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INITIATIVE FOR AIDS ORPHANS & VULNERABLE CHILDREN

Psychosocial Support for Orphans and Vulnerable Children

An Introduction for Outreach Workers



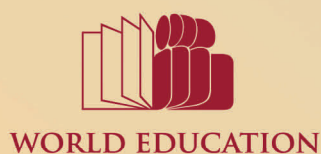
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The **Bantwana Initiative for Orphans and Vulnerable Children**, an initiative supported by World Education, Inc. and John Snow, Inc. (JSI), helps communities expand and increase the quality of comprehensive services for orphans and other vulnerable children—and their households—in the communities where they live.

Building on effective community practices and aligning with national policy and programs, Bantwana builds the capacity of communities to find and create solutions to address the complex needs of vulnerable children living in their midst. Bantwana also links communities with policymakers and government officials to ensure common understanding and joint problem solving about how best to support these children. Learn more at www.bantwana.org.



Psychosocial Support for Orphans and Vulnerable Children is an illustrated introduction to psychosocial support (PSS) that includes definitions and an overview of key issues regarding PSS for OVC. Some of the topics included are:

- General information on child rights
- Identification of children in need of support
- Challenges facing OVC
- Resilience and coping mechanisms, and
- Aspects of care and support for children and caregivers.

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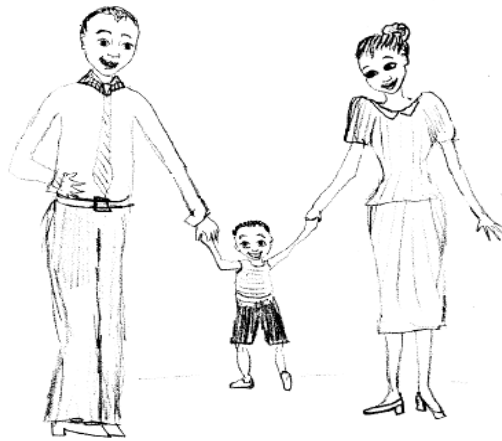
CHAPTER 1

THE DEFINITION OF PSYCHOSOCIAL SUPPORT

Life is often described as a journey from birth to death. On each person's journey they may encounter certain opportunities or face certain challenges.



Typically parents help children learn skills to overcome life's challenges.



Children in Swaziland today face many challenges because of poverty and the effects of HIV and AIDS. These children can solve many of their own problems, but sometimes they become overwhelmed by facing too many at the same time. In addition, many children have lost their parents and are left alone to face life's challenges. These children often need *psychosocial support* from other people.

What is psychosocial support? Psychosocial support describes the effort to meet ongoing emotional, social, and spiritual needs of children as they face life's challenges.

People provide emotional support to each other in many ways in their daily lives. For example by listening to a friend tell a happy or sad story, comforting a friend during a sad or difficult time, or taking part in group or community activities such as umtsimba, Incwala, umhlanga and Lusekwane.

This kind of social or spiritual support is like a river flowing through a village. It is always there, providing its waters to the people of the town. Sometimes people don't even think about it. But everyone notices when it dries up and disappears, the trees dry up and turn brown, and the grass doesn't grow to feed the cattle.

When children lose a parent or are separated from their community, their river of support dries up. They will not thrive unless the new community they are part of can help them to be emotionally healthy.

When children are emotionally healthy they have energy to play and learn. They are trusting enough to form good relationships with others. A child's emotional health may affect his or her physical health and nutrition, and the ability to learn. All of these things have a large impact on a child's future.



CHAPTER 2

IDENTIFYING CHILDREN WHO NEED SUPPORT

Many children in your community could benefit from your knowledge and skills. You will need to identify which children are ***most vulnerable*** and would benefit most from your support. You will need to actively seek out families that may need your help, instead of waiting for them to come to you. Some caregivers may be too shy or busy to look for help, but they may be the ones that need it the most. Children who are most vulnerable may be identified either because they have ***very difficult lives*** or because of particular ***problematic behaviors***.

Children with ***difficult lives*** include:

1) Children who have lost one or both parents

2) Children in a child-headed household

3) Children who have been abused

4) Children with disabilities

5) Children who talk about suicide

6) Children living on the street



Looking for children with these life problems will help you to know which children and families need your attention and focus.

Children have many ways of **showing** that they are having difficulty coping. **Problematic behaviors** may indicate that these children need support.

Problematic Behaviors

There are many behaviors that may indicate that a child is not doing well. Some of these include:

1) **Excessive crying**



2) **Being aggressive**



3) **Withdrawing**

from social activities and spending time with other children, and/or being overly quiet and reserved.

4) **Being very fearful**



5) **Not sleeping well**



6) **Bedwetting**



7) **Missing school**

8) **Using drugs or alcohol**



9) **Sexual promiscuity**

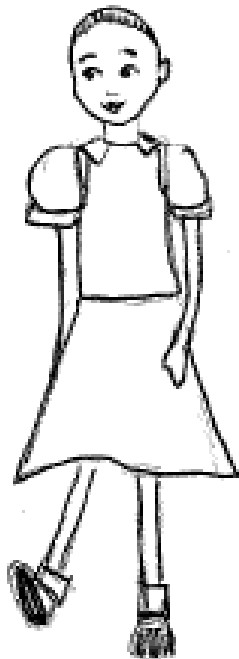
Looking for and asking about children with these problematic behaviors will help you to know which children and families need your focus and attention.

CHAPTER 3

RECOGNIZING RESILIENCE IN CHILDREN

Children have many strengths that help them cope with challenges and difficulties. It is useful to identify the characteristics of a *resilient* child, which may include:

- Ability to ask for help
- Being positive, with hopes for the future
- Being able to set goals
- Puts effort into work
- Plays well with other children
- Looks clean, takes pride in appearance, is confident
- Takes responsibility and cares for siblings and family members
- Can deal with challenges and frustrations appropriately
- Continues with routines of life (school) despite difficulties



CHAPTER 4

THE RIGHTS OF THE CHILD

A. What are children's rights?

Children are our future. They hold our destiny in their hands. As babies they are completely dependent on their parents for nourishment, protection, care, and support. As they grow older and begin to interact outside of their family, they gradually learn to become independent.

With proper care and support, children will grow into strong adults who can make a positive contribution to their families and communities. Like seeds that grow into strong trees, children who are looked after when they are young and vulnerable will grow into strong, mature, happy, and respectful adults.



Rights are laws and guidelines that protect people so they can live safe, happy, productive, and healthy lives, and be treated with equality and respect, regardless of age, sex, religion, appearance, or ethnicity. Both adults and children have rights, but children are more vulnerable and need adults to help protect them and their rights. Children have a right to this love, care, and protection, ***regardless of their behaviors***. Children need this support to enable them to reach their full potential as individuals. The government, families, community members, police, health workers, church leaders, and children themselves all have a responsibility to protect the rights of children.

B. Child rights in the world, and in Swaziland

The rights of children have become an important international focus since the adoption of the United Nations Convention on the Rights of the Child in 1989, and ratification of the African Charter on the Rights of the Child in 1990.

The new constitution of the Kingdom of Swaziland makes provisions for laws addressing the rights of the child because children:

- Have special needs
- Do not have the skills to provide for themselves
- Are unable to protect themselves from harm
- Are exposed to dangers that hamper their growth and development

Children's rights go hand-in-hand with responsibilities. However, children's rights should not be refused or denied if the children do not meet their responsibilities. For example, a child cannot be denied the right to survival (food and shelter) for not completing their household duties. For many children in Swaziland, especially orphaned and vulnerable children, their basic rights are denied because of the absence of parents or caregivers to protect these rights.

The *National Plan of Action* for orphans and vulnerable children in Swaziland determined that children have the following rights:

1) A Right to Food

Without food, children's growth and learning is hampered.

2) A Right to Protection

A child has the right to be kept safe and protected from all forms of violence, abuse and exploitation. This includes protection from sexual abuse, child labor, neglect, physical abuse, being sold or abducted, or dangerous work.

3) A Right to Education

Education helps families and the nation as a whole. A child who is denied education in order to handle household/family responsibilities has been deprived of his right to an education.

4) A Right to Basic Services such as health care, which will enable them to enjoy their childhood, and grow into fully mature adults.

5) A Right to Participation

A child has the right to voice opinions and ideas about issues that affect him/her. Often adults make decisions on behalf of children, without even asking what they think. For example, when a parent dies many children are separated from their siblings despite their desire to stay together. They are estranged from their community, and lose their rights to land or to the possessions of their parents. While the level of

involvement depends on the age of the child, decisions affecting the best interest of children should allow them an opportunity to have a say in their futures.

Children without parents or caregivers to protect and care for them are increasingly vulnerable to exploitation, violence, and abuse. Many are hungry, in poor health, and isolated in their homesteads. Communities must learn about and support the rights of these children so that they will grow into strong adults.



CHAPTER 5

SERIOUS CHALLENGES FOR CHILDREN

There are many challenges and problems that children growing up in Swaziland may face.

Some of the most serious problems faced by children include:

- Child abuse, including physical, verbal and sexual abuse
- Loss of parents/grief and loss
- Living in a child-headed household
- Illness—including HIV and AIDS

The following section will offer some ways to help children with some of the most serious problems they experience.

A. Child abuse

What is child abuse?

- Physical abuse—beating of children
- Sexual abuse—sex acts with a child under 16 years of age
- Emotional and verbal abuse
- Denying children any of their basic needs
- Child labor—work that is dangerous or denies children their right to education, health, safety, etc.

What are some signs of child abuse?

- Bruises or scars suggesting physical abuse
- Pain or discomfort in the child's private parts
- Major behavior changes (anxiety, fear, depression, running away, substance abuse)
- Suicidal thoughts or attempted suicide
- Acting out inappropriate sexual behaviors
- Abusive or sexual behavior towards other children

What can be done to support children who have been, or may have been, abused?

- **Talk to the child—provide basic counseling. Try to engage him/her to talk about their experiences. Listen**
- **Investigate whether ongoing abuse is occurring and try to arrange a safe home for the child**
- **Teach children and communities about the rights of children**
- **Teach children life skills around negotiating appropriate physical and emotional relationships with adults and other children**
- **Explain about right and wrong touching**
- **Provide information on where they can go for additional help**

B. Grief/loss and trauma

Parental illness and death are causes of deep sadness and pain for young people. Orphans and other vulnerable children may require psychosocial support because of the loss they have experienced. The death of a parent is an emotional shock that can produce long-lasting, harmful effects. Psychosocial support aims to help children and young people cope with emotional trauma and stress.



How do children react to grief and loss?

Young children: Young children are less able to understand death and often not able to use words to talk about their feelings of loss. They are most likely to react with certain behaviors, such as:

- Poor appetite
- Poor sleeping
- Clinging to caregiver
- Disruptive behaviors, crying, tantrums
- Feelings of guilt



What can be done to help **young children** cope with grief and loss?

- Use simple language that the child will understand
- Reassure an orphan that someone will care for him or her
- Reassure children that they were not responsible for death of a parent
- Encourage participation in funeral and grieving rituals if the child wishes
- Encourage return to participation in regular daily activities such as school, church, play, and attendance at neighborhood care points (NCPs), and other extracurricular programs for youth
- Provide information on how to develop a memory box/book (containing photos and small items for happy memories of parents; caregivers can work with children to put these together so the process of developing the memory box/book is a source of comfort)

School-age children: School-age children are better able to understand the permanence of death than younger children. They may have more questions and clear worries about the death of a parent and how it will affect their lives. Some of their reactions may include:

- Withdrawing—not playing with friends
- Extreme sadness
- Nightmares



- Poor school performance
- Disruptive behavior
- Irritability/easily angry
- Being very superstitious
- Having thoughts about death

What can be done to help school-age children cope with grief and loss?

- Encourage participation in funeral and grieving rituals if the child wishes
- Listen—allow children to speak and express their feelings
- Reassure an orphan that someone will care for him or her
- Reassure children that they are not responsible for the death of a parent
- Talk with the child about the person who died, and share positive memories of that person
- Drawing, writing, music, drama, story telling, games using the imagination, and physical activities are good ways to help children work through their grief
- Encourage a return to participation in regular daily activities such as school, church, play, and attendance at the NCP
- Develop memory boxes/books

Adolescents: At this age children have more knowledge of death and why people die. If allowed to express themselves, they typically grieve well and recover from the loss. If they are having difficulty some reactions may include:

- Depression strong feelings of hopelessness/despair
- Strong feelings of anger
- Rebellious behavior
- Confusion
- Social withdrawal
- Poor school performance

What can be done to help adolescents cope with grief and loss?

- Listen—allow children to speak and express their feelings
- Encourage participation in funeral and grieving rituals if the child wishes
- Reassure children that they were not responsible for death of a parent
- Drawing, writing, music, drama, story-telling, games using the imagination, and physical activities are good ways to help adolescents work through their grief
- Create small groups where young people can talk to one another about their feelings
- Encourage return to participation in regular daily activities such as school, church, play, and helping to care for younger children
- Develop memory boxes/books

C. Child-headed households

Children in child-headed households are at high risk of exploitation. They may suffer more emotionally after the death of their parents because they have no adult at home to offer guidance on their life journey.

Common problems in child-headed households include:

- Children missing school
- Malnutrition
- Physical state of home
- Extreme sadness
- Vulnerability to sexual abuse or exploitation as child laborers
- Lack of life skills and livelihood training opportunities



What can be done to help children in child-headed households?

- Regularly visit these homes to check on children (health, education access, safety)
- Advise on home management, hygiene, and nutrition
- Make sure children have access to basic health care
- Help children access legal/social service support when needed
- Teach about where to get help (such as NCP or Kagogo)
- Make sure all children are getting at least one nutritious meal per day
- Teach about family and cultural norms

D. Children with HIV and AIDS

Children may become HIV infected through mother-to-child transmission, breast-feeding, or sexual abuse. HIV-positive children face many challenges and will need the support of the community around them to learn to live positively with the virus. Some of the effects of HIV infection on children include:

- Higher risk of serious illness
- Need for antiretroviral drugs (ARVs)—medicines to strengthen the body against HIV
- Increased absence from school due to illness
- Being treated badly by other children or adults in the community because of the stigma associated with HIV infection

- Difficulty understanding why they are frequently ill or must take medicines regularly (adherence to ARVs)
- Sense of isolation; being different from other children

It is very important that caretakers are aware of the HIV status of the children in their care. If a child's parents have died of AIDS, the child should receive testing for HIV, and counseling along with the caregiver, if this has not been done in the past.

What can be done to help children who are HIV-positive?

- Try to ensure good nutrition
- Educate the child and family about good hygiene
- Help to arrange—or refer—for medical care for child in case of fever, diarrhea, cough, rashes, or mouth sores
- Help to arrange—or refer—for medical care for ARV treatment
- Work with caretakers and community to understand facts about HIV transmission
- Work with caretakers and community to encourage support of all children and combat stigmatization
- Help the family obtain information about resources available for caring for children with HIV
- Brainstorm with the family ways to overcome obstacles to using medical resources that may be available, such as transportation scheduling, transport costs, costs of drugs or medications, adherence to ARV treatment



Families with HIV: Some of the households in your community may be caring for very sick people, some of them with HIV or AIDS. The strain on a caregiver's time and energy in these households can be enormous. You may feel that the help you can bring is too small and that most of the things you can suggest to help just mean more work for the household caregivers. You may also worry about making sure that you do not get infected just from visiting the household.

It may help to remember these things:

- You cannot solve all problems, but you can try to link caregivers with other resources in the community and the district
- You are there to help the children. Your focus on the children can help to save children's lives, minds, and hearts
- The nutrition and hygiene needs of children match the needs of people who are sick with HIV and AIDS, so the need is not so "extra"
- HIV is not spread by the kinds of contact you typically have as a visitor to the household, e.g. hugging, holding or shaking hands, changing bed sheets, bathing, feeding, or sharing plates/cups with patients. HIV can, however, be spread through contact with blood

CHAPTER 6

LISTENING TO CHILDREN/BASIC COUNSELING

When a child has very strong feelings about something—for example the grief due to the death of a parent, or mean comments made by other students—one of the best ways to help is simply to *listen to the child* and *let him or her talk about the problem*.

It is very important that people who talk with children about their difficulties are able to carefully listen and talk to them in a way that is helpful. Children are often not accustomed to talking to an adult about themselves or their problems, and often adults are not accustomed to listening to children.

A-B. Guidelines for listening & talking to children/basic counseling techniques

- 1) Initial considerations: Set up a comfortable time and place to speak with a child or caregiver, with adequate privacy. Introduce yourself and explain why you are there. You will need to use a level of language that matches the child's age. You may need to be aware that when children don't tell the truth, they may have a reason, such as being fearful of something.
- 2) Start with yourself: To be a good listener with children, you should enjoy children, have patience, and be able to listen to a child's painful feelings without becoming too uncomfortable.
- 3) Identify *good listening*: It is important to actively listen to what a child says, to pay close attention, and to think carefully about the child's words. This will allow the child to feel recognized, understood, and to release their feelings. If you are a good listener, you can also be a model for other family members as to how to help the child.
- 4) Good listening involves *patience* in waiting for a child to share his/her feelings. You will need to *read expressions* on a child's face or how she holds her body. You will need to be accepting of what the child is saying. It is useful to identify with the child's feeling but not to become too overwhelmed or upset by what the child is feeling or telling you.

CHAPTER 7

DEALING WITH DIFFICULT BEHAVIORS

Sometimes we are not aware of exactly *what* problems children have face, but we can tell by their actions and behavior that they have more problems than they can manage. When children have experienced loss or great stress, they may “act out” in ways that seem unusual and are troublesome to their siblings or caretakers. We may observe behaviors such as:

- Inactive, withdrawn behavior
- Aggressive/disobedient behavior
- Bedwetting
- Educational issues: Learning difficulties/missing school
- Substance abuse, risk taking, and risky sexual behavior
- Depression

When children are having a difficult time, or showing problematic behaviors, they may not have enough energy to play and learn—which is children’s “work”—or enough trust to have good relationships with other people.

These behaviors may:

- Have an impact on physical and nutritional health
- Shape children’s relationships with the people they depend on
- Shape children’s ability to learn and thus affect their futures

This section focuses on a few specific problematic behaviors.

A. Inactive/withdrawn behavior

You should be concerned if the child is so inactive or withdrawn socially that s/he:

- Does not look at or greet a familiar visitor
- Does not speak at all during a visit, or speaks very little and softly
- Just sits, and does not play
- Does not appear to watch or listen to others
- Sits far away from other people



- Does not move at all during a visit or moves rarely or only on command

A caregiver may also notice and tell you that she is worried because the child is very quiet. Most children are a bit shy when they first meet new people, so you should only make a judgment about this kind of behavior once you have visited several times.

How can you help? That will depend partly on the CAUSE.

Some causes are of withdrawn behavior are:

1) The child is *malnourished or sick*.

In this case you may need to help the family find resources to feed the child, or refer them to the local health worker.

2) The child is *neglected*. Children need to *interact* with other people in order to develop in a healthy way. Children can become too inactive or withdrawn when they:

- Are left alone most of the day
- Have no one to talk to; the caregiver rarely speaks to the child
- Have no one to play with
- Have no things to play with

You can counsel caregivers about the importance of not leaving children alone, talking to children, and providing some homemade toys.

3) The child is *abused*. Children can become too inactive or withdrawn if caregivers:

- Beat them frequently or harshly
- Speak with them very harshly or not at all
- Demand that they be quiet all the time

You can help by discussing other ways of correcting children's behavior with caregivers, such as being gentle but clear about their expectations, explaining their rules, or praising better or good behavior.

4) The child is suffering from *grief and worry*. Children who have recently lost a parent, have a very sick parent, or have moved and lost contact with their homes and their brothers and sisters, may be very withdrawn from grief or worry.

You can help by encouraging caregivers to provide positive activities in children's lives as much as possible:

- Sending them to school regularly
- Encouraging them to play with other children
- Expressing affection towards them
- Helping them make friends within the new family
- Discuss illness and death honestly with children, even young children; these things are less frightening and confusing when they can be talked about

B. Disobedient/aggressive behavior

You should worry if a child is so disobedient or aggressive that s/he:

- Frequently fights with other children
- Frequently ignores caregiver requests
- Frequently disobeys caregiver
- Uses bad language to others
- Is described by the caregiver as bad, disobedient, or too aggressive



Most children are aggressive or disobedient from time-to-time. Some children may be so excited by a visitor that they act up at first. You may make a better judgment about this kind of behavior once you have visited several times.

How can you help? Many of the same things that contribute to children being very inactive and withdrawn also contribute to children being very aggressive or disobedient. Some of the causes of disobedient behavior include:

1) Neglect: If children are left alone most of the day without protection and with no one to talk to and nothing to do, they can become aggressive and disobedient. They may be acting this way to seek attention.

You can problem-solve with caregivers on how to:

- Provide some supervision or company during the day
- Stop other children from teasing them or starting fights
- Express interest and concern even to a “difficult” child
- Build a better relationship through teaching simple things
- Provide some homemade toys

2) Abuse: If children are spoken to only harshly or are disciplined with frequent or harsh beatings, they can become aggressive and disobedient.

You can problem-solve with caregivers on how to:

- Teach children proper behavior without beatings
- Offer praise of positive behaviors
- Share stories or songs even with “difficult” children

3) Grief and anger: Children who have recently lost a parent, have a very sick parent, have moved and lost contact with their homes and their brothers and sisters, may be very aggressive or disobedient out of grief or anger.

You can help by encouraging caregivers to provide positive activities in children’s lives as much as possible by:

- Sending them to school and encouraging them to play with other children
- Expressing affection towards them
- Helping them make friends within the new family
- Discussing illness and death honestly with children, even young children; these topics are less frightening and confusing when they can be talked about



C. Bedwetting

Most children are able to awaken and use the bathroom at night after the age of 3 or 4 years. For a small number of children who are very deep sleepers, it will take longer to learn to control their bladder at night, and sometimes children wet the bed.

A sign of abnormal bedwetting is when a child who had previously been able to stay dry all night reverts to urinating in the bed, particularly a child over the age of 5 or 6 years. Sometimes this can be a sign of a bladder infection; if a child has pain with urination or urinates very frequently during the day, s/he should be taken to the clinic.

Bedwetting is a very trying behavior for caregivers to deal with, but is not uncommon in children who have suffered from extreme stress, including physical or sexual abuse. It is important for a caretaker to understand that it is not a behavior the child can easily control. The child does not want to wet the bed! When bedwetting occurs in older children it may be because they are upset, afraid, or bothered by changes and difficulties in their lives.



Some ways to help in dealing with bedwetting:

- **Don't blame or punish the child**
- **A child should be given clean clothes and should not be made to go to school smelling of urine**
- **Let the child know you will help them solve this problem**
- **Do not let the child drink a lot of liquid after the evening meal**
- **Be sure the child urinates before bed**
- **Adult may want to wake child later in evening to urinate**
- **Offer some praise or recognition for a dry night**
- **Spend some time listening to the child; bedwetting might be related to a specific and ongoing stressful situation**

D. Educational issues

Another behavior which can be very problematic is a child's poor performance in school or lack of attendance, both resulting in an inability for the child to be educated.

What are some of the reasons children do not attend school regularly, or perform to their potential?



- No funds for school fees, supplies, or uniforms
- Poor health
- Lack of breakfast before school
- Work that needs doing at home
- Bad experiences in school
- Lack of energy due to hunger or too much physical work
- Lack of value placed on girls' education
- Changes in the body—particularly as girls mature, and when they start menstruating

Some ways to help with school attendance and performance include:

- **Specific counseling with caregivers about providing breakfast before school**
- **Meeting with teachers face-to-face**
- **Emphasizing the value of education for the future, especially for girls, who are held from school more often than boys**
- **Talking to the child about the school day; caregivers may learn about problems this way**
- **Problem-solving about ways to get work done at home**

E. Substance abuse

Orphaned and vulnerable children are at higher risk of using drugs due to low self-esteem and trying to escape feelings of extreme sadness. Drug use may also be linked to poor sexual decisionmaking in adolescents.

Some signs of substance abuse in young people include:

- Excessive fatigue
- Changes in appetite
- Weight loss
- Restlessness
- Poor concentration
- Rapid mood swings (from very happy to very sad)
- Loss of interest in school
- Refusal to do usual household tasks
- Violent or aggressive behavior



Some substances that may be abused include alcohol, buganu, umcombotsi, benzene, glue, dagga, tobacco, mandrax, and cocaine.

What can be done to help children who may be abusing drugs?

- **Identify early signs through observation at NCPs**
- **Educate children about dangers of substance abuse**
- **Discuss increased risk of unsafe sex associated with drug use**
- **Refer youth to programs available for counseling and rehabilitation from addiction**

F. Depression

A child suffering from severe depression feels sad all the time and cries a lot. The child may refuse to eat and may lose a lot of weight. S/he may feel tired all day long and want to stay in bed all day, but finds it difficult to sleep at night. A depressed child withdraws from activities, may talk a lot about wanting to die, and sometimes has thoughts about killing him or herself. The child may say over and over again that he or she wants to be where the deceased parent is. The child may show self-destructive and aggressive behavior like cutting him or herself, pulling out his or her own hair, deliberately causing hurt to his or her own body, and destroying objects that were formerly precious to him or her.

If you know of a child who is experiencing these severe problems, speak to the child and explain that you have noticed that s/he is going through a difficult time. Mention to the child that you want to help him or her by talking to their caregiver and suggesting that the child be referred to a specially trained counselor or a social worker. It is important that you do not criticize the child's behavior. If the child feels that you are being critical, your help may be refused.

Some ways to help:

- **Give the child plenty of opportunity to talk out his/her feelings and fears during the day with an understanding and caring adult**
- **Reassure the child that s/he is loved and will be cared for and that his sadness will get better with time**
- **Encourage lots of physical activity as this will help to relax the child, work out some of his/her feelings, and tire him/her out to sleep better**

Suicide

When a child makes a statement about suicide, never ridicule him or her or ignore his/her feelings, and never refuse to talk about it. If they are saying it, they are thinking it and thoughts of suicide must be taken seriously. The child is trying to say, "I need to talk, I need help."

Attempting Suicide

Children who have experienced the pain of losing someone they love are much more at risk of attempting suicide, especially teenagers who think that no one else understands their feelings. They often feel VERY alone with no one to talk to.

Teenage boys are particularly at risk, as they tend to keep their emotions and bad feelings locked up inside. Therefore, if a boy makes a suicide threat, it needs to be taken VERY SERIOUSLY! As girls tend to talk about suicide more openly, intervention is often possible before a child acts on these emotions. But *in any situation where a girl or boy is talking about suicide*:

GET HELP IMMEDIATELY!

Ask for help/support from grandparents, elders, uncles, village headmen, social welfare officers, counselors, health workers, the church/mosque, peers, and other supportive members of the community.



CHAPTER 8

CARE OF THE CAREGIVERS

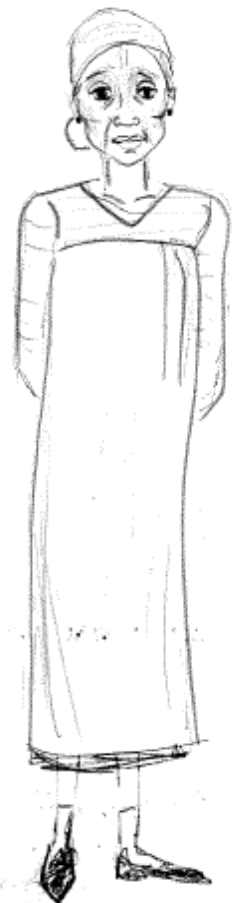
In order for children to flourish, it is important that their immediate caregivers receive support as well. Often caregivers are overwhelmed by caring for children, particularly if the caregivers are older and have many grandchildren to care for. Although they are doing their best, caregivers may suffer from “burn out” or being exhausted by trying to meet the varied needs of many children when they have limited resources. Volunteers who work with vulnerable children will inevitably be caring for the caregivers as well.

Some signs of “burn out” in a caregiver include:

- Caregiver does not make an effort to ensure that children are going to school
- Caregiver is frequently very angry and harsh with the children
- Caregiver seems to pay no attention to the children

Some ways that a volunteer can help to “care for the caregiver” include:

- **Visiting and talking with the caregiver**, being a good listener and perhaps helping with problem solving
- **Involving caregivers in community activities**
- **Making sure caregivers are aware of any local support** and help services that are available to them
- **Organizing caregiver support groups.** Caregiver support groups provide help from peers through discussions of problems and solutions for children's issues, and usually become a source of practical help—such as with planting or income-generating activities.





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