical and financial support from UNICEF. Once the Standards is officially endorsed by the Government, all childcare institutions will need to abide by the guidelines provided in the Standards.

xxii. Adoption (Article 21)

For children who are deprived of their families or live in family environments that are detrimental to their well being, the institution of adoption can potentially provide them with opportunities to find families. Necessary safeguards should be in place so as to ensure that the children are only adopted in their best interests.


The Organization of African Unity (OAU) adopted the African Charter on the Rights and Welfare of the Child on November 29th 1999. The provisions within the AC are similar to those in the CRC, with a few important differences. One important addition specific to African children is the provision on the responsibilities of the child.

Responsibilities of the Child

The article 31 of the AC specifies that all children are responsible to their families, society, the state and other legally recognised communities and international community.

Subject to their ages, abilities and any other limitations, they have the duty to:

- Work towards family cohesion; respect their parents, superiors and elders at all times, assisting them whenever such need exists.
- Serve their national communities by using their physical and intellectual abilities for its services.
- Preserve and strengthen social and national solidarity.
- Preserve and strengthen African cultural values in their relations with other members of the society, in the spirit of tolerance, dialogue and consultation.
- Contribute to the moral well being of society.
- Preserve and strengthen the independence and integrity of their countries.
- Contribute to the promotion and achievement of unity in Africa.

Protection against Harmful Social and Cultural Practices

The African Charter also provides children’s rights to protection from all forms of abuse as in the CRC. The African Charter in addition specifically provides the rights to protection against harmful traditional practices. State parties are responsible for eliminating harmful social and cultural practices affecting the dignity and development of the child such as customs and practices that are:
Child marriage and the betrothal of girls and boys are also prohibited and the state parties are required to raise the minimum age of marriage to be 18 years old for both girls and boys.

c. Zimbabwe National Orphan Care Policy

The Zimbabwe National Orphan Care Policy was adopted in 1999, with the objective of ensuring that orphans in the country realise the rights in the UNCRC and the African Charter on the Rights and Welfare of the Child. The National Orphan Care Policy recognises that children are important both to their immediate families and to the community. It also acknowledges the importance of traditional leaders in protecting vulnerable members of society including children.

Objectives of Zimbabwe's Orphan Care Policy

The purpose of Zimbabwe's orphan care policy is to:

- Direct the focus of courts and development agents to the specific needs of orphans.
- Support existing family and community systems in satisfying needs of orphans.
- Mobilize, motivate and educate all communities in the country to support orphans.
- Assist orphans to gain access to public and private resources that can benefit them.
- Promote research on issues affecting children and ensuring that people caring for orphans are trained and have skills to handle them.
- Encourage the inclusion of orphans in activities and benefits that other children partake or enjoy respectively, particularly in healthcare and education.
- Provide legal assistance and related support to orphans wherever necessary.
- Raise societal awareness on rights of children, especially orphans.
- Promote the protection of children from abuse, neglect and all forms of exploitation including sexual and economic exploitation discussed earlier.

6 Tier Safety Net System

The government's strategies for achieving these objectives involve implementing the following six tiered structure in order of priority: (i) Biological Nuclear Family, (ii) Extended Family, (iii) Community Care, (iv) Formal Foster Care, (v) Adoption and (vi) Institutional Care.

1. Biological or nuclear family: This is the family in which a child is born, which includes immediate parents and siblings. Every child has the right to remain in his/her biological or family for protection and care.

2. Extended family: This includes relatives outside the nuclear family (e.g. grandparents, uncles, aunts). When children lose both parents, the extended family is encouraged to protect and take care of them.

3. Community care: where children live is the third option to care for the children when their nuclear and extended families are not available to take responsibility. It is required to identify an adult in the community to care for the children in question.
### Children's Act: the legal framework of childcare

In placing children in specific institutions there is a legal framework that determines the conditions of their stay there. They are commonly placed in institutions as places of safety, on court orders or committal orders in terms of the Children’s Act.

#### i. Place of safety

Section 14 of the Children’s Act empowers probation officers, police officers, health officers and education officers to remove children or young people from places where their living conditions are undesirable to places of safety, which can be a child reception center, hospital or any suitable place where they can be well received and cared for.

Places of safety must be designed for the purpose of caring for children. When children are in places of safety, their probation officers have to sign ‘Form 5’—an inventory in which children’s names and the places where they are placed can be written to authorize the placement. Children should be in places of safety temporarily while better places for their permanent stay are being determined. The children only wait until the Children’s Court makes a decision. It is therefore mandatory for probation officers to take children to the Children’s Court as soon as possible in order to limit their stay in places of safety. This can lessen the children’s anxiety in not knowing where they will go or what will happen to them next.

#### ii. Court order

A court order is normally used to authorize the continued stay of children in places of safety after probation officers identify such need and when they need to enquire further about what will happen to the children in question.

#### iii. Placement or Committal order

This follows the probation officers’ enquiry that establishes whether the child should continue receiving care at a specific institution or should be referred back to the Children’s Court. Placement orders are normally valid for three years and until children are released on license. On expiry, placement orders are suspended and renewed if there is need for another placement order to be processed.

### National Action Plan for Orphans and Vulnerable Children

The Zimbabwean government developed the National Action Plan for Orphans and Vulnerable Children (NAP for OVC) and officially launched it in 2005. It has the following seven objectives, covering a range of key child rights concerns:

1. Strengthen coordination structures
2. Increase child participation
3. Increase the number of children with birth certificate
4. Increase new school enrollment and retention
5. Increase access to food, health services and water and sanitation
6. Increase education on nutrition, health and hygiene
7. Reduce the number of children who live outside the family environment

The seventh objective is particularly relevant to alternative care in the country. Currently there is a consortium project, under the leadership of CPS with ZNCWC, Childline, SOS Children's Village, Simukai Child Protection Programme and NODED, which supports the reunification and community reintegration of children from the residential care institutions when children have traceable relatives and family reunification are considered to be in their best interests. As many children cannot be reunified with their biological parents due to their death, extended family members are common receivers of these children.

**Concluding Summary**

Children have rights as human being as adults, plus special rights for their protection from possible adult manipulations such as economic and sexual exploitation.

The AU agreed to provide the unique addition of child responsibility in the African Charter on the Rights and Welfare of the Child. That shows the sensitivity of the AU to children's role in shaping their destinies and contributing to family, community, national and international development.

Zimbabwe's National Orphan Care Policy identifies six options for the care of orphans, giving priority to a more family-like environment while placing institutions as the least family-like environments and hence the last and temporary care option for children. However this does not mean that childcare institutions are not important. They are in fact essential components of child protection systems as there will always be children who are in need of place of safety.

The Zimbabwean government, through the DSS holds key mandates for the promotion of children's rights and welcomes other players to also take an active part in orphan care.

All members of Zimbabwean society including caregivers, administrators and heads of residential care institutions have a duty to uphold the rights of children as stated in the CRC, AC and the Zimbabwean Constitution, various Acts and policies.

**Questions for discussion**

1. Why do you think that children have special rights in addition to human rights that are applicable for both children and adults?

2. What does the UNCRC say about child participation?

3. Why do you think the National Orphan Care Policy adopted a 6 tier safety net system for child care in Zimbabwe, with the institutionalisation of a child as the temporary and last resort?
CHAPTER TWO

Responsibilities of Childcare Institutions

Overview

According to Zimbabwe’s Orphan Care Policy, childcare institutions are the last and temporary resort considered after the other five options of orphan care are deemed impossible. This is due to the recognition that a child needs to grow up in a family-like environment for his/her full and harmonious growth and development. This however does not mean that residential care institutions are the least important. Childcare institutions are in fact more crucial than they are ordinarily perceived. They are an indispensable element of child protection systems in Zimbabwe as there will always be children who are in need of places of safety at least temporarily.

As the extended family system is gradually weakened and communities are becoming more constrained due to the impact of HIV/AIDS and economic difficulties, many children are forced to head households or live under undesirable environments. Some children are also abused by those who live with them. This has made childcare institutions necessary places of safety, with most of them providing at least minimum living standards even as the Government grants they receive have been minimal.

In some cases children testify that they prefer to live at childcare institutions than within the nuclear or extended families, due to abusive treatments they suffer. Officials at many institutions in fact complain that the growth in the number of children under their care has reached to an extent of forcing them to cater for more children than they are officially allowed to.

This demonstrates the importance of the quality of services that children can obtain from childcare institutions. The more family-like environment childcare institutions can provide, the more favorable it will be for the healthy development of the children under their care.

The objectives of this chapter are to:

- Demonstrate new challenges that now confront childcare institutions in order to set high standards of care that staff give in these institutions
- Suggest the attributes that care giving staff should possess in order to provide better services
- Present ideas on making childcare institutions more family-like and child-friendly

Roles of Childcare Institutions

The Children’s Act [Chapter 5:06] authorizes childcare institutions to receive and retain children who the Children’s Court finds to be in need of special care. The Act provides that these children deserve the same treatment as children who are still in the nuclear or extended families.

So how can children enjoy that treatment when they are living in the unfamiliar surroundings of childcare institutions? Childcare institutions must serve as a safety net for children much as typical families do. They also need to be educational and information centers.

a. Childcare institutions’ parental roles

When children lose their parents or are taken from their nuclear or extended families to children’s homes for protection, emotional gaps develop in their lives. They begin to miss motherly love or the fun they enjoyed with their blood siblings. They have to make new friends and adjust to institutional life.

Children’s homes adjust their operational systems to fill those emotional gaps by giving staff members titles of known family figures such as aunts, mothers, uncles or grandmothers. Staff are encouraged to help children in the same way as those family figures do. For example, aunts help girls with marital advice. Children are expected to consult them when they have emotional and sex-related worries. In many children’s homes children have learned to treat staff members as their relatives and each other as brothers and sisters, which instills a family
spirit. This is particularly important for children who have been abandoned, or who have never been part of a family.

However as much as this family spirit is ideal, children do not always trust their caregivers, as they doubt the genuineness of their relationship to them. Their observations through interaction with their peers from typical families at school may force them to ask questions such as:

i. Do real parents retire to other homes at the end of each day and care for other children there? How many families can one parent manage?

ii. Should children’s surnames differ from their parents’ or should children from the same family have the same surname?

iii. How can a family be so big and include people of so many races? Why should parents live in smaller houses somewhere and children in dormitories elsewhere?

The list of questions can be endless. Children may conclude that all relationships at the institutions are artificial which may be very stressful. They may wonder where their biological parents, siblings and relatives are. Being able to observe positive male role models contributes to the best development for both girls and boys and sometimes children’s homes have many more women than male role models. Caregivers can foster positive development by practicing the parenting tips in a box below.

How parents and children can bond

*(From General Parenting Tips: In the Footsteps of Noah, by Saustin Kazgeba Mfune, 1998)*

Parents should promote a family spirit through doing most things together with their children in particular eating, going for outings to have fun, sharing stories or experiences during spare times and going to church or praying (if Christians). That seems simple but goes a long way in strengthening the bond between parents and their children. Doing things together convinces children that their parents are ready to devote their time to them which makes them feel loved. If children spend more time with caregivers doing things they enjoy, their attention is diverted from stressful thoughts about their lives to the loving atmosphere so created. Those moments enable caregivers to detect children who may be worried or depressed and in need of assistance—something that is impossible if children spend most of their time alone. Parents and children should mutually respect each other. It is traditionally believed that only children should respect their adults and not vice versa. Children’s feelings are usually sacrificed or taken for granted simply because they are younger, but sometimes disrespecting children may prompt them not to respect adults… Children also tend to trust adults who respect them than those who do not. The following suggestions can help adults respect children’s feelings more visibly:

- Do not attack a child’s ego in public and especially in the
presence of the child’s peers of the opposite sex. Little else depresses a child more than being embarrassed in those situations.

- Allow children to pursue their own ideas and independently decide on their lives, guiding them mildly. Let them make mistakes for they learn more permanently from them than from an adult’s experiences.

- Avoid threatening children, as that creates fear rather than respect.

- Trust children with responsibilities. Give them the benefit of the doubt and acknowledge it when they succeed. That urges them to do better.

- Parents and children should be open with each other. People, including children, usually feel obliged to give back to others what they receive from them—a tendency called the norm of reciprocity. They openly talk about their feelings only to adults who have a history of talking openly and listening to them. Adolescents particularly experience emotional problems and worries that are best solved by talking to others, but they often feel embarrassed to discuss them with adults they scanty trust. However, many parents or adults expect children to tell them about their problems even when they do not normally talk with them. The following are some hints that can help adults or parental positions to gain the trust of their children:

  - Be the first to share your own feelings with them. If children hear an adult’s problem[s] they do not hesitate to share theirs with him/her.

  - Avoid dictating to children, but rather respect their views and even accept their criticisms.

  - Initiate discussions, especially with adolescents on matters of sex, HIV and AIDS and other subjects that they may hesitate to discuss with adults. That makes it easier for them to share any of their personal emotional problems with caregivers.

Parents should be affectionate with children. Children characteristically want attention and especially the assurance that their parents love them. Therefore hugs and "I love you" assurances seem to be small bonuses for children, but they immensely strengthen their bond with caregivers. However caution should be taken to avoid treating some children more affectionately than others, as such biases breed resentment among them. Little else hurts children more than feeling that their parents love others more than them.

Parents should be role models. Children characteristically want to take after their parents, who they perceive as their greatest heroes and heroines. Holding parental responsibilities thus entails acting responsibly in the presence of children for them to emulate good morals. Children raised by abusive caregivers are likely to be abusive when they grow up as children who grow under the care of loving adults become loving adults later in their lives. Children rarely heed moral teachings from immoral adults.

Parents should deeply understand their children. The starting point of creating a good rapport with children is to understand them. By deeply understanding children caregivers can establish the best way to handle each of them. Although different children have different personal characteristics the following tips may generate a deeper general understanding of children. Parents need to have a great deal of patience when raising children.
b. Childcare institutions as refuges

A refuge is a place where people find security from specific problems. Childcare centers are refuges to which children escape extreme poverty, abandonment, exploitation and abuse. Children often arrive there under severe stress, with tattered clothes, on empty stomachs or in poor health.

Further maltreating these children defeats a major purpose of children’s homes as a refuge. Childcare institutions therefore should provide counseling services, medical treatment and protective clothing. They should facilitate education.

In cases involving raped or sexually assaulted children, HIV/AIDS testing and counseling along with medical checkups have to be considered. Whichever of these services a home can afford, it should deliver them in the friendliest way possible. In addition to meeting children’s material needs such as food, clothing shelter and health, childcare institutions must also meet children’s emotional and psychosocial needs.

b. Childcare institutions as educational and life skill centres

Childcare institutions should also try to educate children on cultural, religious/moral, social, health and other subjects that the formal educational system excludes or places little emphasis on.

It is encouraging that most institutions urge children to assist in domestic chores of dishwashing, laundry, cooking and cleaning to “prepare them for adult life”. Others engage children in agricultural and industrial projects to help them to develop a sense of self-reliance that will enable them to smoothly rejoin society. They also teach

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Children are gifted in different things and can only gain more confidence in them if adults encourage them. Discouraging them from activities they are gifted in normally dents their self-esteem. Some adults promote academic talents more than others. Others discourage left-handed children from using their left hands, which eventually comprizes their hand skills. Children should be supported in doing things they are good at. Children deserve equal treatment and are sensitive to favoritism.

Children learn

- When they are ready. They should not be forced to learn something when they are still in the mood of playing for instance
- What catches their interests. It makes little sense to imposingly encourage them to learn things they have no interest in.
- From others through exchange of experiences. They need enough time to interact with their peers.
- From previous mistakes and successes. They should be allowed to try their ideas so long as that does not harm them.
- By association. They usually upkeep the behaviour they associate with praises and avoid those associated with punishments, so they should be praised whenever they do good things and punished when they do bad ones.
- Through different styles. Caregivers should learn each child’s best styles of learning and use them to teach him/her.
children livelihood skills and how to generate income to meet basic needs.

Childcare institutions should also educate communities that children in difficult circumstances need their special care. Institutions can do this by creating opportunities for positive interactions between children in homes and community members.

d. Childcare institutions as information centres

There is arguably no single environment in Zimbabwe that has daily access to a group of children in especially difficult circumstances as childcare institutions. Undoubtedly these institutions have at hand the richest information on that category of children, which can be used to influence national policies on child welfare. That creates an additional duty for childcare institutions to maintain both quality and quantity information for example through the confidential maintenance of a database of children and their problems, along with the causes of problems.

Ideal Professional Qualities of Caregivers

Given the responsibilities of childcare institutions, the nature of caregivers critically determines the quality of service that children receive from them. Basically good caregivers could be:

- From a good and stable social background that does not distract their attention from children's needs. Caregivers from volatile backgrounds are usually temperamental and moody—a weakness that strongly pushes them into abusing children. In the event that caregivers experience disturbances at their own homes, such as disputes with spouses, they should not let that come into the way of their service to children.
- Physically, mentally and emotionally healthy so that they do not spend much time off sick, but on attending to children's needs. Caregivers with poor health are likely to express their frustrations on children. Caregivers should therefore maintain high standards of personal hygiene and healthy habits.
- Literate. Ability to read and write enables caregivers to learn more about children's rights from publications such as this handbook. It also enables them to help children deal with written challenges, e.g. their homework. Caregivers should therefore develop an interest in reading.
- Able to discipline children while simultaneously showing them love.
- Good and approachable role models whom children can learn from and consult for counseling and/or advice.

Other important personal characteristics for caregivers are shown in the table below.

<table>
<thead>
<tr>
<th>Caregiver Characteristics</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>It is difficult to prescribe a specific age but a suitable one has to be old enough to be a mature thinker and to be emotionally and socially stable. The person has to be able to manage the physical demands of caring for children (e.g. carrying, dressing, and feeding). A minimum of 25 years could be ideal, although some people may be younger and yet competent.</td>
</tr>
<tr>
<td>Exposure to childcare or parenthood</td>
<td>Caregivers are predominantly women because of their early involvement with children that can lead to better understanding and patience. It is important to begin to include more men in childcare-giving. The men can learn to be more nurturing and the children will have a broader range of role models.</td>
</tr>
<tr>
<td>Training</td>
<td>It is important for caregivers to be trained in the required skills to raise children and in children's rights. If newly recruited they should first undergo that training or be oriented to this handbook.</td>
</tr>
</tbody>
</table>
A good caregiver also:

- genuinely likes children
- is family oriented
- works well with a team of people
- is a good listener
- knows how to resolve conflict so that relationships are built up rather than torn down
- takes his or her responsibility as a positive role model seriously
- recognises that learning happens throughout life

A good caregiver does not have to be free of a history of his or her own problems, but should be able to talk about how the problems were handled positively. He or she must demonstrate the maturity to turn to other adults for help when it is needed.

The head of the home should clearly state to caregivers what the mission of the home is and revisit that mission from time to time.

Childcare Skills Required in Children's Homes

Psychological support

Psychological support involves addressing children's non-material requirements such as love, affection and appreciation. This support helps to improve children's mental health by boosting their happiness and sense of personal worth. Caregivers therefore do not necessarily need money to provide psychological support; they simply need to improve their ways of treating children. Children's needs for psychosocial support include the following:

i. Psychological needs—love, belonging, recognition and appreciation

ii. Social needs—recreation, company (friends) and relationships

Personal hygiene

Hygiene entails the ways in which we handle our bodies in view of the health implications of that. Practices of hygiene that caregivers should promote include:

- Cleaning one's teeth
- Tidying up rooms and dormitories
- Washing hands before meals and after using the toilet
- Using clean water for drinking, bathing and other domestic purposes such as laundry
- Cleaning one's clothes, school uniform and in particular private clothes such as pants, bras and so forth
- Eating and drinking healthy and fresh food and fluids respectively from tidy containers
- Putting on appropriate gear when cooking and handling food (e.g. aprons and head coverings).

Caregivers should not only talk of these practices but also lead by example. Children can easily learn poor hygiene from their caregivers' practices. Children do not enjoy food that is not hygienically handled and unhygienic practices can be disastrous in crowded institutions. Contagious diseases such as diarrhea and cholera can easily break out and spread. By being hygienic caregivers can save AIDS-infected children from opportunistic infections.

First Aid

First aid refers to the assistance that a child receives when she or he suddenly falls ill or gets injured to stop further damage before she or he finds specialist help. First aid skills that caregivers should have include:

- Life interventions (e.g. when a child drowns in water and collapses). A typical example of these is chest compressions and mouth to mouth resuscitation.
- Use of specific medicines to stop or reduce pain while calling specialist medical experts.
Treatment of injuries—applying antiseptics bandaging wounds or sticking plasters to wounds to stop further bleeding and avoid infection.

Nose bleeding intervention—putting a wet cloth on the forehead of a child bleeding from the nose.

Monitoring for fever and seeking medical attention when a child’s temperature is too high. Healthy children can be given medicines to reduce fever but children who are HIV positive may need to be seen right away for the same temperature.

Concluding Summary

Children’s homes may be considered as the last resort to orphan care but are still critical in providing places of safety for children who are temporarily or permanently outside of a family environment.

Staff in childcare institutions should play their roles to guarantee children under their care parental love, education and refuge from ill treatment. They must adequately understand their children’s situations in order to serve as key informants on those matters.

Good caregivers are old enough to be socially mature and young enough to be energetic in serving children. They have some experience in motherhood or care of children of different ages and should have a natural passion for children. Good caregivers either come from stable social backgrounds or can manage their social problems without harassing children. They are healthy both physically and mentally.

Good caregivers also maintain good hygienic and nutritional standards. They are children’s role models of decency and kindness. They are literate and eager to undergo further training in childcare and child rights when opportunities arise. Caregivers must be able to provide psychosocial support, first aid, support for healthy personal hygiene and prepare children to rejoin the wider society.

Questions for discussion

1. How does the children’s home you work for pursue its responsibilities?

2. What problems are faced in pursuing those responsibilities and what should be done to address them?

3. Do you think children are happy under you care?

4. How do you
   a. Serve as the role model for children under your care?
   b. Handle your hygiene and personal health?
   c. Deal with your personal problems when you come for work?
CHAPTER THREE

Child Abuse and Neglect

Overview

Child protection, along with child welfare, is the main aim behind the existence of all childcare institutions. It involves protecting children from all forms of abuse including neglect.

The objectives of this chapter are to:

- Gain a better understanding over different forms of child abuse
- Learn causes and effects of child abuse
- Understand how to respond when a child reports abuse or exhibits the symptom of abuse

What is Child Abuse and Neglect?

Various people have defined and categorized child abuse and neglect in many different ways. One of the common ways of categorizing different forms of child abuse is to define them in terms of—(i) physical abuse, (ii) sexual abuse, (iii) verbal abuse, (iv) emotional abuse and (v) neglect.

There is a general agreement that:

- Child abuse of all forms always has negative and damaging consequences on children and their development.
- Child abuse and neglect signify gross irresponsibility of adults and deserve condemnation.

Different forms of child abuse fall into two classes, passive or active. Active child abuse refers to aggressive acts against children that harm children physically, sexually and emotionally or that impede their personal freedom. Passive abuse normally occurs unconsciously when adults do passive things to children thinking that they are doing the opposite or because they take the effects of their actions for granted.

1. Physical abuse

Physical abuse basically refers to any non-accidental physical injury to the child.

Practical examples include physical punishments, beating, caning, whipping, striking, kicking, burning, biting or choking of children. Inappropriate administration of drugs or alcohol and any other actions that result in a physical impairment of the child are also considered as physical abuse. In institutions and schools, unlawful corporal punishment and extreme manual work (e.g. ordering a five-year old child to dig a two-meter hole) is also abusive.

2. Sexual abuse

Sexual abuse is an older or stronger person's exploitation of a child for personal sexual gratification. Any involvement of a child in a sexual activity to which he or she is unable to give informed consent (and may not fully comprehend) or for which the child is not developmentally prepared is considered as sexual abuse.

It involves such acts as rape (attempted or executed), indecent assault, sodomy, touching children in ways that make them feel uncomfortable. Making remarks about a child's breasts, buttocks or private parts are also part of sexual abuse.

Sexual abuse also include making a child touch an adult's private parts, showing pornography to children, taking pornographic photographs of children and luring them into prostitution.

3. Verbal abuse

Verbal abuse refers to persistent attacks on a child's sense of self, involving saying things that harm children's sense of personal worth.

For example, constant belittling, taunting, humiliation, threatening, intimidation, insults and name-calling constitute verbal abuse.
Telling children that they are helpless, hopeless or saying they deserve to have been abandoned are verbal abuse.

It also involves labeling them (e.g. calling them difficult children or rejects) and threatening them with sexual or physical abuse.

4. Emotional abuse

All forms of abuse are emotionally abusive because they provoke sour emotional reactions from affected children. Verbal abuse has a serious effect on children’s emotions. Children also feel emotionally abused when adults who are supposed to care for them do not show them love or attention and when they deny them access to their roots (i.e. original home, family area). Isolating or rejecting a child also constitutes emotional abuse.

5. Neglect

Child neglect can be defined as any failure to meet children’s physical, social and emotional needs, especially when one is capable. Neglect can be categorized into physical neglect and emotional neglect.

Physical Neglect is the failure to adequately meet the child’s needs for adequate food, nutrition, shelter, clothing, education, health care and protection from harm, even when caregivers are financially or materially competent to do so.

In institutions that care for children, physical neglect entails depriving children of food and other basic needs even when they are available. It involves the following:

- Failure to provide suitable conditions or facilities to meet specific children’s needs (e.g. playgrounds for preschoolers, toys for infants, etc);
- Failure to provide enough food, forcing children into the streets to beg or sell commodities for survival.

Emotional Neglect is the failure to satisfy the developmental needs of a child by denying the child an appropriate level of affection, care, education and security.

In institutions, caregivers can either unconsciously or consciously emotionally neglect children when they isolate and reject a child or fail to provide love and affection to the child.

Abandonment is a different but related issue and can involve:

- The abandonment of babies at birth because the mothers were unready to handle motherhood;
- The children were born disabled and the fathers were unwilling to care for them;
- Abandonment of orphans in fear of financial costs involved in caring for them;
- Abandonment of girl children because they fell pregnant while still at school or outside marriage.

Causes of Child Abuse

The abuse of children within their families is sadly too common in Zimbabwe. One reason seems to be that people do not know about children’s rights. Another reason is that people who commit crimes against children may receive no or only light punishments. There are some traditional or cultural perceptions about children that condone child abuse. These might include the belief that children’s feelings are less important than adults’ commands and judgments. Abused children may be threatened by their abusers. This can lead to them not reporting cases of their abuse to authorities who can help them, like the police.

There are many reasons of child abuse, each case involving different immediate as well as underlying causes including the following:

1. Economic pressures

Sometimes adults express their frustration...
with economic problems (e.g. poverty or unemployment) by abusing children under their care.

2. Marital conflict

Parents’ marital conflicts in many cases spill over to children, resulting in men assaulting both their wives and children. Merely witnessing parents in a violent dispute is traumatic and can be considered emotional abuse. Assaulted wives can say abusive words to children out of frustration from their conflicts, sometimes blaming them for their fathers’ wrongdoing. When marital conflict results in divorce or separation, children may be neglected. In cases where the parent who takes custody of the children remarries children may endure further abuse from their stepparent.

2. Parental pressures

It is common for parents to abuse children when they fail to cope with the conflict of their parental pressures and emotional frustrations. This is commonly associated with single and stepparents. For stepparents who abuse their stepchildren, the explanation normally lies in their lack of biological relationship to them alongside sour imaginations of the intimacy that might have been shared between the biological parents of the children before they came into the picture. In other words they may be disappointed simply imagining that: “These children are products of the love between my current husband and their mother, his former wife.”

3. Cultural/religious beliefs and practices

Cultural or religious beliefs and practices sometimes result in various forms of child abuse. The following are some examples of that:

- Giving children names based on hostilities between parents and their adversaries (e.g. Muchadura which means ‘you will pay’).
- Forcibly surrendering the powers and resources of witchcraft to innocent children.
- Offering girl children, against their will, to wealthier men as wives. This can be payment of avenging spirits, 'ngozi' or return of goods such as money.
4. Ignorance of children's rights

In most cases adults abuse children because they are not aware of children's rights or take their rights and related legislations for granted.

5. Lack of knowledge on alternative disciplinary measures

Without education people usually believe in methods of child discipline to which they were exposed when they grew up. Many caregivers believe in physical punishments, especially corporal ones. In many cases it is applied beyond the limits.

Studies that have been carried out to increase the understanding of aggressive behaviour have shown that physical punishments usually become abusive because it is difficult to determine whether they have successfully taught the intended lesson.

Physical punishment encourages an aggressive response rather than a mature response that takes into consideration the other person's rights and feelings.

Providing positive reinforcement for good behavior is much more effective than punishing for inappropriate or bad behavior. One reason is that it teaches the child what the good behavior is. Secondly, children will develop a better relationship with their caregivers and will want to please them, while they might want to avoid caregivers who are too negative.

Symptoms of Child Abuse

Abused children might exhibit the following symptoms:

- Fear, withdrawal, watchful and startles easily
- Overly compliant or passive
- Aggressiveness
- Intrusive thoughts about the abuse
- Disturbance in mood—depression, irritability, anxiety

- Regression, such as bedwetting
- Sleep problems
- Poor school performance although does not have learning problems

Signs of specific types of abuse (although affected children will often have been abused in more than one way) include:

**Physical Abuse**

- Bruises, broken bones or burns
- Marks of punching, slapping, lashings or cuts
- Shies away at the approach of adults

**Sexual Abuse**

- Unusual sexual knowledge or behavior
- Sexual play, drawings and stories
- Sexually transmitted diseases
- Pregnancy
- Soreness of genitals/bottom
- Injury to genitals
- Chronic Urinary Tract Infections or vaginal infection
- Person specific fears
- Running away
- Nightmares
- Daytime or nighttime wetting beyond the age of toilet training

**Emotional Abuse**

- Behaves much younger than his years
- Has trouble getting close to others
- Gets close too quickly to many people, without discriminating who is trustworthy

**Neglect**

- Begs, steals and/or hoards food
- Poor hygiene—will not wash or change clothes
- Delayed physical growth
- Developmental delays (skills in motor, language etc)
- An unusual pattern of attachment

**Effects of Child Abuse**

The effects of child abuse is serious and can be multi-faceted—physical, psychological, social—often a child affected suffering from multiple impact.

Sexual abuse and physical abuse often have devastating impact on a child's life and physical health, including death, permanent disablement, long-term injury, STI, HIV/AID and unwanted pregnancy for girls.

Psychologically, abuse might implant the sense of fear, anger and helplessness in a child. The child can suffer from depression, anxiety, sleep problems (bedwetting, nightmares) and restlessness. Many will lack of self-confidence and a positive view of themselves.

Socially, abused children may have difficulties forming and keeping positive relationships. They may even become abusive in turn. Physically abused children might learn that force is the way to get thing done. Girls who have been victims of sexual abuse can become stigmatized or isolated. Their ability to continue with their education is severely affected. Emotionally neglected children may grow up without the personal knowledge of the importance of love and affection, which may have a negative effect on their own parenting skills.

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**What to Do when Child Reports being Abused or Exhibit a Symptom of Abuse?**

In view of the causes and effects of child abuse, if children report being abused or exhibit a symptom of abuse, caregivers may find the following five basic rules can be useful:

**1. Trust the child and find out more**
- Believe what they say, do not criticize them or panic when they tell their story
- Say you are glad that they shared their problems with you
- Say you are sorry that it happened
- Let them know that the abuse was not their fault and that they are not the only ones who experienced similar things
- Assure them that you will help and keep your promise

**2. Ensure the Child’s Safety**
- Keep the child safe from known perpetrators and from unknown situations that may be unsafe. Report known perpetrators to the authorities
- Take care not to repeat the abuse

**3. Attend to the child's Medical needs**
- Attend the child's medical needs, immediately

In the event of sexual abuse or any other abuses that need medical attention, immediately contact the Social Welfare Officer responsible. In case of sexual abuse, it is critical that the child be treated by medical professionals within 72 hours.

**4. Attend the child's Emotional needs**

In addition to ensuring physical safety and providing immediate medical attention, psychosocial support should be planned and provided for children affected.

**Goals in attending child's emotional needs are to:**
- Increase feelings of self-worth
- Increase participation in positive activities
- Increase closeness with trusted others
Concluding Summary

Child abuse is never right. Its effect on a child is multi-faceted and often irreversible. Children have right to protection from abuse and adults are responsible for upholding children’s right to protection.

Caregivers are in a critical position not to unconsciously abuse or neglect children under their care but also to support children who have been abused to recover and heal from the damaging impact of abuse they suffered.

Do No Harm: Always Ensure Confidentiality unless if is required to share information with professionals (e.g. medical doctors, polices, social workers)

Questions for discussion

1. Have you ever abused children unwittingly? How and what had happened?
2. Are there other problems in children’s homes that can cause child abuse or neglect?
3. How can the problems be addressed?
CHAPTER FOUR

Understanding children

Overview

Humans around the world normally develop from infancy, when they are completely dependent on those around them to get their needs met, to adulthood when they are capable of caring for themselves and others. Understanding children is not as easy as understanding their rights. While children’s rights are requirements that can be described, children themselves are complicated and the rate of growth and learning from birth through young adulthood is truly astounding.

It is important to understand the nature of children and their various stages of growth and development in order to match your expectations as caregivers and strategies for handling them to what they are capable of.

The objectives of this chapter are to:

- Explain the nature of children at different stages of growth and development
- Give ideas for how to match child rearing strategies to the different stages

Child Development: Pregnancy Through School Age

(I) Mother’s pregnancy:

The growth of humans begins prior to birth. Many people do not consider the period when mothers are pregnant as important for a child’s growth and development but it is very critical considering the following facts:

- Nutritional and health practices of pregnant mothers affect the physical well-being of their unborn babies. Ill-fed, smoking or alcoholic pregnant women are more likely to deliver babies with low birth weights.

Exposure to alcohol and tobacco increases the danger of a child being born with a disability, deformity, or illness. Mothers under greater stress may also deliver premature, low birth-weight infants.

- Without intervention, babies of HIV-infected mothers may contract the virus at birth, which could lead to early death.

- Women who do not visit prenatal clinics risk experiencing birth complications that can threaten the survival of their babies.

- While mothers are pregnant, many people explore possible names; predict the baby’s sex and its likely behaviors when born. These discussions can influence the mother’s feelings about the baby and may
determine the child’s fate in several ways. For example, some mothers may express their frustration during pregnancy by choosing a name that the child cannot feel proud of. Such names can affect a child’s self-esteem and he might not feel comfortable being called by the name that is now his for life.

- Women become pregnant under different circumstances, including stressful ones such as after being raped or when the man who made them pregnant denies such responsibility. The grandparents might react aggressively to the news of such a pregnancy which can be frightening to a woman. Some then choose to abort or abandon the baby.

(II) Stages of development after birth:
While it is very helpful to understand the broad stages of human development, it is important to keep in mind that children developing in different cultures may show different skills at different times. In some parts of the world, children may begin to speak at an earlier age. In other parts of the world, children may begin to walk at an earlier age, and so on.

Think about how your brothers and sisters and your own children developed and discuss with others how well the stages of development below fit your observations. What is important to realise is that adults should match their strategies of teaching and discipline to the developmental stage that the child is in.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goals</th>
<th>Physical, Intellectual, Social and Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (Birth to 18 months)</td>
<td>Development of trust in the world</td>
<td>By the end of this stage, the infant has control over her voice, with a vocabulary of 200 single words. She has gained control over her big motor movements such as walking. She can hold small objects and feed herself. She will have gone through a phase of being fearful of strangers but by the end of this period she will be curious about other adults and children who are not in her family. Sleep will have started out as erratic and progresses to a pattern of short naps during the day and a full night’s sleep. For her to develop trust in the world, the infant needs to be cuddled. She needs to have consistency in those who care for her. She needs to be fed when she is hungry and changed when her napkin is wet. She needs to know that her cries will be responded to by the adults in her life.</td>
</tr>
<tr>
<td>Toddler -hood (2—4 years)</td>
<td>Development of independence</td>
<td>By the end of this stage, toddlers can run, jump and stack blocks. They can toilet on their own. They can speak in short sentences although initially not with proper grammar and sometimes with letters in wrong positions. They can use &quot;I,&quot; &quot;me&quot; and &quot;you.&quot; They copy adult actions and play alongside other children. They may begin to show their independence by doing the opposite of what they are told. They appreciate humor and can tell if another person is angry, sad or happy. For the toddler to develop independence, they need to know that there is an adult that they can come back to as they move around and explore the world. They need chances to do things their own way, like getting dressed and pouring their milk.</td>
</tr>
</tbody>
</table>
Temperament

In addition to thinking about what stage of development the child is in, it is important to remember that every child is born with a unique character. How that character fits in with his environment will determine the personality that the child develops. The characteristics that we are born with are neither good nor bad. Some children are more active than others. Some cry easily. Some are quieter. Some are more loving and others more reserved. These differences in children are called “temperament traits.”

As a caregiver you can adjust your child rearing strategies depending on what you observe about the child. You can avoid thinking that some behaviors need to be changed or are hopelessly "bad." You will feel more successful if you understand and value the unique temperament or character of the child in your care.

When what we expect from the child is well-matched with his temperament, this is called “goodness-of-fit.” When there is not such a good match, conflicts can be the result. You can work with the child, starting with his strengths and weaknesses, and help him to adapt to the world. In the end, it is important for you to help him to understand himself. Temperament becomes less important as children get older. If the environment was a good match as the child grew from infancy through early school age, he will learn how to be flexible, and yet feel

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### Early Childhood (4—6 years)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goals</th>
<th>Physical, Intellectual, Social and Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood</td>
<td>Development of imagination</td>
<td>By the end of early childhood, the child can balance,</td>
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<tr>
<td>(4—6 years)</td>
<td></td>
<td>jump up and down, and can kick and throw fairly</td>
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<td></td>
<td></td>
<td>precisely. She can copy simple shapes and print</td>
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<td></td>
<td></td>
<td>simple letters. She is independent in feeding and</td>
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<td></td>
<td></td>
<td>dressing herself, including tying shoes. She talks</td>
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<td></td>
<td></td>
<td>clearly, has mastered basic grammar, and can tell</td>
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<td></td>
<td></td>
<td>stories. She can read her name, count to 10, and</td>
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<td></td>
<td></td>
<td>knows her colors. Her vocabulary is about 2,000</td>
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<tr>
<td></td>
<td></td>
<td>words. She can feel pride, responsibility and also</td>
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<td></td>
<td></td>
<td>guilt. She plays cooperatively, has special friends and</td>
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<tr>
<td></td>
<td></td>
<td>begins to identify with gender roles.</td>
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<tr>
<td></td>
<td></td>
<td>Adults can foster the development of imagination by</td>
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<td></td>
<td></td>
<td>providing chances for creativity such as story-telling,</td>
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<tr>
<td></td>
<td></td>
<td>drawing and pretend games.</td>
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</tbody>
</table>

### School Age (6—12 years)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goals</th>
<th>Physical, Intellectual, Social and Emotional Development</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Age</td>
<td>Development of competence and</td>
<td>The child's work is to learn in school. Thinking</td>
</tr>
<tr>
<td>(6—12 years)</td>
<td>a sense of belonging</td>
<td>becomes logical and organized. Concepts of number</td>
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<tr>
<td></td>
<td></td>
<td>and time become well established. The child learns</td>
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<tr>
<td></td>
<td></td>
<td>to master the more formal skills of life-relating with</td>
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<td></td>
<td></td>
<td>other children according to rules, playing organized</td>
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<tr>
<td></td>
<td></td>
<td>sports rather than just free playing. The child also</td>
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<tr>
<td></td>
<td></td>
<td>learns the basic school subjects of social studies,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>reading and math. Children learn the values and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>attitudes that may become permanent as they grow older,</td>
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<tr>
<td></td>
<td></td>
<td>depending on how much approval they get as their</td>
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<tr>
<td></td>
<td></td>
<td>knowledge of their society grows wider. They enjoy</td>
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<tr>
<td></td>
<td></td>
<td>carrying out responsibilities and can feel guilty if</td>
</tr>
<tr>
<td></td>
<td></td>
<td>their caregivers view them as irresponsible.</td>
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<tr>
<td></td>
<td></td>
<td>Caregivers must insure that homework is done and</td>
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<tr>
<td></td>
<td></td>
<td>that the child develops more and more self-discipline.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It is important to communicate with the school so</td>
</tr>
<tr>
<td></td>
<td></td>
<td>that you know how to provide extra support for</td>
</tr>
<tr>
<td></td>
<td></td>
<td>areas that the child does not do as well.</td>
</tr>
</tbody>
</table>
good about himself in different settings that do not match his temperament as well.

**Temperament Traits**

**Activity:**
Some babies wriggle and squirm when you are bathing or diapering them. Others are content to sit quietly and watch what is going on around them. Children who prefer quiet activities may be easier to deal with, but do not overlook them. Very active children may need to have their extra energy channeled into sports.

**Distractibility:**
Notice if the baby is easily distracted by sounds or sights even while eating. Can you easily sooth the child who is upset by offering another activity? Does the child get easily sidetracked when doing chores? High distractibility can cause problems for children who cannot finish school work. Distractibility is not so bad when the child can easily be diverted from doing something that is unwanted.

**Intensity:**
This refers to the energy level of the child's response. Some children react strongly and loudly to every little thing. These children are most likely to have their needs met. They may become good actors and actresses, but it can be tiring to live with them. Again, it is important not overlook the child who is not so dramatic.

**Regularity:**
Some children easily adjust to a regular schedule of eating and sleeping. Others prefer less of a predictable schedule. This can be difficult when you have a number of children to attend to. The child who is not as interested in eating at a regular time could perhaps be your helper with the others before he has his meal.

**Sensitivity:**
Children differ in how they respond to touch, tastes, smells, sounds and light. Sensitive children may be picky eaters. They may be easily startled. They may need your soothing touch or to stroke something soft when they are trying to go to sleep. These needs should not be thought of as "babyish."

**Approach:**
Slow-to-warm up children tend to think before they act. Other children are eager to approach new situations or people. Keep an eye on the more impulsive child, to make sure that he does not get into dangerous situations.

**Adaptability:**
Some children have difficulties with changing from one activity to another, or with changes in routine. Others embrace what is new. Give the less adaptable child enough time to adjust to new situations.

**Persistence:**
This is how long the child will stay with an activity, even if it becomes frustrating. Some children will continue to work on a difficult puzzle, while others will give up or move to a different activity. Some children will wait patiently while others will demand your time and attention. Very persistent children, sometimes called stubborn, may be very successful in reaching their goals later on. A less persistent child may have better relationships with others since he knows they can help in times of need.

**Mood:**
Some children are happier and see the good in everything. Some children are more serious and may focus on the negative. You can help the negative child become more realistic but still value his tendency to carefully analyse situations.

Knowing what kind of temperament traits the child has can help you to become less frustrated.

Knowing what kind of temperament traits the child has can help you to become less frustrated. A child whose unique qualities are understood and adapted to will be happier and will be easier to deal with. Temperament traits can be shaped to work for the child.
Think about your own temperament traits. Pair up with a partner and discuss your observations as to which temperament traits describe you and the ways that they have helped you to succeed or have made things difficult for you. You can later use the form when you think about the temperament traits of the children in your care and how you might match your child rearing strategies to them.

### Temperament

<table>
<thead>
<tr>
<th>Quality</th>
<th>Range</th>
<th>What it might look like</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Quiet</td>
<td>Energetic</td>
</tr>
<tr>
<td>Distractibility</td>
<td>Focused</td>
<td>Distractible</td>
</tr>
<tr>
<td>Intensity</td>
<td>Easy going</td>
<td>Strong reactions</td>
</tr>
<tr>
<td>Regularity</td>
<td>Regular</td>
<td>Unpredictable</td>
</tr>
<tr>
<td>Sensitivity</td>
<td>Stoic</td>
<td>Sensitive</td>
</tr>
<tr>
<td>Approach</td>
<td>Slow-to-warm up</td>
<td>Impulsive</td>
</tr>
<tr>
<td>Adaptability</td>
<td>Flexible</td>
<td>Hard to adjust</td>
</tr>
<tr>
<td>Persistent</td>
<td>Patient</td>
<td>Easily Frustrated</td>
</tr>
<tr>
<td>Mood</td>
<td>Positive</td>
<td>Moody</td>
</tr>
</tbody>
</table>

What are your temperament qualities?

____________________________________________________________________

How have they helped you to succeed?

____________________________________________________________________

How have they caused you difficulties?

____________________________________________________________________
Tips for caregivers

- Learn quickly to interpret what an infant's cry means so that she can count on your response. Show infants as much love as possible to build a sense of security. Feed them as promptly as they need food, touch, cuddle and kiss them frequently; and change their napkins promptly.

- Develop a feeding schedule that suits each baby's needs. Some have greater appetites than others.

- Do not get emotional when faced with the child whose temperamental traits are particularly challenging. Stay calm and think clearly.

- Make plans ahead of time to deal with behaviors that you expect could be difficult. Decide ahead of time if some situations might be too difficult for the very sensitive child to handle. With babies and younger children sometimes it is just best to avoid the situation. With an older child, help him to stay calm by talking quietly to him and have him take brief "time-outs" from the overwhelming situation. Teach yourself to recognise signals that the child is becoming overwhelmed. You will be able to teach the child to recognise these signals in himself later, and how to use a time-out to calm himself down.

- Enforce rules in sympathetic but firm and consistent ways.

- Humor is a fun way to redirect a very active or intense child. Be careful not to hurt a more sensitive child's feelings.

- Give clear, brief feedback to children rather than drawn out explanations when you are trying to get them to calm down.

- For an older child who has trouble getting on a regular sleep schedule, find out first if he is bothered by fears at night. If he is just one who has trouble with a regular sleep schedule, you can still have him go to bed at a certain time but allow him to read or play quietly until he falls asleep. Routines are helpful for all children. For those who are slow to adapt, give them plenty of warning that a change is about to happen. For these children, try not to have too many changes.

- Be sure to distinguish between behaviors that are related to temperament traits versus those that are not. A high-energy child who breaks things accidentally is very different than one who destroys things on purpose. The high-energy child can be reminded to work off his energy in other ways while the child who is destructive needs firm consequences. Temperament should never be punished.

- In the immediate situation where you have a number of children in your care and have to maintain order, you will need to discipline a child who does something wrong. This also helps the other children learn what is right and wrong. However, you should reflect later on the motivation behind the child's behavior, whether it was temperament, anger, insecurity and so on. Then make a plan that improves the match between the environment that you provide and the child's temperament or emotional state.

- Understanding each child's temperament is the first step towards building his self-esteem. You will be able to help him build on his traits in a positive way.

- Remind yourself about what stage the child is in and reinforce the developing physical, social, and thinking skills at each stage. Reflect the child's way of doing things at each stage but use it as an opportunity to teach. For example, if the toddler says "tadha" rather than "sadza," you can say "yes, that is sadza." In this way you are reflecting and teaching, but not making the child feel badly about her inability to say the words just right. As the toddler and young child grows, continue to model proper speech so that you will
The Importance of Play

Seventy five percent of brain development occurs after birth, and play actually stimulates and influences the pattern of connections made between nerve cells. Play is therefore essential to the healthy development of children and adolescents. Play, as much as any school activities, provides a foundation for the development of fine and gross motor skills, language, socialization, self-awareness, emotional well-being, creativity, problem-solving and learning ability. Equally important, through play, children practice and master their eventual adult roles. They should therefore have available to them play that incorporates art, music, language, science, math, and relationships.

Toys are the tools of children's play. Many toys can be fashioned from everyday things. Dolls can be made out of rags; maize cobs and stones can be used for stacking; and children can draw with sticks in the dirt. You can draw the child's attention to shapes in clouds or beetles under leaves. Play is about the freeing of the imagination and you can let yourself have as much fun as the child by being your most creative.
Adolescence

Adolescence marks the transition from childhood to adulthood. Most children reach and complete adolescence between their mid and late teens (15 to 19). During this important transition period, you must ensure that the adolescents in your care develop the skills that they will need to function away from the children’s home.

What Adolescence is About?
There are many tasks that the adolescent must work on as he prepares to enter adulthood. He must develop a comfortable body image, positive self-esteem and mature relationships. He must prepare for the future tasks of adulthood that include developing self-awareness and self-acceptance, becoming a productive and contributing member of society, and accepting that his life has meaning and value.

There can be great deal of confusion and turmoil during this time as the young person challenges the adults in his life in his own attempt to establish himself as an adult. This is the time when he must make his own decisions, but there are many times when he still needs your help. Adolescence has been called the age of “storm and stress.” This is a time of rapid changes in the young person’s body related to hormones (chemicals that are made in the body) that can also make him very emotional.

Changes in the body—Puberty

There are five stages of puberty:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-pubertal</td>
<td>Pre-pubertal</td>
</tr>
<tr>
<td></td>
<td>No sexual development</td>
<td>No sexual development</td>
</tr>
<tr>
<td>Stage one</td>
<td>Testes enlarge</td>
<td>Breast budding, First pubic hair</td>
</tr>
<tr>
<td></td>
<td>Body odor</td>
<td>Body odor, Height spurt</td>
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<tr>
<td>Stage two</td>
<td>Penis enlarges</td>
<td>Breasts enlarge</td>
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<td></td>
<td>Pubic hair starts growing</td>
<td>Pubic hair darkens, becomes curlier</td>
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<td></td>
<td>Ejaculation (wet dreams)</td>
<td>Vaginal discharge</td>
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<tr>
<td>Stage three</td>
<td>Continued enlargement of testes and penis</td>
<td>Onset of menstruation</td>
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<td></td>
<td>Penis and scrotal sac deepen in color</td>
<td>Nipple is distinct from areola</td>
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<td>Pubic hair curlier and coarser</td>
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<td></td>
<td>Height spurt</td>
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<td>Male breast development</td>
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<tr>
<td>Stage four</td>
<td>Fully mature male</td>
<td>Fully mature female</td>
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<tr>
<td></td>
<td>Pubic hair extends to inner thighs</td>
<td>Pubic hair extends to inner thighs</td>
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<td></td>
<td>Increases in height, then stop</td>
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The adolescents in your care need to understand the physical changes that will occur in their bodies during puberty. You can let them know that these changes are part of the natural process of growing into adulthood, caused by hormones. While respecting the need for privacy, it is important to keep track of their bodily changes and begin to talk about preventing sexually transmitted diseases and unwanted pregnancy.
Women can and may talk with adolescents of both sexes about the changes that are happening in their bodies, but boys need to have men available to them to answer their questions about the physical, social and emotional aspects of these changes in their bodies.

**Puberty topics**

**Menstruation:** Many of the girl's concerns about puberty will be about menstruation. Spend time helping the girls in your care prepare for their first period. There is no reason for a girl to be surprised by her menarche, not knowing what is happening or why. Menstruation may begin sooner than you expect. Once a girl's breast development has started, this is the time to discuss menstruation. If you are unsure of what to say, ask a doctor or nurse to give you some suggestions. The doctor or nurse should also talk with the adolescent about the health issues that come with puberty and young adulthood.

Hygiene related to menstrual cycles is important to discuss. Be sure that the young woman has the supplies she will need for her first period. Since she may be away from home when that first period begins, discuss how to use pads or tampons. She should understand the need to change pads or tampons several times a day. Of course, girls can shower or bathe while menstruating. Reassure that she can take part in normal activities such as physical education classes while menstruating. Exercise can sometimes even ease the cramps associated with periods.

**Body image:** As their bodies develop, girls may feel self-conscious and embarrassed about their breasts, the rounding of their hips, and other changes. Boys may feel that some parts of their body are developing faster than others. It is important to reassure them that the changes are normal and that they will "grow in" to them. Help the adolescent in your care to feel pride in their bodies just the way they are, and to not compare themselves to standards of good looks that are unrealistic.

**Voice change:** For boys, as their larynx (or voice box) enlarges and the muscles or vocal cords grow, their voice may "crack" as they speak. While this can be embarrassing and annoying, it's a normal part of the growth process.

**Wet dreams:** Boys may wake up in the morning with damp pajamas and sheets. These "wet dreams," or nocturnal emissions, are caused by ejaculation that occurs during sleep, not urination. They are not an indication that the boy was having a sexual dream. Explain this to the young man, and reassure him that you understand that he cannot prevent it from happening. Wet dreams are just part of growing up.

**Involuntary erections:** During puberty, boys get erections spontaneously, without touching their penis and without having sexual thoughts. These unexpected erections can be quite embarrassing, especially if they occur in public. Let the young man know that these unexpected erections are normal and are a sign that his body is maturing. Explain that they happen to all boys during puberty, and that they will become less frequent.

**Sexual pressure:** With an increase in the sex hormones of testosterone (for boys) and progesterone (girls), the young person's sexual energies become more active. Sexual fantasies and drives become stronger and they may experiment with masturbation. Adolescents may confuse their need for affection and closeness with their need for sexual gratification and prematurely become sexually active, risking unwanted pregnancy and sexually transmitted infection.

**Early or late maturation:** Late maturation in boys and early maturation in girls confuse affected children. Early maturing children raise anxiety in their caregivers about sexual risks. For late maturing children, there may be concern that they will not mature at all. Bring these concerns to the young person's doctor or nurse. On the other hand, early maturation can be envied in boys because of the importance the larger society may place on manhood.
You have a pivotal role in the adolescent's development. Traditional roles and views about sexuality may cause you to feel that you cannot talk openly with the boys and girls in your care about sex. However, the HIV/AIDS and orphan crisis in Zimbabwe makes it necessary that you overcome your reluctance to talk about sensitive topics.

You may feel uncomfortable about your own sexuality because of attitudes that you grew up with or because you were abused yourself. In that case, get to know yourself and get support from people that you feel close to. You should take things one step at a time. But at the end of the day, you are doing yourself and the children who look up to you the best service by letting them know that there is no topic that they cannot talk with you about.

### Special Topic: when male and female adolescents in your care fall in love

Many caregivers have described this scenario. Your home has beautiful young women and handsome young men spending hours together at the very time that their sex hormones are becoming active. You have told them that they should see each other as brothers and sisters rather than as potential romantic partners. However, they may feel...
Mature relationships

The adolescent may become unsure about the social group that he really belongs to. He may become confused about how best to meet what other youth and adults expect from him. Adults may feel that the adolescent is asking for too much freedom. The phrase “Who does he think he is? Does he think he is an adult?” is often heard. When the adolescent starts bad habits like drinking and smoking, the adult of course feels very worried.

Adolescents begin to develop the skills and interest to build relationships with people of the opposite sex that can lead to their own families in the future. They begin to fall in love with each other. As they relate to other people, they learn more about themselves. As peers go through the same experiences together, they can become surer of themselves. On the other hand, sometimes the strong need to fit in can result in the adolescent becoming too much under the sway of peers who are encouraging harmful behaviors.

As a caregiver you may want to say and do things the same way that your parents did, but those were different times. The risk of HIV infection is very real, we live in a world that is more violent and the dollar does not go as far. The children in your care may have experienced loss and trauma that you can only imagine. The good things about this world that is different than the one our generation grew up in is that it is “smaller.” It is common to be in touch with people from all over the world by cell phone or the Internet. While we hold on to cultural values that will allow society to become stronger again, we have to let go of ideas about relating to young people that will not prepare them for this world that they have to make their way in.

While you should, as much as possible, let the adolescents learn from the results of their actions, they still need your help and support. This back-and-forth between dependence and independence can be trying but this is another time that your patience is important. In addition, the combination of hormones and struggle to build an identity can result in the young person speaking harshly to adults to show them that they are grown ups, too, worthy of respect.

Curiosity and quest to experiment

Adolescents know that they are entering the world of adulthood, which sometimes pushes them into avoiding childish behaviors and focusing on adult-like experiments with behaviors they think are womanlike or manlike. They are “trying on” their adult
identity. However, this can be harmful to their welfare. Sex, alcohol and drug taking are noticeable adult behaviors, so the adolescent may do these rather than more responsible behaviors. A young woman’s future can be changed forever if she has sex with an older partner and becomes pregnant or infected with HIV.

Other influences include the media, especially television. Some television programs include a great deal of sexual content and publicize loose values about sex. Some easily influenced adolescents adopt these ideals without question.

**Skill areas that Adolescent need**

**Communication:** The adolescent must learn how to ask for help when he needs it. This requires that he has a realistic idea of what he can and cannot do. It also requires the skill to recognize what he is feeling and then be able to explain how he is feeling. The young person must learn how to explain his ideas clearly. He also learns to ask questions to make sure that he understands what someone else has said.

Resolving conflict is an important skill. The young person must learn to sometimes find a middle ground when he disagrees with someone, or respectfully "agree to disagree." The adolescent must learn how to respectfully negotiate with adults as he becomes more and more independent. He does not get his own needs met by abusing others' rights. Nor does he let himself be "walked on." He can accept compliments or praise without feeling embarrassed. It is more important to have at least one close friend that he can completely trust when he shares his feelings, than to have many friends if the relationships are shallow. It is also important for an adolescent to have at least one adult that he feels close to.

**Daily Living:** The adolescent should begin to be able to manage his own money. He should be able to buy things on his own. He should be able to save money for larger things that he wants to buy. Males and females should know how to fix at least some meals and should know how to prevent food from spoiling. They should know how to wash their clothes and fix their clothes when they need to, like sewing on a button. In Zimbabwe, even youth in urban settings should learn how to cultivate a piece of land.

**Self-Care:** Males and females need to know how girls become pregnant. They should be able to explain how to prevent unwanted pregnancy and sexually transmitted diseases. They should know where to go to get information on sex and pregnancy. Young women should be given the message that it is alright to turn down sexual advances. It is important to teach youth basic first aid, safety and ways to take care of minor illnesses. The young person should have received education about what happens to your body if you smoke, use snuff, drink alcohol or use illegal drugs.

**Relationships:** Young people must learn to show appreciation for things that others do for them. They must respect other people and other people’s things. You must teach the adolescent to avoid relationships in which they are being hurt physically or emotionally or that are dangerous in other ways, such as by encouraging harmful or illegal activities.

**Work and Study Skills:** The adolescent who is well on his way to being a productive adult knows how to use the library, newspaper, computer and other resources to get information. He looks over his work for mistakes before he turns it in. He manages his time and is not late to where he needs to be.

**Decision-Making:** He thinks about how the choices he makes now will affect him in the future. He can break down what steps it will take for him to reach his goals. When he decides on something, he thinks about possible other choices if that thing does not come through. When he is not sure about a choice, he asks trusted friends or adults for ideas.
As mentioned, adolescence marks the transition from childhood to adulthood. Most children reach and complete adolescence between their mid and late teens (15 to 19). During this important transition period, you must ensure that the adolescent in your care develop the skills that they will need to function away from the children’s home.

Using the form below, think about both challenges and opportunities adolescents in your care have to achieve these tasks. Pair up with a partner and discuss your observations.

<table>
<thead>
<tr>
<th>Task</th>
<th>Challenges and Opportunities</th>
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<tbody>
<tr>
<td>Develop a comfortable body image</td>
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<tr>
<td>Develop positive self-esteem</td>
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<tr>
<td>Prepare for mature relationships</td>
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<tr>
<td>Develop self-awareness and self-acceptance</td>
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<tr>
<td>Prepare to become a productive and contributing member of society</td>
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**Tips for caregivers**

- Talk with the adolescent about what he sees as his strong points and areas that he needs to improve in. Talk with him about the career that he wants to go into, and how he can break down the steps along the way.

- Encourage the adolescent to always have another plan in case his first plan falls through, for whatever reason.
Encourage males to learn "women's work," because there will be times when they will be on their own and will need to know how to sew and cook. Similarly, a young woman should know how to use basic tools and should be encouraged to feel confident that she can manage on her own if she needs to.

Role-play scenes where the adolescent has to be assertive with peers, for example who are encouraging harmful behavior, or with an adult who is not being respectful. This is a good way to help him learn different means of resolving problems.

If the adolescent has problems with being late or with completing tasks, help him get organized.

Tell the adolescent about what you remember about some of your struggles when you were his age and how you were successful in overcoming them. When you feel frustrated, it is also good to keep in mind that you went through the same struggles!

While everyone needs down time, keep an eye out that the adolescent is learning to use his leisure time in a productive way.

Help the adolescent deal with stress by guiding him to and role modeling self-confidence, problem-solving, using support systems, and learning how to calm himself and stay focused. Help the adolescent to pay attention to what he says to himself. Does he tell himself "I'm stupid," "I can't...," "It's no use." Negative self-talk can be turned around to be more realistic. The adolescent can say to himself "I could do something like this before" or "I can figure this out if I take my time."

Help the adolescent to feel that he is part of something bigger than himself. This is particularly important for the adolescent who has lost one or both parents. He might not feel that he is a part of a family, but you can help him to feel pride in whatever it is that he has come from. Even the "abandoned" child can know that it took a lot just to survive and that there is something that he can and must give back to the world.

Point out to the adolescent how the skills he is learning will help him in his later education, career or with his own family. Recognise that some youth may have fears about eventually transitioning back into the community. Show him that your love and respect for him means that you will help him to become a well-functioning adult.

Try to understand and keep the different aspects of adolescence in mind. Remember, this is just one of the stages that everyone, including you, passes through. Be patient and supportive.

Respect and view the adolescent in your care as a young adult. When they do share views that are very different from yours, show them that you are listening and that their ideas are important. If there is something they are mistaken about, gently give them the more correct information.

Maintaining boundaries with the adolescents in your care helps them to learn about boundaries. A caregiver should never consider adolescents as potential drinking, smoking or sexual partners. While it can be hard to balance the roles of mentor and parent, it is important that you get whatever support that you need to do it.

Build strong bonds with children from an early age so that by the time they become adolescents, you can have open talks about the hazards of casual sex, HIV and AIDS infection, alcohol and drug taking.
CHAPTER FIVE
HIV and AIDS

Overview

Education about HIV and AIDS is very important for caregivers because they are expected to deliver support, assistance and direction to adolescents who face the challenge of handling sexual pressures for the first time.

Many adults do not discuss sexual issues that face young people today, because of traditional and religious customs. As so many young people become infected or die from this epidemic, it has become necessary to do everything possible to prevent the spread of HIV and AIDS including discussing it with whomever, wherever and whenever.

In children's homes, HIV and AIDS education is even more critical considering that:

- Some children may have been orphaned by AIDS and should be protected from becoming infected by the virus, too
- Some children may have been infected with HIV either through birth/breast milk or sexual abuse and need to be prepared to live positively and to protect others
- The education contributes to observing children's rights to life, survival and development

The objectives of this chapter are to:

- Gain a basic understanding of HIV and AIDS
- Gain an overview of the care of children who are HIV infected

What is HIV and what is AIDS?

HIV stands for "Human Immuno-Deficiency Virus." This means the virus can enter a person's body and damage their immune system—the very system that normally protects you from bacteria and viruses. This system consists of small "soldiers" called antibodies. The HIV virus attacks a person's immune system by destroying these antibodies that prevent infection and disease.

AIDS stands for "Acquired Immune Deficiency Syndrome." This is a condition when a person's immune system can no longer defend the body from serious infections and diseases. There is currently no cure for AIDS and people die from it when it reaches critical levels.

How Do People Get HIV?

The major cause is from direct sexual intercourse with an infected partner. Through sexual intercourse, the HIV virus is shared through the bodily fluids from sexual intercourse—semen and sperm from men and vaginal fluids from women. HIV is also spread through oral sex (sexual intercourse involving one partner's sexual organs and the other's mouth), especially when one of the sexual partners has sores in his mouth. Homosexuality is another channel for sharing the HIV virus. In fact AIDS was first diagnosed in American homosexuals.

Besides transmission of sexual activity, which is the most common, the virus can be spread through other means including:

- Sharing sharp objects such as razor blades and needles. HIV is transmitted if uninfected people use sharp objects that were used by infected others on their bodies. People who share injectable drugs using the same needles are particularly at risk. People who get tattoos using unsterilized needles are also at risk.
Blood transfusion. When people receive blood transfusions that contain the HIV virus they have an extremely high risk of being infected.

An HIV positive mother can infect her unborn child—Mother to Child Transmission (MTCT)

Breast milk can transmit the virus to an infant child

In Zimbabwe, statistics on ways in which HIV and AIDS is transmitted suggest that the majority is caused due to sexual intercourse, followed by MTCT. A very small proportion of transmission is caused by other means such as blood transfusions, sharing of sharp objects or contact of infected blood with open wounds.

Where does AIDS come from?

It is very difficult to trace the origins of AIDS. However it was first noticed amongst American homosexuals in 1981, then among African heterosexuals (male and female sexual partners) in 1985. The major reason why the epidemic has claimed so many lives and is now very difficult to control is that action to respond to it was delayed because of stigma and blame. Response only came when many people were already infected.

For instance it was not until 1999 that the government of Zimbabwe declared HIV and AIDS a national disaster and launched a levy to fund programs aimed at stopping its spread and treating those already affected.

What is a cure for HIV and AIDS?

There is a common notion that HIV-infected men who sleep with virgin girls or infants can be cured of HIV and AIDS. This is not true, and any other traditional or unscrupulous practices that encourage adults to molest children sexually in the name of curing HIV or AIDS must be condemned. There is presently no cure for being HIV positive or for AIDS. The best thing to do is to prevent it in the first place by:

- Abstaining from sex altogether
- Having sex with one faithful partner
- Using the protection of condoms when having sex

HIV tests are the best proof of whether or not someone is infected with HIV. Many people make the mistake of perceiving good-looking, smartly dressed and healthy looking people as free from the HIV virus.

Children should be informed on the various ways through which HIV is spread and that all people can get the virus even if they are not sexually active.

How can one detect symptoms of HIV infection?

It is commonly very difficult to detect that someone is infected with HIV unless they develop full blown AIDS—a condition when it becomes difficult to save someone’s life. It is also possible that some people have another serious illness that is not AIDS. In general, AIDS manifests itself in the following ways:

- Unexplained weight loss
- Persistent and multiple illnesses
- Excessive sweating at night
- Loss of appetite
- Frequent colds or flu
- Loss of energy
- Skin rashes
- Purple bumps on the skin and inside mouth
- Chronic diarrhea
- White spots in the mouth
- Changes in behavior and thinking
How can HIV positive or AIDS infected children be cared for?

Nowadays, people infected with HIV or who have AIDS can live for a longer time if the following suggestions are practiced:

- Taking HIV and AIDS medicines as prescribed and visiting their doctor or nurse regularly
- Children who are HIV positive or who have AIDS should eat a nutritious diet and take vitamins
- Encourage them to practice healthy habits such as cleanliness and adequate sleep.
- Counsel them whenever they express worries about the condition to help them to maintain a positive self regard
- For any child, whenever you handle blood or a body fluid (such as vomit or diarrhea) that contains blood, you should protect yourself by wearing gloves. You should not however discriminate by only wearing gloves for the children who you know are infected. Care practices should be standardized as much as possible.
- Show love and care to HIV positive and AIDS infected children. Treat them with dignity like everyone else and do not discriminate against them.

Tips for caregivers

- It is the child’s right to have their HIV status held confidential from other children. However, caregivers should know the status of the children in their care. If children choose to share their status with other, trusted friends, they should be supported in this.
- The HIV/AIDS education that children receive in school should be added to in the following ways:
  1. Children should have empathy for anyone who is infected. There should be a discussion about the need for them to support one another, rather than stigmatizing or fearing someone who they learn is infected. Point out to children that everyone is different in some way. No one should be shunned for having a physical illness.
  2. HIV/AIDS is a crisis in Zimbabwe and it needs to be talked about, not hidden. Older children need to take responsibility for their behaviors in a world that is very different than the one that their parents grew up in.
- Ensure that children’s emotional and psychosocial needs are attended when the home loses a child due to AIDS. This is especially critical for other infected children who might become more fearful of their own death.
CHAPTER SIX

Discipline

Overview
You have established a place where the children in your care are safe and are provided with food, clothing and shelter and protected from abuse. Care-giving also means that you show the children in your care that they are loved. You are also raising and educating the children. You are supporting what they are learning in school by helping older children with homework and by giving younger children practice in counting, talking and reading.

There is so much that they are learning from you that they cannot learn in school. You are teaching them how to learn good habits of health; how to get along with others and how to be responsible. They are learning about morals and about cultural values.

Children are learning self-control and may need to be disciplined along the way. Discipline does not refer just to punishment, but to providing guidance and loving but firm limits.

An objective of this chapter is to:
- Learn effective strategies for disciplining children

Building a Relationship
You cannot begin to discipline a child unless you have a good relationship with her. The child must trust that you care about her and that you always want to act in her best interest. A child who knows that she is loved and respected will need very little discipline because she will want to please her caregiver. You can show respect for the child’s thoughts and feelings, but also show her that you respect her enough to expect good behavior that becomes more mature as she gets older. The child must respect you, as well.

A child cannot develop self-discipline if she does not respect the adults and teachers in her life. Here again is where being a good role model, worthy of respect, comes in.

There are many skills involved with good discipline. You have to know how to give directions, recognise good behavior and have consequences for bad behavior. You must know how to listen to the child so that she will want to share what she is thinking and feeling. By solving differences in a good way, you provide a role model for how to solve differences that may come up in other relationships.

Praising correct behavior is the best place to start. Speak with honesty and tell the child exactly what she did that is praise worthy. Tell her right away how you feel and be real about it. You might want to give her a loving touch and certainly want to give her a smile when you praise her.

There is nothing more harmful than discipline techniques that shame or put the child down. Physical punishment is also really not very helpful. Sometimes you need to get a child’s attention when she is in a dangerous situation by speaking to her sharply. Adults too often, though, get carried away in their discipline if they are angry or afraid. Out of control physical punishment is abuse. You do not teach a child about self-control if you are out of control yourself. Depriving a child of the basic necessities is also abuse and will only teach her to resent you. The possibility for verbal abuse exists, as well. Being stern is one thing: Name calling and ridicule are something else entirely.

This handbook has gone into detail about what normal behavior is for the child’s age and stage of development because that understanding is another building block of good discipline. You cannot expect more than what the child is able to do on a regular basis for her age and stage. Also, we have looked at how the child’s temperament can make some a little harder to raise, but it is mainly a matter of matching the right technique to who the child is and what she needs from you.

Talking and Listening to children
Show the child that what she has to say, big or little, is important. When she comes up to
you, stop what you are doing. Really look at her and pay attention to whether she looks happy, sad or afraid. Listening means listening, not talking! After you have heard what she has to say, sometimes you can repeat what you heard in your own words. “So what you are saying is….” The added value to this is that the child can correct you if you did not understand.

There are also statements that encourage the child to talk more: “Tell me more;” “Go on;” “How do you feel about that?” “I know what you mean.” “Then what?” Listen for and name the feelings you think you hear from what she is telling you: “That made you pretty mad, didn’t it?” “You seem really happy about that!” Do not, however, tell her how you think she “should” feel.

You do not always have to solve the child’s problems—the best learning comes when the child figures things out on her own. If you do want to give advice, start with saying things like “What do you wish you could do?;” “What do you want to happen?” and “What do you think will happen if you do that?”

**Telling the Child What to Do**

Know what it is that you want the child to do. Get her attention by calling her and perhaps moving closer. Tell her clearly what you want. If you ask her whether or not she wants to do something, she might say “no!” Sometimes you can give two choices, both of which you can live with. “You can sweep now, or you can wash the dishes.” It is a good idea to make sure that the child start doing whatever it is you asked her to do before you leave. If she does not get started or stops before she finishes, ask her “What did I tell you to do?” If she tells you the right thing, say “Good, then do it now.” If she does not say the right thing, then tell her again what you expect. Give praise to the child who did what you told her to do quickly and well.

“When—then” is a simple statement of what you expect and what can happen next, that the child usually wants, but will not be able to do if they do not do what you have told them to do. “When you have finished making your bed, you can then play with the others.”

**Consequences**

When the child does not obey what you told her to do, there have to be consequences. She cannot do anything else until she does what she was told. Decide what kind of consequences you will give and warn her about it. “If you do not make your bed, you will not be able to play with the others.” You do not have to tell the consequence in an angry voice—just matter of fact. If she does what she is asked now, praise her. If she still does not, you can step away for a minute if you feel angry and come back with the consequence. You do not need to repeat the warnings or consequences more than once—just follow through. If the child still disobeys, make the consequence stronger.

Consequences should match the seriousness of the behavior that is a problem. A good consequence also gets the child to think about what she did. Common consequences are:

- “Time-out”—time-alone where it is not fun (see box)
- Extra chores
- Cleaning up the mess that she made
- Separating a child who has been fighting which is a little different from time-out. You can send her to her room for a longer period and allow her to do something else while she is alone, like write sentences about why fighting is bad.
Questions About Time-out

How long should a time-out be?
A time-out should not be for more than 5 minutes for young children, or more than 10 minutes for school aged children. If the child enjoys being around you and the other children, she will want to do what she was told so that she can get back into having fun or having a positive interaction. If the time-out is too long, she will forget why she was put on the time-out.

Where should the time-out take place?
You may have to set up a corner of a room as the time-out spot, to avoid coming into the child’s bedroom where she was on time-out, only to find her playing with a toy!

What do I do about the other children if one has to go on time-out?
It actually might be very effective if something fun that everyone was doing has to be interrupted by putting a child on time-out for 5 minutes. The other children may then pressure her to behave so that they do not have to keep missing out on the fun. They will also see that you mean business and if they take part in the same behavior, the same thing will happen to them. Take care that all of your attention is not going to the child who is having trouble behaving.

Can time-out become abusive?
Yes. Putting a child in a small, dark room for long periods or putting her outside in the cold is abuse.

What do I do after the time-out?
Ask the child if she is ready to come off the time-out. If she wants to be stubborn and says “no,” then let her stay on for another minute. This is usually surprising to the child and she will not say “no” again. Ask her why she was put on the time-out. If she does not remember or does not want to say, tell her why again. Then tell her what the proper behavior is that you want to see from her. For children who have a lot of trouble behaving, try to catch them being good and give them praise. Try to notice what kinds of things lead up to the problem behaviors, then work on a plan to avoid or change those things.

The box below tells more about consequences, and the difference between punishment and discipline.

Discipline is Better Than Punishment
So what’s the difference? by Elaine M. Gibson

The words “punishment” and “discipline” are used all the time, often interchangeably. Is there a difference in this terminology? The terms represent two very distinct beliefs about the job of teaching children.

Punishment
The child who has done something “wrong” is punished in hopes that the behavior will not be repeated. The belief behind punishment is that pain must be felt for
Discipline is Better Than Punishment
So what's the difference? by Elaine M. Gibson - continued...

learning to take place. The child may learn to fear getting caught and to avoid repeating the same behavior, if the punishment is severe. For punishment to be effective, it must be severe, and the severity must increase with subsequent infractions.

Punishment is seldom directly related to the "crime". Regardless of the misbehavior, the method of punishment remains the same (for example, caregivers who spank for everything). The child learns nothing of real-life consequences and grows up without the ability to discipline himself.

Punishment does teach. It teaches children to:

- Be afraid of authority
- Resent authority
- How to lie
- Do things without getting caught—because punishment comes from the outside

True Discipline

While punishment is for hurting, discipline is for training and caregivers teach children things that are worthwhile such as:

- Actions produce consequences
- Choose an action and receive the consequence
- We are all responsible for our actions
- We are all held accountable for our choices
- We must discipline ourselves

The word discipline means "to teach." An action is discipline if it creates a positive learning process for the child. When children are given consistent limits that are enforced by kind firmness, then they will learn appropriate behaviors.

When the child has very difficult behaviors, this process will take a long time. The key is not to give up or give in. Such training requires that behaviors always have their consequence, every time ensuring that:

- Appropriate behavior result in positive consequences.
- Inappropriate behavior result in negative consequences.

Note: Using these big words is better than using terms like "good" and "bad". Running is neither good nor bad. Running in the schoolroom is inappropriate. This terminology will always make sense.

The Caregiver's Responsibility

It is the caregivers' job to see that the every child experiences the consequences of his or her own behavior. When behavior and consequences are directly related, the child learns. Caregivers can provide the means or the situation for teaching and learning to occur. Caregivers must allow children to suffer consequences.

Two types of consequences: Natural and Logical

Some consequences are "natural" and require little intervention on the part of the caregiver. If a child refuses to eat dinner, the child will be hungry by bedtime. If the caregiver allows the child to go to bed hungry, the child will have learned something about appropriate eating behavior.

Playing in a city street has its natural consequence, which is of course unacceptable. For that reason, some consequences must be arranged. These arranged consequences are called "logical consequences." If the child plays in the street, the child must stay in the house for a certain period of time. If the child throws food at the table, the meal is over for the child. Logical consequences are arranged
Tips for caregivers

- Do not delay in giving praise or consequences—give them as soon as the child either does or does not do what she was supposed to do. This relates the treatment to the behavior in question. Delaying might confuse the child into thinking that she is being praised or punished for something that happened in between. You will need to not get distracted so that you fail to give the praise or consequence.

- Be firm in your tone of voice and how you look so the child is clear that you disapprove of her not doing what she needed to do. You do not have to be harsh and angry, though. The child's time-out can help you to calm down yourself.

- Be consistent. The child should be praised every time she does the correct thing and have a consequence whenever she does not. This helps her to learn what is expected.

- Make sure the child is clear what she is being praised for and what she is getting a consequence for. Say exactly what she did.

Advantages of Logical Consequences

- The consequences are directly related to a behavior and they make sense.

- The child understands completely the reason for the consequences and knows how to avoid the consequences in the future.

- The child is learning about responsibility and will make future choices based on this knowledge.

“Punishment”, in contrast to discipline, is intended to inflict pain. Punishment requires an angry caregiver and produces hostile, rebellious children.

Discipline requires a thinking caregiver and produces cooperative, thinking, responsible children. It's just common sense.

CHAPTER six
Discipline

Exercise

Take a moment to write

Take a moment to write about a time that you remember from your childhood when you were disciplined.

- What did you do that led to the discipline? __________________________________________________________________________________________

- What type of discipline did you receive? __________________________________________________________________________________________

- How did it make you feel? What happened after that? __________________________________________________________________________________________
Rewards and Privileges

Children can learn that there are consequences for appropriate behaviors as well as inappropriate ones. Beyond praise, children can earn special privileges for a job well done. These privileges can be taken away when they have behaved inappropriately. Rewards do not have to be too flashy, otherwise, the child may do the good behaviors just to get the rewards, without learning the lessons you are trying to teach them. A good reward can be as simple as a few extra minutes alone with you, her caregiver, reading a book.

Adolescents will earn privileges as they become more responsible. You may allow them to stay up later or allow them to come back to the home after school a little later rather than directly.

The table below summarizes approaches that can be taken in children’s homes and their effects on children. We have outlined here the authoritative approach.

<table>
<thead>
<tr>
<th>Approach</th>
<th>Characteristics</th>
<th>Effects on Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authoritarian</td>
<td>Based on strict imposed rules, with no or little explanation offered</td>
<td>Anger and resentment against the punishing authority, poor self image, high sense of guilt</td>
</tr>
<tr>
<td>Permissive</td>
<td>There are no rules, no guidance, no consequences</td>
<td>Confusion, no understanding of what is right or wrong. Children become &quot;spoiled.&quot;</td>
</tr>
<tr>
<td>Authoritative</td>
<td>Clear, direct rules and immediate, logical consequences</td>
<td>Children develop self control, self confidence and respect for themselves and others</td>
</tr>
</tbody>
</table>

All of the children in your care are vulnerable, whether from losing their parents, other traumatic experiences, or from physical illness. Love and structure go a long way to setting these children back on the road to good physical, emotional and social health. But some children need more. In the next chapter, we will look at these special children and their special needs.

declaration

exercise

Talk about a difficult disciplining situation

For each case, provide to one another advice about how best to handle the situation.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
CHAPTER SEVEN

Helping Children with Special Needs

Overview

The goals of the previous chapters were to improve your understanding of the nature of children, their various stages of growth and development and important issues such as child abuse, HIV/AIDS and discipline. What you learned helped you to better match your expectations and strategies for handling the children in your care to what they are capable of.

The objectives of this chapter are to:

- Give you a background on what we found when we surveyed children in residential care institutions about their psychological, social and behavioral needs in 2005 and 2006
- Help you to recognize when some of the children in your care have special behavior, social and emotional concerns
- Give ideas for how to support all of the children in your care, but particularly adolescents, in transitioning back into their communities

Findings from baseline assessment of children 2005 - 2006

We interviewed 494 children in 10 children’s homes in order to better understand their psychological, social and behavioral needs. We interviewed children aged from 6 to 17 and some youth below the age of 22. Children under the age of 12 are not often included in these types of surveys. They have to be interviewed one-on-one using special techniques, since it can be harder for them to describe what is on their minds. For the purpose of this survey, we distinguished children aged between 6 and 11 and those aged more than 12. The children who were interviewed are described in Table 1.

<table>
<thead>
<tr>
<th>Table 1. Demographics</th>
<th>Younger Children (6—11 Years) n = 137</th>
<th>Older Children and Youth (12—21 Years) n = 357</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average years in institutions</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Proportion Girls interviewed (%)</td>
<td>42</td>
<td>43</td>
</tr>
<tr>
<td>Median grade level (Range)</td>
<td>2 (0 - 6)</td>
<td>7 (1 - 14)</td>
</tr>
<tr>
<td>Primary language (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shona</td>
<td>94</td>
<td>96</td>
</tr>
<tr>
<td>Ndebele</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Average number of siblings</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Siblings in same placement (%)</td>
<td>87</td>
<td>78</td>
</tr>
<tr>
<td>Orphan Status (%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother deceased</td>
<td>24</td>
<td>37</td>
</tr>
<tr>
<td>Father deceased</td>
<td>18</td>
<td>26</td>
</tr>
<tr>
<td>Mother and father deceased</td>
<td>58</td>
<td>37</td>
</tr>
</tbody>
</table>
We have categorized our main findings into 3 areas—(i) psychological and behavioral conditions, (ii) medical condition and (iii) transition.

(I) Psychological and Behavioral Conditions

(a) Feelings and Activities

We asked the children how they were feeling in the homes and what they liked to do.

You can see in Table 2 that more of the younger children said they felt “happy” in the homes while more of the older children and youth felt sad or very sad. The older children often said that they felt happy because they were able to go to school, to be safe, or to be with their brothers and sisters.

You can also see in Table 2 that most of the children of all ages enjoyed sports. The older children over age 12 enjoyed a lot of different activities while one fourth of the younger children said that they could not think of anything that they liked to do.

<table>
<thead>
<tr>
<th>Feelings about placement (%)</th>
<th>Younger Children (6—11 years) n = 137</th>
<th>Older Children and Youth (12—21 Years) n = 357</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very happy</td>
<td>51</td>
<td>27</td>
</tr>
<tr>
<td>Somewhat happy</td>
<td>23</td>
<td>25</td>
</tr>
<tr>
<td>Somewhat sad</td>
<td>20</td>
<td>14</td>
</tr>
<tr>
<td>Very sad</td>
<td>3</td>
<td>23</td>
</tr>
<tr>
<td>No response</td>
<td>3</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What do you like to do? (%)</th>
<th>Younger Children (6—11 years) n = 137</th>
<th>Older Children and Youth (12—21 Years) n = 357</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sports</td>
<td>93</td>
<td>95</td>
</tr>
<tr>
<td>Other games</td>
<td>55</td>
<td>78</td>
</tr>
<tr>
<td>Socializing</td>
<td>54</td>
<td>87</td>
</tr>
<tr>
<td>Arts - music, drama</td>
<td>13</td>
<td>84</td>
</tr>
<tr>
<td>Reading</td>
<td>78</td>
<td>91</td>
</tr>
<tr>
<td>Crafts</td>
<td>0</td>
<td>55</td>
</tr>
<tr>
<td>Nothing</td>
<td>26</td>
<td>16</td>
</tr>
</tbody>
</table>
Tips for caregivers

- You may have to guide younger children in keeping busy when they are not in school. You should have different activities available for them and encourage them to try things, like crafts, that they may not have thought about doing.
- Children over the age of 12 may look busy but may need your support with their feelings of sadness.

(b) Emotional Distress

Figure 1 compares responses of older and younger children with regards to emotional distress from the Self-Report Questionnaire. Scores of 6 or greater out of a possible 19 indicate that the child is showing significant emotional distress. Fifty-seven percent of the children in this survey reported 6 or more symptoms. In 2003, 41% of the 294 children over age 12 who completed the Self-Report Questionnaire had scores indicating significant increase in psychological distress among children under residential care in 2005/2006.

Figure 1. Percent of children under 12 (n = 137) and over 12 (n = 357) endorsing symptoms of emotional distress, “most of the time” or “all of the time.” Symptoms include difficulties concentrating, somatic complaints (stomach aches, headaches, fatigue) and sleep and/or appetite.
Older children and younger children were similar in expressions of emotional distress, with the exception that older children more frequently endorsed that they were overwhelmed, guilty and that they felt like "crying." We will address these symptoms as they were experienced separately, or along with other symptoms, for example, children experiencing actual depression or anxiety disorders.

(c) Grief
We asked the children how they were dealing day by day with the loss of one or both of their parents (Figure 2). Older and younger children were similar in their responses to the loss of their parent(s) with the exception that older children were more disbelieving about the loss, and expressed less determination to make a positive future for themselves.

Figure 2. Responses to loss of parent for children ages 6 - 11 (n = 137) and ages 12 and older (n = 357). "Determined (to make a future)" is a resilient response.

Dear mum and dad

I wrote this letter to tell you how my life is without you. I feel sad sometimes when I think of you. If I were with you I think life would have been easier for me. Sometimes when people refuse to play with me feel so lonely. I just wish you were alive. I know it was not your fault that you left me. I thought you did not want to live with me but I now know it was God’s will.

Greetings to you mum and dad
I love you so much

Your loving daughter
Girl - 13yrs
Dear mom and dad,

You left me when I really wanted you. I wonder what you are thinking about me right now. I miss you so much and really would like to be with you once again. Why did you have to go when I was still young? Could not you refuse death? The situations I am facing right now are just too tough for a child of my age. If possible take me so that we will share my pain if you are really caring parents. I also want to die and I mean it. I am finding it pointless to work hard in school because no one will enjoy the treasure. My brother Tendai is older than me and he can manage on his own. You worked so hard to bring me up but you never enjoyed the fruits of your sweat.

Child in tears

Girl - 15yrs

Dear mom and father,

There is no one like you come back and take me where you are. Life is not good when you don’t have parents and anyone to look after you so please come and take me.

I am living in a land of crying day and night. Mother and father 5 years without seeing you, what can I do, what can I think about you. Sometimes at night I dream about you and you do not come. I now want to die please help me. I regret being born in this world because it is like I was born to suffer and for other people to make fun of me so help me I care for you and I love you. Hapana umwe uncondida kunze kwenyu, kugunya hakaoma pasina unondisapota uye kuti ndinofara here? (No one else loves me better than you, life is hard with no one to support me and seeing to it that I am happy).

Yours

Female - 16yrs

Dear father,

It seems as if I am one of the outcasts because I am an orphan. Orphandom is worse than anything. I wish I were with you in riches and in poor-ness. I think I am going to end up in the streets because of the way I am treated here.

Your child

Boy - 17yrs
Some children however show resilience and their determination to make a better future.

Dear parents

I am happy to write this letter telling you about my life. I feel abandoned when you are not there. I want to be rich in my life. I have a mind to help you because you do not have anyone to help you. I am working hard at school to become someone in life. When I grow up I want to be a doctor. My future will be good and I will help all those in need of help.

Your loving son

Boy - 14yrs

Dear parents

I am not happy about what you did to me. When I look at some children at our school who have their parents asking something from their parents, they will be provided with everything they want but to me it is so hard to get everything I want as you know a beggar is not a chooser. "I can not choose things that are not mine, so I wish you were alive".

I wanted my life to be something and somewhere but why my parents. My father you left my mother with my pregnancy, you died I wanted to see your face and then my mother died during my birth, but that was not the end of my future, my life went on until this day. I want to plan for my future and have a degree and to be a doctor and mother of three. I am praying so that god can help me.

Yours truly

Girl - 16yrs

Children need special help in dealing with the loss of a parent or else they may have troubles later in close relationships and they may not have a good sense of their identity, that is, of who they are. Sadness and other feelings are a normal part of grieving such a huge loss as that of a parent, but children who get "stuck" in their grieving may end up having serious emotional and social problems later on.
People may go through different stages of grieving. These stages include:

(i) Disbelief that the loved one is really gone

(ii) Anger that the loss happened

(iii) Thinking “if only I had done something different, I would not have lost him/her”

(iv) Despair—“I can’t get over the loss”

(v) Acceptance

Acceptance of loss means that the child is able to enjoy happy memories of her parent without becoming overwhelmed with the painful feelings. The child is able to find meaning in life and live without the fear of future abandonment. A child who has grieved in a healthy way will still feel bad at times, but is aware of the feelings and can talk about them. Some people live without this awareness. They have trouble getting close to people, and may appear “mad at the world.”

**Tips for caregivers**

- Show the child care and empathy.
- Let the child know that it is okay to feel sad or angry. Let her know that feelings are feelings—it is what we do with them that is important. Help the child to have awareness of how she copes such as by doing well in school or by giving to others.
- It has been noted that when an abusive parent dies, there still might be feelings of anger, sadness or even guilt. However, the child might also feel relieved because they now feel safe, or they might feel some other positive feeling. Again, let the child know that whatever she feels is just a feeling. It is neither good nor bad. It is just important to understand where the feeling came from.
- Encourage children to express their feelings by talking, writing, or drawing.
- You can encourage the child to write a letter to her parent, saying something that she wished that she had said when the person alive. It is okay if this exercise is done more than once over time.
- Take extra care to provide routine and stability.
- Do not use euphemisms for death like, “your mother is gone,” or “he is resting now.” This can be confusing for a child and perhaps frightening. Young children are already unclear about the permanency of death and euphemisms may make it harder for them to grasp.

**exercise**

Write about a loss that you experienced. Who was it? When did you experience the loss? What stages of grieving did you go through? How are you coping now with the loss?

**Note:** Feel free to use any of the above strategies to deal with your loss now. If you feel the need, write, draw or talk with a supportive person. Write a letter to the person that died. How did you feel after you did one or all of these things?
Helping children cope with more severe grief responses—depression

Depression—what is it?
Sadness that does not just come and go, but is the child’s constant companion.

What it might look like?
Symptoms of depression include:
- Inability to have the normal range of emotions—constantly sad or “flat”
- Thoughts about death
- Thoughts about hurting self or trying to hurt self
- Irritability
- Withdrawal, isolation
- Poor school performance, particularly after having done well in the past
- Does not share thoughts and feelings
- Eating too much or too little
- Sleeping too much or too little
- Trouble making decisions, trouble concentrating
- Feelings of guilt, hopelessness or poor self-worth

Goals
- Increased enjoyment of life—increased energy, participation in activities and socialization.
- Decreased symptoms, such as irritability and sleep/appetite problems.
- Provide structure in social, recreational and academic activities
- Encourage the child to talk about what is missing, why he feels sad now, what has made him feel sad in the past
- Do not judge the child. Listen to what he expresses and gently help him to look at his life in a more realistic way
- Help the child to express a range of feelings—anger, hurt, sadness and disappointment
- Help the child to be aware of self-talk that is defeating, and to replace that self-talk with realistic self-statements
- Encourage the child to draw or write about his feelings
- If the child is thinking about hurting himself, set up a safety plan (see box in next page)
- Address sleep problems by encouraging a regular bedtime, teaching relaxation, making sure the child gets enough exercise during the day and discouraging napping
- Give genuine and specific praise to increase sense of self-worth
- Work with the child to take life one step at a time; to take control where he can but not stress about things that he does not have control over. It is important to combat feelings of helplessness.
- Work with the child on goal setting and on planning, including coming up with alternative plans
- Reinforce for effort as well as for success

What the caregiver can do?
- Be loving, warm, accepting
(d) Stress and Trauma

We asked children to tell us what types of stressful experiences they had had. Many children reported more than one event. Children also shared abuse they were experiencing at the time of the survey.

<table>
<thead>
<tr>
<th>Stress or Trauma</th>
<th>% Experiencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Losing family home, land or possessions</td>
<td>32</td>
</tr>
<tr>
<td>Death of a parent</td>
<td>62</td>
</tr>
<tr>
<td>Death of someone else close</td>
<td>47</td>
</tr>
<tr>
<td>Being rejected, neglected, or abandoned by relatives</td>
<td>35</td>
</tr>
<tr>
<td>Being in a family or household in which people are very sick</td>
<td>39</td>
</tr>
<tr>
<td>Some Illness in the family</td>
<td>53</td>
</tr>
<tr>
<td>Losing the support of friends</td>
<td>35</td>
</tr>
<tr>
<td>Physical abuse (being slapped, kicked or otherwise hurt)</td>
<td>50</td>
</tr>
<tr>
<td>Current physical abuse</td>
<td>46</td>
</tr>
<tr>
<td>Emotional/verbal abuse at home (being called worthless, useless, etc.)</td>
<td>48</td>
</tr>
<tr>
<td>Current emotional/verbal abuse</td>
<td>40</td>
</tr>
<tr>
<td>Having too much responsibility/work</td>
<td>30</td>
</tr>
<tr>
<td>Current too much responsibility/work</td>
<td>56</td>
</tr>
<tr>
<td>Rape or sexual abuse</td>
<td>21</td>
</tr>
<tr>
<td>Current sexual abuse</td>
<td>24</td>
</tr>
<tr>
<td>Violence or social unrest in community</td>
<td>9</td>
</tr>
<tr>
<td>Having to move into a new household</td>
<td>37</td>
</tr>
<tr>
<td>Having to leave school</td>
<td>26</td>
</tr>
<tr>
<td>Being separated from brothers and sisters</td>
<td>29</td>
</tr>
<tr>
<td>People saying bad things or avoiding the child because of their family’s situation</td>
<td>38</td>
</tr>
</tbody>
</table>
Other than the death of their parent(s), the most frequent stresses were currently too much responsibility/work, illness in other family members, and physical and emotional/verbal abuse that was still occurring.

Think back to chapter 6 on the emphasis on positive discipline. It is important to not further stress vulnerable children by severely punishing them physically or verbally. We talked in chapter 4 about matching discipline with the child’s developmental stage. We will talk later in this chapter about how to deal with children who actually have behavior problems and who have greater trouble in responding to these positive discipline techniques.

(e) Post Traumatic Stress Disorder

There is a difference between being stressed, even severely, and suffering from Post Traumatic Stress Disorder (PTSD). We measured PTSD using the Impact of Events Scale (IES) as in Table 4.

Almost 14% of the children fell into the severe range for post traumatic stress disorder with scores of 44 or greater out of a possible 75. Thirty eight percent exhibited mild to moderate symptoms of PTSD while 48% reported no PTSD. These rates of PTSD are greater than what have been found for children who have been exposed to natural disasters (earthquakes, flood, fire) and violence.

It is important to recognise that the stress of many losses, exposure to illness and disruption of daily life that children in residential care have experienced can lead to PTSD.
Helping children cope with Anxiety, including PTSD

Anxiety—what is it?
Worries or fears that interfere with the child’s ability to do what he needs to do day-to-day. It may not always be clear what the source of the anxiety is. Sometimes the child will show worries about something that has not happened or show worries that do not match the current stress.

What it might look like?
- Fearfulness
- Restlessness or shakiness
- Heart beating fast
- Trouble sleeping, including nightmares
- Trouble paying attention
- Dizziness
- Trouble breathing
- Irritability

Goals
- Decrease anxiety so the child can get on better day-to-day
- Increase awareness about why the child is anxious so that it can be resolved

What the caregiver can do
- Build trust with the child. Be a good listener, be warm and soothing
- Help the child identify and express his feelings
- Help the child to increase his confidence by facing challenges and experiencing successes
- Talk to the child about what is real and not real. He may be experiencing worries out of proportion to current stress because of having not resolved his responses to previous, more severe stress
- Help the child to be aware of how he talks to himself. Rather than telling himself that the worst is about to happen, help him to replace this with self-talk that is more realistic, healthy and confident
- Tell stories about how you faced fears that you had
- Teach relaxation
- Help the child to recognise when he has certain feelings in his body and to name his emotions that go with those feelings
- Set up routines. These may be particularly needed at bedtime.

<table>
<thead>
<tr>
<th>Table 4. Impact of Events Scale (IES)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intrusive</strong></td>
</tr>
<tr>
<td>I thought about it when I didn't mean to.</td>
</tr>
<tr>
<td>I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.</td>
</tr>
<tr>
<td>I had waves of strong feelings about it.</td>
</tr>
<tr>
<td>I had dreams about it.</td>
</tr>
<tr>
<td>Pictures of it popped into my mind.</td>
</tr>
<tr>
<td>Other things kept making me think about it.</td>
</tr>
<tr>
<td>Any reminder brought back feelings about it.</td>
</tr>
<tr>
<td>My feelings about it were kind of numb.</td>
</tr>
</tbody>
</table>

Helping Children with Special Needs

CHAPTER seven

Helping Children with Special Needs

Table 4. Impact of Events Scale (IES)

<table>
<thead>
<tr>
<th>Intrusive</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>I thought about it when I didn't mean to.</td>
<td>I avoided letting myself get upset when I thought about it or was reminded of it.</td>
</tr>
<tr>
<td>I had trouble falling asleep or staying asleep, because of pictures or thoughts about it that came into my mind.</td>
<td>I tried to remove it from memory.</td>
</tr>
<tr>
<td>I had waves of strong feelings about it.</td>
<td>I stayed away from reminders of it.</td>
</tr>
<tr>
<td>I had dreams about it.</td>
<td>I felt as if it hadn't happened or wasn't real.</td>
</tr>
<tr>
<td>Pictures of it popped into my mind.</td>
<td>I tried not to talk about it.</td>
</tr>
<tr>
<td>Other things kept making me think about it.</td>
<td>I was aware that I still had a lot of feelings about it, but I didn't deal with them.</td>
</tr>
<tr>
<td>Any reminder brought back feelings about it.</td>
<td>I tried not to think about it.</td>
</tr>
<tr>
<td>My feelings about it were kind of numb.</td>
<td></td>
</tr>
</tbody>
</table>
(f) Behaviour problems
Children who are coping with loss, trauma and other stress may develop behavior problems. They may begin to have trouble concentrating and paying attention; they may have difficulties getting along with their peers; they may lie or steal or they may continue wetting the bed beyond the age of toilet training.

This section reviews common behavior problems in children and provides some ideas for caregivers about how to address them.

(1) Helping children cope with Attention Deficit Disorder

Attention Deficit Disorder—what it might look like?
- Short attention span
- Distractibility
- Does not listen
- Does not finish chores or assignments
- Disorganization—forgets or loses things
- Very high energy, restless compared with others in his age
- Talks out of turn and does not take turns in games
- Careless
- Poor self-esteem
- Does not get along well with others

Goals
- Improve attention and concentration
- Improve ability to finish chores and school work
- Decrease impulsivity (acting without thinking)
- Provide firm and consistent limits
- Increase self-esteem and positive activities
- Increase positive peer relationships

What the caregiver can do?
- Give directions one at a time; make sure you have eye contact; have him come near you and have him repeat what you asked him to do
- Give positive feedback for a job well done
- Decrease distractions when he is doing homework. Have him take frequent breaks
- Use natural, logical consequences for misbehavior (as discussed in chapter 6)
- Teach the child strategies to stop and think before he acts
- Teach relaxation strategies and develop a signal for when to use
- Find out what is motivating to the child and set up a reward system
- Steer him to activities he can excel in

(2) Helping children cope with Trouble Getting Along with Peers

Trouble getting along with peers—what it might look like?
- Fighting, bullying, constant teasing, or revenge seeking
- No friends or only similar troubled friends

Goal
- Help the child to gain the ability to cooperate with and resolve conflicts with peers
- Build positive, respectful and trusting relationships

What the caregiver can do?
- Show the child that you are not judging him. Build his trust by being warm and respectful and by really listening. Let him know that you care about him, even if you do not like the way he acts
- Encourage him to name and talk about his feelings. You might learn
that he is not just angry, but sad or anxious as well

- Pay attention to him being cooperative and assertive and comment on these times, rather than only giving him attention when he is aggressive
- Encourage him to talk about and write about how he would like to be treated by others
- Ask him to think about how his behaviors make other people feel
- Teach and role-play conflict resolution skills
- Discourage other children from reporting his every bad move to you
- Set up games that are supervised by caregivers that emphasize cooperation, respect for others and conflict resolution skills
- Tell stories about how you learned to cooperate
- Increase his self-esteem by involving him in activities that he can excel in and give him lots of praise
- Set it up so that he can earn positive rewards for good behavior. A reward could be quality time with you
- Pair the child up with a peer who functions well socially but who can learn something from the child who is having more trouble, such as math or a musical or athletic skill

(3) Helping children with Poor Coping

Poor coping—what it might look like?
- Running away, or temper tantrums

Goals
- Reduce the frequency and the severity of the problem behaviors

What the caregiver can do?
- Help the child to become aware of what leads up to his problem behaviors
- Help him to avoid what leads up to the problem behaviors, if possible
- Problem solve about alternatives when avoidance is not possible
- Problem solve about what behaviors can be substituted for the negative choices he has been making
- Give as little reinforcement as possible to the problem behavior at the time it occurs. Later on, talk with the child about what he had hoped to gain by acting the way he did and if he gained it. Talk about different points where he could have made a different choice.
- Give positive feedback when he does show good control
- Give tips about thinking before acting, like counting to three or taking deep breaths
- Problem solve about ways to deal with angry feelings (go for a run or do something else physical; express concerns in an assertive, not an aggressive way or talk to a supportive person)
- Have the child talk or write about his anger and if any anger from the past might still be affecting him
- Help the child to have better awareness of the consequences of his behaviors
- Have him tell you how his angry outbursts affect other people
- Encourage him to take responsibility for his feelings and actions
- Think together about imaginative ways to let go of anger, such as “washing” it away. Or, he can draw a picture of it, put the picture away, then see if he still feels quite as angry when he stepped away from it for a time
- Help the child to have better awareness of how his behaviors, thoughts and feelings are related
(4) Helping children with Lying

Goals
- Decrease frequency of lying

What the caregiver can do?
- Let the child know when you find out that she lied and let her know when you know that she has told the truth
- Encourage her to make it up to whoever she lied to
- Help her to understand why she feels she has to lie sometimes and problem solve about other ways to cope during those times
- Encourage honest, appropriate and direct expression of thoughts and feelings
- Help the child to learn to feel that she does not always have to get what she wants at the moment that she wants it. Help her to be aware of what she thinks she needs at the times that she lies and to know what her goals are for lying
- Create games and activities to help the child see alternatives to lying, or role-play with older children. Go through what the consequences are for getting caught and not getting caught in the lie

(5) Helping children cope with Bedwetting

Bedwetting—what it is?
- Voiding urine outside of the toilet after the age of 5 years

*The stress that vulnerable children may have gone through as toddlers can get in the way of their learning toileting. Or the children might have been abused and the wetting is a sign of emotional distress.*

Goals
- Eliminate episodes of bedwetting

What the caregiver can do?
- Bedwetting should be treated in a matter of fact way. The child should never be shamed or isolated because of this problem.
- Have a physician examine the child to rule out any physical causes
- Check out with the child if he is afraid of the dark; if he is in close enough proximity to the toilet or if he is drinking liquids too close to bed time. Fix these possible causes of bedwetting before moving on to behavioral approaches
- Teach urine retention to increase the child’s awareness of the sensation that he needs to urinate. This is done by having the child drink during the day, telling you when he has to go to the bathroom, but delaying going to the bathroom so that his bladder is able to hold more and more urine
- Keep a record of wet and dry nights, with a note about anything unusual that occurred on wet nights, such as drinking more liquids, having been teased, being reminded of the trauma and so on
- Have the child go to the toilet right before bed, then wake him up to void again if you go to bed much later
- Have the children aged between 5 and 8 help you remove their soiled linens in the morning and make their bed after school. Children over the age of 8 should take responsibility to remove the soiled linens themselves in the morning and make their own bed up again. If feasible, they can help wash the linens
- If it is known that the wetting is associated with trauma or emotional distress, have the child express his thoughts and feelings by talking, writing or drawing
- If they are available in the county, learn how to use the “bell and pad” whereby an alarm attached to a pad under the sheet goes off when the child starts to wet. This wakes him so that he can go to the toilet.
(II) Coping with a Medical Condition

Twenty three percent (n = 113) of the children that we surveyed said that they had a serious health problem while 20% (n = 99) said that they were not sure if they had a serious health problem or not. Only four children said that they knew they were HIV positive while 8 children said that they had tuberculosis. We were aware of several children in one home who were HIV+ and on medicines for the condition. Therefore we believe that there must be many more children in other homes who actually were HIV positive but had not been informed. We do not know if all children who need to be on medicines for HIV positive have been tested and are able to get the medicines. But there seems to be a problem here.

While HIV status should be kept confidential from other people, those affected need to understand their condition so that they can take good care of themselves. Their immediate caregivers should know so that they can support the children in taking good care of themselves.

The children need to know what their condition is before they start to make choices about relationships and having children. Emotional and psychological problems can be prevented if the child is told about what is going on in a way that she can understand. Every child is different. Some will need support day-to-day in dealing with their diagnosis. Some will need support at important time points—at the time of the diagnosis, when there is an increase in symptoms, when other people that they know with the same diagnosis have problems.

Having a serious medical condition can come with fears. Children can have fear of pain, of death, of the future or of being ostracized. The condition can come with losses. Children can feel that they have lost control of their life and of their health; that they have lost their future; that they have lost their family and relationships and that they have lost their self-esteem. Feeling different from other children can be a problem, especially if the child looks different.

We have discussed how children develop through the broad stages of human development with some differences according to each individual child, culture and a society that they grow up in. The below table indicates how a medical condition can challenge goals in various stages of child development.

<table>
<thead>
<tr>
<th>Stage</th>
<th>Goals</th>
<th>How a Medical Condition can be Challenging</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infancy (Birth to 18 mnths)</td>
<td>Development of trust in the world</td>
<td>Being separated from the main caregiver or having the caregiver pull back can affect trust</td>
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<tr>
<td>Toddlerhood (2 - 4 yrs)</td>
<td>Development of independence</td>
<td>Taking medicines and having activities limited can affect independence</td>
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<tr>
<td>Early Childhood (4 - 6 yrs)</td>
<td>Development of imagination</td>
<td>The child might think that being sick is a punishment for something that she did or even just thought about doing</td>
</tr>
<tr>
<td>School Age (6 - 12 yrs)</td>
<td>Development of competence and a sense of belonging</td>
<td>The child may feel different from other children, like she does not fit in. She may feel that she cannot do everything that she wants to do.</td>
</tr>
<tr>
<td>Adolescence (often defined as 10—19 years)</td>
<td>Development of a comfortable body image, positive self-esteem &amp; mature relationships.</td>
<td>The young person may not feel comfortable with her body. She may worry about how her diagnosis will affect her ability to be in a relationship and may have low self-esteem.</td>
</tr>
</tbody>
</table>
Goals

- Improve quality of life
- Improve psychological and emotional coping with having a medical condition
- Help the child to see herself as a whole person who happens to have a medical condition

What the caregiver can do?

- Educate the child about what is happening and what will happen at the child’s level of understanding. Make sure that you and the child have accurate knowledge about the condition
- Find out what the child thinks about her medical diagnosis. There can be misunderstandings and fears at different ages that you can help her with
- Find out what the child’s family thinks about her diagnosis. What are their attitudes, coping and resources
- Help the child to see her mind, body and spirit as all connected. Help her to see her strengths and opportunities

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<td>Adolescence (often defined as 10 to 19 years)</td>
<td>Prepare for the future tasks of adulthood that include developing self-awareness and self-acceptance, becoming a productive and contributing member of society, and accepting that life has meaning and value.</td>
<td>She may not be able to accept herself or feel that her life is worth as much as other people’s. This is particularly possible if the condition is stigmatized and she is getting the message from others.</td>
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**Tips on taking care of yourself**

You have an important job—contributing to Zimbabwe’s future by caring for its most vulnerable children. You may be a person that verbalizes how providing this care gives you a sense of purpose. Or you may not be thinking anything in particular about your work—you just see a need and are filling it. But anyone may begin to feel stressed by dealing on a daily basis with children who are difficult to manage, who are sick or who are dying.

Pay attention to feelings that your work does not feel as enjoyable as it once did. Notice if the other caregivers or the children seem particularly irritating or annoying. Also notice if thoughts about your job are causing problems in your getting along with friends and family. If you feel very fatigued when you think about your work, or have a feeling of dread when it is time to go to work it is time to get some help, or it may be time for a change altogether.

- Make sure that you do not have a physical problem by seeing a doctor.
- Get enough sleep, proper nutrition and exercise.
- Look at your self-talk and change any defeating self-statements to more realistic ones.
- Set goals for yourself and think about how the work that you are doing fits in with those goals.
- See a counselor if you have symptoms of depression or anxiety.
- Get support from your co-workers and support them in turn.
- Get support from your family and friends and support them in turn.
- Be patient with yourself.
- Write down one positive thing about yourself every day.
- Express other thoughts and feelings in writing, through crafts or art.
- Take time off away from the residential care institution, when you need to.

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**(III) Transition**

Transition begins the moment the child comes into your care. You are showing the child that you have confidence in her ability to transition back into the community by fully expecting that she will be able to do so. At the same time, you will do what you can to support her success. You will work with her to see that she gets the skills and experiences that are needed to live, go to school or work either on her own or while living with extended family.

In our survey, children twelve years of age and older and youth under the age of 22 completed assessments of their life skills in the areas of career planning, communication, daily living, money management, self care, social relationships, work and study skills.

Regarding leaving the children’s home, 49 percent said that their relatives would provide them with support and assistance when they would leave the children’s home; 28% said their relatives would not; and 23% were unsure about support from relatives. Fifty eight percent expressed that adults in their lives consulted them about their needs and wishes while 42% said that adults in their lives had not consulted them. Fifty percent intended to continue with their schooling; 11% wanted to attend vocational training; 27% wanted to find employment; 4% wanted to cultivate a farm for subsistence; and 7% did not know what they wanted to do after leaving the children’s home. Thirty eight percent intended to settle in urban Zimbabwe; 8% wanted to settle in rural Zimbabwe; 20% wanted to settle in another country in Africa and 34% wanted to settle in another country, not in Africa.
Regarding skills necessary for daily living, 40 percent of children interviewed indicated that they could not make arrangements for new telephone services and utilities while 20% were sure that they could do so. Thirty five percent indicated that they could not complete a rental agreement or lease and 31% were sure that they could not calculate the start up costs for new living arrangements while 19% were sure that they could complete a rental agreement and 31% could calculate start up costs. Forty seven percent could manage daily living skills related to food storage and preparation while 17% indicated that they could not manage in this area.

On self-care skills, 52 percent indicated that they knew how to prevent pregnancy and sexually transmitted diseases and 45% indicated that they knew the effects of alcohol, cigarettes and illegal drugs on the body. Forty percent were "somewhat" sure that they could explain how they were feeling and 43% were very sure that they could explain their feelings, but only 32% were sure that they would get emotional support if their feelings were bothering them and 19% were sure that they would not seek emotional support. Fifty two percent reported that it was "very much like me"
to ask for help when needed, be polite, appreciative and respectful; 40% reported that these characteristics were "somewhat like me," and only 8.2% indicated that these characteristics were "not like me."

Concerning school/work skills, goal setting and future planning, these adolescents, for the most part (51%), indicated that it was "very much like me" to get their work done on time, get to school or work on time and to prepare for exams. Fifty nine percent believed in higher education and 61% considered their future plans based on their talents and abilities. Fifty two percent indicated that they knew how to cultivate a piece of land and 55% were only "somewhat" sure that they could make different plans if their initial plans did not work out.

The adolescents overwhelmingly indicated that having the resources and support to attend school was helping them to achieve their future goals. Some expressed that the children’s home kept them free of disease and bad influences. Others indicated that learning "good conduct" and "morals" was helping them to focus on their goals. A few commented on specific opportunities such as having a library to go to and the ability to participate in music and sports.
When asked what might hold them back from achieving their goals, the majority of children over the age of 12 and youth commented on economic hardships, and feeling that the people around them were discouraging them about reaching their goals. Many expressed that residing in a children's home was stigmatizing. Others commented on their illness, being abused, feeling a lack of confidence and a lack of faith.

The adolescents were knowledgeable, for the most part, about modes of transmission of the HIV virus, with the exception that 39% believed that the virus could be transmitted from saliva. Forty one percent were incorrect in believing that "it is possible to tell by looking at a person if they are infected with HIV/AIDS."

Worries expressed on leaving the home included missing friends and the support that they had experienced and many commented that they would have "no place to go."

Several asked "how am I going to get started?" Comments again centered on stigmatization and rejection by relatives. Several did not want to leave their brothers and sisters who would still be in the home. Others commented on the problems with not having proper documentation, such as birth certificates.

The following letter written by an adolescent girl aged 18 indicates the anxiety that she feels about her future in transition.

Dear mother

I would like to thank you for caring for me until the age of 8. When you passed away, no relative was prepared to take me into his or her households and I was taken to a children's home. In the beginning life at the Home was okay but now things have changed because at times we were scolded and beaten. Right now I am being told to look for a job on my own yet I do not know anyone who can help me in this regard, so these days I am in a dilemma because I have nowhere to go.

Yours truly

Girl - 18yrs

Tips for caregivers on supporting older children and youth in transition

- Counsel young people about appropriate boundaries, space and privacy
- Ask them about their views and let them know that you think what they have to say is important
- Be accepting and respectful
- Support and encourage appropriate risk taking. This could be for the adolescent to push herself athletically, artistically or towards desired goals
- Encourage the adolescent to actively participate with you in problem-solving
- If she makes a mistake, let her know that this can be an opportunity to benefit from and to learn more about herself
- Provide specific education on how to get one's needs met in an appropriate way that does not go against others' rights
- Role model appropriate behaviors and good self-care
For all children in your care, it is critical that you foster a sense of confidence and a sense that they can cope with whatever difficulties come their way. The results of our survey showed that confidence and the sense of their ability to cope were related to children having fewer symptoms of emotional distress. Older children over 12 years had experienced more traumas and showed more emotional distress and PTSD compared with younger children. Girls were more vulnerable to PTSD and distress compared with boys. Children who had lost both versus just one parent were more distressed as well. Children in dormitory—style homes were more likely to be distressed than those in family—style homes. These results suggest that as a caregiver, it is important for you to pay special attention to the girls in your care, and to the children.
over the age of 12. Dormitory style homes need to be transformed into family style homes as much as possible.

You should also be clear that showing some distress in response to the very real tragedies that many of the children in your care have experienced is not all negative. Mild and medium levels of grief seemed to help some children avoid developing PTSD. Many children who had experienced high levels of trauma did not go on to show particular psychological or emotional distress. Younger children in particular showed a remarkable capacity for resilience and some older children may have moved into positive growth in response to their difficulties. Difficulties can lead to new possibilities, greater appreciation for life, greater sense of personal strength and to spiritual development. While no one should ever be forced to feel that they cannot be distressed or that they have to grow in the face of their difficulties, it is good to know that growth can and does happen. Children and adults who see the capacity in themselves to survive and to triumph over life's challenges are the stronger for it. They may find a gift in getting closer to other people who have had similar experiences. Or they may just feel closer to other people as they turn to them for support and comfort. We saw that many children in residential care were able to feel acceptance of their losses and traumas, rather than denial or avoidance, and that they were determined to make a future for themselves.

**Tips for caregivers**

In supporting the possibilities for resilience and growth, as a caregiver you can:

- Provide space and time for the child to grieve as much as she needs to
- Sometimes just listen, rather than jumping to give advice. Particularly for older children, this allows them to experience resolving their own problems and coming to their own conclusions
- Let her know that watching and listening to her story has changed you. Be real and genuine in letting her know that you admire her courage or that her grace is inspiring
- Do not minimize anyone's response to trauma. While we want to foster resilience, the child who has to struggle for a long time is no less important nor less of a success compared with the one who bounces back quickly. The life of every child in your care is truly a gift and your role is to create the best possible environment so that whatever growth that was meant to occur will happen

**A story of a young girl**

One young girl, who had been abandoned, raped and who had attempted suicide counseled herself. She came to feel that it was a privilege to be looked after in the home. She said that she began to feel healed as she talked about her thoughts and feelings with the elders in the home, who supported her completely and without reservation. She wrote about her relationship with the other children in the home:

"While we are here we must be united just like flowers detached from different plants but while in the vase they are together for decoration in house or at the altar, each with a different color and an amazing beauty. We share our stories and give each other advice and words of wisdom for our future when it is time to join others in the outside world. Love, peace and sharing bring joy and unity."
This is the end of the handbook. It is our sincere hope that the book will be beneficial to your daily endeavor in caring for children under residential care. We also wish that the handbook will also sustain education on children's rights and childcare within Zimbabwe.

Please think about what you intend to do using knowledge that you have gained from the handbook.

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<th>My Action Points</th>
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