REPUBLIC OF KENYA

DIRECTORATE
OF CHILDREN
SERVICES

THE DIRECTORATE OF CHILDREN SERVICES TRAINING MANUAL ON CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

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October 2024

The Directorate of Children Services Training Manual on Caring for Children with Disabilities and those With Special Needs

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REPUBLIC OF KENYA

DIRECTORATE OF CHILDREN SERVICES

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This training manual was developed with technical assistance from the United Nations Office on Drugs and Crime, and the United Nations Children's Fund with the financial support of the Government of Canada through Global Affairs Canada, the Swedish International Development Cooperation Agency and the United States Agency for International Development. Its contents are the sole responsibility of the Directorate of Children Services.

FOREWORD

In a world increasingly marked by diversity, the importance of understanding and addressing the needs of children with disabilities and those with special needs cannot be overlooked. Creating an inclusive environment for all children, especially children with disabilities and those with special needs, is not just a necessity but vital requirement in both international and national legal instruments. Each child is a unique individual with potential waiting to be unlocked, and it is our collective responsibility to ensure that every child has access to the required support and resources needed to thrive.

This training manual is designed to empower Children Officers and other Child Protection Practitioners with the essential knowledge and skills needed to nurture and support children with disabilities and those with special needs. Recognizing that every child's journey is different, the manual emphasizes tailored approaches that honor each child's unique strengths and challenges thus creating nurturing environments that not only promote well-being but also empower children to fully participate as active members of society.

The Directorate of Children Services, in partnership with the United Nations Office on Drugs and Crime Regional Office for East Africa (UNODC - ROEA), through the project: 'Preventing Violent Extremism through Rehabilitation, Vocational Training and Social Reintegration in Statutory Children's Institutions in Kenya', identified critical gaps in the knowledge, skills and resources available to Children Officers and other Child Protection Practitioners who work with children with disabilities and those with special needs.

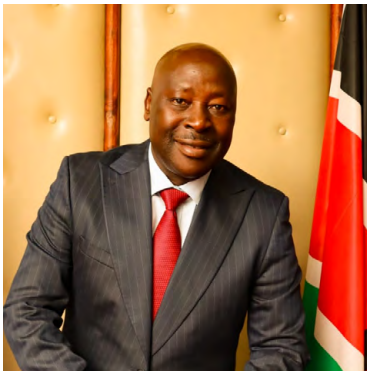
To bridge this gap, the Directorate has developed a tailored Training Programme for Children Officers and other Child Protection Practitioners to facilitate effective caring for children with disabilities and those with special needs. This entailed the development of a tailor - made Training Curriculum, Manual and the Trainees Handbook. These documents will provide guidance to the facilitators to achieve learning outcomes.

I trust that these training materials will be resourceful tools in the child protection sector to support empowerment of the child protection workforce in caring for children with disabilities and those with special needs.

Dr. Alfred Mutua, EGH

Cabinet Secretary

ACKNOWLEDGEMENT



The development of the training curriculum, manual and trainees handbook for Children Officers and other Child Protection Practitioners on caring for children with disabilities and those with special needs is a key milestone in Kenya's efforts towards inclusivity and implementation of the National Care Reform Agenda.

The State Department for Social Protection and Senior Citizen Affairs through the Directorate of Children Services, sought to strengthen the capacity of Children Officers and other Child Protection Practitioners through the development of the training materials. The training aims at building the capacity of the personnel by imparting knowledge, nurturing skills and strengthening competencies in caring for children with disabilities and those with special needs. The State Department therefore acknowledges the leadership of Dr. Alfred Mutua, Cabinet Secretary, Ministry of Labour and Social Protection for providing strategic direction in safeguarding children rights.

The State Department lauds the technical assistance from the United Nations Office on Drugs and Crime Regional Office for Eastern Africa (UNODC-ROEA) and the financial support from the Government of Canada through the Global Affairs Canada, under the project: Preventing Violent Extremism through Rehabilitation, Vocational Training and Social Reintegration in Statutory Children's Institutions in Kenya. Special thanks to the immense support from the Head of UNODC Crime Prevention and Criminal Justice Programme, Mrs. Charity Kagwi-Ndungu and Programme Officers led by Ms. Rebecca Nyandiwa and supported by Vanessa Kaniaru and Hope Kemama.

Special appreciation goes to UNICEF Kenya Country Office for their continuous collaboration and support in protection of children in the country. The critical role played by UNICEF in the development of the training materials cannot go unrecognized.

We further appreciate the multisectoral approach to this work through the identified state and non-state agencies with relevant expertise and experience in the area caring for children with disabilities and those with special needs. Special appreciation is due to the Technical Working Group members drawn from the; Directorate of Children Services, Kenya Institute of Special Education, Ministry of Health, National Council for Persons with Disabilities, Directorate of Social Development, UNODC, UNICEF, Acorn Tutorials, Child Welfare Society of Kenya, AMREF Health Africa in Kenya, Changing The Way We Care, The Tree of Life, SOS Children Villages Kenya and Daystar University.

Great appreciation and accolades go to the lead consultant, Dr. Roseline Olumbe, for her exemplary technical expertise, guidance and dedication in the development and steering of the processes leading to the finalization and launch of the three documents.

This recognition extends to her support team Ms. Eva Naputuni of Acorn Tutorials and Dr. Nicholas Nyamweya of Ministry of Health.

Special thanks go to my team at the Directorate of Children Services, under the leadership of the Secretary for Children's Services, Mr. Shem Nyakutu, and the Institutions Department team Mr. Peter Kabuagi, Ms. Ruth Areri, Mr. Francis Muchiri, Mr. Stanley Rotich, Ms. Annisiah Gatwiri, Ms. Joan Kawira, Mr. Thomas Ogembo and Ms. Sella Adikinyi for their dedication, teamwork and diligence throughout the entire process of the development beginning with the Training Needs Assessment, drafting, validation and the launch of the training materials.

Finally, I wish to pass my sincere gratitude to all who contributed in one way or another towards the successful development of the documents. Your efforts will have a lasting impact on the lives of countless children and their families in Kenya.

It is our hope that the training materials will benefit all the intended users in the Directorate of Children Services and partners as a basis for developing effective programs and practices for the best interest of children with disabilities and those with special needs.

Joseph M Motari, MBS

Principal Secretary

LIST OF ABBREVIATIONS

ACRWC	African Charter on the Rights and Welfare of Children
AIDS	Acquired Immunodeficiency Syndrome
CCIs	Charitable Children's Institutions
CWDs	Children with Disabilities
DCS	Directorate of Children's Services
HIV	Human Immunodeficiency Virus
IPC	Infection Prevention Control
NCPWD	National Council for Persons with Disabilities
PWDs	Persons with Disabilities
SCIs	Statutory Children Institutions
TOT	Training of Trainers
UNCRC	United Nations Convention on the Rights of Children
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime

DEFINITION OF TERMS

Accessibility: Refers to ensuring that persons with disabilities have access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and other facilities and services open or provided to the public, both in urban and in rural areas.[1] It implies that any place, space, item or service, whether physical or virtual, is easily approached, reached, entered, exited, interacted with, understood or otherwise used by persons of varying disabilities.[2]

Adaptation: This refers to the physical changes that can be made at home, school, or any other context to meet a health or disability need.[3] It includes altering the physical environment, activities, and resources to suit the individual needs of children with disabilities and those with special needs. Adaptations can also include modifications and accommodations.

Attachment: This is the relationship or bond between a child and caregiver that is involved with making the child safe, secure, and protected.[3] It is the relationship where the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort.[4] Attachment is established through interactions that provide comfort, security, and responsiveness.

Child: Refers to any individual who has not attained the age of eighteen years.[5]

Child Trafficking: According to the United Nations Palermo Protocol, Child trafficking is the "recruitment, transportation, transfer, harbouring or receipt" of a child for the purpose of exploitation. It is modern-day slavery where trafficked children are used on construction sites or in houses as domestic servants; on the streets as child beggars, in wars as child soldiers, on farms, in travelling sales crews or in restaurants and hotels, or in brothels.

Child Development: Refers to the qualitative changes. It is the progressive increase in skill and capacity of function which can be measured through observation. Development involves qualitative changes that are directional and generally forward as it consists of growth, but also decay i.e. death.[6]

[1] United Nations Convention on the Rights of Persons with Disabilities, Art. 9. https://social.desa.un.org/issues/disability/crpd/article-9-accessibility

[2] Ibid.

[3] Bowlby, J. (1983). *Attachment: Attachment and Loss.* Volume One (Basic Books Classics) (2nd edition). Basic Books.

[4] National Collaborating Centre for Mental Health (UK). Children›s Attachment: Attachment in Children and Young People Who Are Adopted from Care, in Care or at High Risk of Going into Care. London: National Institute for Health and Care Excellence (NICE); 2015 Nov. (NICE Guideline, No. 26.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK338143/

[5] Children Act, 2022. https://kenyalaw.org/kl/fileadmin/pdfdownloads/Acts/2022/TheChildrenAct_2022.pdf

[6] Growth and development in childhood. https://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000573AE/P001804/

Child development also refers to the process by which children change in skill and capacity as they grow, encompassing physical, cognitive, social, and emotional changes between conception and adulthood.[7]

Child growth: Refers to an actual biological or quantitative increase in size, such as the enlargement of the body or any of its parts by an increase in the number of cells. Increased head size, arm and leg length and weight are what are generally referred to as a result of the growth process.[8]

Developmental delay: Where a child falls behind their peers in one or more areas of emotional, mental, or physical growth.[9] [10] If a child has developmental delay, early treatment is the best way to help make progress or even catch up.

Developmental milestones: These are a set of goals or markers that a child is expected to achieve during maturation.[11]

Disability: Includes any physical, sensory, mental, psychological or other impairment, condition, or illness that has, or is perceived by significant sectors of the community to have, a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities.[12] It also means a physical, sensory, mental, or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic, or environmental participation.[13]

Disability Inclusion: Refers to the meaningful participation of persons with disabilities in all their diversity, the promotion of their rights and the consideration of disability-related perspectives, in compliance with the Convention on the Rights of Persons with Disabilities.[14] It involves adjusting the home, school and the larger society to accommodate persons with disabilities and those with special needs. Regardless of their differences, all individuals can interact, play, learn, work, and experience the feeling of belonging.

M027195/ET/1518002818Note_GrowthandDevelopmentduringchildhood.pdf

[7] Kail, R. V. (2011). Children and Their Development (6th edition). Pearson.

[8] Growth and development in childhood. https://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000573AE/P001804/M027195/ET/1518002818Note_GrowthandDevelopmentduringchildhood.pdf

[9] Khan I, Leventhal B, "Development Delay" Start Publishing, 2024 January

[10] Choo, Y. Y., Agarwal, P., How, C. H., & Yeleswarapu, S. P. (2019). Developmental delay: Identification and management at primary care level. Singapore Medical Journal, 60(3), 119–123. https://doi.org/10.11622/smedj.2019025

[11] Misilriyan S, "Development Milestones" (Updated 2023 March 16) https://www.ncbi.nlm.nih.gov/books/NBK557518/

[12] Constitution of Kenya 2010, Article 260. https://eregulations.invest.go.ke/media/ConstitutionofKenya%202010.pdf

[13] Persons with Disabilities Act, 2003. https://www.un.org/development/desa/disabilities/wp-content/uploads/sites/15/2019/11/Kenya_Persons-with-Disability-Act.pdf

[14] United Nations. (n.d.). United Nations Disability Inclusion Strategy. https://www.un.org/en/content/disabilitystrategy/assets/documentation/UN_Disability_Inclusion_Strategy_english.pdf

Disorder:	Refers to a clinically significant disturbance in an individual's characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.[15] It is also a condition resulting from an illness that causes a part of the body not to function appropriately. A group of symptoms involving irregular behaviours or physiological conditions, persistent or intense distress, or a disruption of physiological functioning.[16]
Impairment:	Loss or damage to a part of the body through an accident, disease, genetic factors, or other causes. It leads to the loss or weakening of the affected part of the body and hence deterioration of its function. Impairments are problems in body function or structure as a significant deviation or loss.[17]
Inclusive practices:	Refer to strategies, policies and behaviours that ensure individuals of all backgrounds, abilities, and identities are valued, respected and provided with equal opportunities to participate and succeed.[18]
Inclusive society	Refers to a society that overrides differences of race, gender, class, generation, and geography, and ensures inclusion, equality of opportunity as well as the capability of all members of the society to determine an agreed set of social institutions that govern social interaction.[19]
Integration:	The practice of including children with disabilities with their non-disabled peers in the educational setting. It is used with respect to individuals with developmental disabilities, which means exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to other individuals.[20]
Persons with Disabilities	Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.[21]

[15] World Health Organization. (2022). Mental disorders. https://www.who.int/news-room/fact-sheets/detail/mental-disorders
[16] APA Dictionary of Psychology. (2018). American Psychological Association. https://dictionary.apa.org/
[17] World Health Organization. (2001). International Classification of Functioning, Disability and Health (ICF). Retrieved October 6, 2024, from https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health
[18] Grossman. (2024, August 22). 5 Ways to Promote Diversity in the Workplace Through Employee Engagement. Beekeeper. https://www.beekeeper.io/blog/5-ways-promote-workplace-diversity/
[19] Desa. (2009). Creating an Inclusive Society: Practical Strategies to Promote Social Integration. United Nations. https://www.un.org/esa/socdev/egms/docs/2009/Ghana/inclusive-society.pdf
[20] Legal Information Institute, 42 USC s.15002(17)
[21] United Nations Convention on the Rights of Persons with Disabilities, Art. 1. https://social.desa.un.org/issues/disability/crpd/article-1-purpose

Reasonable Accommodation: According to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), reasonable accommodation refers to the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[22] It aims to mitigate barriers for persons with disabilities and provide an inclusive environment.

Re-integration: Refers to "The process of a separated child making what is anticipated to be a permanent transition back to his or her family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."[23]

Repatriation: The process of returning a person to their place/country of origin or citizenship.[24]

Segregation: This refers to a state or action of setting someone apart from others. The act by which a (natural or legal) person separates other persons based on race, colour, language, religion, nationality or national or ethnic origin without an objective and reasonable justification.[25]

Special needs: This is a functional development term referring to individuals who need help and support for any kind of condition such as medical, mental, or psychological.[26] They are conditions or factors that hinder an individual's normal learning and development. They include disabilities, social challenges, emotional issues, health, political difficulties, or discrimination.

[22] Convention on the Rights of Persons with Disabilities, 2006

[23] Better Care Network et al. (2013) for further discussion of this definition. It should be noted that reintegration is different from 'reunification' which refers only to the physical return of the child.

[24] Guidelines National Referral Mechanism for assisting victims of human trafficking in Kenya

[25] European Commission against Racism and Intolerance (ECRI)

[26] Nicholl, P., Graham, D., Redpath, J., Kearney, P., Wallace, J., Mulvenna, M., Martin, S., & Benest, I. (2014). Identifying the Barriers and Enablers for Supporting Learners with Special Needs in Higher Education. In Handbook of Research on Transnational Higher Education (pp. 467–485). IGI Global. https://doi.org/10.4018/978-1-4666-4458-8.ch024

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"I am **different,** but not less."

~Temple **Grandin**


Disability is
not inability.

INTRODUCTION

The Directorate of Children's Services with support from the United Nations Office on Drugs and Crime identified a gap among the children's officers and staff in institutions concerning care of children with Disabilities. As a result, a Training Needs Assessment was conducted to develop a tailored curriculum and training manual. This training manual is the outcome of the process and will be used to facilitate workshops for Children Officers and staff in institutions. The manual comprises fourteen (14) units, which will be delivered in ten (10) days.

Purpose:

The training manual aims to equip children officers and other Child Protection Practitioners with skills to care for children with disabilities and those with special needs.

Expected Learning Outcomes

By the end of this training, the learners should be able to:

1. Identify the changes that occur during the various stages of a child's growth and development, and peculiar behaviours of children during the various stages of their growth and development.
2. Describe the different forms of special needs and types of disabilities in children.
3. Explain the Social and Rights-Based Models of Disability and their relevance in caring for children with disabilities and those with special needs.
4. Outline the unique needs of children with disabilities and those with special needs required to grow and develop properly.
5. Identify and analyse the legal provisions on children with disabilities and those with special needs as provided in the national and international legal instruments
6. Describe the key and basic rights of children with disabilities and those with special needs in line with provisions made in national, regional and international laws for persons with disabilities.
7. Examine the key responsibilities of caregivers of children with disabilities and those with special needs.
8. Explain the key elements of quality of care and its importance for children with disabilities and special needs.
9. Carry out basic identification of children with disabilities and those with special needs.
10. Demonstrate networking skills by referring children with disabilities and those with special needs to appropriate service providers for specialised care.

11. Reintegrate children with disabilities and those with special needs from institutional care into family and community-based care in line with the National Child Care Reforms in Kenya.
12. Demonstrate self-care skills that enable them to be strong and healthy while providing quality care for children with disabilities and those with special needs.

Target Audience

This course will be offered to Children Officers and other Child Protection Practitioners who care for children with disabilities and those with special needs.

Units

This training manual comprises fourteen (14) units that will be covered in ten (10) days. The units are as outlined below:

Unit 1:	Understanding Child Growth and Development
Unit 2:	Understanding Disabilities and Special Needs
Unit 3:	Identification of Children with Disabilities and those with Special Needs
Unit 4:	Referrals for Access to Services and Resources
Unit 5:	Legal and Policy Provisions on Disabilities and Special Needs
Unit 6:	Inclusive Care for Children with Disabilities and those with Special Needs
Unit 7:	Effective Communication
Unit 8:	Basic Skills in Caring for Children with Disabilities and those with Special Needs
Unit 9:	Behaviour Management Techniques
Unit 10:	Quality of Care for Children with Disabilities and those with Special Needs
Unit 11:	Reintegration of Children with Disabilities and those with Special Needs
Unit 12:	Working with Families and Communities caring for Children with Disabilities and those with Special Needs
Unit 13:	Emerging Issues in relation to Children with Disabilities and those with Special Needs
Unit 14:	Self-Care and Professional Development


33
Sessions
10
Days
14
Units

UNIT
01

Children are not things to be molded, but are people to be unfolded.

~

Jess Lair

UNIT 1: UNDERSTANDING CHILD GROWTH AND DEVELOPMENT

PURPOSE:

The purpose of this unit is to equip the learner with an understanding of the basic concepts in child growth and development and the expected milestones at various stages of development. Further, the learner will explore factors that are likely to contribute to developmental delays in children and how they can be addressed.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Define the basic terms and concepts in child growth and development.
2. Examine selected theories of child growth and development.
3. Explain the stages of child growth and development.
4. Discuss factors contributing to developmental delays and how they can be addressed.

SESSIONS

1. Definition of terms and concepts relating to child growth and development.
2. Theories of child growth and development.
3. Developmental stages:
   a) Stages of growth and development,
   b) Variations in child growth and development.
4. Factors contributing to developmental delays and how they can be addressed:
   a) Developmental delays,
   b) Factors contributing to developmental delays,
   c) Early intervention strategies to address specific developmental delays.

360 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: DEFINITION OF TERMS AND CONCEPTS RELATING TO CHILD GROWTH AND DEVELOPMENT

1. Introduction and Icebreaker Activity

15 Mins

Facilitator's Instructions:

Welcome participants and briefly introduce the session goals.

Conduct an icebreaker activity to engage learners and set a collaborative tone.

Ask participants to write the answer to the icebreaker activity on the sticky notes that will be provided.

Icebreaker Activity:

"Two Truths and a Lie: Child Development Edition/or any other that you prefer"

- Ask participants to share two truths and one lie about child development.
- Example: "A baby can smile at six weeks old, a toddler can usually run by age one, and most children learn to speak in full sentences by age two."
- Have participants guess which statement is false, encouraging discussion.

Definition of Child Growth and Development

15 Mins

Facilitator's Instructions:

Ask participants to brainstorm in pairs about their understanding of child development.

Ask the participants to present their findings to the plenary.

Using the facilitator's notes discuss and provide additional clarification on the concept of child development.

Facilitator's Notes

Child Growth: Refers to an actual biological or quantitative increase in size, such as the enlargement of the body or any of its parts by an increase in the number of cells. Increased head size, arm and leg length and weight are what are generally referred to as a result of the growth process.[27]

Child Development: Refers to the qualitative changes. It is the progressive increase in skill and capacity of function which can be measured through observation. Development involves qualitative changes that are directional and generally forward as it consists of growth, but also decay i.e. death.[28] Child development also refers to the process by which children change in skill and capacity as they grow, encompassing physical, cognitive, social, and emotional changes between conception and adulthood.[29]

[27] Growth and development in childhood. https://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000573AE/P001804/M027195/ET/1518002818Note_GrowthandDevelopmentduringchildhood.pdf

[28] Growth and development in childhood. https://epgp.inflibnet.ac.in/epgpdata/uploads/epgp_content/S000573AE/P001804/M027195/ET/1518002818Note_GrowthandDevelopmentduringchildhood.pdf

[29] Kail, R. V. (2011). Children and Their Development (6th edition). Pearson.

2. Defining other terms and concepts in child growth and development

30 Mins

Facilitator's Instructions:

Inform participants that there are additional terms and concepts related to child development that they need to engage in and understand.

Brainstorm Activity Instructions

Assign participants into groups and ask each group to identify and list additional terminologies related to child growth and development. Have them present their findings in a plenary session.

Utilise the facilitator's notes to explain the meanings of the additional terms used in child growth and development to the participants.

Assign participants a task from the trainee's handbook to explore and reflect on the terms and concepts related to child growth and development.

Facilitator's Notes

Definitions of Other terms and concepts relating to child growth and development

Attachment refers to the relationship or bond between a child and caregiver that is involved with making the child safe, secure and protected. It is the relationship where the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort. Attachment is established through interactions that provide comfort, security, and responsiveness.

This is the relationship or bond between a child and caregiver that is involved with making the child safe, secure, and protected.[30] It is the relationship where the child uses the primary caregiver as a secure base from which to explore and, when necessary, as a haven of safety and a source of comfort.[31] Attachment is established through interactions that provide comfort, security, and responsiveness.

Cognitive Development refers to the progression of mental processes such as thinking, learning, problem-solving, and memory.

Developmental delay occurs when a child falls behind their peers in one or more areas of emotional, mental, or physical growth. If a child has developmental delay, early treatment is the best way to help make progress or even catch up.[32]

[30] Bowlby, J. (1983). *Attachment: Attachment and Loss.* Volume One (Basic Books Classics) (2nd edition). Basic Books.

[31] National Collaborating Centre for Mental Health (UK). Children›s Attachment: Attachment in Children and Young People Who Are Adopted from Care, in Care or at High Risk of Going into Care. London: National Institute for Health and Care Excellence (NICE); 2015 Nov. (NICE Guideline, No. 26.) Available from: https://www.ncbi.nlm.nih.gov/books/NBK338143/

[32] Khan, I., & Leventhal, B. L. (2023). Developmental Delay. In StatPearls. StatPearls Publishing.

Developmental milestones These are a set of goals or markers that a child is expected to achieve during maturation.[33] They can also be referred to as skills or things most children can do by a certain age.[34]

Emotional development is the ability to experience, express, and manage emotions. This includes developing a sense of self and forming relationships with others.

Language development involves the acquisition and improvement of communication skills, including spoken, written, and body language.

Moral development is the process through which children develop an understanding of right and wrong, justice, and fairness.

Physical development involves changes in body size, proportions, appearance, and the functioning of various systems, as well as motor skills development. This includes both gross motor skills (large movements) and fine motor skills (small movements).

Social development refers to the way children learn to interact with others around them. It encompasses forming relationships, understanding social norms, and developing skills necessary for effective communication and interaction.

Spiritual Development refers to a process of increased depth of awareness, connection to the supreme (God), and search for ultimate meaning as well as engagement in spiritual practices.[35] It is an important aspect of human growth, which encompasses the development of personal beliefs and faith, purpose and meaning in life, ethical and moral values, spiritual practices, and connections with others in the community. All these significantly contribute to an individual's overall well-being and sense of purpose, shaping how they interact with the world around them.

[33] Misilriyan S, "Development Milestones" (Updated 2023 March 16) https://www.ncbi.nlm.nih.gov/books/NBK557518/

[34] https://prep.acgme.org/globalassets/milestonesguidebook.pdf

[35] Russo-Netzer, P. (in press). Spiritual Development. In: M. H. Bornstein, M. E. Arterberry, K. L. Fingerman & J. E. Lansford (Eds.), SAGE Encyclopedia of Lifespan Human Development.

SESSION 2: THEORIES OF CHILD GROWTH AND DEVELOPMENT

20 Mins

Facilitator's Instructions:

Group Activity and Plenary Discussion

- Assign participants into groups.
- Ask each group to brainstorm and list other prominent theories of child growth and development, such as Piaget's Cognitive Development Theory, Vygotsky's Sociocultural Theory, and Bandura's Social Learning Theory.
- Ask participants to list and describe these theories in the provided spaces in the trainee's handbook.
- Refer to notes on theories of child growth and development in the facilitator's notes section.
- Have each group present their list and a brief description of the theories they identified.
- Facilitate a discussion on the importance and contributions of these theories to the field of child growth and development.

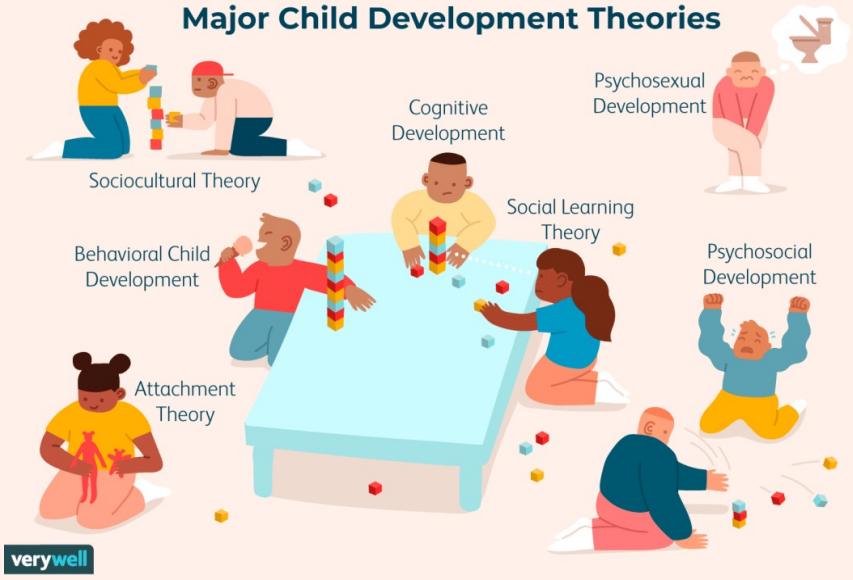


Figure 1: Theories of Child Development[36]

Although there are several theories relating to child growth and development, in this unit, the focus will be on two major theories namely, attachment theory and psychosocial theory.

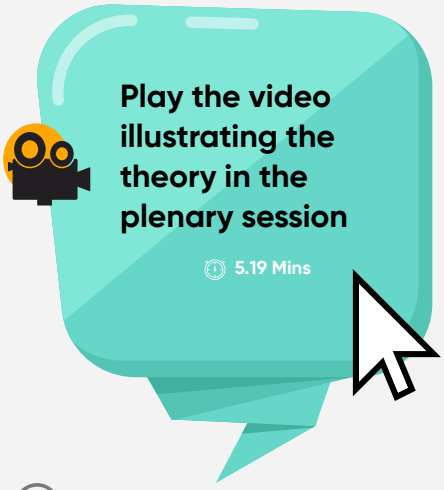
[36] Cherry. K. (March, 2023). 7 Main Developmental Theories. Verywellmind. Developmental Theories: Top 7 Child Development Theories (verywellmind.com)

PSYCHOSOCIAL THEORY

Facilitator's Instructions:

20 Mins

Illustration Video on the theory titled "8 Stages of Development by Erik Erikson"



https://youtu.be/aYCBdZLCDBQ

- Lead the participants to discuss their views on stages of psychosocial development observed in the video.
- Ask the participants to give their views on "Which stage of Erikson's theory they find most relevant to their current work or personal experiences, and why?
- How does understanding this stage enhance their approach to supporting individuals at that developmental phase?"
- Present Erik Erikson's Psychosocial Theory using a PowerPoint or notes.
- Explain the eight stages of development and the key psychosocial conflicts associated with each stage.
- Discuss how successful resolution of conflicts leads to the development of virtues and impacts future growth.

Interactive Discussion

30 Mins

Facilitator's instructions

- Assign participants into groups.
- Assign each group one of Erikson's stages to analyse using the following guiding questions:
  - What is the primary conflict in this stage?
  - How does the resolution of this conflict impact later stages of development?
  - What practical implications does this theory have for supporting children in this stage?
- Have each group present their analysis and discuss it with the larger group.
- Summarise, on the flip chart, the key points discussed in psychosocial theory.

Facilitator's Notes

Psychosocial Theory

- Erik Erikson introduced psychosocial theory, which addresses patterned changes in self-understanding, identity formation, social relationships, and worldview across the lifespan
- Erikson's eight-stage theory of psychosocial development describes growth and change throughout life, focusing on social interaction and conflicts that arise during different stages of development.
- While Erikson's theory of psychosocial development shares some similarities with Freud's, it is dramatically different in many ways. Rather than focusing on sexual interest as a driving force in development, Erikson believed that social interaction and experience played decisive roles.
- His eight-stage theory of human development described this process from infancy through death. During each stage, people are faced with a developmental conflict that impacts later functioning and further growth.
- Unlike many other developmental theories, Erik Erikson's psychosocial theory focuses on development across the entire lifespan. At each stage, children and adults face a developmental crisis that serves as a major turning point.
- Successfully managing the challenges of each stage leads to the emergence of a lifelong psychological virtue.

ATTACHMENT THEORY

30 Mins

Facilitator Instructions:

- Play the following video clips related to the attachment theory.
- "Still Face Experiment" by Dr Edward Tronick https://www.youtube.com/watch?v=YTTSXc6sARg
- Facilitate a plenary discussion for the participants to give their views on the video clip.
- Present a brief overview of Attachment Theory, explaining the basic concepts and the key types of attachment styles (Secure, Anxious, Avoidant, and Disorganised).
- Use a visual aid such as a PowerPoint presentation to illustrate the key points and ask the participants to refer to their handbook.
- Play the video "Attachment Theory: How childhood affects life" https://www.youtube.com/watch?v=WjOowWxOXCg
- Facilitate a plenary discussion for participants to give their views on the clip.
- Provide a real-world example of how attachment styles can affect child development and behaviour.

Facilitator's Notes

Attachment Theory

- John Bowlby proposed one of the earliest theories of social development. There is a great deal of research on the social development of children. Bowlby believed that early relationships with caregivers play a major role in child development and continue to influence social relationships throughout life.
- Bowlby's attachment theory suggests that children are born with an innate need to form attachments. Such attachments aid in survival by ensuring that the child receives care and protection. Not only that but also these attachments are characterised by clear behavioural and motivational patterns.
- In other words, both children and caregivers engage in behaviours designed to ensure proximity. Children strive to stay close and connected to their caregivers who in turn provide a safe haven and a secure base for exploration.
- Children, including those with disabilities, who receive consistent support and care, are more likely to develop a secure attachment style, while those who receive less reliable care may develop an ambivalent, avoidant, or disorganised style.

Attachment Styles

- **Secure attachment**: Babies became upset when their parents left and were comforted by their return. Children with a secure attachment style tend to feel safe, stable, and more satisfied in their close relationships. As adults, they usually thrive in close, meaningful relationships.
- **Anxious-ambivalent attachment:** Babies would become very upset when their parents left and would be difficult to comfort upon their return. Children with an "anxious-ambivalent" style tend to be overly needy. As adults, they are often anxious and uncertain, lacking in self-esteem. They crave emotional intimacy but worry that others do not want to be with them.
- **Avoidant-dismissive attachment:** Babies would barely react or not react at all when their parents left or returned. Children with this type of attachment are the opposite of those who are ambivalent or anxious-preoccupied. Instead of craving intimacy, they are so wary of closeness they try to avoid emotional connection with others. As an adult, one would rather not rely on others or have others to rely on them.
- **Disorganised attachment:** Babies had more erratic or incoherent reactions to their parents leaving or returning, such as hitting their heads on the ground or "freezing up." Children with this style likely never learned to self-soothe their emotions. As a result, both relationships and the world around them can feel frightening and unsafe. As adults, they may replicate the same abusive patterns of behaviour if they experienced abuse as a child.

Attachment Styles Role-Play

20 Mins

Facilitator Instructions:

- Assign participants into groups and assign each group a different attachment style. Play the video on attachment styles, embedded in your slides.
- Provide each group with a scenario involving a caregiver-child interaction that corresponds to their assigned attachment style. For example, a scenario where a child shows distress when the caregiver leaves (Anxious Attachment) or where the child avoids physical contact (Avoidant Attachment).
- Have each group role-play their scenario, demonstrating the attachment style in action.
- After each role-play, facilitate a plenary discussion on how the attachment style was portrayed and its potential impact on the child's behaviour and relationships.

Case Studies

Avoidant dismissive attachment

Jude is your neighbour's 3-year-old boy who seems to want to be independent at the expense of a close relationship with his parents and siblings. He mostly plays alone when outside and does not seem to enjoy other children's company. Jude does not react when his parents leave or return.

Anxious ambivalent attachment

Agan is your 2-year-old niece. Every time you visit, you realise that she gets very upset when her mother leaves. Even after the mother comes back, Agan cries almost the whole time and is inconsolable. She seems to always want reassurance and the presence of her mother. She will never accept to be left with you alone whenever you are in their home. She is emotionally distant and very clingy to her mother.

Disorganized attachment

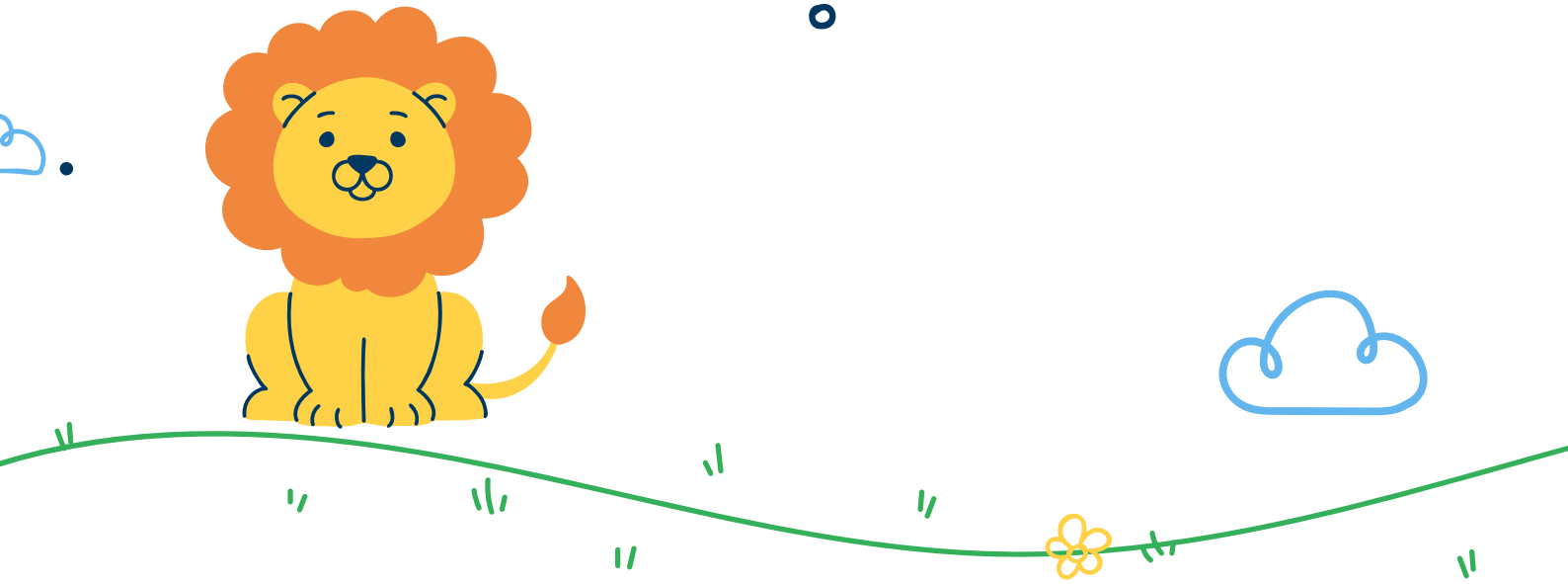
Mandi is a 5-year-old girl that fears proximity to her parents who physically and emotionally abuse her. She displays a mixture of avoidant and aggressive behaviours in proximity to her parents. She seems to have a problem regulating her emotions and has little or no sense of safety in relationships. Mandi is a dissociated and confused child. Her reaction to her parents' departure or return is very erratic. Many times, she cries and hits her head on the wall when her parents leave or return, while other times she freezes and displays no emotions.

5 Mins

Wrap-Up and Reflection

Facilitator Instructions:

- Using a flip chart, summarise the key points discussed during the session.
- Ask participants to reflect on one new insight they gained about Attachment Theory and how they plan to use this insight in their work or personal lives.
- Emphasise to the participants that the most suitable attachment type to foster is secure attachment.
- Instruct participants to respond to the following question in the trainee's handbook "How can understanding different attachment styles help you in building better relationships with children and families in your professional practice?"



SESSION 3: DEVELOPMENTAL STAGES

A. STAGES OF GROWTH AND DEVELOPMENT

Facilitator Instructions:

Introduction to the Stages of Growth and Development

10 Mins

- Ask participants to pair up and brainstorm on the stages of growth and development.
- Facilitate the discussion in the plenary session
- Present the stages of growth and development, covering key milestones from conception through adolescence.
- Use a visual timeline or chart to illustrate the stages and major milestones.
- Explain the importance of recognising these stages for supporting child development effectively.

Group activity

20 Mins

- Assign participants in groups
- Assign each group a specific stage of child development e.g. prenatal stage or infancy etc.
- Ask participants to discuss the information provided in the training handbook for the stage assigned to them.
- Allow each group to present their findings during plenary.
- Guide the discussion using notes provided in the training manual or PowerPoint Slides.

Wrap-Up and Reflection

5 Mins

- Summarise the key points discussed during the session and highlight the importance of understanding developmental stages in supporting children.
- In the trainee's handbook, respond to the question "How can recognising and understanding the different stages of growth and development improve your ability to support and interact with children at various ages?

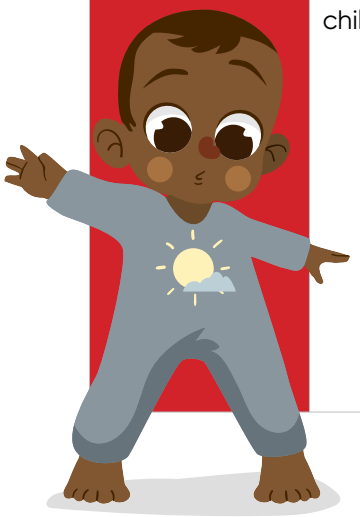
Facilitator's Notes

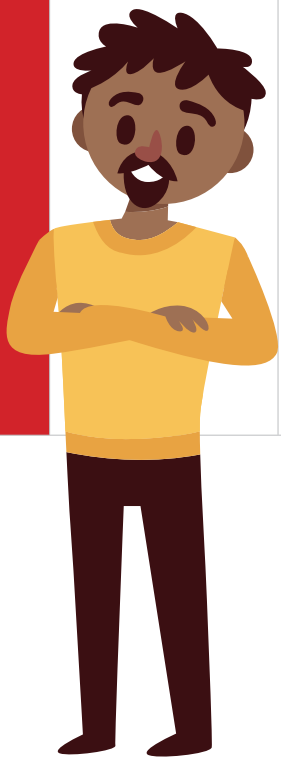
Facilitator›s Instructions 40 Mins

- Assign participants into groups.
- Assign each group a specific stage of development.
- Ask them to discuss the specific milestones for the stage assigned to them.
- Ask groups to present their work during plenary.
- Facilitate and later give a brief lecture using the PowerPoint slides.

Table 1: Stages of Child Development

Ages	Stage	Milestones
Conception - Birth 	Prenatal stage	• Involves 3 stages – germinal, embryonic and foetal stage. • During the foetal stage the following are evident: ☞ 9–12 weeks - sex organs begin to differentiate. ☞ 16 weeks – Fingers and toes are fully developed, and fingerprints are visible ☞ 24 weeks – Hearing has developed and the foetus can respond to sounds. ☞ 24 weeks – Internal organs, such as the lungs, heart, stomach, and intestines, have formed enough that a foetus can be born prematurely. ☞ 16 to 28 weeks – the brain doubles in size ☞ Around 36 weeks – a foetus can be born and survive outside the mother's womb with no complications
Birth – 12 months	Infancy	**Birth – 6 months** • Once born, one of the things that babies need the most is to be held, cuddled, rocked, and carried. • Do not know any words. • Make different kinds of sounds to express feelings. • They cry to let others know when they need something, like eating. • Rest is crucial at this stage to allow growth • Children at this stage do not understand their feelings or how other people feel. • Babies love to grab things and put them in their mouths.

Ages	Stage	Milestones
	Infancy	**6 – 12 months** • Babies usually start to crawl, pull to a stand and rock back and forth. • They usually cry less and smile more. • At this stage, the babies need to know that parents are always close-by. • Sometimes babies cry because they feel sick or because they are teething. • Babies at this stage begin to speak and make sounds.
1 – 2 years Old	Toddler	• Children begin to walk independently and start talking. • They love to touch everything, drop objects from their hands, and taste everything. • Children at this stage are eager to know the names of all the objects around them and can learn words quickly. • Children at this stage become more independent.
2 – 3 years Old 	Pre-School	• They try to make sense of their feelings. • Children start learning about danger and become fearful of being hurt. • Children at this stage do not know the difference between reality and fantasy. • Self-control and self-confidence begin to develop at this stage. • At this stage, parents should provide children with reassurance and support so they feel safe and protected and grow up with confidence.
3 – 5 years Old	Early childhood	• Children are very curious and want to learn everything. • At this stage, children also learn to do more on their own and they want to practice their independence. • Children need time to play, particularly with other children of the same age. Through play, children solve problems, invent new things and figure out how things around them work.
5 – 9 years Old 	Middle childhood	• As they start school, they must quickly learn how to manage on their own without their parents, how to get along with many other children, meet the expectations of new adults who are not their family members, and adjust to new schedules and routines. • Some children can adjust quickly to all these changes and without problems. Others will face challenges. • At this stage of development, children observe and learn many things from adults. • This is why parents have the important responsibility to guide and support their children.

Ages	Stage	Milestones
9 – 13 years Old 	Pre-adolescence	• The Child is about to enter puberty. • This is a time of psychological, physical and emotional change for both boys and girls. This is also the time for the onset of menstruation for girls. • This is a sensitive time for the child, which requires attention, guidance and support from parents and caregivers. • Children at this stage spend more time with their friends and peers than with their parents. • Sometimes they want to be independent and do what their friends do, even if their parents disapprove. • The child's body undergoes a fast transformation. • The child might not always be keen to talk when upset or sad.
13 – 18 years Old 	Adolescence	• Physically, mentally and emotionally the child transitions into the adolescent stage. • Clear sexual identity – manhood, and womanhood is established. • The most important thing for the child at this stage is to develop his/her own unique identity "who they are", separate from own parents, and establish peer relationships. • This is because the child is trying to experiment with different identities to see which one would fit best, rebelling against the influence of parents. • Even the best adolescents experience at some stage some identity confusion: some boys and girls might experience self-doubt and peer pressure to conform to a group and experiment with risky behaviours (e.g., minor delinquency, alcohol and drug use, or risky sexual behaviour). • Adolescents' sense of risk is low and they can get hurt, get pregnant or even die due to poor judgement. • In this phase of transition, it is important for parents and caregivers to listen to the child, provide opportunities for dialogue to address confusion and insecurities and transfer necessary knowledge and skills to build the adolescent's confidence and sense of responsibility.

B. VARIATIONS IN CHILD GROWTH AND DEVELOPMENT

Facilitator Instructions:

Introduction to Variations in Child Growth and Development 5 Mins

- Use a visual aid or presentation slide to highlight key points about individual differences, cultural influences, and environmental factors.
- Present a brief overview of the concept of variations in child development, emphasising that children develop at their own pace and that many factors can influence developmental outcomes.

Interactive Plenary Discussion: Understanding Individual Differences 10 Mins

- Pose questions to participants about individual differences in child development (e.g., "What are some factors that might cause a child to develop certain skills earlier or later than peers?").
- Facilitate a plenary discussion where participants share their experiences and observations of developmental variations in children.
- Use a flip chart to document participants' responses.
- After gathering input, summarise key factors contributing to individual differences, such as genetics, health, and personal experiences.

Facilitator's Notes

Variations in Child Growth and Development

Some children may not follow the normal pattern of development. These variants include 'bottom shufflers', who do not crawl but shuffle around. These children tend to walk late and may be mildly hypotonic, especially in the lower limbs. Some 'commando crawl', while others do not go through the crawling phase at all.

Children may exhibit variation in their rate of acquisition of language, social skills, play and behaviour, as they may follow a familial pattern (e.g. family history of speech delay) or be affected by environmental influences (e.g. not attending a preschool). There is a general belief that boys tend to acquire language later than girls, which has not been proven true.

Children coming from bilingual families may seem to have delayed acquisition of one language, but they eventually catch up in the absence of any risk factors. Nevertheless, physicians should be aware of the red flags in the context of the child's development when determining a further management plan.

SESSION 4: FACTORS CONTRIBUTING TO DEVELOPMENTAL DELAYS AND HOW THEY CAN BE ADDRESSED

A. DEVELOPMENTAL DELAYS

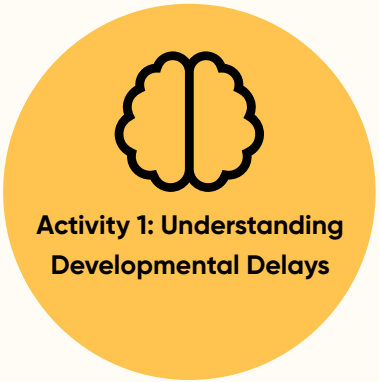
Facilitator Instructions:

Introduction

5 Mins

Session Overview:

- Begin with a brief introduction to the topic of developmental delays and their significance.
- Outline the session's objectives and structure.



10 Mins

Interactive Quiz:

- Conduct a quick interactive quiz using a tool like Mentimeter, KahooT or any other relevant tool to assess participants' initial understanding and engage them in the topic.
- Discuss the answers in plenary and provide clarifications where necessary.

Presentation:

- Using PowerPoint slides, present an overview of developmental delays, including common types (e.g., speech and language delays, motor delays, cognitive delays, and social-emotional delays).
- Discuss potential causes, such as genetic factors, environmental influences, and medical conditions.

Activity 2: Case Studies and Role Play

20 Mins

Introduce Case Studies:

- Distribute handouts with different case studies depicting children with various developmental delays.

Group Work:

- Assign participants into groups and assign each group a case study.
- Ask them to analyse the case study, identify the type of delay, and discuss potential causes and interventions.
- Ask them to prepare a role play based on the case study.

Group Presentations:

- Have each group role-play their case study during plenary
- Ask other groups to identify the developmental delay presented in the role-play.
- Have the group explain their role-play based on what they discussed.
- Guide the discussions and provide clarity where needed based on the solutions to the case studies provided in the manual.
- Facilitate a discussion on the importance of early identification and intervention.

Case Studies: Developmental Delays

Case Study: Janice

Janice is a 2-year-old girl who started walking independently at 16 months but she struggles with running and climbing stairs. She tends to use furniture for support and avoids climbing or jumping. She shows hesitation and lack of coordination when attempting to climb stairs or navigate uneven surfaces. Janice can stack 3-4 blocks but finds it challenging to build a tower of 6-8 blocks. She shows interest in scribbling but lacks control and precision. Her grip on crayons is weak, and she tends to tear pages rather than turning them gently. Janice uses around 20-30 words and occasionally combines two words, such as "want milk." Her speech is often unclear and hard to understand. In general, she has limited verbal communication and often relies on gestures to express needs. Socially, Janice engages in solitary play and shows some interest in other children, but she does not consistently engage in pretend play. She is able to follow simple instructions like "come here," but she shows limited interest in shared activities or playing with other children.

Assessment and Evaluation of Janice

1. **Developmental Pediatrician Consultation:**
   - Findings: Janice's developmental delays are noted in motor skills, language, and social interactions. She is referred for a comprehensive evaluation by a child psychologist and speech-language pathologist.
2. **Speech-Language Evaluation:**
   - Findings: Janice has expressive language delays and is at risk for a speech or language disorder. Her articulation is unclear, and her vocabulary is below the expected range for her age.
3. **Occupational Therapy Assessment:**
   - Findings: Janice exhibits fine motor delays, including issues with hand-eye coordination and strength. Her ability to perform tasks requiring dexterity is limited.
4. **Physical Therapy Assessment:**
   - Findings: Janice shows delays in gross motor skills, including difficulty with balance and coordination. She has weak core muscles and struggles with more complex motor tasks.

Intervention Plan

1. **Speech-Language Therapy:**
   - Goals: Improve vocabulary, enhance clarity of speech, and increase use of two-word phrases. Sessions will focus on interactive play and language-rich activities.
2. **Occupational Therapy:**
   - Goals: Develop fine motor skills, improve hand-eye coordination, and strengthen grip. Activities include block stacking, drawing, and play with various textures.
3. **Physical Therapy:**
   - Goals: Enhance gross motor skills, improve balance and coordination, and strengthen core muscles. Activities will include climbing, running, and exercises to improve muscle strength.
4. **Parental Support and Education:**
   - Goals: Equip parents with strategies to support Janice's development at home. Provide guidance on creating a supportive environment, including using developmental toys and engaging in interactive play.

Conclusion

Janice's developmental delays span multiple domains, including gross and fine motor skills, language, and social interactions. Through a coordinated approach involving speech-language therapy, occupational therapy, physical therapy, and parental support, Janice's developmental trajectory can be positively influenced. Regular follow-up and reassessment will be crucial to ensure that interventions remain effective and appropriately tailored to her evolving needs.

Case Study: Mandala

Mandala struggles with problem-solving and has difficulties with mathematical concepts and reading comprehension. He performs below grade level in these areas. He often becomes frustrated with complex tasks and needs additional time and support to complete assignments. Mandala has significant challenges with writing, including spelling and sentence structure. His homework often requires assistance from his mother, since his reading skills are delayed, and he has difficulty understanding and recalling details from texts. He has trouble forming and maintaining friendships. He often feels isolated and struggles with managing frustration and anxiety in social situations. Mandala shows signs of low self-esteem and is frequently anxious about social interactions and academic performance. He has challenges with fine motor skills, including handwriting and other tasks requiring precise hand movements. He also shows clumsiness in physical activities. His handwriting is illegible, and he avoids tasks that require manual dexterity, such as drawing or using scissors.

Assessment and Evaluation of Mandala

1. **Educational Psychologist Consultation:**

- Findings: Mandala's academic performance is below expected levels for his age, with specific delays in reading and mathematics. He is referred for a comprehensive evaluation to rule out specific learning disabilities and ADHD.

2. **Speech-Language Evaluation:**

- Findings: Mandala's expressive language skills are within normal limits, but his ability to understand and process complex language is impaired. He has difficulty following multi-step instructions.

3. **Occupational Therapy Assessment:**

- Findings: Mandala shows significant fine motor delays affecting his handwriting and other manual tasks. His coordination and hand-eye skills are also below expected levels.

4. **Psychiatric Evaluation:**

- Findings: Mandala displays symptoms of anxiety and low self-esteem. He experiences heightened stress related to academic performance and social interactions, which impacts his overall emotional well-being.

Intervention Plan

1. **Academic Support:**

- Goals: Improve Mandala's reading comprehension and mathematical problem-solving skills. Provide tailored academic support through tutoring and individualized education plans (IEPs).

- Strategies: Use multi-sensory teaching methods, provide frequent feedback, and break tasks into smaller, manageable parts.

2. **Occupational Therapy:**
   - Goals: Enhance fine motor skills and handwriting abilities. Improve hand-eye co-ordination and overall manual dexterity.
   - Strategies: Implement exercises to strengthen hand muscles, practice handwriting with adaptive tools, and engage in activities that promote fine motor development.
3. **Counseling and Emotional Support:**
   - Goals: Address anxiety, improve self-esteem, and develop coping strategies for managing stress.
   - Strategies: Provide individual counseling to help Mandala manage anxiety and build self-confidence. Include social skills training and emotional regulation tech-niques.
4. **Family Support and Education:**
   - Goals: Equip Mandala's mother with strategies to support Mandala's learning and emotional needs at home.
   - Strategies: Offer parental training on effective parenting techniques, create a struc-tured and supportive home environment, and encourage positive reinforcement.
5. **Follow-Up and Monitoring**
   - Bi-Monthly Reviews: Progress will be reviewed bi-monthly with the educational psy-chologist, occupational therapist, and counsellor to adjust interventions as needed.
   - Annual Reevaluation: An annual reevaluation will be conducted to assess Mandala's aca-demic progress, motor skills development, and emotional well-being.

Conclusion

Mandala, a 10-year-old with developmental delays, faces challenges across cognitive, academic, social, and motor domains. Through a coordinated approach involving academic support, occupa-tional therapy, counselling, and family education, Mandala's developmental needs can be addressed effectively. Regular follow-up and reassessment will be critical in ensuring that interventions re-main relevant and supportive of Mandala's continued growth and development.

Wrap up and Reflection

Facilitator Instructions: 5 Mins

a. **Summary of Key Concepts:**

- Recap the main points discussed during the session, emphasising the importance of understanding and addressing developmental delays.

b. **Participant Reflection:**

- Ask participants to reflect on what they learned and how it applies to their personal or professional lives.
- Assign them a task in their handbook to "share one action they plan to take to support children with developmental delays".

Facilitator's Notes

15 Mins

Specific Developmental Delays

Developmental delays can exist in a single specific area or can be spread across a spectrum of categories. These are some of the areas and how they manifest in children:

Cognitive

- Delays in this area affect a child's intellectual functioning. While some children may exhibit behaviours earlier than others, signs of cognitive developmental delays become more apparent around the ages of 4-6 when children begin going to school consistently.
- For example, some children may have difficulty communicating and playing with other children to the point where it inhibits their functioning.
- Some of the causes may include:
    - Brain infections at birth (i.e., meningitis)
    - Shaken Baby Syndrome
    - Seizures
    - Chromosomal disorders (i.e., Down syndrome)

Motor

- These can interfere with a child's learning to coordinate large and small muscle groups. For example, babies who take longer to roll over or crawl could have delays in this category of development.
- This may also be the case for older childsren who might seem clumsy and have trouble with their fine motor skills. For example, an older child may have difficulty holding onto their toothbrush or tying their shoes.
- Some of the diagnoses in this area include:
    - Achondroplasia
    - Cerebral palsy
    - Muscular dystrophy

Social, Emotional and Behavioural

These delays come into play when a child's ability to learn, communicate, or interact with others is inhibited. These differences in development affect how a child reacts to their environment. Children may have trouble with:

- Picking up on social cues
- Initiating and sustaining simple conversations with others
- Frustrating situations
- Changes to routine, even minor ones
- Prolonged tantrums

These specific indicators can be signs of autism or Attention Deficit Hyperactivity Disorder (ADHD).

Speech

- Delays in this area can be receptive, expressive, or both – meaning a child has trouble receiving or taking in speech, or expressing their thoughts and feelings through speech.
- Receptive speech delays can be seen as having difficulty understanding words or concepts such as colours or shapes.
- Expressive speech delays are recognised when a child has a lower vocabulary, as compared to other children of a similar age. For babies, they may be slow to babble. For young toddlers, they may be slow to talk and eventually form sentences.
- Speech production disorder can manifest as low oral-motor skills. These can stem from weak muscles in the mouth including the tongue or jaw, brain damage, or a genetic syndrome.

B. FACTORS CONTRIBUTING TO DEVELOPMENTAL DELAYS

Interactive Brainstorming: Identifying Contributing Factors 20 Mins

Facilitator Instructions

- Assign participants into groups and ask each group to brainstorm factors that can contribute to developmental delays (e.g., genetic factors, prenatal conditions, environmental influences, socio-economic factors).
- Label the flip chart in the following categories – genetic and environmental factors
- Provide each group sticky notes to write their idea
- After brainstorming, have each group present their list of factors to the plenary and stick it on a labelled flip chart according to the categories of factors.
- Facilitate a discussion, summarising and organising the factors into categories, such as genetic/biological and environmental

Facilitator's Notes

Factors contributing to developmental delays

1. **Genetic and Hereditary Factors**
   - **Genetic Disorders:** Conditions such as Down syndrome, Fragile X syndrome, or other chromosomal abnormalities can cause developmental delays.
   - **Inherited Metabolic Disorders:** Conditions like phenylketonuria (PKU) can affect brain development and lead to delays.

2. **Environmental Factors**

   a) **Prenatal Factors**
   - **Maternal Health:** Poor maternal nutrition, chronic illnesses, or infections during pregnancy (like rubella or toxoplasmosis) can affect fetal development.
   - **Substance Exposure:** Alcohol, tobacco, and drug use during pregnancy can lead to fetal alcohol syndrome or other developmental issues.
   - **Exposure to Toxins:** E.g., environmental toxins like lead or mercury during pregnancy can impair brain development.

   b) **Birth-Related (Perinatal) Factors**
   - **Premature Birth:** Babies born before 37 weeks are at higher risk for developmental delays, such as motor skills and cognitive function.
   - **Low Birth Weight:** Infants with low birth weight may face challenges in physical and cognitive development.
   - **Birth Complications:** Lack of oxygen (hypoxia) during birth or trauma during delivery can lead to developmental issues.

c) Postnatal Factors

- **Infections:** Severe or repeated infections, e.g., meningitis or encephalitis, can damage the brain.
- **Malnutrition:** Chronic malnutrition, particularly in the first few years of life, can severely impact physical and cognitive development.
- **Exposure to Environmental Toxins:** e.g., exposure to toxins like lead in the postnatal environment.

3. Other Environmental and Psychosocial Factors

- **Neglect and Abuse:** Lack of emotional and physical care, or exposure to violence and trauma, can lead to delays in emotional and social domains.
- **Lack of Stimulation:** Limited interaction, play, and learning opportunities may cause delays in language, cognitive, and social skills.
- **Poverty:** This may lead to inadequate nutrition, poor healthcare access, and unsafe living conditions.

4. Chronic Health Conditions

- Chronic Illnesses: e.g., asthma, diabetes, or congenital heart disease can affect a child's physical development and energy levels.
- Neurological Conditions: e.g., cerebral palsy, epilepsy, or autism spectrum disorder can cause delays in motor skills, communication, and social interactions.

5. Mental Health of Caregivers

- Parental Mental Health: Maternal depression, anxiety, or other mental health issues can affect bonding and attachment, affecting emotional and social development.

a) Multifactorial Influences

- Interaction of Multiple Factors:
  - Combination of genetic, environmental, and social factors.
  - E.g., a child born prematurely to a mother with inadequate prenatal care who also grows up in a low-stimulation environment is at higher risk for developmental delays.

b) Cultural and Societal Factors

- Cultural Practices: Certain cultural practices or beliefs may inadvertently contribute to developmental delays, e.g., restrictive infant-rearing practices or lack of early educational opportunities.
- Access to Early Intervention Services: Inadequate access to healthcare and early intervention services can delay the diagnosis and treatment of developmental issues.

c) Unexplained Causes

- In some cases, the cause of developmental delays may not be identifiable, even after thorough medical and developmental assessments.

C. STRATEGIES FOR ADDRESSING DEVELOPMENTAL DELAYS

Facilitator Instructions: 15 Mins

1. Provide a concise overview of developmental delays and why early intervention is critical.
2. Introduce key concepts such as individualised intervention plans, multi-disciplinary approaches, and family involvement.
3. Engage participants in a discussion about the challenges they have encountered in addressing developmental delays and what strategies have been effective in their experience.

Facilitator's Notes

Key factors and strategies for addressing developmental delays

1. Early diagnosis and intervention help address genetic factors. Additionally, genetic counselling for parents, and personalised education and therapy plans.
2. To counter prenatal-related factors such as maternal infections, drug or alcohol use during pregnancy, poor maternal nutrition, prenatal care, education for expectant mothers on healthy habits, and monitoring high-risk pregnancies closely.
3. Birth complications, such as premature birth, low birth weight, and lack of oxygen at birth, could occur. This should be addressed through hospital deliveries, specialised neonatal care, immunisation, height and weight monitoring, and continuous monitoring of developmental milestones.
4. Environmental factors include exposure to toxins (lead, mercury), poor nutrition, and inadequate stimulation. Ensuring a safe and enriching home environment, community programmes for parental support and education, and nutritional programmes for children can help address this.
5. Health-related issues such as chronic illnesses, frequent infections, and untreated ear infections, affecting hearing, can be addressed through access to healthcare, regular health screenings, and timely treatment of medical conditions.
6. Psychosocial factors arising from neglect, abuse, family stress, and lack of social interaction can be addressed through supportive family interventions, mental health services, social skills training, and community support programmes.

Support services available for addressing developmental delays

Early Screening and Assessment

- Routine developmental screenings during paediatric visits.
- Early identification of delays allows for timely intervention.

Early Intervention Programmes

- Services for infants and toddlers with developmental delays or disabilities, such as speech therapy, physical therapy, and occupational therapy.

Parental Education and Support

- Training parents to recognise and respond to developmental delays.
- Providing resources and support groups for families.

Individualised Education Plans (IEPs)

- Tailored educational programmes for children with developmental delays.
- Collaboration between educators, therapists, and families.

Therapeutic Interventions

- Speech and language therapy, physical therapy, and occupational therapy.
- Behavioural therapy and counselling as needed.

Nutritional Support

- Ensuring children receive adequate nutrition for optimal development.
- Programmes like WIC (Women, Infants, and Children) can provide assistance.

Community and Social Support

- Creating inclusive community environments that support children with developmental delays.
- Social programmes and activities that encourage interaction and development.

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UNIT
02

"I am different,
but not less."

~ Temple Grandin

UNIT 2: UNDERSTANDING DISABILITIES AND SPECIAL NEEDS IN CHILDREN

360 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

PURPOSE:

The purpose of this unit is to help the learner explore the types of disabilities, special needs and their impact on children, families and communities. The learner will further discuss the models of disability and etiquette when interacting with children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Define key concepts in disabilities and special needs.
2. Explore myths and misconceptions about disabilities and special needs.
3. Explain the causes of disabilities and special needs
4. Describe the models of disabilities.
5. Identify the categories of disabilities and special needs in children.
6. Examine the possible interventions for different types of disabilities and special needs.
7. Explore appropriate disability etiquette.

SESSIONS

1. Key concepts in disabilities and special needs.
2. Myths and misconceptions about disabilities and special needs.
3. Causes of disabilities and special needs.
4. Models of disabilities.
5. Categories of disabilities and special needs.
6. Intervention strategies for children with disabilities and those with special needs.
7. Disability etiquette.

SESSION 1: KEY CONCEPTS IN DISABILITIES AND SPECIAL NEEDS

30 Mins

Facilitator's Instructions:

1. Write the key terms on a flip chart and pin it on the wall using a masking tape.
2. Provide the participants with pieces of paper written on definitions of the key terms.
3. Ask learners to sort the definitions and match the terms on the flip chart.
4. Open discussion at plenary
5. Summarise the discussion with a PowerPoint presentation on terminologies.

Facilitator's Notes

Definition of terms and concepts

Disability: Includes any physical, sensory, mental, psychological or other impairment, condition or illness that has, or is perceived by significant sectors of the community to have, a substantial or long-term effect on an individual's ability to carry out ordinary day-to-day activities.[37]

It also means a physical, sensory, mental or other impairment, including any visual, hearing, learning or physical incapability, which impacts adversely on social, economic or environmental participation.[38]

Special needs

This is a functional development term referring to individuals who need help and support for any kind of condition such as medical, mental, or psychological.[39] Special needs are temporary or lifelong conditions or factors that hinder an individual's learning and development. They include disabilities, social challenges, emotional issues, health, political difficulties, or discrimination and can cause an individual to require additional or specialised services or reasonable accommodations.

Impairment

Loss or damage to a part of the body through either an accident, disease, genetic factors or other causes. It leads to the loss or weakening of the affected part of the body and hence, deterioration of its function.[40]

[37] Constitution of Kenya 2010, Article 260

[38] Persons with Disabilities Act, 2003

[39] Nicholl, P., Graham, D., Redpath, J., Kearney, P., Wallace, J., Mulvenna, M., Martin, S., & Benest, I. (2014). Identifying the Barriers and Enablers for Supporting Learners with Special Needs in Higher Education. In Handbook of Research on Transnational Higher Education (pp. 467–485). IGI Global. https://doi.org/10.4018/978-1-4666-4458-8.ch024

[40] The International Classification of Functioning, Disability and Health (ICF), 2001

Disorder

A condition that may be acquired or congenital that may make it difficult for a person to perform certain activities.[41] Refers to a clinically significant disturbance in an individual's characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.[42] It is also a condition resulting from an illness that causes a part of the body not to function appropriately. A group of symptoms involving irregular behaviours or physiological conditions, persistent or intense distress, or a disruption of physiological functioning.[43]

[41] APA Dictionary of Psychology

[42] World Health Organization. (2022). Mental disorders. https://www.who.int/news-room/fact-sheets/detail/mental-disorders

[43] APA Dictionary of Psychology. (2018). American Psychological Association. https://dictionary.apa.org/

SESSION 2: MYTHS AND MISCONCEPTIONS ABOUT DISABILITIES AND SPECIAL NEEDS[44]

60 Mins

Facilitator's Instructions:

20 Mins

- Assign the participants into groups
- Give each group a flip chart and marker pens
- Ask each group to discuss and write 4 myths and misconceptions about disabilities and special needs they are aware of.
- Allow each group to present their work to the plenary and provide any clarification where needed.
- Present the summary of myths and misconceptions using slides

Facilitator's Notes

Definition of Myths and Misconceptions

Myth: Refers to a traditional narrative that embodies the values, beliefs, and cultural norms of a society. It often involves supernatural beings or events and explains natural phenomena, historical events, or societal practices. They are deeply embedded in the social and psychological fabric of a culture, offering insights into collective identity and existential questions.[45] [46]

Misconception: Refers to a belief or understanding that is incorrect or flawed, often arising from cognitive biases, incomplete knowledge, or misinterpretations of information.[47] It involves deeply held, yet erroneous, assumptions that resist change due to their integration into existing cognitive frameworks.[48]

[44] http://www.markwynn.com/wp-content/uploads/Common-Myths-and-Misconceptions-about-Disability.pdf

[45] Campbell, J. (2020). *The hero with a thousand faces* (3rd ed.). Princeton University Press.

[46] Eliade, M. (2021). *Myth and reality*. University of Chicago Press.

[47] Plutzer, E. (2021). The uncertainty principle in human cognition: How misconceptions form and persist. Oxford University Press.

[48] Tharp, R. G., & Gallimore, R. (2020). Rethinking misconceptions: Cognitive approaches to understanding and overcoming erroneous beliefs. Routledge.

Myths and misconceptions about disabilities and special needs

Myths and misconceptions about disability and special needs are the incorrect assumptions that are often triggered by fear, lack of understanding and/or prejudice. Promoting negative images of disability is a form of discrimination because it creates barriers to full enjoyment of individual rights.

These myths include:

Myth: Persons with disabilities are sick and in constant pain.

Many people perceive persons with disabilities as being in constant agony and pain. They perceive disability as a sickness that needs to be fixed, a condition to be corrected or cured

Fact: It should be noted that Persons with disabilities are like Persons without disabilities, they get sick on occasion or sometimes may be in pain.

Myth: Persons with disabilities are special and should be treated differently.

Fact: The label of "special" about persons with disabilities does not convey equality. Expectations for success should not be underestimated to accommodate the "special" label that is associated with Persons with disabilities.

Myth: Most persons with disabilities cannot have sexual relationships.

Fact: Persons with disabilities are sexual beings, can get married, have children naturally or through adoption.

Myth: Persons with Disabilities are an outcome of witchcraft or bad omens.

Fact: Disability is not as a result of witchcraft; widespread superstitions about disability exacerbates the exclusion of persons with disabilities in Africa.

Myth: Persons who are visually impaired acquire a sixth sense.

Fact: Although most persons who are visually impaired develop their remaining senses more fully, they do not have a 'sixth sense.'

Myth: Disabilities and special needs are inherited.

Fact: Disability and special needs is not always inherited. Some forms of disabilities that are inherited are determined by genes for instance albinism, down syndrome etc. Other disabilities can be caused by traffic accidents, illness or medical complications at birth etc.

Myth: Certain body parts of persons with disabilities are medicinal and can cure diseases.

Fact: These are traditional outdated beliefs and superstitions, which are not true.

Note: These are illegal practices and punishable by law.

Myth: Persons with disabilities are brave and courageous

Fact: Persons with disabilities like any other persons have resilience and determination to navigate daily challenges. The society should provide reasonable accommodation.

Myth: Persons with disabilities are comfortable with their own kind – same with those having same disability

Fact: People with disabilities, like anyone else, have unique social preferences and may form friendships and connections based on a wide range of factors, not just their disability.

Myth: Disability is a personal tragedy and deserves our pity.

Fact: Disability is often viewed as an unending burden. Persons with Disabilities are often viewed as tragic figures whom society should pity. Disability does not mean a poor quality of life. It is often the negative attitudes of society and the lack of accessibility within the community that are the real

Myth: Persons with disabilities are dependent and always need help.

Fact: All of us may have difficulty doing some things and may require assistance. Persons with disabilities may require help on occasion; however, disability does not mean dependency. It is always a good strategy not to assume a person with a disability needs assistance.

Myth: Persons with disabilities want to associate with each other.

Fact: Relationships and friendships are a matter of personal choice. Persons with Disabilities may share similar characteristics; however, it should not be assumed that everyone wants to associate or develop friendships with each other.

Myth: Persons with severe disabilities need to live in institutions, rehabilitation hospitals or under constant supervision so that they do not hurt themselves.

Fact: Unfortunately, this myth has created a system of long-term care in our nation that relies on institutions such as homes and other facilities. Even those with the most severe disabilities could live in their own home given adequate community-based service, and at the very least, they should be given that choice.

Myth: Persons with Disabilities have a poor quality of life.

Fact: This is one of the most common and damaging stereotypes, because it discourages social interactions and the development of mature relationships. Persons with disabilities have needs just like those without disabilities, and they strive for a high degree of quality of life as other individuals. Society handicaps individuals by building inaccessible schools, workplaces, homes, buses, etc.

Myth: People with disability can only do basic unskilled jobs

Fact: Persons with disabilities bring a range of skills, talents, and abilities to the workplace. They work in all sorts of jobs and hold a range of tertiary and trade qualifications. People with disabilities have a clear understanding of their abilities and are unlikely to apply for jobs they cannot do.

Misconceptions about Disability

Misconception 1: Disability means inability

One of the most common misconceptions about disability is that it means inability. While the words may be close, conceptually these concepts could not be further apart. Disability is a variation in human functioning. People with disabilities can and do engage in the world in a wide variety of ways. While some of these ways may be different, people with disabilities are more than capable of learning, teaching, working, and thriving in higher education. Additionally, all people have far more strengths than they do weaknesses. While people with disabilities may have functional limitations in some areas, they excel in many others.

Misconception 2: Disability is a personal "problem"

Some people associate disabilities as being some sort of personal "problem". Disability certainly influences an individual's life in different ways depending on the individual and their circumstance. However, disability is not a problem that needs to be "fixed." Disability should be understood, celebrated, and centred. All people are continually growing, learning, and improving, and it is more important and valuable to address inaccessible environments that limit the participation and progress of people with disabilities.

Misconception 3: People with disabilities need your "help"

It is a common misconception that people with disabilities need help from the temporarily able bodied. The reality is that people with disabilities want to be independent and want to achieve individual success. Whether or not someone has a disability, we all need help sometimes.

As with anyone else, if you feel like someone might need help, it is best to ask before providing any help.

Another variation of this misconception is that people with disabilities need more help than other people. While it is true that people with disabilities may need different types of support, much of the time the assistance they need is related to navigating inaccessible environments.

Misconception 4: All people with the same disability label will have the same experiences and characteristics

Many people overgeneralise what they have learned about a specific disability by applying it to all individuals they meet with that label. They believe that all people with the same label will have the same characteristics and have common experiences. The reality is that people with disabilities are diverse and hold many different identities, and experiences are equally diverse. It is important to understand the lived experience of each individual. As is commonly said in the disability community, when you have met one person with a disability... you have met one person with a disability.

Misconception 5: Disability is a bad word

Sometimes people are nervous about saying the word "disability." Being thoughtful and considerate with the words you choose to use when talking about disability and people with disabilities is a good thing, but avoiding the term disability altogether is not helpful.

Disability is not a bad word or something that should be hidden. Consideration of disabilities should be central to our decision-making and central to how we provide access to all individuals. That means we need to think critically about disability, actively work toward DE stigmatisation, incorporate accessibility and inclusion into our planning, and talk about disability openly.

Of course, how we address and understand disability is critical. We need to understand what it means to have a disability and, importantly, the barriers people with disabilities face are often within culture and environments. Disability is not a bad word, but inaccessible practices and ableism are not acceptable.

Misconception 6: Disability is contagious

The belief that disability is contagious is a misconception that undermines the understanding of disabilities and fosters unnecessary fear and stigma. Disabilities are generally not infectious and arise from a variety of non-contagious factors. Promoting accurate information, empathy, and inclusion helps dispel these myths and supports the integration and acceptance of individuals with disabilities in all aspects of society.

SESSION 3: CAUSES OF DISABILITIES AND SPECIAL NEEDS

Facilitator's Instructions:

1. Introduce the session
2. Assign participants into groups
3. Provide each team with a case study that covers different causes of disabilities (e.g., prenatal, perinatal, postnatal). Each case study should include a brief background, specific issues faced, and possible impacts on development. Ensure that the scenarios reflect a variety of causes such as genetic conditions, environmental factors, birth complications, etc.
4. Provide each group with a flip chart and marker pens
5. Instruct each group to read their case study, discuss the causes of disabilities described.
6. Ask them to use flip charts to document their findings and suggestions.
7. Have each group present their case study, findings, and proposed interventions to the entire group.
8. Summarise the key points from each presentation and ask participants to write notes

Case Scenarios

Case Scenario 1

Wanjiku, an 8-year-old girl, has recently been struggling in school. Her teacher notices that she squints frequently, holds books very close to her face, and has difficulty reading the blackboard. Despite her best efforts, Wanjiku's grades have started to decline. During physical activities, she often bumps into objects and other children. These issues seem to have developed gradually over the past year. Participants are asked to figure out what might be causing Wanjiku's difficulties and suggest interventions.

Case Scenario 2.

Kiptoo, a 4-year-old boy, is very quiet compared to his peers. He has not started speaking in full sentences and often uses single words or gestures to communicate. His parents report that he was late in reaching other developmental milestones, such as crawling and walking. Kiptoo becomes frustrated when he can't express himself and sometimes throws tantrums as a result. There is no family history of speech issues, and his hearing appears to be normal. Participants need to identify the underlying cause of Kiptoo's speech delay and propose a plan of action.

Case Scenario 3.

Achieng, a 7-year-old girl, finds it challenging to perform tasks that require fine motor skills, such as writing, buttoning her shirt, and tying her shoes. Her teacher observes that she has an awkward pencil grip and her handwriting is often illegible. During playtime, Achieng struggles with activities that require balance and coordination, like riding a bike or skipping rope. Her parents recall that she was born prematurely and spent some time in the neonatal intensive care unit (NICU). Workshop participants are asked to consider what might be affecting Achieng's motor skills and recommend strategies to support her development.

Case Scenario 4.

Mutua, a 9-year-old boy, has been having frequent behavioural outbursts both at home and in school. These episodes include shouting, hitting, and throwing objects. Mutua's parents and teachers have noticed that these behaviours tend to occur when he is in noisy or crowded environments, or when there is a sudden change in his routine. Despite these challenges, Mutua is very intelligent and excels in tasks that require concentration, such as puzzles and math. Participants are to analyse the possible causes of Mutua's behaviour and suggest appropriate interventions to help manage his outbursts.

Case Scenario 5.

Mwende, a 10-year-old girl, has been having difficulty keeping up with her classmates in school. Her teacher notes that Mwende has trouble understanding new concepts, especially in subjects like math and science. She often needs instructions repeated several times and struggles with tasks that require abstract thinking. Her parents report that Mwende was born after a complicated delivery, which involved a lack of oxygen for several minutes. Since then, they have noticed that Mwende takes longer to learn new skills compared to her peers. Participants are asked to consider the potential impact of her birth experience on her learning difficulties and recommend ways to support her in school.

Case Scenario 6.

Njoroge, a 6-year-old boy, often seems unresponsive when his name is called or when he is given instructions in class. His teacher initially thought he was being inattentive, but she soon realized that he often misunderstands spoken directions. At home, his parents have noticed that he turns the volume up very high when watching TV and sometimes does not respond when spoken to unless he is facing them directly. Njoroge's speech is also somewhat unclear, and he struggles with pronouncing certain words. Participants are to determine what might be causing Njoroge's hearing and speech challenges and propose appropriate steps for his assessment and support

Facilitator's Notes

Causes of disabilities and special needs

Understanding the causes of disabilities and special needs involves examining various factors that can affect an individual before, during, and after birth. These factors are generally categorised into three main periods: prenatal (before birth), perinatal (around the time of birth), and postnatal (after birth).

1. Genetic and Hereditary Factors

- **Genetic Disorders:** Conditions such as Down syndrome, Fragile X syndrome, or other chromosomal abnormalities can cause developmental delays.
- **Inherited Metabolic Disorders:** Conditions like phenylketonuria (PKU) can affect brain development and lead to delays.

2. Environmental Factors

a) Prenatal Factors

- **Maternal Health:** Poor maternal nutrition, chronic illnesses, or infections during pregnancy (like rubella or toxoplasmosis) can affect fetal development.
- **Substance Exposure:** Alcohol, tobacco, and drug use during pregnancy can lead to fetal alcohol syndrome or other developmental issues.
- **Exposure to Toxins:** E.g., environmental toxins like lead or mercury during pregnancy can impair brain development.

b) Birth-Related (Perinatal) Factors

- **Premature Birth:** Babies born before 37 weeks are at higher risk for developmental delays, such as motor skills and cognitive function.
- **Low Birth Weight:** Infants with low birth weight may face challenges in physical and cognitive development.
- **Birth Complications:** Lack of oxygen (hypoxia) during birth or trauma during delivery can lead to developmental issues.

c) Postnatal Factors

- **Infections:** Severe or repeated infections, e.g., meningitis or encephalitis, can damage the brain.
- **Malnutrition:** Chronic malnutrition, particularly in the first few years of life, can severely impact physical and cognitive development.
- **Exposure to Environmental Toxins:** e.g., exposure to toxins like lead in the postnatal environment.

d) Other Environmental and Psychosocial Factors

- **Neglect and Abuse:** Lack of emotional and physical care, or exposure to violence and trauma, can lead to delays in emotional and social domains.
- **Lack of Stimulation:** Limited interaction, play, and learning opportunities may cause delays in language, cognitive, and social skills.
- **Poverty*:** This may lead to inadequate nutrition, poor healthcare access, and unsafe living conditions.

e) Chronic Health Conditions

- **Chronic Illnesses:** e.g., asthma, diabetes, or congenital heart disease can affect a child's physical development and energy levels.
- **Neurological Conditions:** e.g., cerebral palsy, epilepsy, or autism spectrum disorder can cause delays in motor skills, communication, and social interactions.

f) Mental Health of Caregivers*

- **Parental Mental Health:*** Maternal depression, anxiety, or other mental health issues can affect bonding and attachment, affecting emotional and social development. This can easily lead to special needs issues among children.

g) Multifactorial Influences

- **Interaction of Multiple Factors:**
  - Combination of genetic, environmental, and social factors.
  - E.g., a child born prematurely to a mother with inadequate prenatal care who also grows up in a low-stimulation environment is at higher risk for developmental delays.

h) Cultural and Societal Factors

- **Cultural Practices:** Certain cultural practices or beliefs may inadvertently contribute to developmental delays, e.g., restrictive infant-rearing practices or lack of early educational opportunities.
- **Access to Early Intervention Services:** Inadequate access to healthcare and early intervention services can delay the diagnosis and treatment of developmental issues

i) Unexplained Causes

- In some cases, the cause of developmental delays may not be identifiable, even after thorough medical and developmental assessments.

NOTE

*** - refers to causes of special needs and in some cases disabilities**

SESSION 4: MODELS OF DISABILITIES

Facilitator's Instructions: 30 Mins

https://www.youtube.com/watch?v=Jig5uNbN3xk&list=PPSV&ab_channel=DARU

1. Play the video; https://www.youtube.com/watch?v=Jig5uNbN3xk&list=PPSV&ab_channel=DARU and ask participants to watch it.
2. Invite the participants to share their take on the 4 models discussed in the video clip.
3. Introduce and discuss all models of disabilities and emphasise the social and rights-based models using slides.

Facilitator's Instructions: 40 Mins

Activity: Debate!

1. Assign the participants into groups.
2. Assign each group one model (either social or rights-based) in preparation for the debate.
3. Ask each group to select 2 presenters who will represent them in the debate.
4. Ask each group to research and prepare 2 positive (pros) and 2 negatives (cons) of their model.
5. Have participants engage in debate presenting the pros and cons of their assigned model.
6. Invite groups to debate and reward the winning team.
7. Facilitate the discussion and give a brief lecture on the models debated.

Facilitator's Notes

Models of Disabilities

There are seven models of disability, which include:-

- Social Model
- Rights-based model
- Charity model
- Medical Model
- Economic Model
- Social Identity or Cultural Affirmation Model
- Functional Solution Model

Although there are seven models of disability, this manual will focus mainly on the social and right-based modes.

Social Model

The social model of disability shifts the focus from individual impairments to societal barriers that hinder the full participation and inclusion of people with disabilities. It highlights how social attitudes, physical environments, and systemic discrimination contribute to disabling conditions. According to this model, disability is not an inherent flaw within individuals, but rather a result of the barriers imposed by society. The social model advocates for removing these barriers and promoting accessibility, equal opportunities, and societal acceptance.

Rights-Based Model

Emphasises the lack of equality and opportunities for participation for persons with disabilities as the disabling factor not solely their impairments; Advocates for empowerment of persons with disabilities through the right to health care, education and employment and accountability of institutions to legally and socially implement these rights.

NOTE

Rights-based is the recommended model for this project.

SESSION 5: CATEGORIES OF DISABILITIES AND SPECIAL NEEDS

60 Mins

Facilitator's Instructions:

1. Invite the learners to settle in plenary
2. Introduce a resource person from the Ministry of Health (MOH) to discuss the categories of disabilities from the MOH or National Council for Persons with Disabilities (NCPWD) perspective and explain the importance standardising the categories.
3. Guide the learners to use their trainee's handbook and write notes during the presentation.
4. Invite the resource speaker to make a PowerPoint presentation on the classifications.
5. Provide time for plenary discussions, questions and answer sessions.

OR

Group Activity

1. Assign participants in groups.
2. Give each group a flip chart and marker pens.
3. Ask them to discuss the types of disabilities giving examples in each category.
4. Allow each group to present their findings during the plenary.
5. Guide the discussions and clarify any issues.

OR

Interactive Lecture

1. Present a lecture on the categories of disabilities and special needs Using PowerPoint slides and suggested video clips embedded in the slides (or on the flash disk).
2. Engage participants in question-and-answer sessions and you present the lecture.

Table 2: Categories of Disabilities

S/N	Categories of Disabilities	Description
1.	**Physical Disabilities**	According to the World Health Organisation, Physical disability is a limitation on a person's physical functioning, mobility, dexterity, or stamina. **Examples:** Neurological (e.g. Cerebral Palsy, Erb's Palsy, Muscular Dystrophy, Spina Bifida, Hydrocephalus, Microcephalus, Poliomyelitis, Multiple Sclerosis) Musculoskeletal, Congenital, and Other physical conditions.
2.	**Sensory**	
	(a) Visual Impairment	"Visual impairment refers to a decrease in the ability to see that cannot be corrected with standard glasses or contact lenses. It encompasses a range of conditions from low vision to blindness. Low vision is characterised by a significant reduction in visual acuity or field that affects an individual's ability to perform daily activities, while blindness refers to the complete loss of vision or very limited vision." (WHO) • "Legally Blind" describes an individual who has 10% or less of normal vision. Only 10% of people with a visual disability are actually totally blind. • The other 90% are described as having a "Visual Impairment." • "Low vision" is a visual impairment, not correctable by standard glasses, contact lenses, medicine, or surgery that interferes with a person's ability to perform everyday activities.
	(b) Hearing Impairment	"Hearing impairment is a condition in which there is a partial or total loss of the ability to hear. It can range from mild to profound, and it may be present at birth (congenital) or acquired later in life. Hearing impairment can affect one or both ears and may impact the ability to hear sounds at different frequencies or volumes."(WHO) • "Deaf" describes an individual who has severe to profound hearing loss. • "Deafened" describes an individual who has acquired hearing loss in adulthood. • "Hard of Hearing" describes an individual who uses their residual hearing and speech to communicate.

S/N	Categories of Disabilities	Description
	(c) Deafblindness	"Deafblindness is a condition in which an individual has both significant hearing and visual impairments. This dual sensory impairment can vary in severity and affects the individual's ability to perceive and interact with their environment. Deafblind can range from partial loss of both senses to complete loss of hearing and sight. It can be present from birth (congenital) or acquired later in life due to various causes."[49]
3.	**Neurodevelopmental Disorders**	"Neurodevelopmental disorders are a group of conditions that originate during the developmental period of an individual, typically before the age of 18. These disorders affect the development of the nervous system, leading to impairments in various areas such as cognition, behaviour, communication, and motor skills. They are characterised by disruptions in brain development that result in difficulties with learning, social interaction, and adaptive functioning."[50] **Examples**: Autism Spectrum Disorder, Down Syndrome, Fragile X, Cerebral Palsy
4.	**Intellectual disabilities**	Intellectual disabilities are a group of conditions characterised by significant limitations in both intellectual functioning and adaptive behaviour.[51] Intellectual functioning refers to general mental abilities such as reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and learning from experience. Adaptive behaviour refers to the collection of conceptual, social, and practical skills that people learn and perform in their everyday lives. These limitations originate before the age of 18. The degree of intellectual disability can vary widely among individuals and is often categorised as mild, moderate, severe, or profound, based on the level of support needed for daily living activities.

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S/N	Categories of Disabilities	Description
5.	**Learning Disabilities**	"Learning disabilities as a group of disorders that affect the brain's ability to receive, process, store, and respond to information. These disabilities can impact an individual's ability to read, write, speak, spell, compute math, or engage in other essential academic and daily living tasks. Learning disabilities are neurological and are not indicative of intelligence levels; individuals with learning disabilities may have average or above-average intelligence. The specific types of learning disabilities include dyslexia (difficulty with reading), dysgraphia (difficulty with writing), dyscalculia (difficulty with mathematics), and other related challenges." (WHO) The WHO emphasises that learning disabilities are distinct from intellectual disabilities, as they are specific to particular types of information processing rather than general intellectual functioning. These disabilities often require specialised teaching strategies and interventions to help individuals succeed academically and in daily life.
6.	**Communication and swallowing disorders**	The World Health Organisation (WHO) describes communication and swallowing disorders as conditions that affect an individual's ability to communicate effectively or swallow safely. These disorders can arise from various causes, including congenital conditions, developmental issues, neurological disorders, injury, or illness. ☞ Communication Disorders • Speech Disorders: Issues with the production of sounds, such as articulation disorders, fluency disorders (e.g., stuttering), and voice disorders. • Language Disorders: Problems with understanding or using spoken, written, or other symbol systems. These can affect the form, content, or use of language. • Hearing Disorders: Impairments in hearing that can affect communication abilities, such as hearing loss or deafness. ☞ Swallowing Disorders (Dysphagia) • Swallowing disorders, or dysphagia, involve difficulty in swallowing food, liquids, or saliva. This condition can occur at any stage of the swallowing process, including the oral, pharyngeal, or oesophageal stages. Dysphagia can lead to malnutrition, dehydration, and respiratory complications, such as aspiration pneumonia. Speech, language, and hearing disorders. ☞ A child can have more than one disability and a chronic condition.

Table 3: Categories of Special Needs

CATEGORIES OF SPECIAL NEEDS		
S/N	**Special Needs**	**Description**
1.	**Emotional and Behavioural disorders**	The World Health Organisation (WHO) defines emotional and behavioural disorders as a range of mental health conditions that manifest as significant disturbances in an individual's emotions and behaviours. These disorders can affect a person's ability to function effectively in daily life, including in school, work, social interactions, and family settings. **Characteristics** ***Emotional Disorders:*** These disorders involve disturbances in a person's mood or emotional state. Common emotional disorders include depression, anxiety disorders, bipolar disorder, and mood dysregulation disorders. Symptoms may include persistent sadness, excessive fear or worry, mood swings, and difficulty in managing emotions. ***Behavioural Disorders*:** These involve patterns of disruptive or inappropriate behaviour that are not typical for the person's age and cultural background. Examples include attention-deficit/hyperactivity disorder (ADHD), conduct disorder, and oppositional defiant disorder (ODD). Symptoms may include hyperactivity, impulsivity, aggression, defiance, and difficulty following rules. –
2.	**Mental Health disorders**	The World Health Organisation (WHO) defines mental health disorders as a wide range of conditions that affect an individual's thinking, mood, behaviour, or a combination of these. These disorders can significantly impact a person's ability to function in daily life and can cause distress or impairment in their learning, social, occupational, or other important areas of functioning. **Characteristics** Cognitive, Emotional, and Behavioural Symptoms: Mental health disorders can manifest in various ways, including: • Cognitive Symptoms: Issues with thinking, perception, and decision-making. Examples include hallucinations and delusions in schizophrenia, and disorganised thinking. • Emotional Symptoms: Disturbances in mood or feelings, such as persistent sadness in depression or extreme mood swings in bipolar disorder. • Behavioural Symptoms: Changes in behaviour, such as social withdrawal, aggression, or compulsive actions.

CATEGORIES OF SPECIAL NEEDS		
S/N	**Special Needs**	**Description**
		Types of Mental Health Disorders: • ***Anxiety Disorders:*** Including generalised anxiety disorder, panic disorder, social anxiety disorder, and specific phobias. • ***Mood Disorders:*** Such as depression, bipolar disorder, and cyclothymic disorder. • ***Psychotic Disorders:*** Including schizophrenia and schizoaffective disorder, characterised by altered thinking and perception. • ***Personality Disorders:*** Including borderline personality disorder, antisocial personality disorder, and others. • ***Substance Use Disorders:*** Involving the misuse of drugs or alcohol. • Eating Disorders: Such as anorexia nervosa, bulimia nervosa, and binge-eating disorder.
3.	**Chronic health conditions**	The World Health Organisation (WHO) defines chronic health conditions as long-lasting health conditions that persist over a significant period and generally cannot be cured completely. These conditions often require ongoing management to control symptoms and improve quality of life. Chronic health conditions can affect learning and the children will require special education. **Common Chronic Health Conditions** • Asthma • Haemophilia • Diabetes • Epilepsy • Cystic Fibrosis • Sickle Cell Disease • Cancer
4.	**Gifted and Talented**	Giftedness refers to exceptional abilities or potential in one or more areas such as intellectual, creative, artistic, or leadership capacities. Talented individuals often demonstrate high levels of performance in specific domains like music, sports, or academic subjects. **Characteristics** • ***Exceptional Abilities:*** Gifted individuals typically exhibit higher-than-average intellectual abilities, creativity, or proficiency in specific areas compared to their peers. • ***Advanced Learning Capabilities:*** They often learn more quickly, understand complex concepts, and exhibit advanced problem-solving skills. • ***Creativity and Innovation***: Many gifted individuals show a high level of creativity and originality in their thinking and problem-solving.

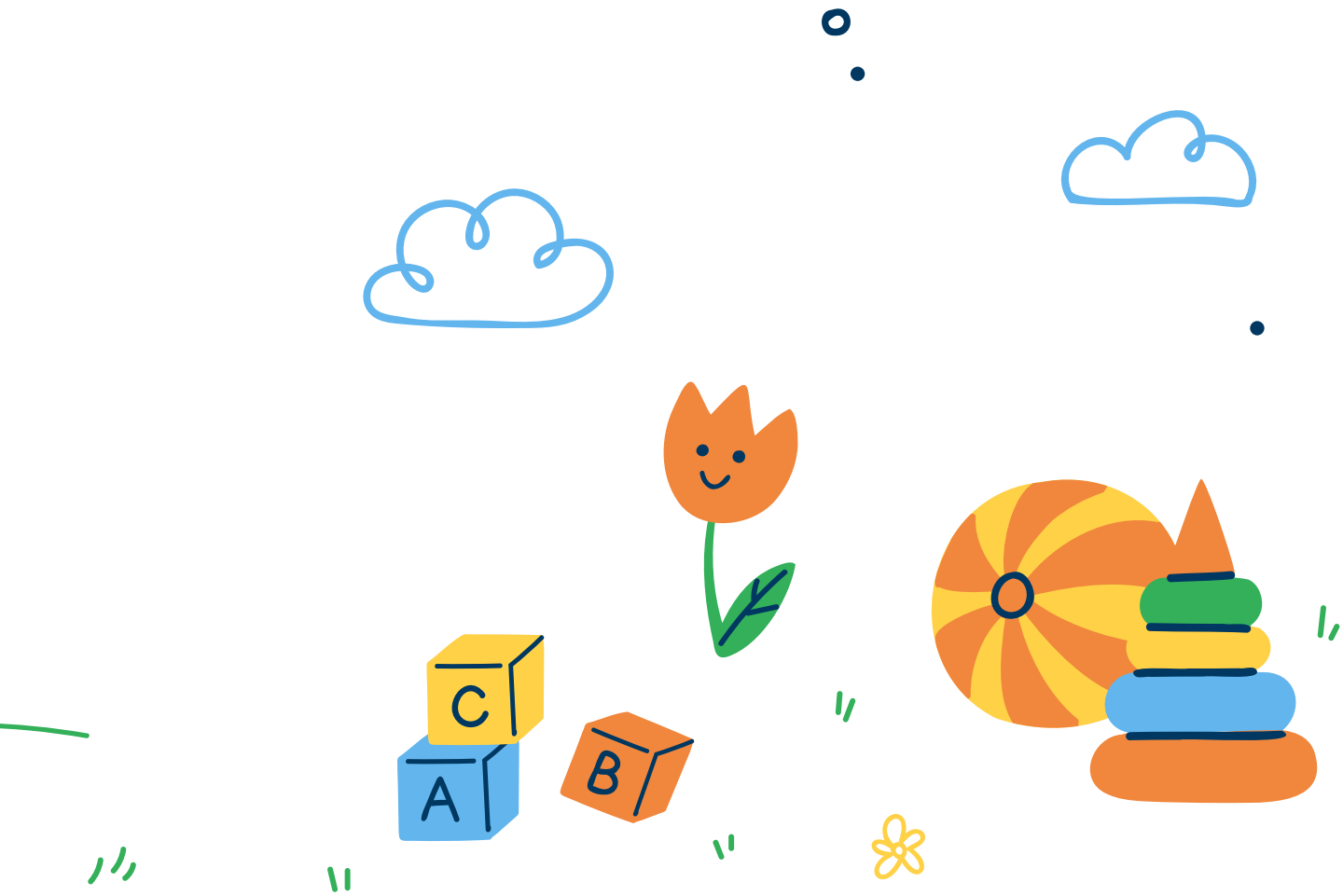
CATEGORIES OF SPECIAL NEEDS		
S/N	**Special Needs**	**Description**
	Children in need of protection and care	The World Health Organisation (WHO) defines children in need of protection and care as those who require special safeguarding and support due to circumstances that compromise their health, safety, or development. This includes a range of situations where children are at risk or have experienced harm, and it encompasses various forms of vulnerability and maltreatment. **Characteristics** • ***Abuse and Neglect:*** Children who have been victims of physical, emotional, or sexual abuse, or neglect, which includes a failure to meet basic needs such as food, shelter, medical care, or emotional support. • ***Exposure to Violence:*** Children who are exposed to domestic violence, armed conflict, or other forms of violence that impact their well-being and safety. • ***Displacement and Exploitation:*** Children who are displaced due to natural disasters, conflict, or other crises, including those who are at risk of exploitation, trafficking, or forced labour. • ***Health and Developmental Needs***: Children with severe health conditions or disabilities who require specialised medical care and support that they are not receiving. • ***Family and Social Issues:*** Children who are living in environments where their basic needs are not being met due to socioeconomic factors, substance abuse, and mental health issues in the family, or other social determinants.

Facilitator's Instructions:

- ☞ Have the learners get into groups at your discretion.
- ☞ If possible, they should go to break away rooms (away from each other)
- ☞ Give each group 2 strips of paper one with a disability and the other with a special need written on them.

Facilitator's Notes

Categorising disabilities is important for several reasons, including better understanding, identifying unique needs, management, and support of individuals with disabilities. Categorisation helps in tailoring interventions, policies, and services to meet diverse needs effectively.



SESSION 6: INTERVENTION STRATEGIES FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

60 Mins

Facilitator's Instructions:

1. Have an open discussion about what intervention strategies are.
2. Introduce invited panellist in any of the following professions; *(the panel discussion can be face to face or virtual depending on the availability of the expert and resources)*
    a. Developmental Consultant
    b. Special Needs Education Specialist
    c. Occupational, Speech and language pathologists and physiotherapists
    d. Psychologist
    e. Psychiatrist
    f. General physician
3. Discuss psychosocial intervention with a psychologist and psychiatrist
4. Open discussion at plenary to include classifications, identification and impact of disabilities on child, family and community.
5. Discuss medical intervention with developmental consultant and therapist
6. Open discussion at plenary to include classifications, identification and impact of disabilities on child, family and community.
7. Invite Special Education Specialist and discuss education interventions
8. Open discussion at plenary to include classifications, identification and impact of disabilities on child, family and community.
9. Summarise discussions and encourage participants to take notes in their workbooks.

Intervention strategies for children with disabilities and those with special needs are designed to support their development, learning, and overall well-being. These strategies should be individualised based on the specific needs and strengths of each child.

Table 4: Intervention Strategies for Children with Disabilities and those with Special Needs

Types of interventions	Interventions
Psychosocial intervention Psychosocial interventions are defined as, "interpersonal or informational activities, techniques, or strategies that target biological, behavioural, cognitive, emotional, interpersonal, social, or environmental factors intending to improve health functioning and well-being"	They are • Counselling • Observing basic hygiene • Training in communication skills such as sign language, Picture Exchange Communication System (PECS) • Social skills training

Types of interventions	Interventions
Medical interventions Medical intervention for children with disabilities and special needs is a comprehensive approach that encompasses diagnosis, treatment, management, and ongoing care. The goal is to enhance the child's quality of life and support their developmental progress. Collaboration among healthcare providers, families, and educators is essential to ensure effective and individualised care.	a) Rehabilitation methods including orientation and mobility, visual, • Hydrotherapy • Occupational therapy • Physiotherapy • Sensory stimulation/therapy • Play therapy b) Pharmacology: Medication to manage symptoms and improve quality of life c) Surgical interventions d) Assistive Technology e) Mental Health and Psychosocial Support Services f) Other Support Services
Educational interventions Educational intervention involves tailored instructional strategies and supports to address diverse learning needs	• Special education • Inclusive education • Specialised Curriculum • Provision of specialised learning resources • Provision of assistive devices and technology

SESSION 7: DISABILITY ETIQUETTE

60 Mins

Facilitator's Instructions:

https://www.youtube.com/watch?v=iG3pQp6HoQM&list=PPSV&ab_channel=RockyMountainADACenter

1. Invite the participants to write a sentence of what they picked on disability etiquette
2. Go around the room and have each participant read out their answer.
3. Discuss disability etiquette using the given notes in the training manual
4. Have the participants get into groups
5. Give each group a topic based on the 5 categories discussed in the notes
6. Based on the information given, have each group role play Do's and Don'ts of disability etiquette
7. Encourage an open discussion after every presentation
8. Guide the participants to write notes in their Trainee's handbooks.

Facilitator's Notes

Disability etiquette means respectful ways to communicate with and about people with disabilities.

Table 5: Disability Etiquette

Category	Etiquette
People Who Use Wheelchairs or Have Mobility Impairments	• Offer to shake hands when greeting someone. • Do not lean on or touch someone's wheelchair. • Place yourself at eye level when in conversation. • People who use canes, crutches or other assistive devices use arms for balance. Refrain from touching them or moving an object around them unexpectedly.

Category	Etiquette
People Who Are Visually Impaired	• Identify yourself and allow the rest of the group to do the same. • Offer your elbow if someone needs to be guided; do not take his. • Walk on the opposite side of a guide dog or cane. • Give specific, non-visual directions. • Orient people with visual impairments using numbers on the face of a clock
People Who Are Deaf or Hard of Hearing	• Follow the person's cues to find out if she prefers sign language, gesturing, writing, or speaking. • Before speaking to a person who is deaf or hard of hearing, tap on her shoulder or wave your hand to get her attention. • Use a normal tone, speak clearly and distinctly. • Rephrase, rather than repeat, sentences that the person does not understand. • Use facial expression, body language, and pantomime. • If a sign language interpreter is present, speak directly to the person who is deaf, not to the interpreter. • Be prepared to write notes to communicate, if necessary.
People with Speech Disabilities	• Give the person your full attention and be patient. • Do not interrupt or finish the person's sentences. • If you are not sure whether you have understood, you can repeat for verification. • If, after trying, you still cannot understand the person, ask the person to write it down or to suggest another way of communicating
People with Developmental Disabilities	• Speak to the person in clear sentences, using simple words and concrete concepts. • Rephrase comments or questions for better clarity. • Stay focused on the person as he responds to you and be patient. • Avoid talking about a person with a developmental disability when he is present.
Service Animals	• Some people who are Deaf, blind or have low vision, or who have seizure disorder or a range of other disabilities may use a service animal to assist them with daily living. • Do not distract, feed, or pet the animal. Respect the handler.

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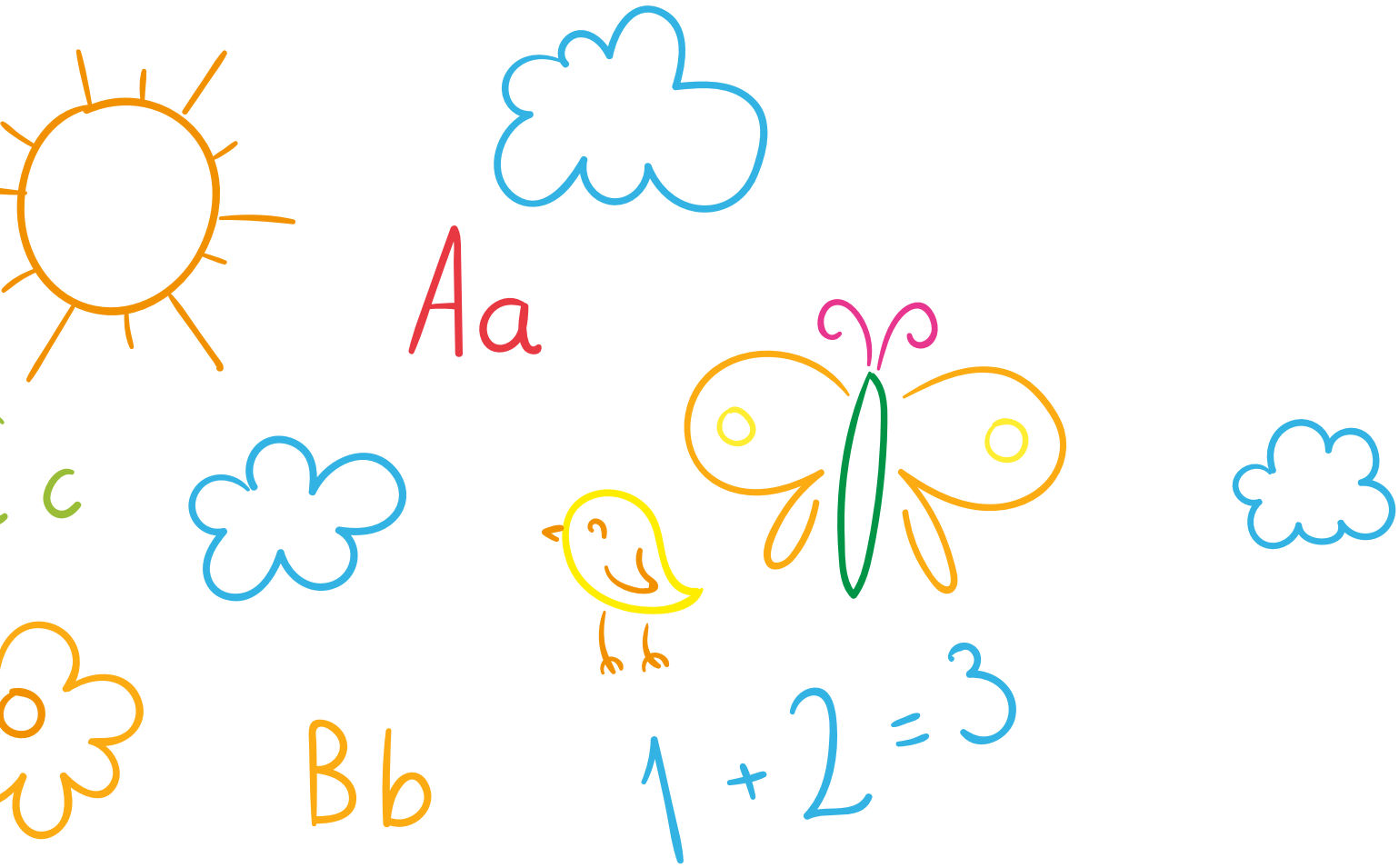
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Bb
1 + 2 = 3

UNIT
03

"Without timely support, potential is lost"

~

Temple Grandin

UNIT 3: IDENTIFICATION OF CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

PURPOSE:

The purpose of this unit is to help the learner gain knowledge on the identification of children with disabilities and those with special needs in order to provide appropriate interventions.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Describe the various techniques for identifying children with disabilities and those with special needs.
2. Apply basic skills for identification of disability and special needs cases in children.

SESSIONS

1. Identification techniques for children with disabilities and those with special needs.
2. Basic skills for identification of disabilities and special needs in children.

180 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: IDENTIFICATION TECHNIQUES FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 60 Mins

1. Introduce a resource consultant from the Ministry of Health, and Educational Assessment and Resource Centre
2. Invite the resource person to discuss the following points using power point presentation
   a. Importance of early identification of disabilities and special needs in children from their different expertise.
   b. How assessments are carried out on children with disabilities and those with special needs.
   c. How the reporting is executed and recommendations implemented
   d. Describe their referral structure
   e. Impact of assessment on a child with disabilities and those with special needs
3. Guide the learners into writing notes in their handbooks during discussion
4. Allow for a question and answer session from the participants

Facilitator's Notes

Identifying children with disabilities and those with special needs requires thoughtful consideration of their unique needs, abilities, and challenges. Here are some basic identification methods commonly used:

Table 5: Checklist for identification of disabilities and special needs in children

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
1	Physical Disabilities	• Delayed sitting, crawling, standing, or walking. • The child is not able to raise both arms fully without any associated difficulties. • The child is not able to grasp objects without any associated difficulty. • The child may manifest Floppiness or stiffness in the arms and legs, which can affect movement and posture. • The child has difficulty with balance and may appear clumsy • The child has unusual gait or movement patterns • The child has uncontrolled or repetitive movements • The child has sensitivity to sounds, lights, textures, or difficulty understanding spatial relationships. • The child has absence of any part of the limb. • The child has difficulty walking • Difficulties controlling bladder and bowel.	• Delayed Gross Motor Milestones • Delayed Fine Motor Skills • Abnormal Muscle Tone (Hypotonia (low muscle tone) or hypertonia (high muscle tone) • Movement and coordination issues • Unusual Reflexes and Muscle Response • Sensory and Perceptual Issues • Challenges in adaptive functioning • Unusual physical features	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
2	Sensory			
	(a) Visual Impairment	• The child does not follow an object moving before their eyes by one month's age. • The child does not reach for toys and things held in front of them by three months of age. • One eye moves differently from the other, including squint. • The child will rely on non-visual cues, using other senses, such as hearing or touch, more frequently to gather information about their surroundings. • The child may have potential frustration or withdrawal from activities that require visual input, leading to reluctance to participate in certain tasks or play. • The child may have over reliance on others: Depending on caregivers or peers for assistance with visual tasks, such as reading labels or locating objects. • The child may heavily rely on verbal descriptions from others to understand visual information, such as the appearance of objects or the layout of a room. • The child may be seen to frequently use touch to explore objects, surfaces, or people to compensate for limited visual input. • The child may have challenges with moving around or navigating unfamiliar spaces, leading to bumping into objects or difficulty finding their way. • Eyes are either red or have a yellow discharge, or the tears flow continuously and/or rubbing. • The child tends to bring pictures or books very close to the eyes.	• Difficulty with Visual Tasks • Use of Alternative Strategies • Difficulty with Spatial Awareness • Limited Visual Exploration • Behavioural and Emotional responses • Physical Indicators • Communication and Social Interaction e.g. isolation.	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
		• The child tends to tilt the head or closure of one eye. • The child is observed moving the head from side to side while reading. • Difficulty in recognising distant objects. • Various allergies e.g. dust, hot environment, light, strong scents-onions, perfumes, flowers, animals and insects • Difficulties in seeing after or while bending.		
	(b) Hearing Impairment	***Screening new-born*** • Is there anyone in the family with deafness since childhood? • Did the mother take an abortifacient drug or any other medicine in large doses during the first three months of pregnancy? • Is the birth weight below 1500gms? • Did the child have a delayed cry after birth? • Did the child have significant jaundice (yellowness of eyes) during the first 10 days after birth? • Does the child have a malformed pinna? ***Screening children in the age group of 6 months to 2 years*** • Does a child turn towards the source of sound, which is located either at the back or towards one side of the body? ***Screening children above 2 years of age*** • Does he/she turn when called from behind? • Uses gestures excessively. • The child does not speak or has a defective speech. • The child does not understand the spoken language. • The child has an ear discharge.	• Lack of Response to Sounds: • Delayed Speech and Language Development: • Difficulty Following Directions • Inattentiveness or day-dreaming • Inappropriate or no Responses • Social Withdrawal or Behaviour Problems	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	(c) Deafblindness	***Hearing Screening*** • History and Background Information • Family history of hearing loss. • History of infections (e.g. meningitis, ear infections). • History of head injuries. • Exposure to ototoxic medications or loud noises. • Parental or caregiver concerns about hearing or speech development. • Speech and Language delays or abnormalities in speech and language milestones. • Clarity and appropriateness of speech sounds. ***Vision Screening*** • History and Background Information • Family history of vision problems. • History of eye infections, injuries, or surgeries. • Any diagnosed syndromes or conditions affecting vision. • Use of glasses or contact lenses. • Parental or caregiver concerns about vision or visual behaviours • Coordination issues or problems with spatial awareness.	• Lack of Response to Sounds and Visual Stimuli • Delayed Developmental Milestones • Atypical Eye Movements and Visual Behaviours • Limited or Absent Vocalisations • Difficulty with Orientation and Exploration	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
3	Neurodevelopmental Disorders (e.g., Autism Spectrum Disorder, Down's Syndrome, Fragile X, Cerebral Palsy)	• The child has delays in motor skills, speech, or social interactions compared to peers. • The child has unusual behaviours such as repetitive movements, fixations on specific objects, or intense interest in particular topics. • The child may over- or under-react to sensory stimuli, such as sounds, lights, textures, or tastes. This can include covering ears, avoiding certain fabrics or foods, or seeking out specific sensory experiences. • The child has delayed speech development, difficulty using language functionally and limited use of gestures, echolalia (repeating phrases), or difficulty initiating or sustaining conversations. • The child has limited eye contact, lack of interest in peers, or difficulty understanding social cues. • The child prefers to play alone, difficulty engaging in pretend play, or challenges with conversational turn-taking. • The child has Repetitive movements, insistence on sameness, or restricted interests. • The child has difficulty sustaining attention, frequent distractions, or forgetfulness. • The child has excessive fidgeting, inability to stay seated, or constant movement. • The child has difficulty waiting for turns, shouts out answers, or interrupts others • The child has strong resistance to changes in routine or environment, leading to distress or meltdowns. • The child struggles with academic tasks, such as reading, writing, or math.	• Delayed developmental Milestones • Atypical Behaviours • Sensory Sensitivities • Communication skills • Social interaction skills • Attention and concentration • Learning Difficulties	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
		• The child has difficulty remembering information or following multi-step instructions. • The child lacks pretend play or has difficulty engaging in imaginative activities and prefers to engage in repetitive play activities		
4	Intellectual disabilities	• Does the child respond to name/voice by fourth month? • Does the child smile at others by the sixth month? • Does the child hold the head steadily by the sixth month? • Does the child sit without support by the twelfth month? • Can the child stand without support by the eighteenth month? • Can the child walk well by the twentieth month? • Can the child talk 2-3-word sentences by the third year? • Can the child eat/drink by their self by fourth year? • Can the child tell his name by fourth year? • Does the child have toilet control by fourth year? • Does the child avoid simple hazards? • The child may not engage in typical play, have trouble understanding social norms, or appear uninterested in social interactions. • The child may have difficulty waiting for turns, interrupting others, or engaging in risky behaviour without understanding the consequences. • The child may have frequent temper tantrums, aggression, or noncompliance, which may be a result of frustration from communication challenges or difficulty understanding social norms.	• Delayed Cognitive and Developmental milestones • Communication delay • Difficulty in social interaction and emotional responses • Delayed motor skills and coordination • Difficulty in gaining Adaptive skills (self-care skills) • Poor academic performances • Behavioural challenges • Sensory and perceptual issues • Growth delays • Unusual physical features	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
5	Learning disabilities	• The child may have challenges in acquiring foundational skills like reading, writing, or math. • The child is easily distracted, difficulty sustaining attention, or has frequent daydreaming. • The child has difficulty recalling what was just learned, forgetting homework or assignments, and needing frequent reminders. • The child struggles with organising tasks, managing time, or keeping track of materials. • The child has difficulty meeting academic expectations despite adequate effort and support. • The child can complete certain tasks well but has difficulty with others, often without a clear reason. • The child prefers concrete, hands-on learning experiences; and struggles with higher-order thinking. • The child may act out in class, show signs of withdrawal, or express negative feelings about school.	• Difficulty with Basic Skills: • Attention and Focus Issues • Poor Memory and Recall • Organisational Challenges • Low Academic Achievement • Inconsistent Performance • Difficulty with Abstract Concepts • Emotional and Behavioural Issues	Review of case history Observation Interviews
6	Communication and Swallowing Disorders			
	(a) Speech and Language disorders	• The child is not babbling by 12 months • The child is not using single words by 16 months • The child is not combining two words by 24 months • The child has difficulty producing specific speech sounds correctly, which can make speech difficult to understand • The child has disruptions in the flow of speech, commonly referred to as stuttering. • The child has abnormal pitch, loudness, or quality of the voice • Difficulty planning and coordinating the movements needed for speech, despite knowing what they want to say. • Weakness or poor coordination of the speech muscles, affecting clarity.	• Articulation Disorders • Fluency Disorders • Voice Disorders • Apraxia of Speech • Dysarthria	Review of case history Observation Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	(b) Swallowing disorders	• The child will avoid eating certain foods or refuse to eat altogether. • The child will show signs of discomfort, distress, or pain during or after eating. • The child will show little interest in eating or drinking. • The child will take an unusually long time to complete their meals. • The child will have poor weight gain and failure to thrive. • Frequent Respiratory Infections: • Recurring respiratory issues, which may indicate aspiration. • The child will have frequent gagging, choking, or coughing during meals. • The child will have trouble chewing food properly, often leading to swallowing large pieces. • The child will have noisy breathing, wheezing, or stridor (a high-pitched sound) during or after feeding. • The child will demonstrate an inability to close lips tightly around utensils or straws hence having difficulty sucking or swallowing: Trouble sucking from a bottle or breast, and difficulty coordinating sucking, swallowing, and breathing. • The child may have nasal regurgitation i.e. food or liquid coming out of the nose during or after eating. • The child may have excessive drooling, especially beyond the typical age for such behaviour. • The child may have difficulty in controlling the tongue, leading to food falling out of the mouth.	• Food avoidance • Feeding and eating difficulties: • Lack of hunger • Developmental and Growth Issues: • Breathing and voice changes • Recurring respiratory issues • Oral and motor skills Issues	

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
Categories of Special Needs				
	Emotional and Behavioural disorders	• Frequent Mood Swings: Rapid and often unexplained changes in mood, from happy to sad or angry. • Intense Emotional Reactions: Overreactions to minor frustrations or situations, such as excessive crying, anger, or anxiety. • Persistent Sadness or Depression: Constantly feeling down, hopeless, or showing a lack of interest in activities they once enjoyed. • Constant worry about various aspects of life, including school, family, or friends, often leading to physical symptoms like headaches or stomach aches. • Frequent outbursts of anger, aggression towards others, or destructive behaviour. • Defiance or Noncompliance: Persistent refusal to follow rules, instructions, or authority figures. • Acting without thinking, difficulty waiting for their turn, interrupting others, or engaging in risky behaviours. • Hyperactivity: Excessive energy, inability to sit still, and difficulty staying focused on tasks. • Problems with Peer Relationships: Difficulty making or maintaining friendships, often being isolated or rejected by peers. • Inappropriate Social Behaviours: Inability to understand or follow social norms, leading to awkward or inappropriate interactions. • Lack of Empathy: Difficulty understanding or expressing concern for others' feelings or needs. • Decline in School Performance: Sudden drop in grades, lack of interest in school, or refusal to attend school.	• Emotional Instability • Behavioural Issues • Social Difficulties • Academic Challenges • Physical Symptoms and inadequate Self-Care • Withdrawal and Isolation • Signs of Trauma or Stress	Medical Reports e.g. (Psychiatrist, School Report) Observation Caregiver Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
		• Disruptive Behaviour in Class: Frequently causing disturbances in the classroom, such as talking out of turn, not following instructions, or being overly disruptive. • Difficulty Concentrating: Struggling to focus on tasks, easily distracted, or daydreaming. • Frequent unexplained physical symptoms like headaches, stomach-aches, or fatigue, often related to stress or anxiety. • Changes in Eating or Sleeping Patterns: Sudden changes in appetite or sleep habits, such as insomnia or overeating. • Neglect of Personal Hygiene: Lack of interest in personal grooming or hygiene. • Social Withdrawal: Avoiding social interactions, preferring to be alone, or showing a lack of interest in activities that involve others. • Loss of Interest in Activities: Disinterest in hobbies, sports, or activities they previously enjoyed. • Fearfulness or Hyper-vigilance: Being overly cautious, jumpy, or fearful of certain situations or people. • Nightmares or Flashbacks: Experiencing distressing dreams or memories related to traumatic events.		
	Mental Health disorders	• Persistent Sadness or Depression: Prolonged feelings of sadness, hopelessness, or irritability, often accompanied by a lack of interest in activities once enjoyed. • Excessive worry or anxiety: Constant worry, fear, or unease about everyday situations, often leading to physical symptoms like headaches, stomach-aches, or restlessness.	• Emotional characteristics • Behavioural Symptoms: • Cognitive Symptoms: • Physical symptoms • Academic and Social Difficulties	Medical Reports e.g., (Psychiatrist, School Report) Observation

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	Mental Health disorders	• Mood Swings: Frequent and intense changes in mood, such as shifting from happy to angry or sad without an apparent reason. • Anger and irritability: unexplained outbursts of anger, aggression, or frustration, often disproportionate to the situation. • Withdrawn Behaviour: Avoidance of social interactions, preferring to be alone, or withdrawing from family and friends. • Aggression or opposition behaviour: Acting out in aggressive or defiant ways, such as arguing with adults, breaking rules, or physical aggression. • Hyperactivity or Restlessness: Difficulty sitting still, excessive fidgeting, or being constantly on the go, which may interfere with daily activities. • Impulsivity: Acting without thinking, taking unnecessary risks, or interrupting others frequently. • Difficulty Concentrating: Trouble focusing on tasks, easily distracted, or daydreaming, which can affect school performance. • Negative Thought Patterns: Expressions of low self-esteem, self-criticism, or thoughts of worthlessness. • Excessive Perfectionism: Unreasonable expectations for oneself or others, leading to frustration or avoidance of tasks perceived as too challenging. • Changes in Eating or Sleeping Patterns: Significant changes in appetite (overeating or undereating) or sleep disturbances (insomnia, excessive sleeping, nightmares). • Unexplained Physical Complaints: Frequent complaints of headaches, stomach-aches, or other physical ailments without a clear medical cause, often linked to emotional distress.		

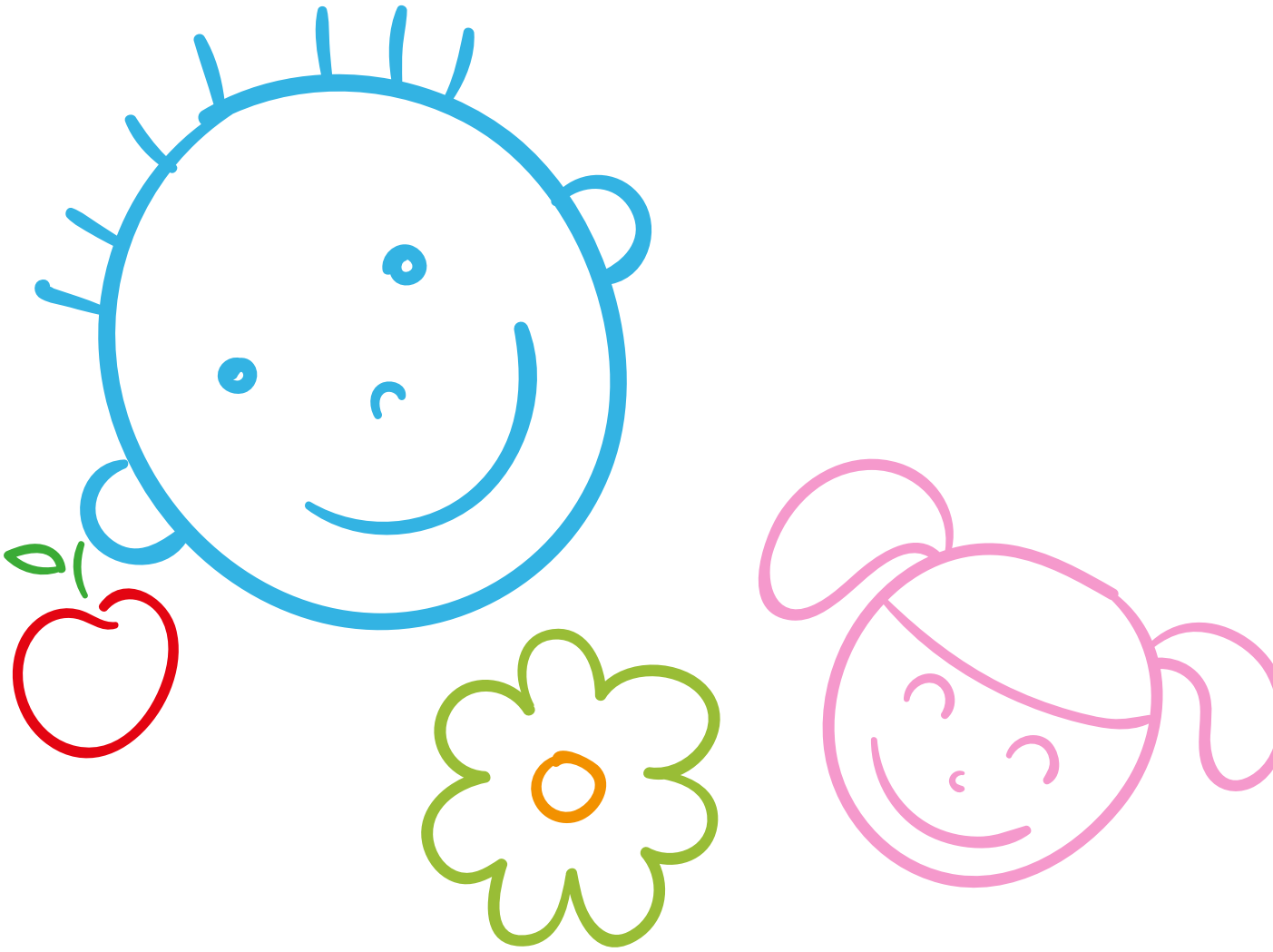
S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
		• Decline in School Performance: Sudden drop in grades, loss of interest in school, or frequent absences. • Problems with Peer Relationships: Difficulty making or maintaining friendships, social withdrawal, or being bullied. • Risk-Taking Behaviour: Engaging in risky or harmful activities, such as substance use or self-injury		
	Gifted and Talented	• Early Development: Reaching developmental milestones earlier than usual, such as speaking, reading, or walking. • Advanced Vocabulary: Using a large and complex vocabulary, often beyond their age level. • Quick Learning: Grasping new concepts and skills rapidly with minimal repetition or instruction. • Curiosity and Inquisitiveness: Asking deep, thoughtful questions and having a strong desire to explore and understand the world. • Problem-solving Skills: Demonstrating advanced problem-solving abilities, including creative or unconventional approaches to challenges. • Excellent Memory: Retaining information easily and recalling details accurately. • Intense Focus and Concentration: Showing the ability to concentrate deeply on interests or tasks, sometimes to the exclusion of other activities. • Early Reading and Math Skills: Learning to read, write, or perform mathematical operations at an early age. • Advanced Comprehension: Understanding complex concepts, stories, or ideas, often ahead of peers.	• High Intellectual Abilities: • Advanced Academic Performance: • High Creativity and Imagination: • Advanced Emotional and Social Characteristics: • May have Specific Talent Areas:	

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	Gifted and Talented	• Strong Academic Performance: Consistently performing at the top of the class in one or more subjects. • Passion for Learning: Showing enthusiasm for learning new things and often delving deeply into subjects of interest. • Innovative Thinking: Coming up with original ideas, solutions, or approaches to problems. • Rich Imagination: Engaging in imaginative play, storytelling, or creating detailed drawings, sculptures, or inventions. • Artistic Abilities: Demonstrating exceptional skills in art, music, dance, or other creative arts, often showing a keen sense of aesthetics. • High Sensitivity: Being highly perceptive of others' emotions, often showing empathy and concern. • Mature Behaviour: Exhibiting maturity beyond their years in understanding social situations or displaying self-control. • Leadership Qualities: Naturally taking on leadership roles in group settings, organising activities, or influencing peers. • Strong Moral Reasoning: Having a well-developed sense of justice, fairness, and ethical considerations. • Specialised Interests: Demonstrating a strong interest or talent in a specific area, such as science, literature, music, sports, or technology. • Advanced Skills: Showing proficiency or mastery in specific skills, often beyond what is typical for their age group.		

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	Chronic health conditions	**Asthma:** • Frequent absences due to asthma attacks or medical appointments, difficulty participating in physical activities, and potential concentration issues due to medication side effects. **Haemophilia:** • Haemophilia is a bleeding disorder that can cause prolonged bleeding episodes, which can be triggered by injuries or occur spontaneously. Children with haemophilia may require frequent medical care and may need to avoid certain physical activities that increase the risk of bleeding. **Diabetes:** • Needs for regular blood sugar monitoring, insulin administration, dietary management, and potential for emergencies like hypoglycaemia or hyperglycaemia. **Epilepsy:** • Seizure activity can disrupt learning and social interactions, medication side effects can affect attention and energy levels, and there may be concerns about safety during physical activities. **Cystic Fibrosis:** • Frequent hospitalisations, fatigue, and dietary needs due to lung and digestive issues. **Sickle Cell Disease:** • Episodes of pain, fatigue, and frequent medical appointments or hospitalisations. **Cancer:** • Children undergoing treatment for cancer may experience a range of side effects, including fatigue, nausea, hair loss, and weakened immune systems. Treatments like chemotherapy and radiation can also impact cognitive functioning, leading to difficulties with concentration, memory, and processing speed.	• Lifelong conditions • Frequent Hospitalisation • Require Long-term follow-up and medical care • Disrupts learning • Frequent Hospitalisation • May limit participation in activities	Interviews Medical Reports

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
	Children in need of protection and care	• Physical Abuse: Children who have been physically harmed or are at risk of being harmed by caregivers or others. • Emotional Abuse: Children who experience verbal abuse, rejection, or emotional manipulation that damages their self-esteem and mental health. • Sexual Abuse: Children who have been subjected to sexual exploitation or abuse by adults or older children. • Neglect: Children who are not receiving adequate food, clothing, medical care, supervision, or emotional support. • Exposure to Domestic Violence: Children living in households where domestic violence occurs, putting them at risk of emotional and physical harm. • Parental Substance Abuse: Children whose caregivers are struggling with drug or alcohol addiction, impacting their ability to provide safe and stable care. • Parental Mental Illness: Children whose caregivers have untreated or severe mental health conditions that affect their ability to care for the child. • Child's Own Mental Health Issues: Children with severe mental health disorders that require specialised treatment and support. • Lack of Stable Housing: Children living in temporary or makeshift shelters or without any permanent housing, facing instability and lack of resources. • Parental Abandonment: Children who have been left without the care or support of their parents or guardians, or whose caregivers are unable to be located.	• Abuse and Neglect • Domestic Violence • Substance Abuse • Mental Health Issues • Homelessness • Abandonment • Economic Hardship • Unaccompanied Minors • Trafficking and Exploitation • Poverty • Displacement Due to Conflict or Natural Disasters • Legal and Custodial Issues	Review of case history Interviews

S/N	Categories of disabilities	Checklist for identification	Characteristics	Techniques
		• Children Separated from Caregivers: Children who are separated from their parents or guardians, often due to migration, displacement, or other crises. • Child Trafficking: Children who are trafficked for labour, sexual exploitation, or other forms of exploitation. • Exploitation: Children forced into illegal activities or labour, often through coercion or manipulation. • Children living in extreme poverty, facing difficulties in accessing basic needs such as food, healthcare, and education. • Refugees and Displaced Children: Children who have been displaced due to armed conflict, natural disasters, or other crises, requiring protection and care in new or temporary settings. • Custodial Disputes: Children involved in legal custody disputes or living arrangements that impact their stability and well-being. • Children living under difficult circumstances e.g. on the streets • Children in contact and conflict with the law.		



SESSION 2: BASIC SKILLS FOR IDENTIFICATION OF DISABILITIES AND SPECIAL NEEDS IN CHILDREN

Basic identification is the initial stage aimed at identifying potential developmental delays or possible indicators of an existing disability and special needs. This is done for children in their early years of growth and development.

Facilitator's Instructions:

40 Mins

1. Assign participants into groups.
2. Provide each group with a case study handout describing a child with a particular disability or special need.
3. Groups review the case study and discuss:
   a) Signs and symptoms of the disability
   b) How the disability might impact the child's daily life and interactions
   c) Appropriate responses and support strategies
4. Each group presents their case study and findings to the larger group.
5. Summarise and encourage the participants to write notes in their handbooks

Case Study Scenarios

Case Scenario 1: Kamau

Kamau is a 6-year-old boy in the first grade who is known for his intense focus on specific interests. He has a unique way of interacting with his environment and exhibits some distinct behaviours in social and academic settings. Kamau often avoids eye contact and shows discomfort when approached by classmates. He may not respond to questions directly and tends to focus on his activities. He is very attached to his daily routines and becomes visibly distressed if there are any changes to his schedule or classroom setup. His language skills are limited to single words or short phrases. He repeats the same phrases or routines over and over and has difficulty understanding abstract concepts. Kamau is very sensitive to loud noises and bright lights, often covering his ears or seeking a quiet corner when overwhelmed. He displays repetitive behaviours, such as hand-flapping or lining up objects in a specific order. He shows resistance to new activities or changes in routine.

Case Scenario 2: Atieno

Atieno is an 8-year-old girl in the third grade who is often described as energetic and full of life. However, her teachers and family have noticed certain challenges that affect her classroom performance and interactions. Atieno struggles to remain focused on tasks for more than a few minutes. She frequently shifts her attention from one activity to another and has trouble following through on instructions. She often interrupts others during conversations and acts on impulse without considering the consequences. Her peers sometimes find it difficult to work with her due to her interruptions. Atieno is constantly moving and finds it hard to stay seated during lessons. She may be seen fidgeting, tapping objects, or moving around the room. Displays difficulty in completing tasks and frequently forgets assignments. Exhibits high levels of restlessness and difficulty in staying calm.

Case Scenario 3: Kibet

Kibet is a 9-year-old boy who is known for his creativity but struggles with certain academic tasks. He faces challenges in reading and writing that affect his school performance and confidence. Kibet has difficulty recognizing common words and often reads slowly. He may skip words or confuse letters that look similar. His written work contains frequent spelling errors and is often poorly organized. He has trouble composing sentences and organizing his thoughts on paper. Kibet becomes easily frustrated with reading and writing tasks, often avoiding these activities when possible. He shows reluctance to participate in reading-related activities and becomes anxious when asked to read aloud. He displays significant difficulty in spelling and handwriting tasks.

Case Scenario 4: Soila

Soila is a 7-year-old girl who uses a wheelchair for mobility due to challenges with her muscle control. She participates in a regular classroom but requires specific accommodations to fully engage in activities. Soila uses a wheelchair and needs assistance with moving around the classroom and transitioning between activities. Her motor skills are limited, affecting her ability to perform tasks that require fine or gross motor coordination. She experiences muscle stiffness and involuntary contractions, which can make her movements appear jerky or unsteady. Her speech may be affected by her muscle control issues, resulting in speech that can be difficult to understand at times. She requires support for activities that involve physical movement, such as participating in physical education or handling classroom materials. She communicates using a combination of speech and alternative methods, such as gestures or assistive communication devices.

Case Scenario 5: Amina

Amina is a 10-year-old girl who faces challenges in understanding and participating in classroom discussions. She relies on assistive technology to help with communication and comprehension. Amina struggles to hear and understand speech clearly, especially in noisy environments. She relies on hearing aids but still misses parts of conversations and instructions. She often uses gestures and lip-reading to understand others. Her responses may be delayed as she processes the information. Amina has difficulty following group discussions and may ask for instructions to be repeated or clarified. Appears isolated in group settings due to communication barriers and may avoid participating in discussions. Benefits from visual aids and written instructions to support her understanding of oral information.

Case Scenario 6: Nekesa

Nekesa is a 7-year-old girl who has poor muscle coordination and movement. Nekesa experiences (spasticity) increased muscle tone, primarily in her legs, which limits her ability to walk independently and perform fine motor tasks. She uses a wheelchair for mobility and requires assistance with daily activities such as dressing, eating, and personal hygiene. Despite these challenges, Nekesa is a bright, cheerful child with a passion for art and a love for playing with other children.

Case Scenario 7: Ahmed

Ahmed is a 6-year-old boy diagnosed with childhood apraxia of difficult for him to speak clearly. CAS affects the brain's ability to plan the movements needed for speech, causing inconsistencies in sound production and making speech development challenging. Although Ahmed understands language well, his speech is often unintelligible to those who do not know him well. He can become frustrated when others cannot understand him, which sometimes leads to social withdrawal or behavioural outbursts.

Case Scenario 8: Lily

Lily is a 4-year-old girl was discovered in a public park by a passerby who alerted the local authorities. When Lily was found, she appeared malnourished, dirty, and frightened. She was immediately taken to the nearest hospital for a medical evaluation, where doctors determined that she was physically healthy but showed signs of severe neglect, including developmental delays and signs of emotional trauma. There was no information available about Lily's family or history, and she was unable to provide any details about her parents or home. Due to her young age and the traumatic experience of being abandoned, Lily had difficulty communicating and appeared withdrawn and scared of adults.

Case Scenario 9: Ethan

Ethan is a 9-year-old boy who from an early age demonstrated exceptional abilities in mathematics and science. By the age of three, he could solve basic arithmetic problems, and by five, he was reading at a third-grade level. Ethan's passion for learning was evident as he constantly asked questions, seeking to understand the world around him deeply. His parents, Lisa and Mark, noticed his unique abilities and supported his interests by providing books, educational games, and access to online courses. Ethan's advanced skills became more apparent when he started elementary school. While his peers were learning basic addition and subtraction, Ethan was solving complex multiplication and division problems and showed an interest in algebraic concepts. His teachers quickly recognized his talents and referred him to the school's gifted and talented program.

Case Scenario 10: Musa

Musa is a 9-year-old boy living in an urban informal settlement with his mother and her boyfriend. His biological father left the family when Musa was a toddler, and his mother has had a series of unstable relationships since then. Musa is in the third grade and attends a local public school. He has been described by his teachers as a quiet and reserved child who often keeps to himself. The teachers have reported that Musa comes to school with unexplained bruises and marks on his arms and legs. When asked about them, he either provides vague explanations, such as falling down the stairs, or becomes visibly anxious and avoids answering. Musa has also been reported to be increasingly withdrawn and isolated from his peers. He no longer participates in class activities as he used to and often appears distracted or preoccupied. Musa displays signs of anxiety and fear, especially around adults. He flinches at sudden movements or loud voices and often appears jumpy or overly cautious. Musa displays symptoms of depression, such as a lack of interest in activities he previously enjoyed, and a general sense of sadness or hopelessness. He has been observed to distance himself from his classmates during recess and lunch. He often sits alone, looking down, and does not engage in play or conversation. Occasionally, Musa has come to school late, looking unkempt, with dirty clothes and uncombed hair.

Facilitator's Notes

Considerations to make when identifying children with disabilities and those with special needs

- **Early Intervention:** Early identification allows for timely intervention of disabilities or delays. Early intervention services promote optimal development.
- **Multidisciplinary Approach:** Collaborate with parents, caregivers, educators, and healthcare professionals to ensure comprehensive identification and follow-up evaluation as needed.
- **Cultural Sensitivity:** Consider cultural and linguistic factors when conducting identification to ensure assessments are culturally appropriate and relevant to the child's background.

Importance of Early Identification.

- It helps in an appropriate referral to a service provider.
- Provides an opportunity for early intervention.
- Creates opportunity for good prognosis/outcomes.

Basic Identification Skills

In the process of identifying children with disabilities and those with special needs, the following skills could be used depending on the case at hand.

- Observation: behaviour, Assistive Technology used, physical features, interaction with others or the environment.
- Review of case history/records (medical, school reports).
- Interviews: it is important to interview the child, parent/caregivers, peers, and teachers, among others.

Wrap up Activity

Facilitator Instructions: 20 Mins

1. Identify a nearby institution that cares for children with disabilities and special needs.
2. Plan for a visit where the participants can observe the children and identify the different disabilities and special needs.
3. Provide all participants with an observation checklist.
4. Go through the list with the participants before the visit to the institution
5. Participants will make their observations in pairs and record their observations and using the guidelines in the given handout **(See APPENDIX A)**
6. Participants to share their findings in plenary
7. Summarise the key points from each presentation and ask participants to write notes

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UNIT
04

"Accessibility is not a privilege; it's a right. We must build systems that support all children regardless of their abilities."

~

Judy Heumann

UNIT 4: REFERRALS FOR ACCESS TO SERVICES AND RESOURCES

PURPOSE:

In this unit, the learner will be exposed to available services and resources for children with disabilities and those with special needs in accordance to their individual needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Identify available support services for children with disabilities and those with special needs.
2. Describe the referral procedures and services for children with disabilities and those with special needs
3. Identify challenges and barriers faced by children with disabilities and those with special needs in accessing services and resources.
4. Demonstrate skills to develop strategies to overcome challenges and barriers in accessing services and resources.
5. Develop an individualised care plan for children with disabilities and those with special needs.
6. Design and disseminate an advocacy awareness plan on accessible services and resources for children with disabilities and those with special needs.

SESSIONS

1. Types of services and resources.
2. Referral mechanism and collaboration with service providers.
3. Challenges and barriers in accessing services and resources.
4. Strategies to overcome the challenges and barriers in accessing services and resources.
5. Individualised care plan for children with disabilities and those with special needs.
6. Advocacy and awareness creation on accessible services for children with disabilities and those with special needs.

200 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: TYPES OF SERVICES AND RESOURCES

Facilitator's Instructions:

30 Mins

Brainstorm activity on the types of services and resources

1. Participants to identify various services and resources available for persons with disabilities
2. Assign the participants into groups
3. Ask the participants to write 3 services and 3 resources available for children with disabilities and those with special needs within their jurisdiction on a flip chart.
4. Allow each group to present their findings to the plenary
5. Facilitate a plenary discussion as participants give any other resource that was not mentioned
6. Present the notes to the participants using PowerPoint slides

Facilitator's Notes:

Types of Services and Resources for Caregivers of Children with Disabilities and Special Needs

Caregivers of children with disabilities and those with special needs require a variety of services and resources, which help them to address diverse needs, including medical care, education, psychological support, social services, and legal services. In Kenya, there are several services guaranteed for children with disabilities and their families. These services include:

Educational support services

The education support services aim to improve persons with disabilities' enrolment, retention, and completion of the education cycle for eventual engagement in decent and gainful employment.

The government through the Ministry of Education and other stakeholders provides:

- NCPWD Ustawi Education scholarships which is a conglomerate of various scholarship programmes that target learners with disabilities across the country accessing basic and higher education. It comprises of Faulu, Wezesha and Hellen McGowan offered by the council; Inuka Disability offered by KPC, KCB-FOUNDATION scholarship, and NCPWD-HELB Scholarships (requirements to provide link or annexure) Free basic education, Educational Assessment and Resource Services (EARC)
- Bursaries, which include the presidential secondary school, Equity, KCB, Jomo Kenyatta Foundation, and governance scholarship.

- Government facilitates including schools with special schools, special units and regular schools with inclusion programmes.
- Specialised Curriculum development by Kenya Institute of Curriculum Development (KICD).
- Provision of specialised learning resources, assistive devices, and technologies.
- Provision of specialised teachers.
- The National Development Fund for Persons with Disabilities (NDFPWD) provides support to persons with disabilities from primary, secondary, colleges, vocational training schools and universities and with infrastructure.
- Sponsors and charitable organisations also sponsor children with disabilities and those with special needs.

To access this support, individuals or their guardians can apply for financial support with fees for secondary, tertiary education, vocational training, vocational rehabilitation centres, universities, and special educational establishments.

NOTE

Funding for education assistance is paid to the educational institution directly, not to the Beneficiary.

Medical and Health Services

The Directorate of Children Services is dedicated to ensuring that all children, especially those with disabilities and special needs, have access to comprehensive medical and health services. Recognising that health is fundamental to a child's overall well-being and development, the Directorate prioritises the provision of quality healthcare through coordinated efforts with medical professionals, health institutions, and community resources.

By advocating for accessible, inclusive, and child-centred health services, the Directorate of Children Services aims to address the unique needs of every child, ensuring they receive the care and support necessary for a healthy and fulfilling life.

Regular health check-ups, treatments, and access to specialised medical professionals are crucial for managing the health of children with disabilities. Some children with disabilities and those with special needs require access to regular clinics while others experience emergencies that need attention. Apart from check-ups and treatment, therapy services are necessary for some of the disabilities.

Rehabilitative services such as physical therapy, occupational therapy, and speech-language therapy are necessary to help in the development and maintenance of the physical and cognitive skills of these children. In Kenya, some of these services are not available for free, however, there are those services that can be freely accessed by children with disabilities and those with special needs especially those that are registered by the National Council for Persons with Disabilities. Services provided by government and private facilities in Kenya are as shown in Appendix B.

Social Protection Programmes

In Kenya, we have social protection programmes such as; Cash Transfer for Orphans and Vulnerable Children (CT-OVC), Persons with Severe Disability Cash Transfer (PWDSD-CT), Hunger Safety Net Programme (HSNP), National Health Insurance Fund (NHIF) subsidies, household level income, nutritional support, economic empowerment programmes, the Directorate of Social Development's programme, Economic Inclusion Programme (EIP). National Council for Persons with Disabilities (NCPWD) supports the implementation of some social protection programmes as well.

Economic Empowerment:

The government, through agencies such as the National Council for Persons with Disabilities (NCPWD), civil society organisations, non-governmental organisations, faith-based organisations, community-based organisations, provides grants to the community and self-help groups for economic empowerment. In addition, they provide LPO financing programmes and provision of Tools of trade such as sewing kits, farming kits etc. to Persons with Disabilities who have completed vocational training to enable them to become self-sufficient through generating income and to enable them to gain the skills and experience to access the loans required to grow their business.

There is registration of support groups to empower caregivers of children with disabilities.

NOTE

The grant provided by the fund does not need to be repaid.

Requirements for the Economic Empowerment grants:

- Registration with NCPWD
- Dully filled Economic Empowerment form.
- Signed copy of minutes of past meetings, contacts and national ID of members.
- Certificate of registration.
- Certified bank statement of the group.
- Constitution of the group.
- Proposal with the budget for the project.

Cash Transfer

In the context of this programme, persons with severe disabilities refers to those who need permanent care including feeding, toiletry, protection from danger by other persons, full time support has to be offered by a caregiver to ensure their needs are attended to. This intensive support for persons with severe disabilities daily denies their parents and guardians or caregivers any time to engage in other income-generating activities, which worsens the economic situation of such households.

This cash transfer programme targets persons with severe disabilities and is referred to as Persons with Severe Disabilities Cash Transfer (PWSD-CT). The programme aims to enhance the capacities of the caregivers through cash transfers thus improving the livelihoods of persons with severe disabilities.

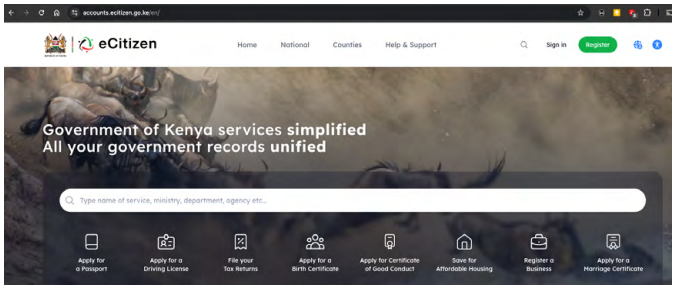
Persons with Severe Disabilities Cash Transfer (PWSD-CT) is for

- A household with a person with severe disabilities;
- A household not enrolled in any other Cash Transfer programme;
- A household with no member receiving pension; and
- The beneficiary must be a Kenyan citizen.

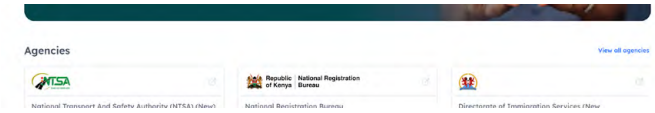
It is important to note that apart from financial gain for support groups, the groups also allow caregivers to share experiences, resources, and emotional support, fostering a sense of community and shared understanding. In addition, community-based programmes are helpful because they provide recreational activities, skill development, and social interaction opportunities for children with disabilities and their families.

Registration with National Council for Persons with Disabilities (NCPWD)

Visit www.ecitizen.go.ke and sign in or register if you are not registered on E-citizen

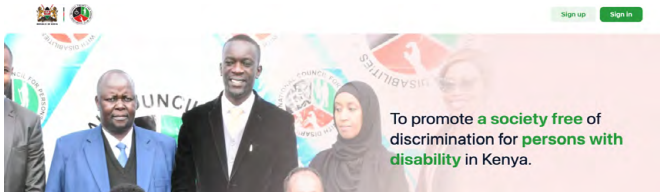


Under agencies, click 'view all agencies'



On the search bar that appears labelled 'search agency, type 'NCPWD' and search

You should see 'national council for persons with disabilities' and click on it to access the services



- Click on 'Register as a person with disability'
- Read the instructions and complete the online registration form by uploading the documents as provided in the form
- Check the box at the end of the form to give consent and click preview to see the summary of the information you have given
- Click complete and submit the form for verification and approval
- On approval, you will receive an SMS from E-citizen with your application number and link to access your registration certificate

NOTE

**** The individual must undergo an assessment and receive a recommendation before being registered with NCPWD)***

It is important for all children with disabilities to have a registration certificate in order to access relevant services.

Access to Justice

The concept of access to justice encompasses multiple stages of the process of obtaining solutions to identified justice problems faced by children with disabilities and those with special needs. It begins with the recognition of rights that are entrenched in laws, then proceeds to the awareness and understanding of the said rights. It involves access to dispute resolution mechanisms, which are part of both formal and informal justice institutions. It further entails the ability of these mechanisms to provide just, equitable, unbiased, and enforceable solutions

The Directorate of Children Services is committed to ensuring that all children, regardless of their circumstances, have equitable access to justice. This is a commitment grounded in the belief that every child deserves protection, care, and support within the legal system.

By providing comprehensive resources, training, and support to children officers and staff, the Directorate aims to uphold the rights of children and promote their well-being, particularly for those with disabilities and special needs. Dedication and collaboration with various stakeholders, helps create a just and inclusive environment where every child's voice is heard and their rights are safeguarded. The following are key points to consider in access to justice for children with disabilities and those with special needs:

- Children officers are among the first contact persons who play a critical role in how cases of children with disabilities and those with special needs are handled and whether will proceed to trial (gatekeepers to the justice system).
- In the case of a child in conflict with the law, the Children Officer ought to notify the court, the ODPP, the police and the advocate on the needs of the child with disabilities or special needs in accordance with the Children Act, 2022. Justice enables children with disabilities and those with special needs to appreciate that decisions being made are fair and neutral throughout the whole process.
- Some consideration for the justice system includes the use of an intermediary, sign language interpretations, tapping, nodding, writing, pointing and anatomic dolls. (Article 50 (7) of the Constitution of Kenya); Sexual offences Act, 2006.
- Their attitudes and disposition towards children with disabilities and those with special needs have a significant experience on access to justice. Negative perceptions and experiences by caregivers of children with disabilities and those with special needs lead to fear of cases not being taken seriously, hence influencing how incidents of abuse or harassment are handled.

Resources for persons with disabilities and those with special needs.

1. Assistive Devices and Technologies

- The Government of Kenya through the National Council for Persons with Disabilities and Kenya Institute of Special Education (KISE) provides assistive devices and technologies to persons with disabilities and special needs. Some of the nongovernmental organisations that support include the Association for the Physically Disabled of Kenya (APDK), Kenya Society for the Blind, a Kenya Society for Albinism among others.
- Assistive devices and technologies are any product or service designed to enable greater independence for Persons with Disabilities. The most common devices provided to these individuals are wheelchairs, crutches, hearing aids, callipers, surgical boots and prosthetic arms or legs. A child with disabilities can access assistive devices and technologies from different organisations.

2. National Council for Persons with Disabilities (NCPWD)

- The council is a government body that is mandated to champion the rights of people with disabilities. As a resource body, it provides services such as disability registration, rehabilitation and support grants.

3. Medical personnel

- People with disabilities require medical personnel to provide a wide variety of medical and health services. These medical resource personnel include doctors, occupational therapists, physiotherapists, audiologists, and nutritionists among others.

4. Drugs/medicines

- Most of the disabilities and special needs are best managed using medication. Therefore, a wide range of drugs/medicines are an important resource to them.

5. Hospitals

- The need to access medical services regularly demands that people with disabilities gain access to hospitals. In most cases, the treatment process of very expensive, therefore, affordable and accessible hospitals are a great resource for them.

6. Finances

- Finances are a significant resource for people with disabilities. Since most of the services they require (e.g. education, medical, nutrition, assistive and adaptive devices and technology) are expensive, financial resources must be made available to them. This could be through government cash transfer programs and other Non-Government Organisation initiatives.

7. Counsellors

- Some people with disabilities experience a lot of emotional challenges, stress, trauma, and anxiety among others. As a result, counsellors are a critical resource for the purpose of providing therapy when needed.

8. Rescue centres

- The risk surrounding persons with disabilities, especially organ harvesting demands that safe spaces be made available for them. This includes safe homes and rescue centres among others. These are great resources that should be readily available and accessible to them in their communities.

9. Online resources and information platforms

- Online platforms are necessary because they provide accessible information on programs, services, and rights for persons with disabilities. Access to such resources is a great milestone towards empowering them.

10. Employment and economic empowerment

- Employment is a great channel for access to finances and eventually economic empowerment. The National Industrial Training Authority (NITA) is among the institutions that make accessible vocational training programs to persons with disabilities in Kenya, and as a result, equipping them with practical skills for employment.

SESSION 2: REFERRAL MECHANISM AND COLLABORATION WITH SERVICE PROVIDERS

Facilitator's Instructions:

20 Mins

1. Guide the participants on the referral mechanisms available for children officers and caregivers of children with disabilities and those with special needs.
2. In pairs, ask the participants to discuss the importance of referral mechanisms and collaboration of service providers.
3. Ask volunteers to present to the plenary.
4. Guide the plenary through discussions on the referral mechanism and the importance of collaboration with other service providers

Facilitator's Notes:

Referral Mechanism and Collaboration with Service Providers

Importance of effective referral mechanisms

Effective referral mechanisms ensure continuity of care by connecting caregivers to a network of service providers who can address the diverse needs of children with disabilities and those with special needs.

Furthermore, early and timely referrals to appropriate services can significantly impact the developmental outcomes and quality of life for children with disabilities and those with special needs.

Collaboration with service providers

Collaboration among healthcare providers, educators, and social service agencies ensures that services are well-coordinated and tailored to the specific needs of each child. In addition, the utilisation of interdisciplinary teams allows a holistic approach to care, bringing together diverse expertise to address the multifaceted needs of children with disabilities and those with special needs.

Models of Referral and Collaboration

Two models that can be used for referral and collaboration are medical home model and family-centred care. The medical model emphasises a centralised, comprehensive, and continuous care approach where a primary care provider coordinates all aspects of a child's healthcare. On the other hand, the family-centred model involves families as integral partners in the care process, ensuring that their insights and preferences shape the care plan.

Strategies for improvement

In organising referrals, challenges could be experienced including lack of coordination among the service providers and constraints with resources. Therefore, it is important to strengthen networks among service providers to enhance communication and coordination, ensuring that referrals are more effective.

For referrals, the adapted Directorate of Children Services Case Referral Form **(see Appendix C)** will be used.

Facilitator's Instructions: 25 Mins

1. Assign participants groups.
2. Present each group with a scenario **(see below)** of an assessment report of a child with disabilities or special needs.
3. **Scenario Review:** Each group reviews their assigned scenario, analysing the assessment summary and identifying the child's specific needs.
4. **Develop an Intervention Plan:** Create a brief intervention plan that outlines strategies and goals for the child's support, considering the referral.
5. **Referral Decision**: Groups decide which specialist (speech-language pathologist, psychologist, occupational therapist, or audiologist) is most appropriate for the referral based on the child's needs.
6. **Present and Discuss:** Each group presents their referral form and intervention plan to the class, explaining their reasoning for the referral and how the intervention plan addresses the child's needs.
7. **Feedback and Debrief:** Provide feedback on the referral and intervention plans, discussing best practices and any improvements.

Scenario 1: Social and Communication Difficulties

Background: Wambui is a 7-year-old girl in second grade who has been having trouble interacting with her peers and participating in classroom activities. She often avoids eye contact, struggles to join group conversations, and exhibits repetitive behaviours like rocking back and forth.

Assessment Summary:

- **Social Skills:** Difficulty with social interactions and understanding social cues.
- **Communication:** Limited verbal communication and repetitive speech patterns.
- **Behavioural Observations:** High distress when routines are changed and difficulty adapting to new activities.

Referral Consideration: Determine if a referral to a speech-language pathologist or a psychologist is appropriate. Prepare a plan to address Wambui's communication and social interaction difficulties.

Scenario 2: Attention and Hyperactivity Issues

Background: Mutua is an 8-year-old boy in third grade who is frequently restless and has trouble focusing on his schoolwork. He often interrupts others, cannot stay seated during lessons, and has difficulty following multi-step instructions.

Assessment Summary:

- **Attention:** Difficulty sustaining attention and following through on tasks.
- **Impulsivity:** Frequently interrupts and acts without thinking.
- **Activity Level:** Exhibits excessive movement and restlessness.

Referral Consideration: Decide whether Mutua should be referred to a psychologist for behavioural assessment or an occupational therapist for support with attention and hyperactivity. Prepare an intervention plan.

Scenario 3: Reading and Writing Difficulties

Background: Asha is a 9-year-old girl in fourth grade who struggles significantly with reading and writing. She frequently reverses letters and numbers, has trouble recognising common words, and becomes frustrated with written assignments.

Assessment Summary:

- **Reading:** Difficulty with word recognition and reading fluency.
- **Writing:** Frequent spelling errors and disorganised writing.
- **Emotional Impact:** Frustration and avoidance of reading-related tasks.

Referral Consideration: Consider whether Asha should be referred to a reading specialist or an educational psychologist for further assessment and intervention. Prepare an intervention plan focusing on her reading and writing challenges.

Scenario 4: Motor Skill and Mobility Challenges

Background: Joho is a 6-year-old boy who uses a wheelchair for mobility due to limited motor control. He has difficulty with fine motor skills and needs assistance with daily classroom activities. He shows signs of muscle stiffness and difficulty handling classroom materials.

Assessment Summary:

- **Mobility:** Uses a wheelchair and requires physical assistance.
- **Motor Skills:** Challenges with fine and gross motor skills.
- **Communication:** Speech might be affected by motor control issues.

Referral Consideration: Decide whether Joho should be referred to an occupational therapist for motor skills support or a speech therapist if communication is a concern. Outline an intervention plan to accommodate his mobility and motor challenges.

Scenario 5: Hearing and Communication Barriers

Background: Baraka is a 10-year-old girl with a moderate hearing impairment. She uses hearing aids but still struggles to follow classroom discussions, especially in noisy environments. Baraka often asks for instructions to be repeated and seems isolated in group activities.

Assessment Summary:

- **Hearing:** Moderate hearing impairment with reliance on hearing aids.
- **Communication:** Difficulty understanding speech and participating in group discussions.
- **Social Impact:** Feels isolated and frustrated due to communication barriers.

Referral Consideration: Determine if Baraka should be referred to an audiologist for hearing evaluation or a speech-language pathologist for communication support. Create an intervention plan to enhance her classroom participation and communication.

Facilitator's Notes

Referrals for assessment for children with disabilities and those with special needs are crucial for identifying their specific needs, strengths, and challenges. Here is a structured approach to making referrals effectively:

1. Initial Observation

Purpose:
Observe the child's behaviour, development, and interactions to identify any concerns or areas of potential disability.

Action: Gather preliminary information about developmental milestones, speech and language abilities, behavioural patterns, and sensory processing for standardised screening

2. Consultation with Parents/Caregivers

Purpose:
Discuss results of your observations with, parents or caregivers to gather additional information and perspectives.

Action: Explain the purpose of further assessment, outline the process, and address any concerns or questions they may have.

3. Referral Criteria

Purpose:

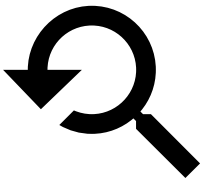
Determine the need for specialised assessment based on observation outcomes, concerns raised by parents or caregivers, or observations from educators and healthcare professionals.

Action: Assess whether the child's development or behaviour significantly deviates from typical milestones or if there are persistent challenges that impact daily functioning.

4. Identifying the Right Professionals

Purpose:

Refer the child to professionals with expertise in specific areas of concern, such as developmental paediatricians, paediatric neurologists, psychologists, speech-language pathologists, occupational therapists, or physical therapists.

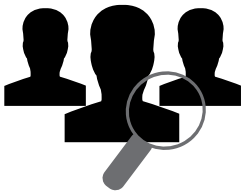


Action: Consider the child's needs and the type of assessment required (e.g., cognitive assessment, speech and language evaluation, sensory processing assessment) to determine the appropriate specialist.

5. Collaboration with interdisciplinary team

Purpose:

Ensure a coordinated approach to assessment and intervention planning across all settings.



Action: Communicate with members of the interdisciplinary team to share assessment findings, discuss recommendations, and coordinate support services.

6. Documentation and Referral Process

Purpose:

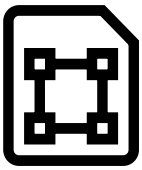
Document observations, and reasons for referral to provide clear and comprehensive information to assessment providers.

Action: Prepare referral documentation that includes relevant background information, and observation results needed for assessment. Ensure all necessary consent forms are completed.

7. Monitoring and Follow-Up

Purpose:

Monitor the progress of the referral process and ensure timely implementation of the intervention plan



Action: Follow up with service providers to confirm receipt of referral, track appointment scheduling, and facilitate communication of assessment and progress results to parents and relevant professionals.

8. Advocacy and Support

Purpose:

Advocate for the child's needs and ensure they receive appropriate support and services based on assessment outcomes.

Action: Provide ongoing support to parents/ caregivers throughout the assessment process, including assistance with navigating service systems, understanding assessment results, and accessing intervention services.

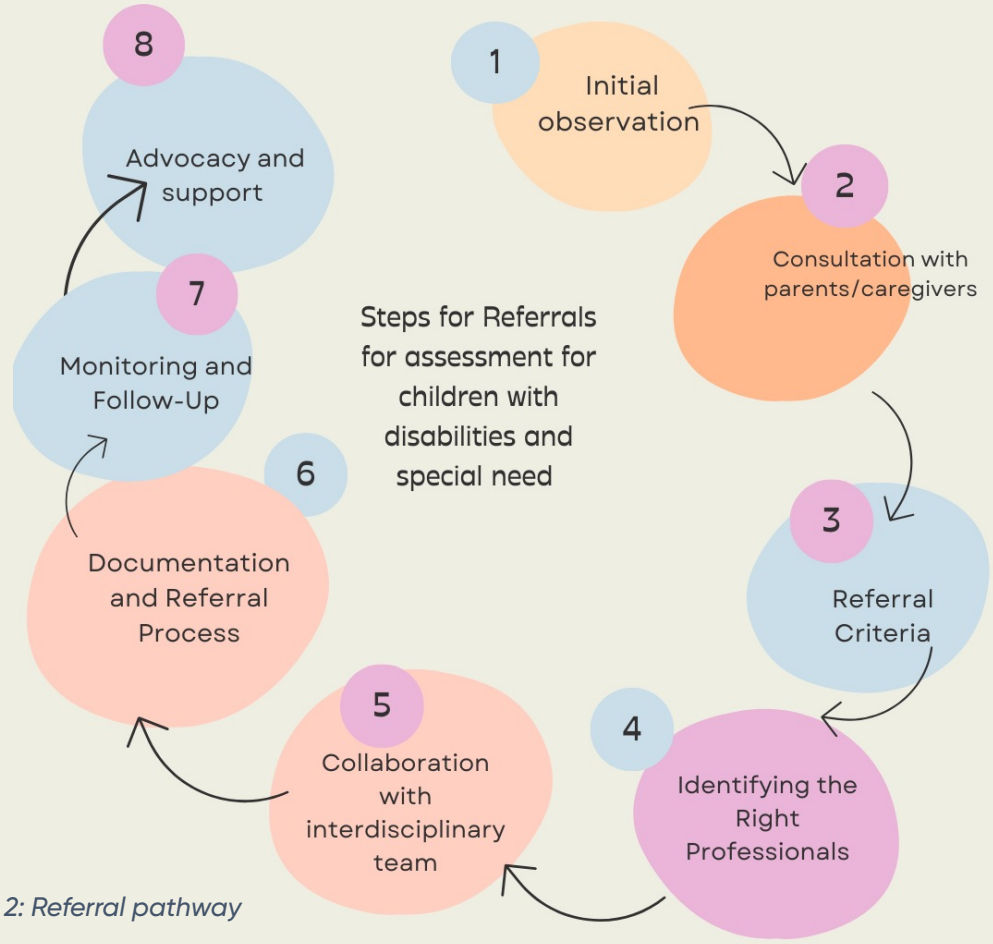


Figure 2: Referral pathway

Wrap up Activity

Facilitator's Instructions: 5 Mins

1. Identify a nearby institution that cares for children with disabilities and special needs.
2. Plan for a visit where the participants can observe the children and identify the different disabilities and special needs.
3. The participants will be put in pairs and given an observation checklist.
4. Go through the list with the participants before the institution visit
5. Participants will make their observations in pairs and record their observations and using the guidelines in the given handout **(See APPENDIX A)**
6. Participants to share their findings in plenary
7. Summarise the key points from each presentation and ask participants to write notes.

SESSION 3: CHALLENGES AND BARRIERS IN ACCESSING SERVICES AND RESOURCES

Facilitator's Instructions:

30 Mins

1. Using selected participants, role-play on challenges and barriers in accessing services and resources in the community (a child in an institution, community, or family not going to school with disability and they fall sick or has been sexually abused and has disability
2. Ask the participants to role-play their scenario during the plenary.
3. Ask the participants what they observed during the role play
4. Write their answers on the flipchart.
5. Summarise this session by giving a brief lecture on challenges and barriers in accessing services and resources.

Facilitator's notes

Challenges in Accessing Services and Resources

Caregivers of children with disabilities and those with special needs often face significant challenges and barriers in accessing essential services and resources. This can hinder their ability to provide adequate care and support for their children. The challenges include: financial constraints, lack of information, attitudinal, logistical issues, and systemic barriers.

Financial constraints

Most of the services and resources required for children with disabilities and those with special needs such as specialised medical care, therapies, and assistive technologies, are expensive and may not be fully covered by health insurance. In addition, some of the families who have children with disabilities and special needs live in poverty and thus lack the financial capacity to access these services.

Lack of information and awareness

Most families of children with disabilities and those with special needs lack or have inadequate information concerning services available for them to access. They also lack the knowledge or capacity to navigate the healthcare and social service systems. On the other hand, the systems for accessing services can be overly complex and difficult to understand, especially for caregivers who are illiterate or are new to the process. As a result, most of these families end up missing benefiting from these services. There is also limited information on financial assistance for children with disabilities and their families. This is aggravated by the fact that most of the programmes available for such services often have stringent eligibility criteria, leaving many families without necessary financial aid.

Logistical issues

Some logistical issues hinder access to services by children with disabilities and those with special needs which include geographical and time constraints. Some of the service centres may be located far from where families live which makes it difficult to access. In most cases, families that lack reliable means of transportation or finances in accessing services, end up being limited.

Apart from accessibility, time constraint is a major issue. Caregivers often juggle multiple responsibilities, including employment and other family duties, making it challenging to find time to access services. The lack of support from family and community makes it difficult to access these services. In addition, reasonable accommodation for persons with disabilities is a challenge.

Systemic barriers

Some of the systemic barriers that affect children with disabilities and those with special needs include bureaucracies and discrimination. In some cases, families need to navigate several **bureaucratic hurdles** set within the system making access to services and resources a major problem. Navigating the administrative processes to obtain services can be overwhelming and time-consuming, with extensive paperwork and long waiting periods. This discourages or demotivates some caregivers who give up on the follow-up process. On the other hand, most families who care for children with disabilities and those with special needs may face **discrimination** within healthcare, education, social and service delivery systems, impacting their ability to access appropriate and equitable care.

Infrastructural Barriers

A major infrastructural barrier is the **accessibility of buildings**. Many public and private buildings, including schools and healthcare facilities, lack necessary accommodations such as ramps, elevators, and accessible restrooms. This makes it difficult for children with physical disabilities to enter and navigate these spaces independently. Another challenge is limited **accessible transportation** options are often limited. Buses and other forms of public transportation may not be equipped with features such as low floors, ramps, or security systems for wheelchairs, preventing children with mobility impairments from accessing services.

Insufficient Support Services

Lack of support to respite care services, which provide temporary relief for caregivers – these services are often limited or unavailable, adding to caregiver stress and burnout. Members of the family become overwhelmed and could easily experience mental health and physical health challenges. Although there are service providers for these families, some of the social workers lack the requisite knowledge and skills to support these children and their families.

Attitudinal Barriers

Negative attitudes, false beliefs, and assumptions by the service providers towards children with disabilities and those with special needs affect their access to these services.

SESSION 4: STRATEGIES TO OVERCOME CHALLENGES AND BARRIERS IN ACCESSING SERVICES AND RESOURCES

Facilitator's Instructions: 20 Mins

1. Assign participants groups.
2. Ask them to discuss various strategies to overcome the challenges and barriers.
3. Invite the group members to present and discuss their views during the plenary.

Some of the effective strategies to overcome these challenges and barriers include policy changes, improved information dissemination, financial support, enhanced service delivery, positive attitude, and community support.

Facilitator's Notes

Policy changes and advocacy

Kenya has several policies that make provisions for the care and support of children with disabilities and those with special needs. However, there is a need to develop disability-inclusive policies that are actionable and support families and caregivers of children with disabilities and those with special needs. Further, legislative support is necessary to prohibit disability-based discrimination in a cross-cutting way in all rights and areas of life.

Improved information dissemination

Dissemination of information could be improved by establishing **resource centres** that provide comprehensive information about available services and how to access them. In addition, there should be **educational workshops** for caregivers to educate them about navigating healthcare and social service systems. These could also be platforms for sensitisation and advocacy for children with disabilities and those with special needs.

Financial support

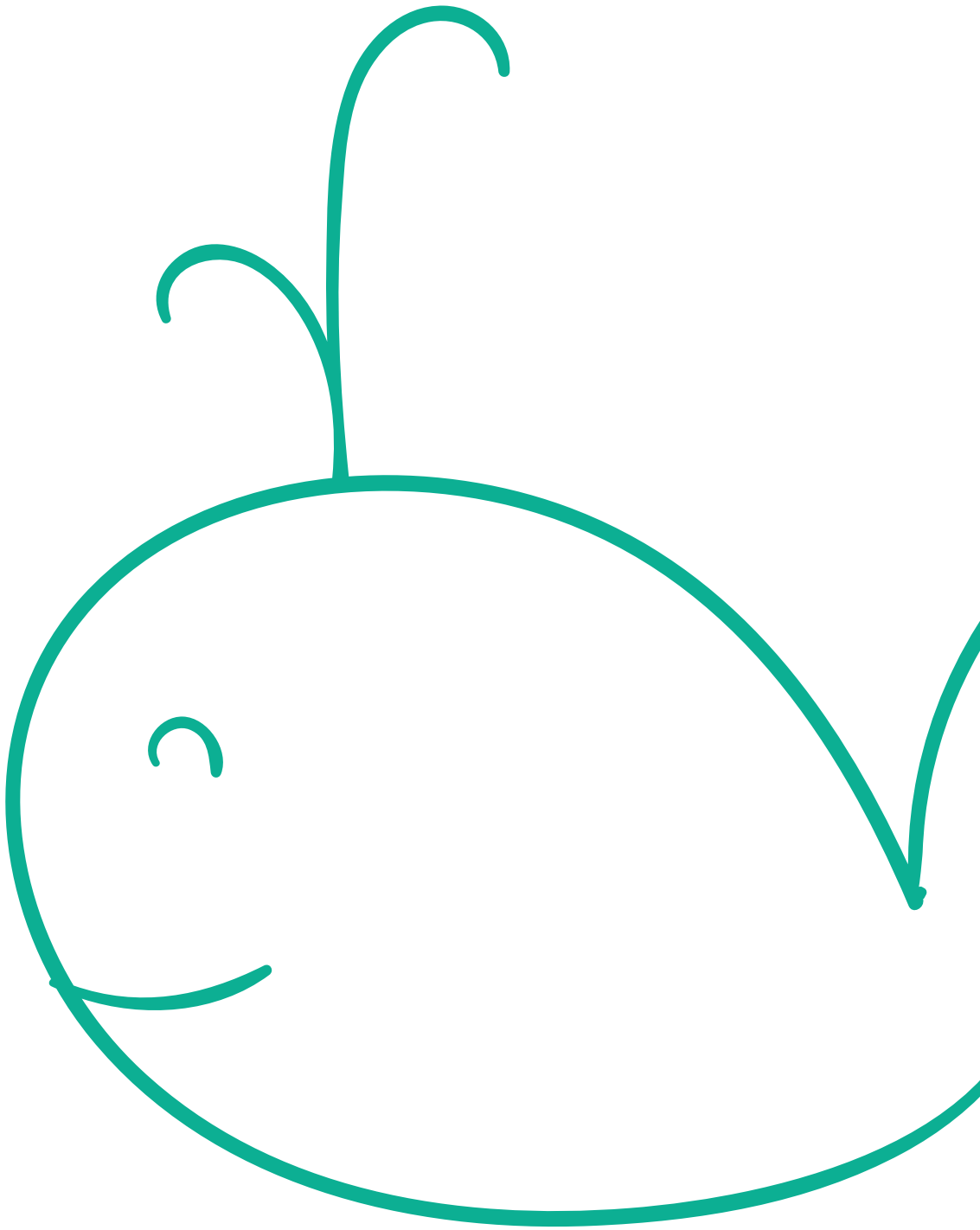
Financial support is critical and could be offered through **providing financial subsidies and grants** to help families cover the costs of medical care, therapies, and assistive devices. The government could also enhance and implement **tax benefits** for families with children with disabilities and those with special needs to alleviate financial burdens.

Enhanced service delivery

It is important to enhance service delivery through developing **integrated care models** that provide coordinated services across multiple sectors, including health, education, legal, and social services. Technology could also be used to help advance service delivery, thus use of mobile clinics and telehealth services to reach families in remote or underserved areas would achieve great benefits for families and their children.

Community support

Caring for a child with disabilities and those with special needs can be emotionally draining and therefore, community support is very necessary. There is need for caregivers to form **support groups** that will allow them to share experiences, resources, and emotional support. Furthermore, it is important to provide **training for service providers** including healthcare providers, educators, and social workers on the specific needs of children with disabilities and those with special needs, and their families. This will build a great safety and support net for these families.



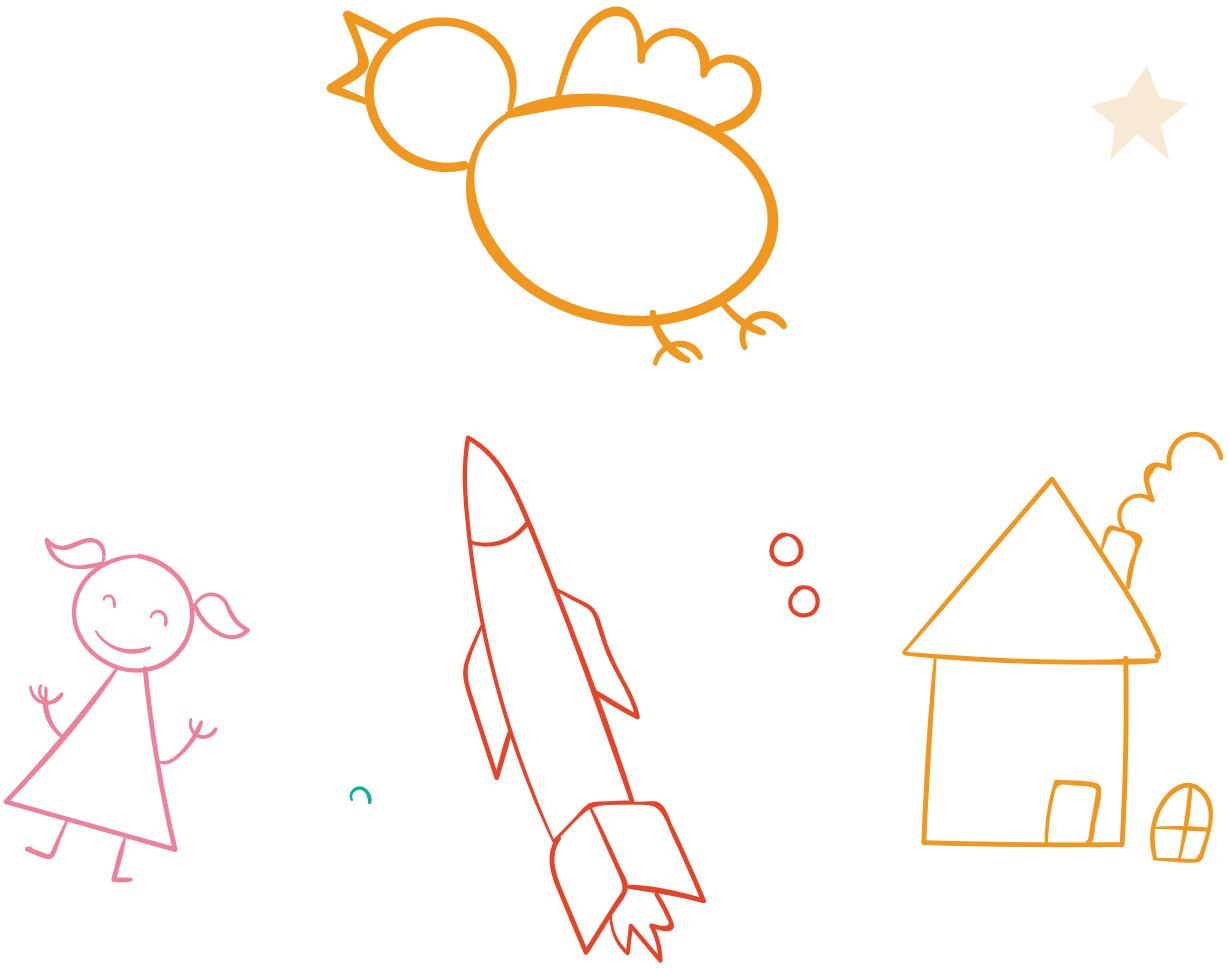
SESSION 5: INDIVIDUALISED CARE PLAN FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Development of an individual care plan for a child with a disability or special need

Facilitator's Instructions:

30 Mins

1. Assign participants groups.
2. Ask participants to use the previously assigned case scenario from session 2.
3. Ask participants to identify the needs of the child in the case scenario.
4. Participants to develop an Individualised Care Plan (ICP) for the child using the template provided in the handbook (or See Appendix E in the training manual).
5. Ask volunteers to share their plans in the plenary



SESSION 6: ADVOCACY AND AWARENESS CREATION ON ACCESSIBLE SERVICES FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

20 Mins

1. Interactive lecture
2. Present a lecture on the advocacy cycle using PowerPoint slides.
3. Engage participants in question-and-answer sessions and you present the lecture

Facilitator's Notes

Advocacy involves promoting the interests or cause of someone or a group of people. Sensitisation means acknowledging that a knowledge gap exists, that there is a different way of living despite having disabilities, and that people with disability have a right to exist in society. Sensitisation fosters an attitudinal change. This can be achieved through working with disability specialists who provide expertise on children with disabilities and those with special needs in areas such as:

- The impact of disability
- Abuse, neglect and family violence
- Mental health, including carrier issues of chronic sorrow and depression associated with grief and loss; individual and family adjustment to diagnosis; and disability, and psychogeriatric issues.
- Complex family dynamics and limited social supports
- Homelessness or inappropriate accommodation
- Addressing and resolving traumatic experiences and crisis.
- Addressing transition points in people's lives

There are many ways to sensitise, and they can be equally engaging. For example:

- Have a panel discussion of people with different disabilities.
- Organise inclusive activities.
- Information is empowerment – share information, how of it, disability etiquettes, terminologies, understanding of the law, standards, etc.
- Teach skills, like sign language, inclusive training methodology, etc.
- Show relevant films/videos and have a discussion.
- Display assistive technologies, have a demonstration.
- Case studies/group discussions on barriers and solutions.
- Outline challenges that need concrete solutions.

Ways of creating awareness among caregivers on children with disabilities and those with special needs

Facilitator's Instructions:

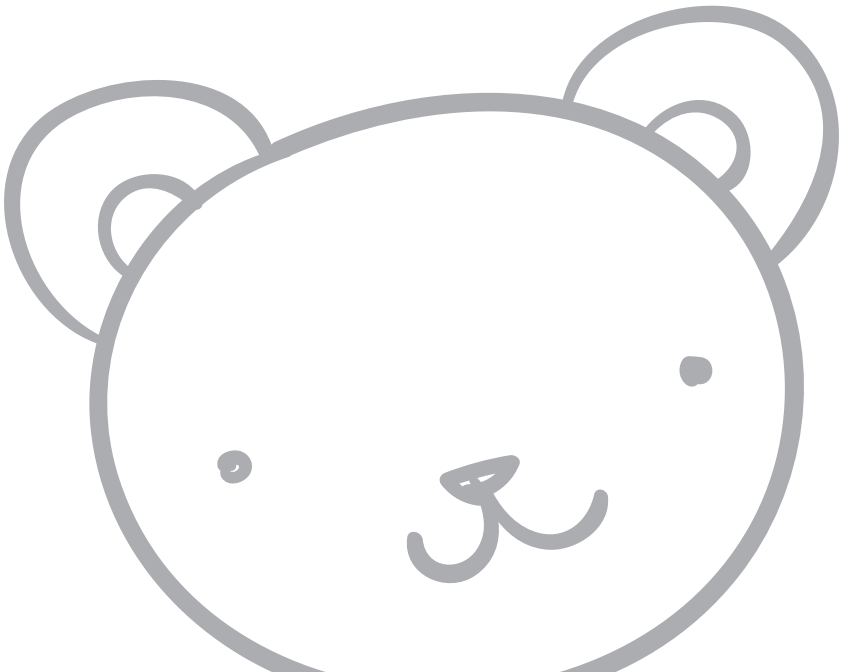
20 Mins

1. Assign the participants groups
2. Ask them to discuss ways of creating awareness in the community.
3. Invite volunteers to share their views during the plenary session.
4. Introduce the advocacy cycle and engage participants in a discussion.
5. Assign a take-home task for participants to identify an advocacy issue at their workstation and design an advocacy plan using the advocacy cycle.

Facilitator's Notes

Sensitisation and awareness creation on services and resources for children with disabilities and those with special needs

- Providing information to people with disability about their human rights and identifying instances of discrimination.
- Assisting people with disability to uphold their rights by speaking with and writing to people and organisations to raise awareness of problems and seek solutions.
- Helping people with disability negotiate complaints processes or legal action to enforce their human rights.
- Writing submissions and lobbying the government to make changes that promote and protect the rights of people with disability.
- Campaigning for social change by speaking to the media to raise awareness and highlight situations where children with disability are treated unfairly.
- Participation in calendar/disability events/days e.g., World Autism Awareness Day, World Cerebral Palsy Awareness Days and, International Day of Persons with Disabilities among others.



Steps in Advocacy Cycle

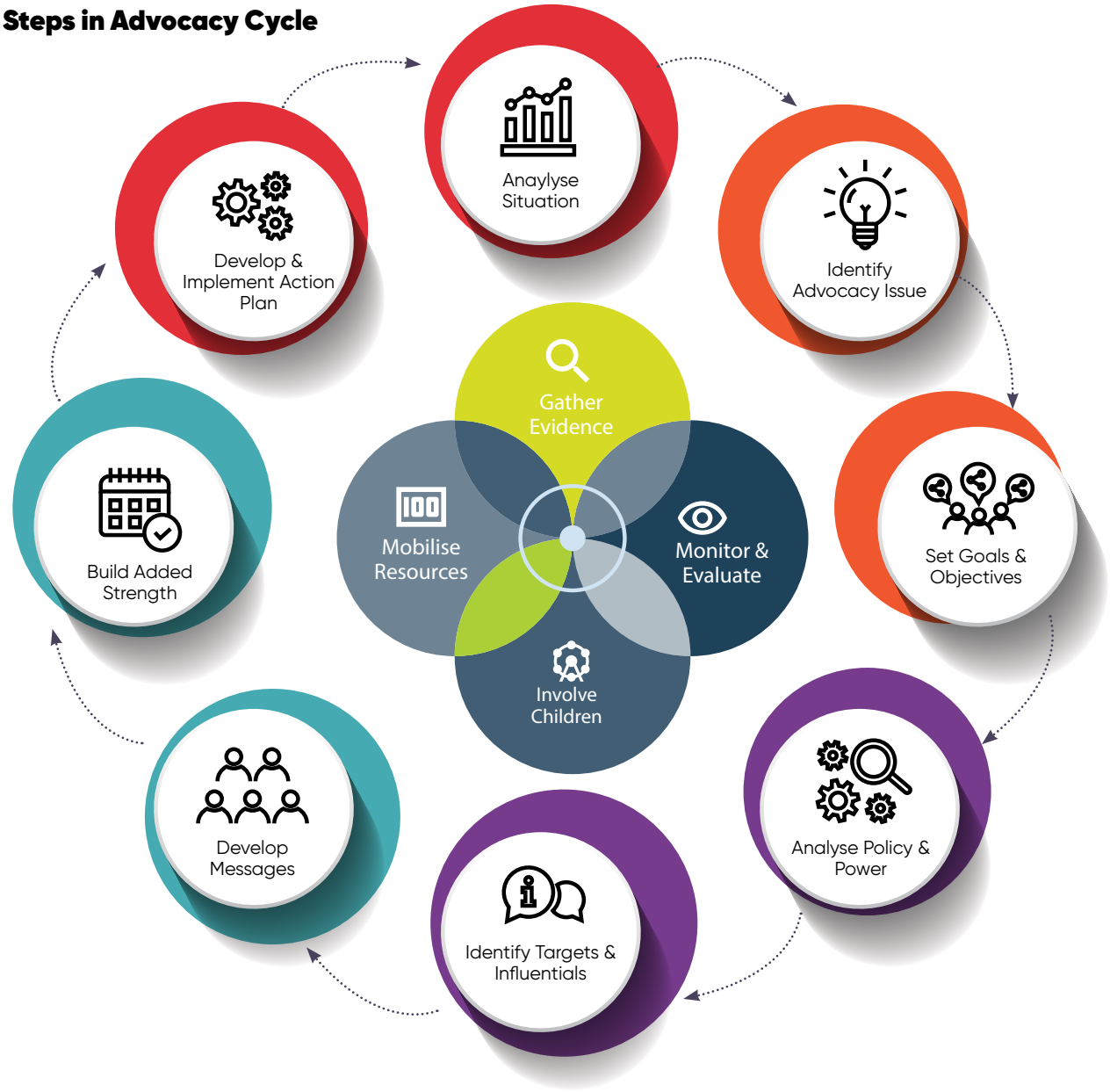


Figure 3: Advocacy Cycle

Step 1: Situation analysis helps to prioritise issues

☞ Doing a situation analysis allows one to identify the following: rights that are not being realised; specific groups of children that are affected; the root cause issue (Why); Who/which institution bears responsibility?; what constraints and obstacles do they face?; and how best you can change the situation to realise children's rights.

Step 2: Identify the advocacy issue

☞ Advocacy issue refers to the content or implementation of a policy or how policy issues are made which requires a change to help make an impact on children's lives. Situation analysis forms the foundation for any advocacy and therefore one needs to do a good background research and analysis. Some of the issues to check out could include: problems in the existing policies, lack of implementation of policy or lack of policy/protocols, lack of resources, or too many processes in decision-making.

Step 3: Set goals and objectives

☞ The advocacy goal is the long-term result of your advocacy work, and the vision for the desired change. While an advocacy objective is a short-term achievement that contributes toward your goal. The objective refers to the specific change that you can bring about that contributes to the goal.

Step 4: Analyse policy and power

☞ Politics, policy and power dynamics are often unpredictable. It is important to understand the policy issues, key actors, policy environment, options for policy change and entry points and finally do a budget analysis. Inadequate power analysis may lead to missed opportunities, poor strategic choices or risks. A power analysis involves understanding the visible, invisible and hidden power. **Visible power** refers to the formal rules, structures, authorities, institutions and procedures; **Hidden power** involves certain powerful people who control the agenda and exclude the less powerful people; while **Invisible power** shapes values and norms, and thereby also people's beliefs and attitudes. It is the most difficult power to deal with since social values are sensitive and personal.

Step 5: Identify the targets and the influentials

☞ The **targets**/**stakeholders** include all those individuals and groups who may have an interest in the change you are advocating while **Influentials** are the people who have influence over your targets and can cause this influence for or against your case

Step 6: Develop messages

☞ It is important to develop a clear, consistent and effective message. One must think about **what** they want to say and **how** they want to say it. Advocacy communication should seek to inform, persuade and move people to take action. Therefore as an advocate the is a need to identify the core message and make it very brief and specific. The message should be tailored to the interests of specific targets and audiences. Select the specific channel of communicating your message and communicate it effectively.

Step 7: Build added strength

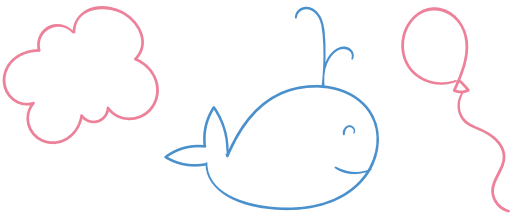
☞ Effective advocacy or sensitisation is dependent on the number of people supporting the idea. The larger your support base, the greater your chances of achieving your advocacy goal. Therefore, it is good to identify allies and decide how best to work with them – e.g. through networks and coalitions. If necessary, mobilize the public to raise awareness of the issue and influence decision-makers.

Step 8: Develop and implement the action plan

☞ As an advocate, there is need to put together something that shows practically who will do what and when. It is important to note what opportunities are there. What activities need to be done? When? Who is responsible? and What resources are required?

NOTE

Throughout the entire process, it is important to involve children at all steps, conduct continuous monitoring and evaluation at all stages, gather evidence and mobilize resources for effective implementation of the plan.



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UNIT
05

"No matter their story, every child has every right to thrive."

~

UNICEF

UNIT 5: LEGAL AND POLICY PROVISIONS ON DISABILITY AND SPECIAL NEEDS

PURPOSE:

The purpose of this unit is to introduce the learner to the legal and policy provisions for children with disabilities and those with special needs. In addition, the learner will evaluate the rights-based approaches while supporting children with disabilities and those special needs.

EXPECTED LEARNING OUTCOMES:

By the end of this unit, the learner should be able to:

1. Identify the legal and policy provisions for children with disabilities and those with special needs.
2. Describe the rights-based approach to disability and special needs advocacy.

SESSIONS

1. Legal and policy provisions for children with disabilities and those with special needs:
    a) International and regional conventions, protocols and frameworks for protecting children with disabilities and those with special needs,
    b) National laws, policies, guidelines and frameworks protecting children with disabilities and those with special needs.
2. Rights-based approach to disability and special needs advocacy.

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1. LEGAL AND POLICY PROVISIONS FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

A. International and Regional Conventions, protocols and frameworks for Protecting Children with Disabilities and those with special needs

Facilitator's Instructions: 30 Mins

1. Assign participants into groups.
2. Label 3 flip charts with the following Terms.
   a) "International conventions, protocols and frameworks"
   b) "Regional conventions, protocols and frameworks"
   c) "National laws, policies, guidelines and frameworks"
3. Stick the flip charts on different parts of the wall in the room using masking tape.
4. Give each group a different colour of marker pen.
5. Assign each group a paper to list down the legal provisions they know in each category.
6. After 2 minutes, ask groups to swap and continue adding on the charts reassigned.
7. Keep swapping the groups after every 2 minutes until all the legal provisions are completed.
8. Assemble all the group members and move as a team to start grading the legal provisions written on the charts in the room.
9. As members present their sections, clarify any anomalies presented.

Facilitator's Notes

United Nations Convention on the Rights of the Child (UNCRC), 1989

The United Nations Convention on the Rights of the Child (UNCRC) is a specific international legal instrument that focuses on ensuring that all children, including those with disabilities, receive the rights and protections they are entitled to.

1. **Article 2 - Non-discrimination:** This article ensures that all rights set out in the Convention are available to every child without discrimination of any kind. This includes children with disabilities, emphasising that they should have the same rights and protections as other children.
2. **Article 6 - Survival and Development:** This article underscores the right of every child to development and survival, which extends to children with disabilities. It highlights the need for special support to ensure their development is supported in a way that accommodates their specific needs.
3. **Article 12 - Respect for the Views of the Child:** This article recognises the right of children to express their views and have those views given due weight. For children with disabilities, this means ensuring that their opinions and preferences are

taken into account in matters affecting their lives, with necessary accommodations made to facilitate their participation.

4. **Article 23 - Children with Disabilities:** This article specifically addresses the rights of children with disabilities. It acknowledges that children with physical or mental disabilities should enjoy a full and decent life in conditions that ensure dignity, promote self-reliance, and facilitate the child's active participation in the community. It calls for appropriate measures to be taken to provide these children with the necessary support and resources.

5. **Article 28**: This article ensures the right of children with disabilities to education. States parties are required to recognise the right of every child to education and make this right progressively available and accessible.
6. **Article 29**: This article emphasises the aims of education for children with disabilities, focusing on the development of the child's personality, talents, mental and physical abilities to their fullest potential.
7. **Article 30**: This article recognises the right of children with disabilities to participate in cultural and recreational activities, on an equal basis with other children.
8. **Article 31**: This article acknowledges the right of children with disabilities to leisure, play, and participation in cultural and artistic activities.

Optional Protocol to the Convention on the Rights of Persons with Disabilities, 2006

- The Protocol provides for the powers of the Committee on Rights of Persons with Disabilities to receive and consider communications from or on behalf of individuals or groups of individuals subject to its jurisdiction who claim to be victims of a **violation by that State Party** of the provisions of the Convention.

Sustainable Development Goals (SDGs) on Disabilities

- **SDG 4.5** - eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities.
- **SDG 10.2-,** empower and promote the social, economic, and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status.
- **SGD 11.2 -** provide access to safe, affordable, accessible, and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities, and older persons.
- **SDG 11.7 -** provide universal access to safe, inclusive, accessible, green, and public spaces, in particular for women and children, older persons and persons with disabilities.
- **SDG 17.18** enhances capacity-building support to developing countries, including least developed countries and small island developing States, to significantly increase the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location, and other relevant characteristics

Regional Conventions and Protocol Protecting Children with Disabilities

The African Charter on the Rights and Welfare of a Child, 1990

Article 3: Non-discrimination

This article recognises that **e**very child shall be entitled to the enjoyment of the rights and freedoms recognised and guaranteed in the Charter irrespective of the child's or his/her parents' or legal guardians' race, ethnic group, colour, sex, language, religion, political or other opinion, national and social origin, fortune, birth or other status.

Article 13: Handicapped Children

The article recognises the following about children with disabilities: -

1. Every child who is mentally or physically disabled shall have the right to special measures of protection in keeping with his physical and moral needs and under conditions, which ensure his dignity, promote his self-reliance and active participation in the community.

2. States Parties shall ensure, subject to available resources, to a disabled child and to those responsible for his care, of assistance for which application is made and which is appropriate to the child's condition and in particular shall ensure that the disabled child has effective access to training, preparation for employment and recreation opportunities in a manner conducive to the child achieving the fullest possible social integration, individual development and their cultural and moral development.

3. The States Parties shall use their available resources with a view to achieving progressively the full convenience of the mentally and physically disabled person to movement and access to public highway buildings and other places to which the disabled may legitimately want to have access to.

Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa

The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Persons with Disabilities in Africa, also known as the African Disability Rights Protocol, was adopted by the African Union Heads of States during the thirtieth ordinary session of the AU Assembly held in Addis Ababa, Ethiopia on 29th January 2018.

The primary objective of the Protocol is to promote, safeguard, and ensure the complete and equal exercise of all human and people's rights for individuals with disabilities in Africa, as well as to ensure respect for their inherent dignity. The protocol complements the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by addressing the rights of persons with disabilities from an African perspective, considering the lived realities of individuals with disabilities on the continent while maintaining the core values and principles as outlined in the UNCRPD**.**

Article 28: Recognises the rights of children with disabilities to have full enjoyment of human and people's rights on an equal basis with other children. It further recognises the State Parties responsibilities in ensuring respect and promotion of the rights of children with disabilities , in particular their right to preserve their identities and enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community considering their best interest and ensuring their rights and welfare.

General Comment 1 (2014) on the right to equal recognition before the law adopted by the United Nations Committee on the Rights of Persons with Disabilities (CRPD Committee). This general comment deals with the contentious right to legal capacity in Article 12 of the United Nations Convention on the Rights of Persons with Disabilities, which reaffirms the right of persons with disabilities to be recognised as persons before the law. This guarantees that every human being is respected as a person possessing legal personality, which is a prerequisite for the recognition of a person's legal capacity.

Treaty for the Establishment of East African Community

Article 120 (c) the development and adoption of a common approach towards the disadvantaged and marginalised groups, including children, the youth, the elderly and persons with disabilities through rehabilitation and provision of, among others, foster homes, health care education and training.

African Agenda 2063

Aspiration 6: An Africa, whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children**.**

Goal 1 - Engaged and empowered youth and children by creating opportunities for Africa's youth for self-realisation, access to health, education and jobs; ensuring safety and security for Africa's children, and providing for early childhood development

East Africa Community Vision 2050

Vision 2050 recognises that sustained, **inclusive, and equitable economic growth** in the region is a key requirement for eradicating poverty and hunger and achieving the 2030 Agenda for Sustainable Development

B. National Laws, Policies, Guidelines and Frameworks Protecting Children with Disabilities and those with Special Needs

Facilitator's Instructions: **30 Mins**

Activity: Group Discussion

1. Assign participants into groups
2. Assign each group a national legal instrument or policy
3. Ask them to analyse the document, discuss the provisions for children with disabilities in the specific instrument, and take brief notes.
4. Provide an opportunity for each group to present their findings in a plenary session.
5. Summarise the discussions as you provide clarity for each of the instruments.

Facilitator's Instructions: 30 Mins

Interactive Lecture:

a) Using interactive lecture, present the national laws, policies, guidelines and frameworks protecting children with disabilities and special needs.
b) Use question and answer to gather inputs from Participants
c) Present notes using the PowerPoint Slides

Facilitator's Notes:

National Laws and Policies Protecting Children with Disabilities and those with Special Needs

Kenya has developed several policies and legal frameworks to support the rights and welfare of children with disabilities and those with special needs. These policies aim to ensure that children with disabilities receive appropriate care, education, and opportunities to participate fully in society. Some of the key policies and initiatives include, but are not limited to the following:

The Constitution of Kenya, 2010.

- **Article 53 (1):** This article guarantees all children the right to (a) name and nationality from birth; (b) free and compulsory basic education; (c) basic nutrition, shelter and health care; (d) protection from abuse, neglect, harmful cultural practices, all forms of violence, inhuman treatment and punishment, and hazardous or exploitative labour; (e) parental care and protection, which includes equal responsibility of the mother and father to provide for the child and (f) no detention, except as a measure of last resort.
- **Article 53(2):** This article promotes the child's best interests as of paramount importance in every matter concerning the child.
- **Article 54(1) (d)**: This article guarantees the rights of children with disabilities to be treated with dignity and respect and to be protected from harmful cultural practices and all forms of abuse, discrimination, and violence.
- **Article 54(2)**: This article requires the state to ensure the special protection of children with disabilities and their access to education and training.

The Persons with Disabilities Act, 2003 (CAP 133)

- **Section 11** -Requires the government to make maximum use of its available resources with a view to realise the rights of persons with disabilities.
- **Section 18** - Promotes the rights of children with disabilities to access Education and the importance of considering their special needs with respect to the entry requirements, pass marks, curriculum, examinations, auxiliary services, use of school facilities, class schedules, physical education requirements and other similar considerations. It also recommends the establishment of special schools where necessary.
- **Section 19** - Make provisions for the establishment of an integrated system of special and non-formal education for persons with all forms of disabilities and the establishment where possible of Braille and recorded libraries for persons with visual disabilities.

- **Section 20** - Recognises the importance of national health programmes to consider:- prevention of disability; early identification of disability; early rehabilitation of persons with disabilities; enabling persons with disabilities to receive free rehabilitation and medical services in public and privately owned health institutions; availing essential health services to persons with disabilities at an affordable cost; availing field medical personnel to local health institutions for the benefit of persons with disabilities; and prompt attendance by medical personnel to persons with disabilities
- **Section 21**- Accessibility and mobility: Persons with disabilities are entitled to a barrier-free and disability-friendly environment to enable them to have access to buildings, roads and other social amenities, and assistive devices and other equipment to promote their mobility

The Children Act, 2022 (CAP 141)

- **Section 9:** Non-discrimination
- **Section 13:** Education- Every child has a right to free and compulsory basic education
- **Section 14**: Right to leisure, recreation and play
- **Section 12**: Right to social security
- **Section 16** - Health care: This section ensures that children with disabilities have access to health care services appropriate to their condition, including medical rehabilitation and health education
- **Section 17** Right to inheritance
- **Section 20:** Rights of children with disabilities- This section specifically addresses the protection of children with disabilities, ensuring they are safeguarded against neglect, abuse, and exploitation
- **Section 26. (5**) Detention of children in conflict with the law
- **Section 35 (2)** Ground for Extension of Parental responsibility beyond eighteenth birthday
- **Section 95 (2)(b)** General principles with regard to proceedings in children's court
- **Section 153 (5)** Care orders
- **Section 235 (h)** Guarantees of a Child accused of an offence
- **Section 144-** Children in need of care and protection

The Basic Education Act, 2013 (CAP 211)

- **Section (28)(2)(C):** Provides for academic centres, or relevant educational institutions to cater for gifted and talented learners
- **Section (28)(2) (d):** Provides for special and integrated schools for learners with disabilities
- **Section 34 (2)** No denial of admission on ground including disability.
- **Section 39 (g)** Responsibility of the government to provide special education and training facilities for talented and gifted pupils and pupils with disabilities
- **Section 44**- Establishment and management of special institutions to cater for children with special needs
- **Section 47:** The duty of the County Education Board to make reports for a child with disability and special needs and recommend the best possible ways of addressing their education needs
- **Section 48** : Future provisions for children with special needs in regard to their educational needs including establishments that are outside the Country and are deemed beneficial to the child

Sexual Offenses Act, 2006

- Section 19 protects children and adults with disabilities from sexual exploitation.

Prohibition of Female Genital Mutilation Act, 2011

- Protects children from harmful cultural practices

Data Protection Act, 2019

- Makes provision for the right to privacy by ensuring the need to seek consent before publishing any information concerning a child.

The Heath Act (CAP 241)

- **Section 4 (e)-**Government responsibility to ensuring realisation of health related rights and interests of the vulnerable group in the society including children with disabilities.
- **Section 5 (i)** Every person has the right to the highest attainable standard of health which shall include progressive access for provision of promotive, preventive, curative, palliative and rehabilitative services.
- **Section 6,7,8, 9, 10, 11, 12**- children with disabilities are entitled to all the rights associated with their health including rights to reproductive health, emergency treatment, health information, giving consent and confidentiality of their health status.
- **Section 22**- Public Health facilities-The national and county governments shall ensure the progressively equitable distribution throughout the country of such publicly owned health institutions, including hospitals, health centres, pharmacies, clinics and laboratories, as are deemed necessary for the promotive, preventive and rehabilitative health services

Refugee Act 2021 The Refugee (General) Regulation 2024, Part III Section 22- Considerations for categories at Risk

- (2) An authorised officer involved in the reception and registration of asylum seekers shall be sensitive to the special needs of women, children, persons living with disability, and the aged and elderly.
- (3) In this regulation, "categories at risk" means asylum seekers or refugees, including unaccompanied minors, mentally or physically disabled, pregnant women, elderly persons, and any other category considered in need of special assistance or protection.

Persons with Disabilities National Policy, 2024

Early identification and interventions-

The policy recognises the importance of early identification and recommends the following key interventions.

2.1.4 Key interventions

(a) To develop early identification and invention mechanisms.
(b) Ensure that infants and children with disabilities have access to medical care.
(c) Enhance maternal and childcare early identification and congenital conditions.
(d) Develop appropriate and functional screening tools for the identification and reporting of disabilities.

(e) Build capacity and improve the availability of personnel to implement timely identification and intervention.

(f) Enhance training and empowerment of Community Health Promoters (CHPs) to enable them to participate in the identification of impairments, the provision of primary assistance and referral to appropriate services

2.3 Habilitation and Rehabilitation

Habilitation and Rehabilitation are lifelong processes that begin at birth or on the onset of disability. They involve interventions, training and retraining at all stages of life to help a person with disabilities adjust to different situations and circumstances in life. The policy recommends the following key interventions.

2.3.4 Key interventions

(a) Develop appropriate habilitation and rehabilitation policies, regulations, and programmes, which accommodate the needs of all categories of persons with disabilities.

(b) Collaborate with public and private service providers to avail habilitation and rehabilitation services within the community.

(c) Increase and build capacity of professionals in habilitation and rehabilitation services.

(d) Facilitate local production and availability of quality, appropriate and affordable assistive devices, and technologies.

(e) Provide home-based habilitation and rehabilitation support.

(f) Improve participation of persons with disabilities and their families in design and delivery of rehabilitation services.

(g) Include cost of habitation and rehabilitation services be included in the social health insurance

2.4 Education

Education is a crucial service that persons with disabilities require to extricate themselves from marginalisation, exclusion, and discrimination. Inclusive education at all levels enables them to effectively participate in the affairs of the society on equal basis.

Key interventions

a. Ensure early identification, educational assessment, and appropriate placement of learners with disabilities.
b. Provision of inclusive educational support such as, learner support assistants, sign language interpreter services, and psychosocial support.
c. Make all schools accessible to all learners irrespective of their disabilities.
d. Train and retraining of teachers in all schools on inclusive education.
e. Intensify monitoring, supervision, and quality control in all schools to ensure that learners with disabilities are provided for without discrimination.
f. Expand educational services to cater for categories of children and youth with disabilities not currently reached.
g. Promote the designing and development of appropriate technologies, assistive devices, and learning materials for learners with disabilities.

h. Continuous review of curricular and reform examination systems in close collaboration with persons with disabilities through their representative organisations to provide the necessary adaptations to cater for the learning requirements of learners with all forms of disabilities at all levels.
i. Adapt and adopt information communication systems appropriate for learners with disabilities in all centres of learning.
j. Incorporate inclusive education in all teacher-training curriculum.
k. Promote and strengthen educational assessment and resource centres and services throughout the country.
l. Ensure the youth with disabilities in secondary, tertiary and university education are supported through affirmative action including in admission, examination, full financial support, and reasonable accommodation.
m. Establish and promote continuing and adult education for learners with disabilities.
n. Increase budgetary provisions including adequate capitation for learners with disabilities to cater for all necessary support services and equipment.
o. Ensure the safety and security of all learners with disabilities within their learning environment.
p. Strengthen gender responsiveness to improve education for women and girls with disabilities.
q. Recognise and provide certificates to all learners with disabilities according to the level of education attained.

Kenya National Social Protection Policy, 2011

Social Protection in the Context of National Development, Page (vi)

- Targets to scaling up of the cash transfer schemes: Orphans and Vulnerable Children (OVC) including Children with Disabilities, Older Persons Cash Transfers (OPCT), Persons with Severe Disabilities (PWSD) and the Hunger and Safety Net Programme;
- Expand health insurance coverage and health service provision to poor and vulnerable groups, informal and rural workers

National Education Sector Strategic Plan 2023-2027

Has emphasised equity and inclusion as a strategic issue to be addressed.

Chapter 4

- Access and participation
- Equity and Inclusion

Strategic Goals

Strategic Goal 2: Enhance equity and inclusivity

Mainstreaming Special Needs Education (SNE) in education training and research is crucial to ensuring that individuals with disabilities have equal opportunities for skill development and employment. This plan will improve policies and initiatives to enable more integration of learners with special needs and disabilities into mainstream education, training, and research programmes. Data management, revamping of EARC centres to enhance assessment and placement of Learners with special needs and disabilities, making physical infrastructure accessible, providing assistive technologies, and training trainers to support diverse learning and training needs will be central to the achievement of this plan.

Sessional Paper No.1 of 2019 on Education

The government of Kenya has been committed to providing universal education including access to education by learners with special needs and disabilities. Special Needs Education (SNE) and training are important for human capital development, as they prepare those who would otherwise be dependents to be self-reliant. Special Needs Education and training require appropriate adaptations to curricula, teaching methods, educational resources, medium of communication, and friendly learning environment in order to cater for individual differences in learning.[52]

Vision 2030

Education Sector

Mainstreaming of Early Childhood Development Education (ECDE). This will involve a review of the ECDE policy framework; establishment of ECDE resource centres in each of the 47 counties including three feeder schools in each of the nine pastoral counties; provision of capitation grants at KSh 1,020 (with adjustment for children with special education needs) per child enrolled in public ECDE centres; and recruitment of 48,000 trained ECDE teachers (24,000 in first year and 6,000 in each of the four subsequent years). The government will also develop a framework for identifying children's inherent abilities and talents and aligning them to early childhood education and future professional training.

Gender, Youth and Vulnerable Groups Sector

Disability Mainstreaming (inclusion and accessibility)

- This will ensure that issues that directly affect Persons with Disabilities are adequately addressed in policies and legal frameworks, programmes and projects.
- Scale up the National Development Fund for Persons with Disabilities.
- This fund will assist persons with disabilities for their socio-economic empowerment. It will also support infrastructure improvement to institutions providing services to Persons with Disabilities and capacity building for disabled persons' organisations

Vulnerable Groups

- Consolidated Social Protection Fund (CSPF)
- Establishment of a single registry for all CSPF Initiatives;
- Support to Persons with Albinism (PWA); and
- Establishment of National Safety Nets Program.

Vulnerable Groups Flagship Projects

- Establishment of a consolidated Social Protection Fund: This will be established for
- cash transfers to Orphaned and Vulnerable Children (OVCs), the elderly and other
- Persons facing vulnerabilities.
- Implementation of the Disability Fund: This fund will be inclusive of appropriate
- Budgetary allocations to provide financial assistance to Persons with Disabilities for their socio-economic empowerment.
- Representation of Persons with Disabilities in decision-making processes at all levels to ensure that they are directly represented.

[52] https://www.knqa.go.ke/wp-content/uploads/2019/03/Session-Paper-No-1-of-2019.pdf

SESSION 2: RIGHTS-BASED APPROACH TO DISABILITY AND SPECIAL NEEDS ADVOCACY

Facilitator's Instructions: 30 Mins

1. Using interactive lecture, present the principles considered in a Rights-Based Approach to Disability and special needs advocacy.
2. Ask questions and seek answers from participants

Facilitator's Notes

3.4 Rights-Based Approach to Disability and Special Needs Advocacy

30 Mins

A human rights-based approach refers to a conceptual framework for the process of human development that is normatively based on international human rights standards and directed to promoting and protecting human rights. Therefore, a rights-based approach to disability and special needs advocacy emphasises the fundamental rights and dignity of individuals with disabilities. Here are key principles and strategies that characterise this approach:

Principles

Respect for inherent dignity, individual autonomy including the freedom to make one's own choices, and independence of persons: This principle recognises rights and agency of persons with disabilities. The emphasis is on acknowledging that people with disabilities have the right and thus need to be involved, rather than seeing them as passive victims of assistance.

Non-discrimination: Non-discrimination refers to treating people fairly without prejudice. This principle is central to all human rights instruments and includes acts of both direct and indirect discrimination. The focus is on equity within groups of persons with disabilities. In this context, persons with disabilities should not be discriminated against based on race, gender, religion, impairment, or other classifications.

Full and effective participation and inclusion in society: This is recognised in the Convention as a general principle (Article 3), a general obligation (Article 4) and a right (Articles 29 and 30).[53] Participation helps in being able to identify specific needs as decisions made about persons with disabilities are better informed and may produce positive outcomes. Further, participation and inclusion empowers individuals, as persons with disabilities with no voice are vulnerable to abuse, violence and exploitation since they have no means of challenging this oppression. Participation aids in clarifying the needs and concerns of persons with disabilities and as a result, they have the opportunity to raise issues and hold decision-makers accountable. Further persons with disabilities become more visible giving a chance to those without disabilities to learn and change.

[53] Njelesani, J., Cleaver, S., Tataryn, M., & Nixon, S. (2012). Using a Human Rights-Based Approach to Disability in Disaster Management Initiatives. https://doi.org/10.5772/32319

Respect for difference and acceptance of persons with disabilities as part of human diversity and humanity: This principle acknowledges the fact that disability is an intrinsic part of life and impairments do not always need to or should be "fixed" or rehabilitated. Therefore, programmes should be designed to meet people where they are and accommodate varying abilities, rather than expecting people (and their bodies) to conform to a certain norm. When programmes are designed to address rights of persons with disabilities, they end benefiting many other vulnerable populations.

Equality of opportunity: Persons with disabilities need to be afforded with every opportunity to participate in society even though they may not be able to conduct certain tasks as a result of their physical or intellectual impairments. Accommodations should be made to ensure that they have opportunities to go to school or attend informal educational opportunities, participate in daily social life and practice the religion of their choice.

Accessibility: This principle appears both as a general principle (Article 3) as well as a stand-alone article (Article 9) in the CRPD. Accessibility is essential to enable persons with disabilities to live independently and participate fully in life. Notably, accessibility is both an outcome and a means to the realisation of rights. Within the CRPD accessibility includes not only the accessibility of the physical environment but also accessibility to transport, communication and information in urban and rural areas.

Equality between men and women: While disability correlates with disadvantage, not all people with disabilities are equally disadvantaged. Women with disabilities experience the combined disadvantages associated with gender as well as disability[54]. Research shows that women are more likely than men to become disabled during their lives due to access to fewer resources, receiving less medical attention when ill and getting less preventative care and immunisations.

Respect for the evolving capacities of children with disabilities and respect for the right of children with disabilities to preserve their identities: Children with disabilities are especially vulnerable following natural disasters. They are often the first to be abandoned by families and the last to receive relief and support.[55]

Strategies

Empowerment and Capacity Building: Advocacy efforts aim to empower persons with disabilities to advocate for their own rights and interests. This may include providing training on rights awareness, advocacy skills, and leadership development within the disability community.

Collaboration and Partnership: Effective advocacy often involves collaboration with disability organisations, civil society groups, government agencies, and other stakeholders. Building alliances and partnerships strengthens advocacy efforts and increases the collective voice for disability rights.

[54] World Health Organization. (2011). World report on disability 2011. https://www.who.int/publications/i/item/97892415641 82

[55] UNICEF. (2007, November 1). The State of the World's Children 2007 | UNICEF. https://www.unicef.org/reports/state-worlds-children-2007

Monitoring and Accountability: Advocates monitor the implementation of disability rights laws and policies, holding duty-bearers accountable for their commitments. This may involve conducting research, collecting data, and reporting on violations of rights to ensure accountability and transparency.

Public Awareness and Sensitisation: Advocacy includes raising public awareness about disability rights issues, challenging stereotypes, and promoting positive perceptions of persons with disabilities as active members of society.

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UNIT
06

Diversity is a fact,
inclusion is an act;
~
Zabeen Hirji

UNIT 6. INCLUSIVE CARE FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

255 Mins

Methodology

- Lecture
- Case study
- Question and answer
- Group Discussion

Resources

- Laptop/Computer
- LCD Projector
- References book
- Case laws
- Flip charts
- Trainers Notes

Assessment Tools

- Oral questions
- Direct observations

PURPOSE:

This unit seeks to equip the learner with knowledge, skills, and change attitudes to enhance inclusive practices while caring for children with disabilities and those with special needs. The learner will explore the principles of inclusion and ways to support individual differences among children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Define key terms and concepts in inclusive care.
2. Explain the principles of inclusion.
3. Create an inclusive environment for children with disabilities and those with special needs.
4. Explain approaches for supporting diversity and individual differences among children with disabilities and those with special needs.
5. Describe the ethical principles observed in the context of children with disabilities and those with special needs.

SESSIONS

1. Definition of key terms and concepts.
2. Inclusive Practices:
    a. Principles of inclusive practices,
    b. Understanding inclusive practices,
    c. Importance of inclusion for children with disabilities and those with special needs.
3. Creating an inclusive environment.
4. Supporting diversity and individual differences.
5. Ethical principles in working with children with disabilities and those with special needs.

SESSION 1: DEFINITION OF KEY TERMS AND CONCEPTS

Facilitator's Instructions:

30 Mins

Group Activity: Observation and discussion

1. Introduce the session topic and expected outcomes.
2. Project the image below on a PowerPoint slide and ask participants to make their observations
3. In pairs, ask the participants to discuss what they see on the slide or their handbook.
4. Ask participants to discuss the words presented in the image and write short notes on inclusion, exclusion, segregation and integration, in their handbooks.
5. Ask volunteers to share their findings during the plenary.
6. Summarise by correcting any mistakes and providing the correct definitions of these terms as provided in this manual and PowerPoint slides.[56]

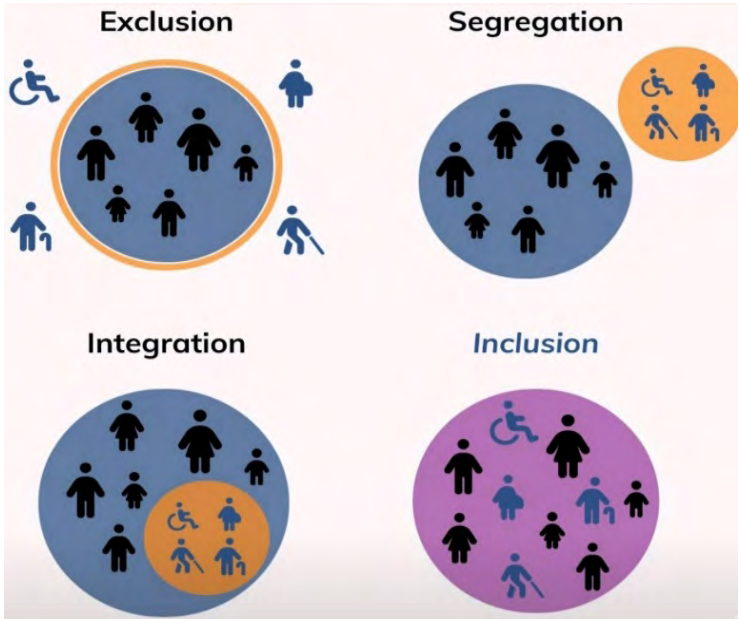


Figure 4: Inclusion Terms

Facilitator's Notes

Inclusion

Inclusion focuses on the process of adjusting the home, school and the larger society to accommodate persons with special needs and disabilities. All individuals regardless of their differences are given the opportunity to interact, play, learn, work, and experience the feeling of belonging. In addition, they are allowed to grow and develop in accordance

[56] https://inee.org/collections/inclusive-education

with their potentials and abilities.[57] Refers to an environment where everyone feels respected and valued, and has equal opportunities, regardless of their background or identity.

Adaptation: The process of altering the physical environment, activities, resources in order to suit individual needs of children with disabilities and special needs. Adaptations can also include modifications and accommodations.

Segregation: This refers to a state or action of setting someone apart from others.

Integration: Refers to a dynamic and principled process of promoting the values, relations and institutions that enable all people to participate in social, economic, cultural and political life based on equality of rights, equity and dignity.[58] In disability context, it refers to the practice of including children with disabilities with their non-disabled peers in the educational setting.

Reasonable Accommodation: According to the United Nations Convention on the Rights of Persons with Disabilities (UN CRPD), reasonable accommodation refers to the "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms."[59] It aims mitigate barriers for persons with disabilities and provide an inclusive environment that is non-discriminatory.

Inclusive practices

It is important because it is necessary for functioning equitably in an increasingly diverse global community, and it provides benefits for companies, workplaces, and schools. Inclusive practices refer to strategies, policies, and behaviours that ensure individuals of all backgrounds, abilities, and identities are valued, respected, and provided with equal opportunities to participate and succeed.[60]

[57] UNESCO. (2024). Inclusion in education: What you need to know | UNESCO. https://www.unesco.org/en/inclusion-education/need-know

[58] Desa. (2009). Creating an Inclusive Society: Practical Strategies to Promote Social Integration. United Nations. https://www.un.org/esa/socdev/egms/docs/2009/Ghana/inclusive-society.pdf

[59] UN Convention on the Rights of Persons with Disabilities (CRPD), Article 2

[60] Grossman. (2024, August 22). 5 Ways to Promote Diversity in the Workplace Through Employee Engagement. Beekeeper. https://www.beekeeper.io/blog/5-ways-promote-workplace-diversity/

SESSION 2. INCLUSIVE PRACTICES

A. Principles of Inclusive Practices

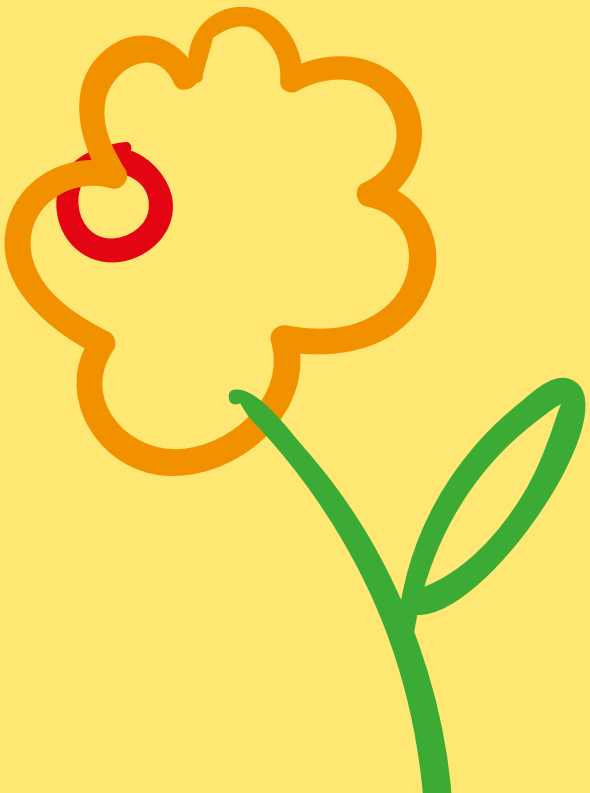
The principles of inclusion promote the acceptance, respect, and valuing of diversity within educational, social, and professional environments.

Facilitator's Instructions:

60 Mins

Perspective swap

1. Assign participants into groups.
2. Move around and assign each participant in the group a role to experience a disability, e.g. in a group have a member blindfolded, another with earplugs, another tied their feet to hinder movement/ be placed in a wheelchair, another with socks covering their fingers, another assigned a passage that is not legible etc).
3. Give each group a ball to play and ask them to engage in different activities.
4. Ask group members not to help one another or be kind to each other.
5. Move around the groups checking what they are doing and push them to accomplish their tasks.
6. Do not empathise or sympathise with participants but be mean in your words and actions.
7. After each member has had a turn, assemble the members and conduct a debrief session using the following questions.
    a) How did you feel during the activity?
    b) What challenges did you face?
    c) How did your perspective on the task change?
    d) How does this experience relate to the concept of inclusive practices?



Facilitator's Notes

Source: https://www.annmurraybrown.com/single-post/social-inclusion-principles

Social Inclusion Principles

Imagine that an organisation calls a meeting...

Equality Asks...

Was an invitation sent to everyone?

Explores whether each person in the organisation, irrespective of their department, years of service etc., was treated the same, with the right to socess and participate in the meeting.

1

Diversity Asks...

Is everyone represented?

2

Explores whether each group and subgroup is in the room. From management to the cleaning staff.

Inclusion Asks...

Has every voice been heard?

3

Explores whether different opinions and perspectives were shared in the meeting. Everyone got a chance to speak, not just the Chair, management and invited guests.

Equity Asks...

Was the seating arranged in such a way that even persons in the back of the room or persons working remotely could still participate?

4

Despite everyone being treated the same by being sent an invitation (equality), equity explores whether there is a consideration that persons may need additional support to ensure their full participation. For example, providing a video link for the remote worker and a higher chair so those in the back can see.

Some of the key principles include:

1. Respect and Value Diversity

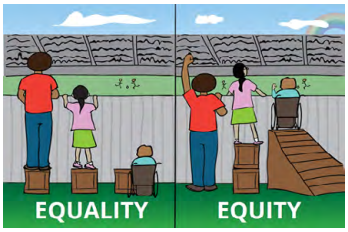
The essence of this principle is to recognise and celebrate individual differences. This promotes an environment for people to respect and value diversity while appreciating unique contributions from everyone.

2. Participation

Participation refers to an approach where consultation and active involvement of individuals is promoted. This includes the active participation of individuals in various activities and decision-making processes. Individuals within a group or setting need to be allowed opportunities to contribute and be heard. Attending or being present in a meeting is not sufficient on its own.

3. Access

This refers to the removal of barriers that prevent participation. It includes physical, communication, institutional and attitudinal barriers. Access ensures that environments, resources, and activities are accessible to everyone without any hindrances.



4. Equity

Refers to treating all people fairly and without discrimination based on gender, age, background, race, abilities or any other characteristics. It ensures that each person is given what they deserve taking into account their needs, circumstances and rights. Equity seeks to promote equal opportunities and eliminate barriers that hinder the full development of individuals. This principle recognises that different individuals may need different levels of support to achieve similar outcomes. Therefore, it involves providing individualised support and resources to ensure everyone has access to the same opportunities.

5. Flexibility

Flexibility involves adapting practices, policies, and procedures to meet the diverse needs of all individuals. This might include modifying teaching methods, workplace practices, or social activities to ensure inclusivity.

6. Empowerment

Empowerment focuses on enabling individuals to have control over their own lives. It involves providing the necessary support and resources for individuals to make their own decisions and advocate for themselves.

NOTE

Inclusion should be made taking into consideration the context e.g. school, charitable children institution, statutory children institution, home, workplace among others. The resources, facilities, environment and activities should accommodate every person including children with disabilities and special needs.

Brainstorming Activity — 20 Mins

1. Facilitator's Instructions"
2. Ask participants to pair up and share the following personal facts about themselves.
   a) What is your strength?
   b) What is your weakness?
   c) The most POSITIVE memorable day in your life.
   d) The saddest day in your life.
   e) Share a word of encouragement.

B. Understanding Inclusive practices

Video Activity — 10 Mins

https://www.youtube.com/watch?v=bQcNxdVIKCM

1. Play the video
2. Ask participants to watch the Video and comment on what their role is in ensuring inclusive education for children with disabilities and those with special needs

Inclusive practices involve strategies and approaches designed to accommodate and support the diverse needs of all individuals within educational, social, and professional settings. These practices are anchored on the principles of inclusion. A good understanding and implementation of these practices fosters an environment where each individual thrives and maximises their potential.

Inclusive education practices

Source: https://onlinedegrees.sandiego.edu/inclusive-education-strategies/

Inclusive healthcare practices

Inclusive health practices ensure that children have equitable access and full participation to health services and resources necessary to achieve their full health potential. These practices as follows:

1. Promote disability inclusive attitudes in health care services.

Remove attitudinal barriers by replacing negative attitudes with disability inclusive attitudes. Be aware of assumptions and negative beliefs on disabilities and special needs, which are attitudinal barriers to inclusive practices. Replace the negative attitudes with disability inclusive approaches. In addition, lobby for inclusive approaches that address attitudinal barriers at the policy level concerning health services.

Examples:

- **Stereotyping:** Assuming what patients need or do not need
- **Pity:** Feeling sorry for people with disability, leading to patronising behaviour.
- **Fear and avoidance**: Being afraid of saying or doing the "wrong" thing so avoiding people with disability
- **Inferiority:** Believing people with disability are inferior because of their impairment
- **Denial:** Not recognising the impact of disabling conditions that may not be visible (e.g. intellectual disability, autism) and denying reasonable accommodations where needed

2. **Address physical barriers, promote universal design and reasonable accommodation**

   This includes assessing buildings where children with disabilities access health care services for accessibility by ensuring the following:

   - A ramp has been installed at the entrance to the health clinic
   - Tactile markers to guide people with vision impairment from the entrance to the reception desk were installed
   - An accessible toilet has been installed
   - flashing lights are provided as part of the emergency evacuations system to alert people who are deaf
   - A disabled parking space has been provided at the front of the hospital
   - Braille has been provided on the hospital directory which informs patients where clinics are located
   - A consulting room had a height adjustable examination table installed

Universal design recommendations include:

- Changing the signage within the facility to light letters on a dark background to increase the contrast to make the signage easier to read
- replacing the steps at the front entrance of a health facility with a gently sloping ramp
- Installing automatic doors at the entrance to the facility so that patients do not have to physically open the doors

3. **Provide disability-inclusive communication:**

   Understand the communication barriers, their impact on children and adopt strategies and good practices in disability inclusive practices.

4. **Ensure proper collection of data on disability to aid in planning for proper health service delivery for children with disabilities and special needs. This includes proper diagnosis of disabilities and special needs.**

5. **Apply a disability-inclusive approach during emergencies. These may include things like natural disasters, conflicts, transport accidents, and pandemics. Apply disability-inclusive interventions during emergencies considering the specific needs.**

   For instance, people who are deaf or hard of hearing may not be aware of changes to the emergency response or where to access support, including health care. In addition, a person with disability may be separated from their usual support people or services that they need for everyday care (e.g. showering, toileting, meal preparation, attending health-care appointments).[61]

[61] Marjadi, B., Flavel, J., Baker, K., Glenister, K., Morns, M., Triantafyllou, M., Strauss, P., Wolff, B., Procter, A. M., Mengesha, Z., Walsberger, S., Qiao, X., & Gardiner, P. A. (2023). Twelve Tips for Inclusive Practice in Healthcare Settings. *International journal of environmental research and public health*, *20*(5), 4657. https://doi.org/10.3390/ijerph20054657

12 Tips of Inclusive Social and Recreational Activities

- Beware of assumptions and stereotypes
- Replace labels with appropriate terminology
- Use inclusive language
- Ensure inclusivity in the physical space
- Use inclusive and appropriate signs and symbols
- Ensure appropriate communication methods
- Adopt a strength-based approach
- Ensure inclusivity in healthcare research
- Expand the scope of inclusive healthcare delivery
- Advocate for a more inclusive healthcare system
- Self-educate on diversity in all its forms
- Build individual and institutional commitments

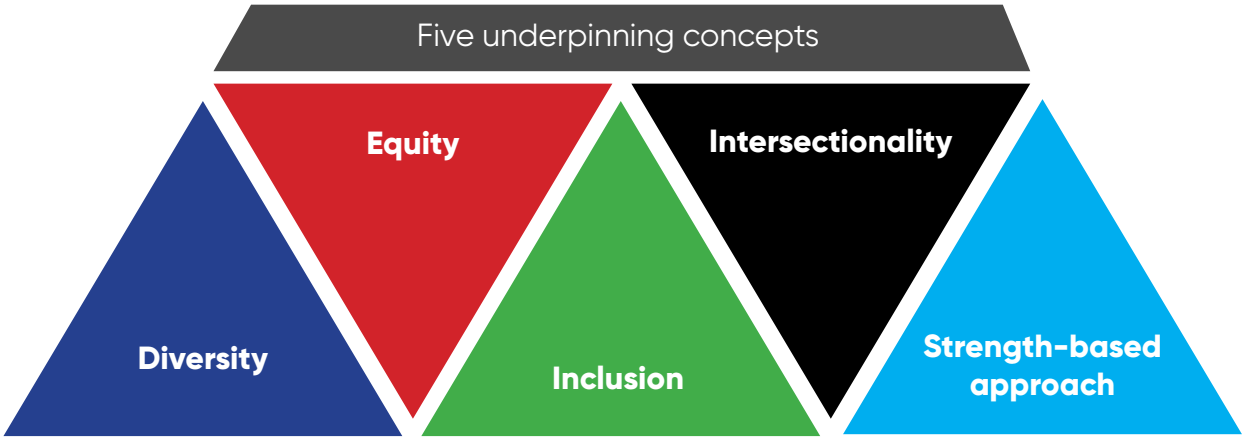


Figure 5: Inclusive Social and Recreational Activities

In order to enhance inclusion in social activities, caregivers may consider doing the following:

- Believe that the child can and should participate in programmes and activities in the community.
- Model for the children and show them how to interact with others then fade out as he or she starts to engage.
- Promote independence as much as possible.
- Discover children's strengths and interests and look for connections in the community based on those strengths. Allow them to socialise with others in the community as they exercise their talents and interests.
- Find inclusive places in the community and provide children opportunities to interact there.
- Connect with the people in the community who are the "Gate Keepers" and can help children engage with others to participate in activities or groups.

Allowing children with disabilities to engage in leisure and recreational activities can help them experience a myriad of positive feelings.

- Increase of self-esteem.
- Develop and maintain friendships with others in the neighbourhood.
- Develop and enhance skills.
- Increase in acceptance by peers.
- Introduction of new options and opportunities for recreation.
- Greater recognition of capabilities, skills, and successes.
- Increase in opportunities for peer mentoring.
- Greater, more valued role as a member of the community.

Inclusive Behavioural and Emotional Support

Some of the practices that support such an environment include the following:

1. ***Get to know the children as individuals.***

   Taking time to know each child's individual needs helps one to tailor the interaction and create a more welcoming interactive environment. Establishing positive relationships with children is also key to creating a more inclusive environment in the institution. Showing children that you care about their success and are committed to helping them reach their potential can go a long way.

   These 5 strategies can be helpful:

   i. Take an interest in the children's hobbies or interests. If they can talk, ask them about their favourite subjects, books, movies, music, sports teams, or other topics of interest.

   ii. Ask them questions about their strengths and challenges. Get to know how they learn best, the areas that are most difficult for them, and the strategies that have helped them in the past.

   iii. Learn about their disability. Research the specific disability and the accommodations that can help them access the general education curriculum.

   iv. Involve the family where possible and ask parents or guardians about the child's interests, needs, and preferences.

   v. Listen to children's feedback and ask them how they feel about the institution's environment, provide them with opportunities to give their input on how to make the institution better.

2. ***Create a positive culture.***

   Fostering inclusivity by creating a positive culture is impactful for both children with disabilities and those without. A positive environment in the institution could be achieved by:

   i. Establishing clear expectations, routines, and behavioural supports.
   ii. Providing positive reinforcement for when children meet their expected goals.
   iii. Promoting respect for others.
   iv. Aiding children's social skills.
   v. Encouraging open communication and feedback.
   vi. Creating an atmosphere of acceptance and support.

3. ***Offer individualised care.***

Individualised care is a critical component of an inclusive environment in an institution. It involves tailoring instruction to meet the specific needs and abilities of each child. To offer individualised care to children with disabilities, caregivers need to understand their specific needs and accommodate them accordingly.

Success in offering individualised care may involve providing additional support such as modified tasks or differentiated activities. It is also important to provide children with choices and allow them to take part in goal setting and decision-making. Further, there is a need to allow children to work or engage in activities at their own pace as you provide feedback on their progress. Effective implementation of individualised care allows children an opportunity to thrive and reach their full potential.

4. ***Provide reasonable accommodation.***

Reasonable accommodation refers to "necessary and appropriate modification and adjustments not imposing a disproportionate or undue burden, where needed in a particular case, to ensure to persons with disabilities the enjoyment or exercise on an equal basis with others of all human rights and fundamental freedoms"[62]. There are a variety of accommodations that can be provided, including modified tasks or activities, differentiated support, and assistive technology. Accommodations should be regularly monitored and adjusted as needed to ensure children achieve their full potential.

5. ***Make use of technology.***

Assistive technology can enable children with disabilities to participate in activities they would otherwise not be able to complete. In the classroom, assistive technology includes anything from low-tech tools, such as adapted pencils and magnifiers, to high-tech tools, such as voice recognition software or augmentative communication devices.

Assistive technology can be used to help students with disabilities increase their independence and participate in activities in general education classes that they may not be able to do otherwise. Teachers and children's officers should familiarise themselves with the different types of assistive technology and leverage them to help students succeed in the classroom.

NOTE

Understanding inclusive practices is important for establishing environments that support the diverse needs of all individuals. Implementing these practices requires commitment and continuous monitoring of the progress made to ensure enriched environments where everyone thrives.

C. Importance of inclusion for children with disabilities and those with special needs

Inclusion is a critical aspect of education and social integration for children with disabilities and those with special needs. It involves ensuring that these children have equal opportunities to participate fully in all areas of life, including education, social activities, and community engagement. The importance of inclusion extends beyond just physical integration;

[62] UN Convention on the Rights of Persons with Disabilities (CRPD), Article 2

it encompasses the provision of appropriate support, resources, and an inclusive mind-set that respects and values diversity.

Key Benefits of Inclusion

1. **Inclusion enhances academic achievement**

   Inclusive settings especially in the education context have been shown to improve academic outcomes for children with disabilities and those with special needs. Research indicates that when these children are educated alongside their peers without disabilities, they tend to achieve higher academic standards and develop better problem-solving skills[63].

2. **Positive Attitudes and Reduced Stigma**

   Inclusion benefits not only children with disabilities and those with special needs but also their peers without disabilities. Children who grow up in inclusive environments are more likely to be empathetic and supportive towards people with disabilities[64]. It helps foster positive attitudes towards diversity and reduces stigma and discrimination.

3. **Social and Emotional Development**

   Inclusion fosters a sense of belonging and acceptance, which is crucial for the social and emotional development of children with disabilities and those with special needs. By interacting with a diverse group of peers, these children can develop essential social skills, build friendships, and improve their self-esteem[65]. Further, it has been established that inclusive environments help reduce feelings of isolation and increase overall well-being.[66]

4. **Legal and Ethical Imperatives**

   Inclusive practices align with international legal frameworks, such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), which mandates that states ensure inclusive education systems at all levels. This legal imperative reinforces the ethical responsibility to provide equitable education opportunities for all children.[67] In the same breath, these inclusive practices will enhance equitable services to all children with disabilities and those with special needs.

5. **Promotes independence and resilience**

   The establishment of inclusive settings prepares children with disabilities and those with special needs for life beyond school or care setting by promoting independence and resilience. Children learn to navigate various social situations, advocate for themselves, and engage in community activities, which are vital skills[68] for coping in life.

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[63] Hehir, T., Schifter, L. A., Grindal, T., Ng, M., & Eidelman, H. (2016). A Summary of the Evidence on Inclusive Education. Instituto Alana.

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[66] Koster, M., Pijl, S. J., Nakken, H., & Van Houten, E. (2009). Social participation of students with special needs in regular primary education in the Netherlands. International Journal of Disability, Development and Education, 56(1), 13-30.

[67] United Nations Convention on the Rights of Persons with Disabilities (UNCRPD). (2006). Convention on the Rights of Persons with Disabilities and Optional Protocol.

[68] Shogren, K. A., Wehmeyer, M. L., Palmer, S. B., Rifenbark, G., & Little, T. D. (2015). Relationships between self-determination and postschool outcomes for youth with disabilities. Journal of Special Education, 48(4), 256-267.

Session 3: Creating an Inclusive Environment

Facilitator's Instructions: 60 Mins

Mime Activity

1. Assign participants into groups.
2. Ask each group to think of a scenario in their area of jurisdiction or community, which leads children with disability to be excluded.
3. Let the group members agree on one scenario and rehearse then present to the plenary.
4. Ask the other participants to guess what form of exclusion was presented.
5. Allow plenary discussion as participants mime while the rest guess.
6. Facilitate an interactive lecture in inclusive practices using the slides and notes in the training manual.
7. Encourage participants to write down brief notes in their handbooks.

Facilitator's Notes

The creation of an inclusive environment involves designing spaces, policies, and practices that ensure all individuals, regardless of their backgrounds or abilities, can participate fully and equitably. An inclusive environment values diversity and promotes a sense of belonging and respect for all.

Ways to Create an Inclusive Environment

1. Physical access, usability and safety

Ensure that buildings, facilities, and spaces are accessible and usable to all individuals with disabilities. This includes installing ramps, elevators, accessible restrooms, and tactile signage. According to Preiser and Ostroff[69], Adopting Universal Design principles can help create environments that are accessible to everyone from the outset.

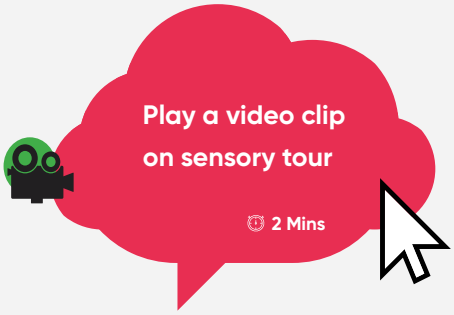
Ensure information resources are flexible and accessible to all children with disabilities. Ensure safety for all children based on their unique and diverse needs.

[69] Preiser, W. F. E., & Ostroff, E. (2001). Universal Design Handbook. McGraw-Hill.

There is need for the development and promotion of appropriate technology and assistive devices that are accessible. This brings about a transformative impact on the lives of Individuals with disabilities allowing them to participate independently, such as wheelchairs, hearing aids, and assistive technology.

Facilitator's Instructions:

15 Mins



https://www.youtube.com/watch?v=7HB-sPwXaIFw&pp=ygUcaHR0cHM6Ly95b-3V0dS5iZS83SEJzUHdYYUlGdw%3D%3D

1. Play the following video clips
2. Sensory Room Tour
3. Sensory Room for Children With Autism https://youtu.be/T9j6rQ4rtQY
4. Ask participants to share their views about the clips and ways inclusive practices have been created.

2. Inclusive policies and practices

Develop and implement policies that promote inclusivity, such as anti-discrimination policies, flexible work arrangements, and inclusive hiring practices. These policies should be regularly reviewed and updated to reflect the evolving needs of the individuals.

Source: Simple Overview of Inclusion | Teaching Resources (pinterest.co.uk)

3. Community and collaboration

NCPWD has a role to coordinate services for Persons with Disabilities in Kenya. It is committed to seeing to it that the lives of persons with disabilities are improved for a better future towards realising Kenya vision 2030.

Encourage collaboration and active participation from all stakeholders, including individuals from diverse backgrounds, in decision-making processes. Involve organisation that support persons with disabilities in the communities to ensure that they participate in community affairs.

4. Support systems and resources

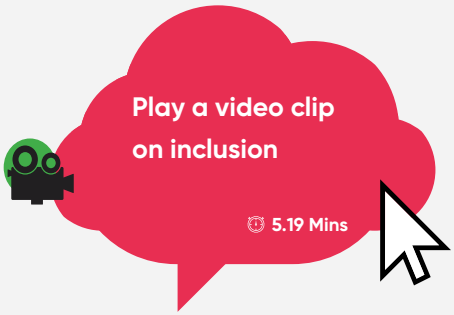
Provide support systems such as counselling services, mentorship programmes, support groups, and activities that cater to the specific needs of children with disabilities and those with special needs. Access to these resources can enhance the sense of belonging and support for children and their caregivers.

NOTE

Creating an inclusive environment involves intentional efforts to make physical spaces accessible, implement inclusive policies, promote cultural competence, and provide necessary support systems.

Session 4: Supporting Diversity and Individual Differences[70]

30 Mins



https://www.youtube.com/watch?v=rfWh-QUz2J70 UNICEF Inclusion

https://www.youtube.com/watch?v=WiBQE7b_Nn4 UNICEF Kenya

1. Play the video clips and as participants to watch;
   a. Facilitate a discussion and let participants share their observations from the video clips presented.
   b. Ask participants to share any approaches that support inclusion as used in the 2 video clips.

Facilitator's Notes

Diversity ensures Children with Disabilities and those with special needs receive services tailored to their unique needs thus maximising their potential. It helps dismantle stereotypes and misconceptions promoting a culture of acceptance and inclusivity. There are various ways to support diversity and individual differences; these include:

Breaking down barriers

Inclusiveness plays a vital role in breaking down barriers that children with disabilities and those with special needs face. By dismantling physical, social, and attitudinal obstacles, we create an environment that allows these children to thrive. Providing accessible infrastructure, inclusive educational settings, and equal opportunities enables children with disabilities and those with special needs to participate actively in social, academic, and recreational activities. By eliminating barriers, we send a powerful message that every child deserves respect, dignity, and a chance to reach their full potential.

Building empathy and understanding

Inclusive environments provide a rich platform for fostering empathy and understanding among children. When children with disabilities and those with special needs are included in classrooms, playgrounds, and community activities, their peers have the opportunity to develop a deep sense of compassion and respect for diversity. Interacting with children with disabilities and those with special needs, helps dismantle stereotypes and misconceptions, promoting a culture of acceptance and inclusivity from an early age. These experiences not only benefit these children but also empower their peers to become advocates for inclusiveness throughout their lives.

[70] https://www.worldforgottenchildren.org/blog/embracing-diversity/184

Encouraging personal growth and resilience

Inclusive environments promote personal growth and resilience for children with disabilities and those with special needs. When given equal opportunities to participate, they can develop a strong sense of self-worth, confidence, and independence. Inclusive education, for example, allows them to learn alongside their peers, fostering academic, social, and emotional development. By[71] empowering children with disabilities and those with special needs to overcome challenges and build resilience, we equip them with valuable life skills necessary for navigating an inclusive society.

Enhancing social cohesion

An inclusive society is a cohesive society. By embracing children with disabilities and those with special needs and ensuring their active participation, we foster a sense of belonging and unity within communities. Inclusive environments encourage friendships, collaboration, and social integration. Including them communicates acceptance and reinforces the idea that everyone has a valuable contribution to make.

Celebrating diversity and innovation

Inclusiveness allows us to celebrate the richness of human diversity. By embracing children with disabilities and those with special needs, we acknowledge their unique perspectives, talents, and abilities. Inclusive environments encourage innovation, as these children with disabilities often approach problem-solving with creativity and unique insights.

Supporting Diversity and Individual differences for children with disabilities and those with Special Needs

Individual differences are a result of variation in behaviour between individuals in normalised situations

Supporting individual differences in children with disabilities and those with special needs is crucial for their development and integration into society. Recognising and accommodating these differences allows each child to reach their full potential, promoting inclusivity and equality.

The strategies for supporting individual differences can be categorised into :-

i. Educational approaches,
i. Therapeutic interventions,
ii. Family and community involvement.

i. Education approach

Have individualised educational plans that meet the unique needs of each child where teachers set specific goals, adapt teaching methods, and use specialised resources

Have inclusive classrooms that integrate children with disabilities and those with special needs to learn with their known disabled peers.

[71] World Forgotten Children Foundation. (2023). Embracing Diversity: World Forgotten Children. https://www.worldforgottenchildren.org/blog/embracing-diversity/184

ii. Therapeutic interventions

Based on the Child's individual differences they might need therapeutic interventions which includes occupational, physio and speech and language therapy and any other relevant intervention

iii. Family and community involvement

Where parents and community members are involved in children's education and therapy sessions and provide additional support and opportunities for children with disabilities and those with special needs to thrive. This includes training and support groups.

Have community programmes that provide education support for children with disabilities and those with special needs including recreational clubs, support services etc.

Advocacy and awareness where there is need to put effort aimed to raise awareness to promote rights of children with disabilities and those with special needs. These includes organisation and individual influencing policies and providing education reducing stigma and discrimination.

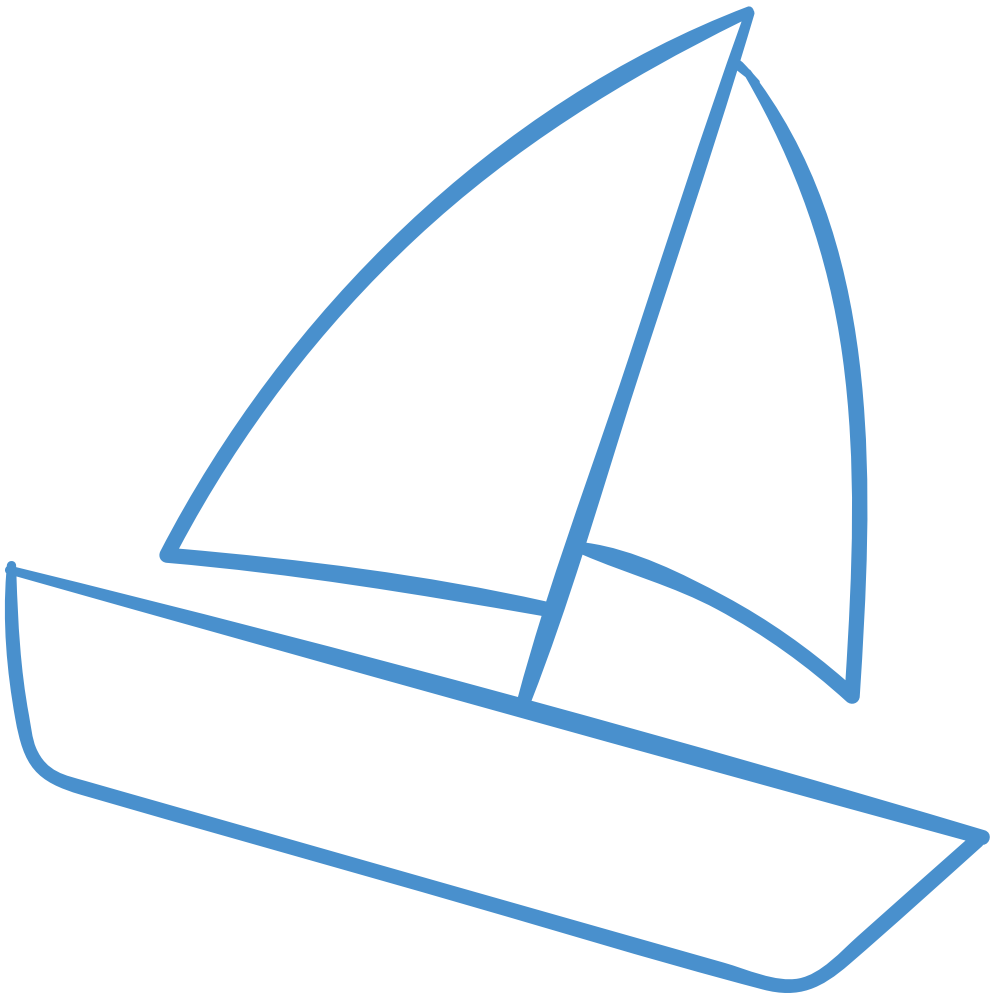


Table 6: Benefits of Inclusion[72]

Children with Special Needs	General Education	Teachers	Society
• affords a sense of belongingto the diverse human family • provides a diverse stimulating environment inwhich to grow and learn • evolves in feelings of beinga member of a diverse community • enables development offriendships • provides opportunities todevelop neighbourhood friends • enhances self-respect • provides affirmations of individuality • provides peer models • provides opportunities to beeducated with same-age peers	• provides opportunities to experience diversity of society on a small scale in a classroom • develops an appreciation that everyone has unique and beautiful characteristics and abilities • develops respect for others with diverse characteristics • develops sensitivity toward others' limitations • develops feelings of empowerment and the ability to make a difference • increases abilities to help and teach all classmates • develops empathetic skills • provides opportunities to vicariously put their feet in another child's shoes • enhances appreciation for the diversity of the human family	• helps teachers appreciate the diversity of the human family • helps teachers recognise that all students have strengths • creates an awareness of the importance of direct individualised instruction • increases ways of creatively addressing challenges • teaches collaborative problem-solving skills • develops teamwork skills • acquires different ways of perceiving challenges as a result of being on a multi- disciplinary team • enhances accountability skills • combats monotony	• promotes the civil rights of all individuals • supports the social value of equality • teaches socialisation and collaborative skills • builds supportiveness and interdependence • maximises social peace • provides children a miniature model of the democratic process

[72] Raschke, D., & Bronson, J. (Eds.). (1999). Creative Educators at Work: All Children Including Those with Disabilities Can Play Traditional Classroom Games. http://www.uni.edu/coe/inclusion/philosophy/benefits.html

SESSION 5: ETHICAL PRINCIPLES IN WORKING WITH CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions

30 Mins

1. Interactive lecture.
2. Present a lecture on the advocacy cycle using PowerPoint slides.
3. Engage participants in question-and-answer sessions and you present the lecture.

Facilitator's Notes

1. Respect for Dignity and Autonomy

- Recognise and respect the inherent dignity and worth of each child, regardless of their abilities or disabilities.
- Obtain informed consent from parents or guardians, and assent from the child when possible, before conducting assessments or interventions.
- Seek to empower the children to participate in decisions about their care and education to the extent possible, fostering their sense of autonomy.

2. Confidentiality and Privacy

- There is a general principle to ensure confidentiality of the child's information on their health, background, sexuality and any other information and that cannot be easily accessed by an authorised person
- Respect the child's and family's right to privacy in all interactions and communications.

3. Non-Discrimination and Equity

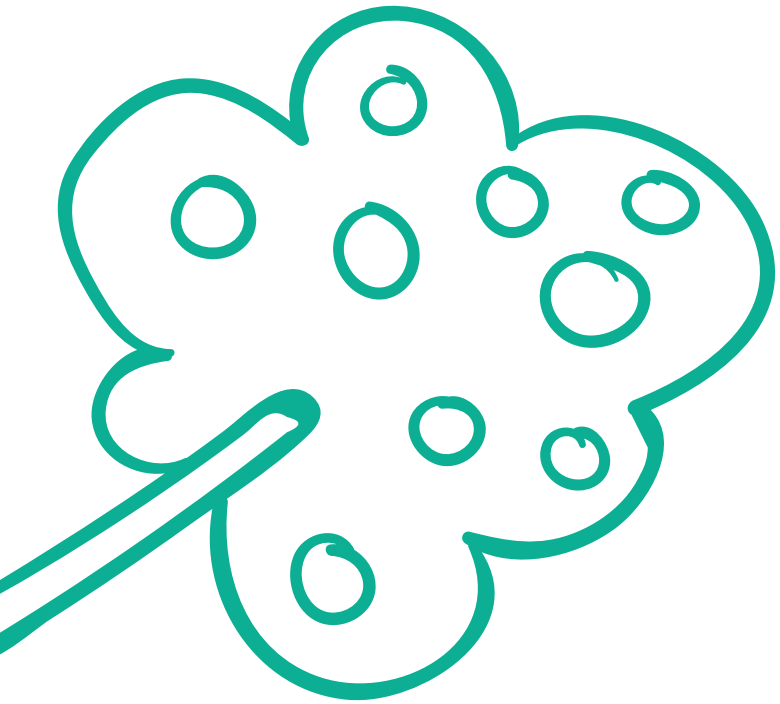
- Same treatment, care, access to services and amenities to all including those with disabilities without discriminating on grounds of disabilities
- Provide equitable access to resources, services, and opportunities, considering the child's specific needs and circumstances.

4. Beneficence and Non-Maleficence

- Ensure the best interest of the child in all matters ensuring no harm is further done in the pursuit of the child's care during interventions, treatments, and educational practices

5. Competence and Professionalism

- Ensure that individuals working with children with disabilities and those with special needs are adequately trained and qualified to provide appropriate care and support.
- The professionals in this are undertaking continuous professional development to stay current with best practices, ethical standards, and new research in the field of disability care and education.



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https://www.researchgate.net/publication/271840337_Inclusion_Disability_and_Culture

https://laverne.primo.exlibrisgroup.com/discovery/fulldisplay?context=L&vid=01UOLV_INST:01UOLV&search_scope=Books&tab=All&docid=alma991004043120706311

UNIT
07

"Communication is a bridge, built with love and respect, empowering our children, we foster their intellect."

~

Yemisi Adebola

UNIT 7: EFFECTIVE COMMUNICATION

PURPOSE:

This unit will equip the learner with appropriate skills and knowledge to enhance effective communication while supporting children with disabilities and those with special needs, building relationships and sensitising the community. The learner will further gain knowledge of the available communication, language, assistive devices, and technologies for children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Demonstrate skills for effective communication while supporting children with disabilities and those with special needs.
2. Apply the skills for building trust and rapport when caring for children with disabilities and those with special needs.
3. Identify and use language, assistive communication devices and technologies for children with disabilities and those with special needs.

SESSIONS

1. Skills for effective communication while supporting children with disabilities and those with special needs:
   a) Understanding communication and its barriers,
   b) Strategies to promote accessible communication for different disabilities and special needs.
2. Building and creating a supportive communication environment for children with disabilities and special needs.
3. Identification and use of language, assistive communication devices and technologies for children with disabilities and those with special needs.

180 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: SKILLS FOR EFFECTIVE COMMUNICATION WHILE SUPPORTING CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

A. Understanding communication and its barriers

Facilitator's Instructions: 30 Mins

Broken telephone activity

1. Ask participants to form a circle.
2. Whisper a message to the person on your right and ask them pass the same information to the next person.
3. Allow everyone in the circle to listen and pass information to the next person.
4. Listen to the message given to you by the person on your left to confirm if it's the same message you had delivered.
5. Facilitate the discussion on effective communication entails and summarise the key points.
6. Allow participants to get back to their seats and listen to an interactive lecture.

Facilitator's Notes

Definition of communication:

Communication: includes languages, display of text, Braille, tactile communication, large print, accessible multimedia as well as written, audio, plain-language, human-reader and augmentative and alternative modes, means and formats of communication, including accessible information and communication technology[73];

Effective communication is a two-way process, and it is crucial to support children to express themselves.

A child-centred approach can help achieve this goal and ensure that every child is involved, heard, and represented in decisions and choices about their lives. Where a child has speech, language, and communication needs, including those with non-verbal means of communication and children who are deaf, appropriate arrangements should always be made to seek their wishes and feelings[74].

Children with different disabilities and special needs often have difficulty communicating with family, friends, colleagues, and service providers, which can impact significantly their health and wellbeing. It is therefore important to understand different ways and skills in communicating with these categories of children as Child Protection practitioners to ensure their protection and provision of their needs. Understanding some of the barriers and issues these children encounter can help child protection officers provide services that are more inclusive.

[73] United Nations Convention on the Rights of Persons with Disabilities. https://social.desa.un.org/issues/disability/crpd/

[74] Communicating with Children with Disabilities: Best Practice Guidance. Hillingdon safeguarding partnership.https://hillingdonsafeguardingpartnership.org.uk/wp-content/uploads/2024/01/Communicating-with-Children-with-Disabilities-Briefing-.pdf

Facilitator's Instructions: 30 Mins

Activity: Group Discussion

1. Assign the participants into groups and let them brainstorm on the barriers to effective communication when caring for children with disabilities and those with special needs.
2. Issue them with flip charts and marker pens to record their discussions and share in the plenary group.
3. After the group presentation, take the participants through the PowerPoint slides on communication barriers while acknowledging their presentation

Facilitator's Notes

Depending on age and capacity, children including those with disabilities and special needs have different ways of communicating[75], they communicate;

- Verbally and;
- Non-verbally – through eye contact, gestures, sounds, symbols, communication aids, behaviour and challenging behaviour

Behaviour is challenging if it is harmful to the individual and those around them or if it stops the individual from enjoying daily life or restricts access to opportunities. It can include physical aggression, verbal aggression, self-injury, or any other behaviour that can be challenging to manage and support[76].

NB: *A caregiver is supposed to pay attention to the ways a child tries to communicate by observing the above and responding appropriately.*

Children with disabilities and those with special needs face obstacles or challenges that can impede their ability to effectively communicate and interact with others. These barriers may arise due to various factors related to their specific disabilities or special needs. Here are some common communication barriers:

General Barriers[77]

Lack of Specialised Training: Those working with children including educators, and caregivers may lack proper training and knowledge in supporting children with disabilities. This can lead to ineffective communication strategies and hinder the child's ability to express themselves or understand others.

75 World Health Organization. (2022). Caregiver skills training for families of children with developmental delays or disabilities—Introduction. World Health Organization. https://www.who.int/publications/i/item/9789240048836

76 Liaise. (n.d.). Challenging behaviour in learning disabilities: Techniques for managing symptoms and improving communication and social skills – Liaise. Retrieved October 7, 2024, from https://liaise.com/challenging-behaviour-in-learning-disabilities-techniques-for-managing-symptoms-and-improving-communication-and-social-skills/

77 Ministry of Labour and Social Protection (MoLSP). (2021). Disability Awareness Booklet. MoLSP. https://www.socialprotection.go.ke/sites/default/files/Downloads/MoLSP-Disability-Awareness-Creation-Booklet-2021.pdf

Attitudinal Barriers: Negative attitudes, misconceptions, and stereotypes surrounding disabilities can hinder effective communication. Stereotypes or stigmatisation can create social barriers and lower expectations for children with disabilities, limiting their opportunities to participate in meaningful communication.

Limited Resources: Limited availability of assistive devices, communication aids, or specialised services can pose barriers to effective communication. Many families and educational institutions in Kenya may struggle to access the necessary resources to support children with disabilities.

Limited Accessibility: Children with disabilities may face physical barriers and communication barriers that limit their access to communication tools or environments. For example, if a child has mobility issues and the communication area is not wheelchair accessible, it can hinder their participation and engagement. Likewise, a child with hearing impairment may face communication challenges if there is no sign language interpreter

Limited implementation of Inclusive laws, Policies and Practices: Kenya has developed progressive laws, policies, and guidelines that promote inclusiveness and human rights practices. However, there has been a challenge in the implementation of these laws and policies. Children with disabilities still lack reasonable accommodations, insufficient support systems, or limited opportunities for inclusive participation.

Environmental Factors: Environmental factors like noise distractions can create barriers to effective communication for children with disabilities especially those using hearing aids. These factors can make it challenging for them to focus, understand, or be understood.

Barriers for Specific disabilities

Speech and Language Impairments: Children with speech and language impairments may struggle with articulation, fluency, or understanding and using language effectively. This can make it difficult for them to express themselves or comprehend others.

Hearing Impairment: Children with hearing impairments may experience difficulties in receiving and processing auditory information. They may require assistive devices or alternative communication methods to overcome these barriers.

Cognitive/ Intellectual Challenges: Some children with intellectual disabilities or cognitive impairments may have limitations in understanding and expressing themselves. They may require simplified language, visual supports, or alternative communication systems to enhance their communication skills.

Autism Spectrum Disorders (ASD): Children with ASD often face challenges in social communication and interaction. Difficulties in using and understanding nonverbal cues, maintaining conversations, and adapting to changes in communication can create barriers for them.

Physical disabilities: Children with physical disabilities may have difficulties in using their speech organs or hands for effective communication. They may require alternative communication methods such as sign language, Augmentative and Alternative Communication (AAC) devices, or eye-gaze systems.

Sensory Processing Issues: Sensory sensitivities or processing difficulties can interfere with a child's ability to attend to and process incoming sensory information. This can impact their ability to engage in communication and interact with others.

B. Strategies to Promote Accessible Communication for different disabilities and special needs[78]

Facilitator's Instructions: 30 Mins

Use interactive lecture and let the participants do various role plays at the end to demonstrate their understanding of communication strategies for different disabilities and special needs

Facilitator's Notes

Table 7: Skills for Enhancing Communication with Children with Disabilities and those with Special Needs

Type of Disability	*Sub-category*	*Skills for enhancing communication*
Sensory	**Visual Impairment (Blind & Low Vision)**	• Avoid using terms that imply sight, such as "Watch, I'll show you how to do it." • Avoid using references to "here" and "there." These words are not useful references for the child who cannot see. • Respond verbally to questions. Head movements and hand gestures will not be noticed. Make your words precise and, before you use a figurative phrase, ensure that the child will understand its meaning in its context. • Do not increase the volume of your voice (unless you know from medical records that this will help with an auditory concern). Avoid long pauses in your speech. • Provide the child with an orderly routine. Avoid doing things for the child, even if it takes the child longer than other children. • Always let the child know where you are: tell child where you are in relation to them and let them know when you are leaving. • Always use the child's name when speaking to them. This reassures the child that you are speaking to them. • When accompanying or guiding a visually impaired child, use words such as 'right', 'left' or 'straight on', in a manner that they relate directly to the visually impaired person. • If the child is partially blind, help them use the little vision they have by using large written letters for them to read. • Use touch for children who are blind to draw their attention. • Speak clearly; some children with visual impairment may not see body language or facial expressions to help them understand a situation or follow instructions. • Teach braille where possible

[78] The information is obtained from the Directorate of children's services' Participants Manual for Training Professional Child Protection Practitioners and The Canadian Child Care Federation, www.cccf-fcsge.ca

Type of Disability	*Sub-category*	*Skills for enhancing communication*
	Hearing Impairment (Deaf and hard of hearing)	• Basic proficiency in sign language. • Make sure you have the child's attention before you speak. Use appropriate gestures, facial expressions, actions, and pictures to help the child understand language and gradually acquire it. • Check frequently to make sure the child has understood. If he has not, rephrase your message, rather than merely saying it again • To avoid prejudice, openly discuss his auditory challenge with his playmates and let them learn about his hearing aid. • Make sure other children speak to the child calmly, clearly and one at a time. • Sit with your face towards the light so that your lips are easily visible. Look straight into the child's eyes (as far as is culturally appropriate) and speak clearly, keeping your mouth uncovered. • If needed, simply write down what you want to say. • Use gestures where appropriate; for example, you can mime holding a glass and drinking when asking the child if they would like a drink. • You can ask if there is anyone in the family who can help to interpret for you or find out if there is a person in the local community who uses sign language and who can assist • Do not speak very loudly. Be sure to ask whether the child hears you and adjust your voice accordingly. • Encourage the other members of such a child's family to learn how to communicate through gestures, home signs, lip reading and use them together at home • Rapid growth and development of children happens within the first three years of life therefore, it is important for parents to help children who are deaf or cannot hear well learn a language as early as possible. • Encourage parents to create time to play with the child or play when doing the household chores • Advise on use of hearing aids; ensure the child is able to use them well

Type of Disability	*Sub-category*	*Skills for enhancing communication*
	Deafblind	• Use tactile (hands-on-hands) • Determine the child's preferred modes of communication, which might include tactile sign language, braille, gestures, or other forms of sensory input. • If the child uses tactile sign language, gently guide their hands to form the signs and encourage them to feel and practice the signs. • Utilise touch to get their attention and guide their hands for activities. Simple gestures or movements can also be effective. • Use a gentle touch on the shoulder or hand to get the child's attention before communicating • For children who can read braille or use tactile markers, consider labelling objects with textured or braille labels to facilitate identification. • If the child has some hearing ability, use sound or vibration cues to supplement communication. • Investigate assistive technologies designed for deafblind individuals, such as braille displays, communication devices, or sensory stimulation tools to enhance communication and provide additional methods for the child to interact with their environment.
Communi-cation and Swallowing Disorders	**Speech Language and hearing disorders – Aprax-ia** **Swallowing disor-ders**	• Provide visual supports such as pictures, symbols, or written words to aid comprehension and expression. • Break down complex instructions or information into smaller, more manageable parts. • Use gestures, facial expressions, and body language to enhance communication. • Encourage the use of Augmentative and Alternative Commu-nication (AAC) systems, such as picture-based communica-tion boards or speech-generating devices
Intellectual Disability		• Address children using simple words. • State your request clearly and precisely. • Stay calm and be ready to rephrase your request in several ways. • Use concrete examples frequently. • To confirm a child has understood your message, discreetly request that he repeat it.

Type of Disability	*Sub-category*	*Skills for enhancing communication*
		• The child's family may also be able to help with interpreting the child's movements or sounds if they cannot speak. • Ensure you do not speak to the child in a way that makes you appear superior. • Always speak clearly, using short sentences. Use the child's name so that they know you are talking to them. • It is very important to respond to the child's attempts to communicate so that they understand the effectiveness and importance of healthy communication. If a child points to an object of interest, you can point to it and clearly name that object to indicate that you have understood and are listening. • Use visual images like illustrations, pictures and photos to support your interaction with the child • Use videos; they have the advantage of sound and images • Read to the children • Talk to them often in a friendly way • Provide explanations constantly
Cognitive/ Learning Disabilities	**Dyslexia, dysgraphia, dyscalculia, specific learning disability**	• Use simple and clear language and be direct with your message • Be patient and give the child extra time to process information and respond and celebrate efforts through positive reinforcement and celebrate small successes to build confidence. • Incorporate visual aids such as visual Schedules like use of charts, pictures, and schedules to help children understand routines and instructions. • Show rather than just tell. Demonstrations can make abstract concepts more concrete. • Repeat important points and instructions as needed. • Maintain consistency in rules and expectations to provide a stable learning environment. • Tailor your communication style to the individual child's needs, whether it involves more visual supports, hands-on activities, or verbal explanations. • Regularly evaluate what works best for the child and adjust your methods accordingly.

Type of Disability	*Sub-category*	*Skills for enhancing communication*
Children with Physical impairment	**Musculoskeletal** **Neurological** **Congenital** **Albinism, Vitiligo**	• Respect personal space. Avoid leaning on their wheelchair, walker, or walking stick. • If you see that it is difficult for a child to go up or down the stairs, you may suggest that they lean on you or help them carry their bag. • Children who drop off from some games because they cannot walk or have mobility impairments, you should offer a game that all children are capable of participating in. • Where there are no access ramps for children with wheelchairs, you can offer to assist a child access a building. Learn the right ways of helping people with wheelchairs in advance; otherwise, you may hurt them. • When you speak to a person using a wheelchair, it would be better if you also take a seat, so that they do not have to look up when speaking to you. • Address directly the child, not their guide. • Push the wheelchair only if the person asks you to do so. • When helping a child with a wheelchair to move up or down, you should listen carefully to their instructions. Never lean or hang on a wheelchair, because it is the same as leaning or hanging on its owner. **For children with albinism and vitiligo:** • Use language that respects the child's condition without making assumptions about their experiences or limitations. • Avoid using terms that might be perceived as insensitive or offensive. Instead, use terminology that acknowledges their condition respectfully. • If the child has albinism, be mindful of their potential visual impairments and adjust activities or environments as needed (e.g., provide adequate lighting). • Use visual supports or written instructions to help with communication, especially if there are concerns about visual acuity.

Type of Disability	*Sub-category*	*Skills for enhancing communication*
Neurodevelopmental Disorders	**Autism Spectrum Disorders** **Down's Syndrome** **Fragile X** **Cerebral Palsy**	• Use clear and concise language when communicating. • Provide visual supports, such as visual schedules or social stories, to enhance understanding and predictability. • Use visual supports or social scripts to teach social communication skills and social interaction. • Allow for extra processing time and provide breaks when needed
Special Needs	**Emotional and Behavioural disorders** • **Child delinquency** • **Oppositional** • **defiance disorder** • **Conduct disorder** • **Aggression, etc.**	• Create a positive and trusting relationship by showing genuine interest, being consistent, and providing emotional support. • Be dependable and consistent in your interactions to build a sense of security and trust. • Give the child your full attention and listen without interrupting. Show that you are engaged and interested in what they have to say. • Maintain a calm and composed demeanour, even if the child becomes upset or displays challenging behaviour. • Recognise and praise the child's positive behaviours and efforts. Positive reinforcement can encourage desired behaviour and build self-esteem • Clearly communicate behavioural expectations and boundaries. Ensure that rules are fair and consistently enforced. • Explain the consequences of not following rules or expectations, and ensure they are implemented consistently and fairly. • Recognise and validate the child's feelings and experiences. Show empathy and understanding towards their emotional state. • Approach the child's behaviour and emotions without judgment or criticism.

Type of Disability	*Sub-category*	*Skills for enhancing communication*
	Mental Health disorders • **Anxiety Disorders** • **Personality Disorder** • **Bipolar Mood** • **Disorder and other mood disorders etc.**	• Create a safe and trusting relationship where the child feels valued and understood. • Approach the child with empathy and without judgment to make them feel comfortable sharing their thoughts and feelings. • Use straightforward and simple language to avoid confusion. Children with mental disorders might struggle with complex instructions or abstract concepts. • Maintain a calm demeanour, even in challenging situations. Your composure can help the child feel more secure and less anxious. • Learn about potential triggers for the child's symptoms and work to minimise or manage them.
	Chronic health conditions • **HIV/ AIDS** • **Chronic Asthma** • **Cancer** • **Diabetes** • **Haemophilia** • **Sickle cell Anaemia**	• Use language that is appropriate for the child's age and developmental level. • Involve the child in discussions about their health and treatment as much as possible • Allow them to voice their concerns and preferences. • Depending on age, use charts, diagrams, or pictures to help explain their condition and treatment. This can make abstract concepts more concrete.
	Gifted and talented • **General Intellectual Abilities**	• Offer conversations and activities that stimulate their advanced cognitive abilities. Ask thought-provoking questions and engage in deep discussions. • Acknowledge and respect their advanced knowledge or skills, and avoid talking down to them. • Pay attention to what they say, and show genuine interest in their perspectives and interests. • Give detailed and constructive feedback, focusing on both their strengths and areas for improvement. Avoid vague comments. • Give them time to process their thoughts and feelings, and be patient if they need time to articulate their ideas. • Be mindful of potential feelings of isolation or loneliness and work to connect them with supportive social groups or activities.

Facilitator's Notes

Facilitator's Instructions: 20 Mins

A role play Activity

1. Assign participants groups.
2. Issue each group with a different case scenario.
3. Each group reads their scenario card and prepares their role play.
4. Discuss and plan the approach to communication based on the child's needs then act out their scenario.
5. Encourage participants to use the communication strategies discussed earlier in the training
6. After all scenarios have been role-played, bring everyone together for a debriefing session.
7. Discuss what strategies worked well, what challenges were encountered, and how they were addressed.

Case Scenario 1: Physical Disability

Child: A 10-year-old with a musculoskeletal problem who uses a wheelchair.

Situation: The child is in a Children's Institution of care and needs to ask for help reaching a book on a high shelf.

Communication Focus: Adapt communication methods to accommodate the child's mobility and ensure accessibility. Use clear verbal instructions and ask open-ended questions to engage the child.

Case Scenario 2: Sensory Disability

Child: A 12-year-old who is deaf and uses sign language.

Situation: The child is upset because they got lost during a school trip and has not been able to get direction back to school. The child has been brought to the children's office for help.

Communication Focus: Use sign language or write down instructions. Ensure that communication is clear and that the child feels included.

Case Scenario 3: Neurodevelopmental disorders

Child: A 6-year-old with autism who has difficulty with transitions and changes in routine.

Situation: The child is distressed because the planned outdoor activity has changed unexpectedly.

Communication Focus: Use visual schedules or social stories to help the child understand the change. Speak calmly and provide reassurance.

Case Scenario 4: Communication Disorders

Child: An 8-year-old with a speech delay who uses a communication board to express needs.

Situation: The child needs to communicate their food preferences during a meal.

Communication Focus: Be patient, give the child ample time to use their communication board, and verify understanding by repeating or clarifying.

Facilitator's Instructions:

10 Mins

1. Facilitate plenary presentations and discussions.
2. Lead the participants to discuss these questions based on the case studies presented:
   i. What strategies did you find most effective for the scenario?
   ii. How did the child's disability impact your communication approach?
   iii. What challenges did you face, and how did you overcome them?
   iv. What would you do differently in a real-life situation?

SESSION 2: BUILDING AND CREATING A SUPPORTIVE COMMUNICATION ENVIRONMENT FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 20 Mins

Group Activity

1. Assign the participants into groups
2. Ask the participants to discuss some of the strategies a children officer or caregiver can use to foster communication skills when caring for children with disabilities and those with special needs.
3. Write their views on a flip chart and present them in plenary
4. Facilitate the discussion

Facilitator's Notes

Some general strategies to help foster communication skills when caring for children with disabilities and special needs.

☞ **Create a Communication-rich Environment:**

- Provide opportunities for communication throughout the day in various settings.
- Surround the child with meaningful and engaging communication materials, such as books, pictures, and interactive toys.
- Encourage and model communication by using rich and varied vocabulary, asking open-ended questions, and engaging in conversations with the child.

☞ **Use Visual supports:**

- Visual supports, such as visual schedules, communication boards, or visual cues, can enhance understanding and aid in communication.
- Pair visuals with verbal instructions or prompts to reinforce comprehension.

☞ **Encourage turn-taking and joint attention:**

- Engage in activities that promote turn-taking and joint attention, such as playing games, sharing toys, or looking at books together.
- Use gestures, eye contact, and vocalisations to encourage the child's active participation and engagement.

☞ **Simplify and modify language**

- Use simple and concise language when communicating with the child.
- Modify language to match the child's level of understanding, using shorter sentences and familiar vocabulary.
- Break down complex instructions or concepts into smaller, manageable parts.

☞ **Use Augmentative and Alternative Communication (AAC):**

- Explore AAC systems, such as picture-based communication boards, sign language, or speech-generating devices, to support and enhance communication.
- Provide training and modeling for the child and caregivers to effectively use AAC strategies.

☞ **Provide positive reinforcement:**

- Offer praise, encouragement, and rewards when the child attempts to communicate or uses new communication skills.
- Celebrate their successes and progress, no matter how small.

☞ **Seek professional support:**

- Consult with speech-language pathologists, special educators, or other professionals experienced in working with children with disabilities.
- Professionals can provide individualised assessment, intervention strategies, and guidance tailored to the child's specific needs.

SESSION 3: IDENTIFICATION AND USE OF LANGUAGE, ASSISTIVE COMMUNICATION DEVICES AND TECHNOLOGIES FOR CHILDREN WITH DISABILITY AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 10 Mins

Brainstorming Activity

1. Ask the participants to brainstorm in pairs on the use of language, the assistive communication devices and technologies they are aware of that aid in communicating with children with disabilities and those with special needs.
2. Request for volunteers to share with the plenary

Facilitator's Notes

Words matter. Undeniably, the language that we use to refer to persons with disabilities has an impact, as it shapes our perception of the world. This language has evolved over time, and terms that were commonly used some years ago are no longer acceptable. It is therefore important to raise awareness about language that it is appropriate to use when talking to or about persons with disabilities. Inappropriate language can make people feel excluded or offend them and can be a barrier to full and meaningful participation.

The use of derogatory or inappropriate language may amount to discrimination and impinge on the enjoyment of human rights. By adopting language that celebrates diversity, we will contribute to strengthening the human rights model of disability.

At the same time, inclusive language is a key tool in combating ableism and its entrenched manifestations.

NOTE

Ableism is a misguided and biased understanding of disability that leads to the assumption that the lives of persons with disabilities are not worth living. Ableism can take many forms, including harmful language.

Assistive communication devices and technologies are tools designed to help individuals with communication difficulties express themselves effectively. These devices can be beneficial for people with conditions such as speech and language impairments, or physical disabilities. The common types of assistive communication devices and technologies include:

Augmentative and Alternative Communication (AAC) Devices: AAC devices range from low-tech options like communication boards and picture cards to high-tech devices such as speech-generating devices (SGDs) or tablet-based applications. These devices enable individuals to express their thoughts, needs, and desires through symbols, pictures, or text-to-speech (TTS) technology.

Text-to-Speech (TTS) Software: TTS software converts written text into spoken words, allowing individuals who have difficulty speaking or producing speech to communicate verbally. Users can type or select words on a computer or mobile device, and the software will convert the text into audible speech.

Speech Recognition Software: Speech recognition software works in the opposite way of TTS software. It converts spoken words into written text, which can be particularly useful for individuals who have difficulty with manual input methods. Users can speak into a microphone, and the software transcribes their speech into text on a computer or mobile device.

Eye Gaze Systems: Eye gaze systems track eye movements and allow individuals to control a computer or communication device by using their eyes. By looking at specific areas or symbols on a screen, users can make selections, trigger actions, or spell out words, enabling communication even for individuals with limited mobility.

Switch Access Devices: Switches are input devices that can be operated with various body parts, such as hands, feet, or even head movements. Switch access devices enable individuals with severe physical disabilities to control and interact with communication devices or computers by activating switches.

Hearing aid: It is a device that is used for children who are unable to hear well. It amplifies the sound **to enable participation.**

NOTE

Every child communicates their thoughts and feelings

No report should state a child is unable to communicate or is non-verbal due to their disability or age. Always record how you have supported the child to express their wishes and feelings.

Facilitator's Notes

Facilitator's Instructions: **30 Mins**

https://youtu.be/Hp4PW17U_h8

- Play the video clip.
- Ask participants to watch and take notes.
- Facilitate a discussion based on what participants saw in the video clip.
- Present the notes on the PowerPoint Slides as you engage participants in question-and-answer sessions.

Important Points to note when communicating with children[79]

- ☞ Reduce background noise and distractions
- ☞ Allow time to get to know the child
- ☞ Observe – what does the child's body language communicate?
- ☞ Use short sentences and simple language. Be creative - consider pictures, objects, or natural gestures as cues to support the child in understanding what you are talking about.
- ☞ When you ask a question, wait for a reply. It is essential to provide time for the child to process what they have heard and give them adequate time to respond.
- ☞ Check your understanding with the child, or someone who knows them well.
- ☞ When possible, talk to and get information directly from the child, and not only from their caregivers. Consider the words you use, the tone of your voice as well as your body language.
- ☞ Be patient. Do not make assumptions. Confirm that you understand what the child has expressed, encourage them to use any resources or systems that they use to aid communication. Ask the child directly if you understood them correctly.

[79] Communicating with Children with Disabilities: Best Practice Guidance. Hillingdon safeguarding partnership

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UNIT
08

"In nurturing each child, patience must lead, for basic skills in care plant the seeds that we need."

~

Chinua Achebe

UNIT 8: BASIC SKILLS IN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

PURPOSE:

This unit will equip the learner with soft skills, basic counselling skills and first aid skills to effectively care for children with disabilities and special needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Define key terms and concepts in skills for caring for children with disabilities and those with special needs.
2. Use the soft skills required when caring for children with disabilities and those with special needs.
3. Demonstrate basic first aid skills to children with disabilities and those with special needs.
4. Use appropriate infection prevention and control skills when caring for children with disabilities and those with special needs.
5. Apply the adaptations for specific disabilities and special needs.
6. Examine theories of counselling.
7. Apply basic counselling skills when caring for children with disabilities and those with special needs.

SESSIONS

1. Definition of terms and concepts.
2. Soft skills required when caring for children with disabilities and those with special needs.
3. Basic First Aid skills when caring for children with disabilities and those with special needs.
4. Infection prevention and control skills when caring for children with disabilities and those with special needs.
5. Adaptation for specific disabilities and special needs.
6. Theories on counselling.
7. Basic counselling skills and the process of counselling when caring for children with disabilities and those with special needs

550 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: DEFINITION OF TERMS AND CONCEPTS

1. Introduction

Facilitator's Instructions: 5 Mins

- Welcome participants and introduce the session.
- Briefly discuss the importance of understanding terms and concepts related to disabilities and special needs.
- Outline the session objectives.

Key Terms and Definitions

Group Activity: Concept Mapping

Facilitator's Instructions: 30 Mins

1. Ask participants to form groups
2. Assign each group a set of related terms and ask them to create a concept map illustrating the relationships between the terms.
3. Provide each group with a flip chart, markers, or post-it notes.
4. Encourage creativity and discussion within groups.
5. Walk around to offer guidance and support as needed.
6. Ask each group to present their concept map to the larger group.
7. Encourage feedback and questions from other participants.
8. Allow 3-4 minutes for each group presentation.
9. Facilitate a brief discussion after each presentation, highlighting key insights.

Facilitator's Notes

Definition of terms and concepts

Soft skills: Refers to a set of interpersonal and intrapersonal abilities that facilitate effective communication, collaboration, and problem-solving in various social and professional contexts. These skills include emotional intelligence, adaptability, teamwork, and communication.[80]

[80] Robles, M. M. (2022). Executive perceptions of the top 10 soft skills needed in today's workplace. Journal of Business and Management, 28(2), 47-56. https://doi.org/10.1016/j.jbusm.2022.01.002

First aid: It is the initial care and treatment provided to individuals who have sustained an injury or sudden illness, to stabilise their condition and prevent further harm before professional medical help arrives. It involves basic techniques and procedures such as wound care, Cardiopulmonary Resuscitation (CPR), and managing shock, in emergencies to enhance recovery and save lives.[81]

Counselling: Refers to a professional process involving a trained practitioner who provides support and guidance to individuals facing emotional, psychological, or personal issues. The goal is to help clients explore their feelings, thoughts, and behaviors to facilitate personal growth, resolve conflicts, and improve overall well-being.[82]

Counselling skills: These are specific competencies used by practitioners to facilitate effective communication and support during therapeutic interactions. These skills include active listening, empathy, questioning, and summarising, which help in understanding and addressing clients' concerns.[83]

[81] Hegner, A., & Meyer, M. (2023). Fundamentals of first aid: A practical guide for emergencies. Journal of Emergency Medicine, 45(1), 12-20. https://doi.org/10.1016/j.jem.2022.09.001

[82] McLeod, J. (2023). *An introduction to counselling* (7th ed.). Open University Press.

[83] Egan, G. (2022). The skilled helper: A problem-management and opportunity-development approach to helping (12th ed.). Cengage Learning.

SESSION 2: SOFT SKILLS REQUIRED WHEN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

1. Introduction

Facilitator's Instructions: 10 Mins

- Briefly discuss the importance of soft skills in caregiving roles.
- Explain various soft skills useful in caring for children with disabilities and special needs

2. Understanding Soft Skills

Facilitator's Instructions: 30 Mins

Present a video clip on "*Caregiver Skills Training - Promoting and Responding to Communication*" which highlights positive interactions with children with disabilities.

3 Mins

https://youtu.be/tAkf3YLVL9Y

- Lead a plenary group discussion on observed soft skills in the video.
- Ask one of the participants to list these skills on a flip chart: communication, empathy, patience, adaptability, problem-solving, and teamwork.
- Summarise the key points covered in the session.

Facilitator's Notes

Key soft skills necessary in caring for children with disabilities and special needs include:

Active Listening: Active listening involves giving full attention to the child, showing genuine interest, and focusing on understanding their perspective. It helps caregivers gain valuable insights into the child's needs, preferences, and concerns, fostering effective communication and building trust.

Adaptability: Children with disabilities may have unique needs, preferences, and abilities that can change over time. Being adaptable helps caregivers adjust their strategies, routines, and interventions as the child grows and develops. It allows caregivers to meet the evolving needs of the child effectively.

Communication Skills: Strong communication skills are essential when caring for children with disabilities. Effective communication involves using clear and concise language, adjusting communication style to match the child's abilities, and employing visual aids or alternative communication methods when necessary.

Empathy: Demonstrating empathy allows caregivers to connect with children on an emotional level, understand their experiences, and respond to their needs with sensitivity and compassion. It involves recognising and validating their feelings and challenges.

Flexibility: Children with disabilities may have unique requirements or varying abilities. Being flexible allows caregivers to adapt their approach, activities, and routines to meet the child's specific needs. Flexibility also helps caregivers respond to unexpected situations or changes with ease.

Genuineness refers to the ability to be open and sincere. It implies openness in the acknowledgment and expression of other's feelings and attitudes. A child protection officer can show this characteristic by being straightforward and acknowledging own strengths and weaknesses

Patience: Caring for children with disabilities often requires patience, as it may take more time for them to communicate, move, or complete tasks. Patience helps create a calm and supportive environment, allowing children to feel comfortable and supported throughout their daily activities.

Positive Attitude: Maintaining a positive attitude creates an uplifting environment for children with disabilities. A positive outlook helps caregivers foster a sense of optimism, encourage the child's progress, and provide support during challenging moments.

Problem-Solving: Children with disabilities may face challenges in various aspects of their lives. Caregivers need strong problem-solving skills to identify barriers, find creative solutions, and **provide appropriate support**. Problem-solving skills help caregivers address obstacles and promote the child's development and well-being.

SESSION 3 - BASIC FIRST AID SKILLS WHEN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

1. Introduction

5 Mins

- Introduce the session objectives.
- Conduct a quick icebreaker: Ask participants to share any first aid experience they have had in the past.
- Discuss the importance of first aid skills, especially for caregivers of children with disabilities and those with special needs.

2. Understanding Unique Needs

10 Mins

- Present a brief overview of the unique medical and first aid needs of children with various disabilities and special needs.
- Highlight specific conditions of disabilities and special needs with the associated first aid considerations.
- Facilitate a discussion on the importance of being prepared and aware of each child's specific needs.

3. Basic First Aid Skills

20 Mins

Activity: Demonstration and Practice

- Demonstrate key first aid skills: checking responsiveness, calling for help, wound care, and managing burns and fractures.
- Assign participants into small groups and provide each group with a first aid kit.
- Allow participants to practice these skills on each other or using Cardiopulmonary Resuscitation (CPR) manikins and provide feedback.

4. Cardiopulmonary Resuscitation (CPR)

90 Mins

Activity: Hands-On Practice

- Demonstrate CPR techniques and how to assist a choking child using a CPR manikin.
- Allow participants to practice CPR and choking relief techniques with guidance of the facilitator and resource person.
- Demonstrate an understanding on how to apply CPR techniques to children with disabilities and those with special needs in times of emergencies. **Instances of severe cases of disabilities and special needs are highly recommended for referral to a specialist.**

Facilitator's Instructions:

5. Managing Seizures — 15 Mins

- Discuss the signs and symptoms of seizures and severe allergic reactions.
- Demonstrate the appropriate first aid response, including positioning during a seizure.
- Provide time for participants to practice the procedures with role-playing exercises.

7. Reflection and Feedback — 10 Mins

- Facilitate a discussion on participants' confidence levels in applying first aid skills after the session.
- Encourage participants to share any challenges they foresee and how they might address them.
- Summarise the key first aid skills learned and emphasise the importance of continuous practice.

Facilitator's Notes

Basic first aid skills/Emergency Action Plan Steps

1. Remove Danger:
Ensure the scene is safe and do not take unnecessary risks.

2. Danger:
Look for any further danger. If danger is present, make the scene safe again. If not, proceed to step 3.

3. Response:

- Shout and gently shake or tap the casualty. If the casualty responds, assess their condition by checking their signs and symptoms to determine the appropriate treatment. If unsure, always seek medical advice.
- If there is no response, shout for help but stay with the casualty. Proceed to step 4.

4. Airway:
Open the casualty's airway by lifting their chin and tilting their head back.

5. Breathing
Look, listen, and feel for two breaths within ten seconds, If the casualty is breathing

6. Circulation

- Perform a secondary survey (check for bleeding, injuries, and clues), place them in the recovery position, call 999 if not already done, monitor airway and breathing, and keep them warm.
- If the casualty is not breathing, Check pulse (Carotid pulse)

7. Dial 999:

- Call emergency services and report the incident for an ambulance.

8. Resuscitation:

- Give 30 chest compressions followed by 2 rescue breaths. Continue cycles of 30 compressions to 2 breaths. If possible, switch rescuers every 2 minutes to prevent fatigue. Continue until the ambulance arrives.

Cardiopulmonary Resuscitation (CPR) for Children with Disabilities

CPR is a life-saving technique used when someone's breathing or heartbeat has stopped. Learning CPR is crucial for caregivers, as it provides the skills needed to respond in emergencies. When performing CPR on children with disabilities, it is important to consider their specific needs and adapt your approach accordingly.

Steps for CPR:

1. **Assess the Situation:**
   - **Safety First:** Ensure the area is safe for both you and the child.
   - **Check Responsiveness:** Gently tap the child and speak loudly to assess if they respond. If there is no response, proceed immediately to the next steps.
2. **Call for Help:**
   - If someone is nearby, instruct them to call emergency services (999) while you start CPR.
3. **Perform Chest Compressions:**
   - **Positioning:** Place the child on their back on a firm surface.
   - **Hand Placement:** Adjust hand position based on the child's size and physical condition. Be gentle yet firm for children with physical disabilities.
   - **Compression Depth and Rate:** Compress the chest about one-third to one-half the depth of the chest, aiming for approximately 2 inches (5 centimetres) deep. Perform compressions at a rate of 100-120 compressions per minute.
4. **Rescue Breaths (if trained and willing):**
   - If trained and comfortable, proceed with rescue breaths:
   - **Airway Positioning:** Tilt the child's head back slightly to keep the airway open.
   - **Seal and Deliver Breaths:** Pinch the child's nose shut and place your mouth over theirs to deliver gentle breaths. Ensure each breath is just enough to make the chest rise.

5. **Continue CPR:**

   Continue CPR cycles of compressions and rescue breaths (30:2 ratio) until:

   - Help arrives and takes over.
   - The child shows signs of life, such as breathing or movement.
   - You are too exhausted to continue, and someone else can take over.

Seizure Management

Understanding how to manage seizures safely can help prevent injuries and provide comfort during an episode. Here is a step-by-step guide on seizure first aid:

During the Seizure:

1. **Help to the Floor:**
   - If possible, gently guide the child to the floor to prevent injury.
2. **Protect the Head:**
   - Cushion the child's head with a folded coat, jumper, or hands to avoid head trauma.
3. **Loosen Tight Clothing:**
   - Loosen any tight clothing around the neck to aid breathing.
4. **Clear the Area:**
   - Move objects away from the child to reduce the risk of injury and ask bystanders to step back.
5. **Roll to the Side (if necessary):**
   - If there are concerns about the child's airway, carefully roll them onto their side.
6. **Time the Seizure:**
   - Note the exact start time and duration of the seizure.
7. **Check for Identification:**
   - If the child is unfamiliar, look for identification or medical alert information.
8. **Call Emergency Services (999) if:**
   - The seizure lasts more than 3 minutes.
   - The child's response does not improve within 10 minutes after the seizure.
   - The child has a second seizure.
   - This is the child's first major seizure or if there is no history of epilepsy.
   - You do not know the child or are unsure of their condition.

After the Seizure:

1. **Check Airway and Breathing:**
   - Ensure the child's airway is clear and that they are breathing. Perform resuscitation if necessary.
2. **Recovery Position:**
   - Place the child in the recovery position to maintain an open airway.
3. **Keep Warm and Reassure:**
   - Keep the child warm (unless a high temperature caused the seizure) and reassure them as they regain awareness.
4. **Monitor Condition:**
   - Continuously monitor the child's airway, breathing, and response levels.
5. **Ensure Privacy:**
   - Move bystanders away before the child regains consciousness to preserve dignity.
6. **Seek Further Help if Needed:**
   - Call for an ambulance if the child's condition does not improve within 10 minutes or if there is any uncertainty about their recovery.

Wound Care

Children with disabilities may have an increased likelihood of accidents or injuries. Basic wound care skills are essential for caregivers to ensure proper treatment and recovery. Here are the key steps and considerations:

Basic Wound Care Steps

1. **Cleaning the Wound:**
   - Use clean water and sterile swabs to remove any dirt or debris from the wound.
   - Clean from the centre of the wound outward to avoid introducing more dirt.
2. **Applying Sterile Dressings:**
   - Use sterile dressings to cover the wound and prevent infection.
   - Secure the dressing to keep it in place without restricting blood flow.
3. **Knowing When to Seek Further Medical Attention:**
   - Be aware of signs that require medical attention, such as excessive bleeding, deep wounds, or signs of infection (redness, swelling, pus).
4. **Specific Considerations:**
   - Consider the child's condition, such as fragile skin or impaired healing, when providing care.

Basic Wound and Injury Assessment

Developing the ability to assess the severity of wounds or injuries is crucial. Here is how to recognise and respond to different types of wounds and injuries:

1. **Contusion (Bruise):**
   - Caused by ruptured capillaries bleeding under the skin, often due to a blow or underlying issue like a fracture.
   - **Treatment:** Apply an ice pack or cold water to the affected area as soon as possible.
2. **Abrasion (Graze):**
   - Occurs when the top layer of skin is scraped off, often due to a fall or friction burn. May contain dirt particles leading to infection.
   - **Treatment:** Remove dirt with clean water and sterile swabs, cleaning from the centre outward.
3. **Laceration (Rip or Tear):**
   - A rip or tear in the skin, more likely to contain dirt than a cut but bleeds less.
   - Treatment: Treat as a bleed and take steps to prevent infection.
4. **Incision (Clean Cut):**
   - Caused by a sharp object, like glass or a knife. May involve severed tendons or blood vessels and bleed freely.
   - **Treatment:** Treat as a bleed and prevent infection.
5. **Puncture (Stab Wound):**
   - Caused by objects like nails or a stab. Appears small in diameter but may penetrate deeply, damaging organs and causing internal bleeding.
   - **Treatment:** Call 999 for an ambulance if deep penetration is suspected.
   - Do not remove an embedded object, as it may be controlling bleeding and removal could cause further damage.

Choking

Choking occurs when an object becomes lodged in a person's throat, blocking their airway and preventing them from breathing properly.

First Aid Steps for Choking

NOTE

These steps are for helping an adult. Different techniques apply for babies (1 year and under) and children (1 year to puberty).

1. **Encourage Coughing:**
   - If someone is choking, encourage them to cough to try to clear the blockage.
   - Signs of a severe blockage include the person holding their chest or neck and being unable to speak, breathe, or cough. In such cases, you will need to assist them.

2. **Give Back Blows:**
   - Bend the person forward and give up to 5 back blows.
   - Use the heel of your hand to hit them firmly between the shoulder blades.
   - This creates a strong vibration and pressure in the airway, which can dislodge the blockage and allow them to breathe again.

3. **Perform Abdominal Thrusts:**
   - If the blockage persists, give up to 5 abdominal thrusts.
   - Stand behind the person, wrap your arms around their waist, and pull inwards and upwards above their belly button.
   - Abdominal thrusts can force air from the lungs to dislodge the object.

4. **Call Emergency Services (999):**
   - If the person is still choking after back blows and abdominal thrusts, call 999 for emergency assistance.
   - Continue repeating the steps of back blows and abdominal thrusts until the person can breathe again or help arrives.

Fainting

Cause: Fainting is typically due to poor nervous control of the blood vessels and heart, leading to dilated blood vessels in the lower body, a slowed heart rate, and reduced blood pressure. This causes a temporary reduction in blood supply to the brain.

Typical Causes:

1. Fright or pain.
2. Prolonged periods of inactivity (e.g., standing or sitting).
3. Lack of food.
4. Emotional stress.
5. Heat exhaustion.

Treatment of Fainting

1. **Lay the Casualty Down:**
   - Place the person on a flat surface, preferably the floor.
   - Raise their legs to help return blood to vital organs and increase blood pressure.
2. **Check Airway and Breathing:**
   - Ensure the airway is clear and the person is breathing.
3. **Remove Stressors:**
   - Address any potential stressors, such as crowding, and ensure plenty of fresh air.
4. **Reassure and Monitor:**
   - Calmly reassure the person as they regain consciousness.
   - Prevent them from sitting up suddenly.
5. **Repeat Treatment if Needed:**
   - If the person feels faint again, repeat the treatment and look for any underlying causes.
6. **Seek Medical Help if Necessary:**
   - If the person does not recover quickly, remains unconscious, or if you are unsure, check the airway and breathing again, place them in the recovery position, and call 999 for an ambulance.

SESSION 4: INFECTION PREVENTION AND CONTROL (IPC) SKILLS WHEN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 40 Mins

1. Conduct a brainstorming sessions with participants on infection prevention.
2. Discuss the use of Personal protective Equipment (PPE).
3. Discuss handwashing and hygiene practices.
4. Facilitate an interactive lecture and use the PowerPoint Slides to make your presentation.

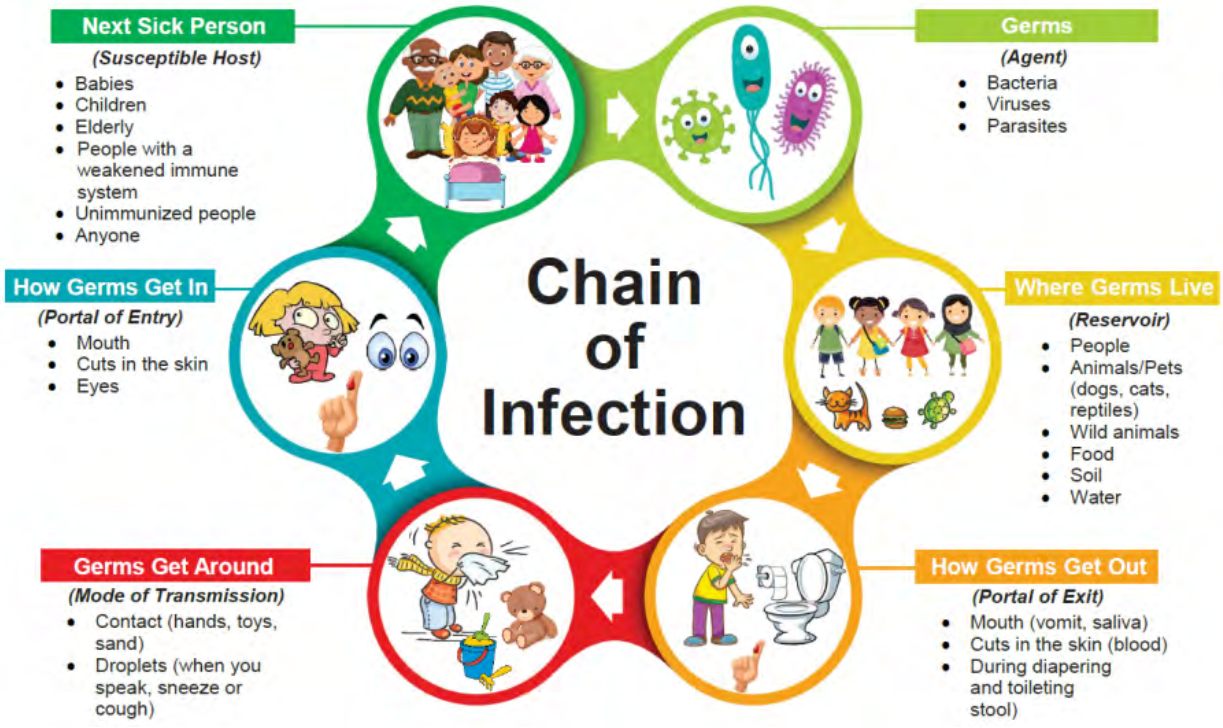


Figure 6: Chain of infection[84]

Transmission

Microorganisms are transmitted in childcare facilities by several routes. The five (5) main modes of transmission - contact, droplet, air, common vehicle, and vector—are discussed in this section.

Contact Transmission

This is the most important and most frequent mode of infection transmission. It is divided into two subgroups: direct-contact transmission and indirect-contact transmission.

Direct-contact transmission involves a direct body-surface-to-body-surface contact and physical transfer of microorganisms between a susceptible host and an infected person. It

[84] Ottawa public health. https://www.ottawapublichealth.ca/en/professionals-and-partners/chain-of-infection.aspx

can occur when a caregiver turns a patient, gives a patient a bath, or performs other activities that involve direct personal contact. Direct-contact transmission can also occur between two patients, with one serving as the source of the infectious microorganisms and the other as a susceptible host.

Indirect-contact transmission involves contact between a susceptible host and a contaminated intermediate object, usually inanimate, such as contaminated instruments, needles, dressings, contaminated and unwashed hands, or gloves that are not changed between patients.

Droplet Transmission

Droplet transmissions occur when droplets are propelled a short distance through the air and deposited on the hosts conjunctivae, nasal mucosa, or mouth. The droplets are generated from the source person primarily through coughing and sneezing. For transmission to occur, the source and the susceptible host must be within one meter (approximately three feet) of one another.

Airborne Transmission

Airborne transmission occurs by dissemination of either airborne droplet nuclei (small-particle residue) of evaporated droplets that contain microorganisms and remain suspended in the air for long periods of time, or dust particles that contain the infectious agent. Airborne microorganisms can be dispersed widely by air currents and can be inhaled by a susceptible host within the same room or some distance from the source patient, depending on environmental factors. Microorganisms transmitted by airborne transmission include Mycobacterium tuberculosis, rubella, and varicella viruses. Control of airborne transmission is the most difficult, because it requires control of airflow through special ventilation systems.

Common-Vehicle Transmission

Common-vehicle transmission refers to the transmission of infection to multiple hosts by contaminated items (vehicles). This mode can result in explosive outbreaks. Vehicles for transmission include the following:

- Foods, which can transmit salmonellosis, for example
- Water, which can transmit shigellosis, for example
- Medications and intravenous solutions
- Blood, which can transmit hepatitis B (HBV) and hepatitis C (HCV) and HIV, for example equipment and devices.

Hand Hygiene

Hand hygiene is the single most important IPC precaution and one of the most effective means to prevent transmission of pathogens associated with health care services. Appropriate hand hygiene must be carried out upon arriving at and before leaving the health care facility, as well as in the following circumstances:

- Before and after performing any procedure between patients or on the same patient
- Before and after examining (coming in direct contact with) a client or patient
- Before putting on gloves
- After removing gloves
- After any situation in which hands might become contaminated, such as:

- Handling contaminated objects, including used instruments
- Diapering or toileting children
- Using the toilet, wiping or blowing one's nose, or performing other personal functions
- Touching mucous membranes, blood, body fluids, secretions, or excretions
- Coming in contact with a source of microorganisms
- Before preparing medication
- Before preparing, handling, serving, or eating food
- Before feeding a child

NOTE

Frequent hand washing and wearing gloves can irritate skin. Lotions can ease dryness from frequent hand washing and also help prevent dermatitis (irritation of the skin) from frequent glove use. There are four types of hand hygiene:

- Routine hand washing
- Hand washing with an antiseptic
- Alcohol hand rub
- Surgical hand scrub

Routine Hand Washing

The purpose of hand washing is to remove soil, blood and other organic material, and transient microorganisms from the skin. The three elements that are essential for effective hand washing are soap, clean running water, 1 and friction. Follow these steps in hand washing:

1. Remove all jewelry.
2. Thoroughly wet hands with running water. Do not dip hands into a basin that contains standing water, even with the addition of an antiseptic agent, because microorganisms can survive and multiply in these solutions. Use a comfortable water temperature. Washing your hands in hot water increases the risk of skin irritation and does not remove more microorganisms.
3. Apply a hand-washing agent (plain soap or detergent). Washing hands with plain water without soap is not effective.
4. Rub all areas of hands and fingers vigorously for 10 to 15 seconds, paying close attention to fingernails and areas between the fingers. Do not forget the wrists. Repeat each action five times.
5. Remove debris from under the fingernails.
6. Rinse hands thoroughly with clean running water from a tap for 10 to 15 seconds.
7. Use a paper towel when turning off the water if the tap is hand-operated.
8. Dry hands with paper towels or air them dry. Avoid using common or shared towels, which might harbor microorganisms and contaminate hands even after proper hand washing or hand rubbing.

NOTE

To avoid sharing towels, use disposable paper, or single-use hand towels. Do not dry hands on personal clothes or on wet and soiled towels. Blow dryers are not recommended.

1. *Wet hands with running water, apply soap agent, and rub palms together.*

2. *Rub right palm over dorsum of left hand and left palm over dorsum of right palm.*

3. *Rub palm to palm with fingers interlaced.*

4. *Interlock fingers with backs of fingers to opposing palms.*

5. *Clasp each thumb and rub rotationally with the opposite hand.*

6. *Rub each palm rotationally with fingers of the opposite hand.*

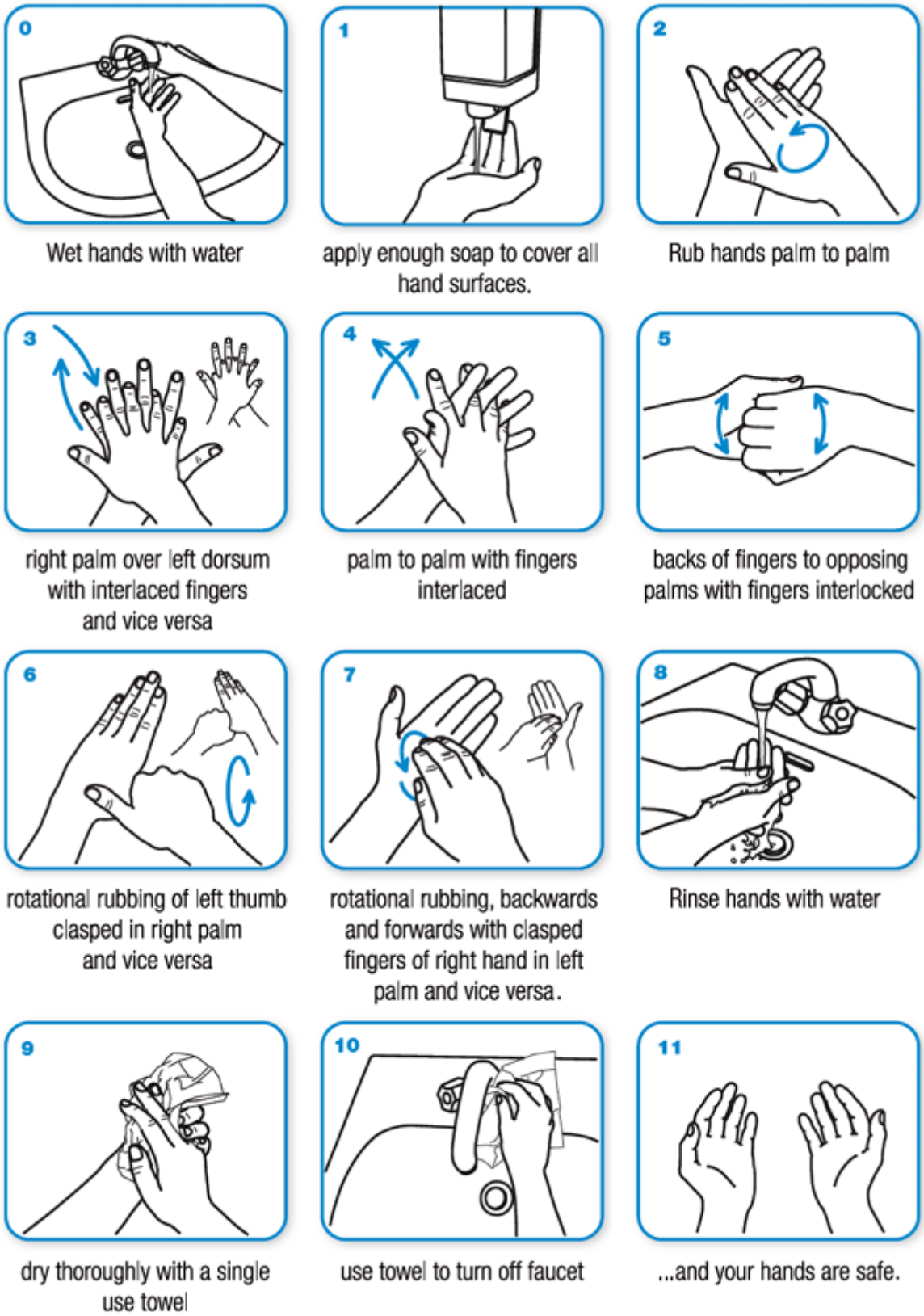


Figure 8: Second Illustration on Proper Hand Washing

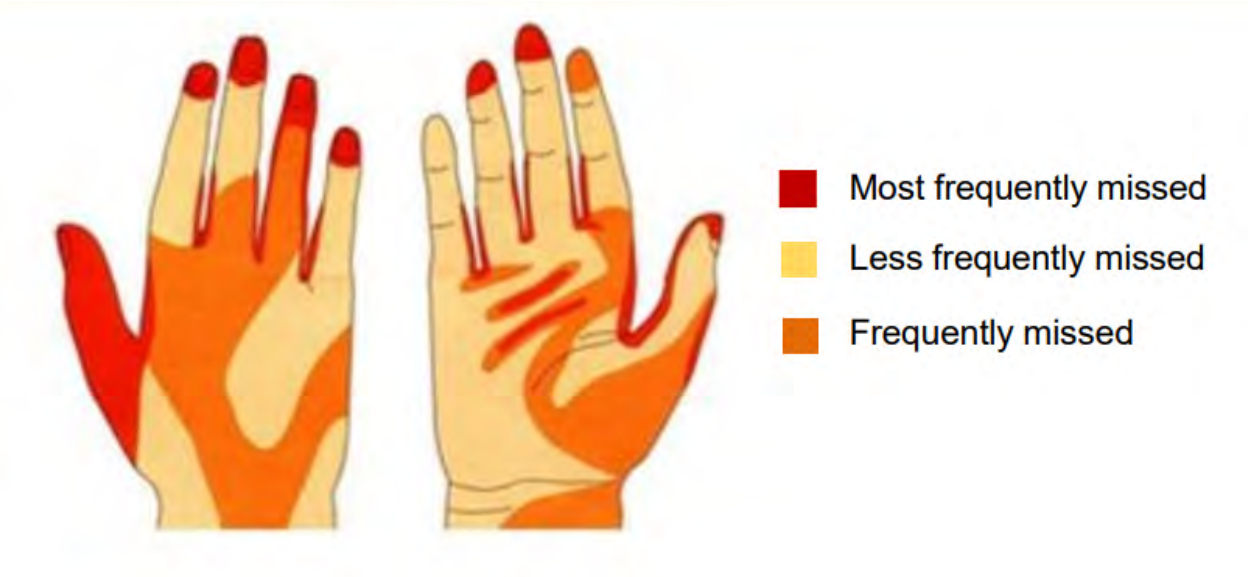


Figure 9: Areas that are frequently missed while washing

Principles for Using PPE

Children officers should follow these guidelines for using PPE:

- Assess the risk of exposure to blood, body fluids, excretions, or secretions and choose items of PPE accordingly.
- Use the right PPE for the right purpose.
- Avoid any contact between contaminated (used) PPE and surfaces, clothing, or people outside the patient care area.
- Discard used PPE appropriately in designated disposal bags.
- Do not share PPE.
- Change PPE completely and thoroughly your wash hands each time you leave a patient to attend to another patient or another duty.

Gloves

Gloves should be worn in addition to, not as a substitute for, hand washing. Hand hygiene coupled with the use of protective gloves is a key component in minimising the spread of disease and maintaining an infection-free environment. Understanding when gloves are required and, equally important, when they are not required, can reduce costs and maintain safety for both the child with disability and staff.

1. Grasp one glove near the cuff and pull it partway off. The glove will turn inside out. Keep the first glove partially on before removing the second one to protect you from touching the outside of a glove with your bare hand.

2. Leaving the first glove over your fingers, grasp the second glove near the cuff and pull it partway off. Keep the second glove partially on.

3. Pull off the two gloves at the same time, being careful to touch only the inside surface of the gloves with your bare hand and being careful not to allow any splashes in the environment. Dispose of gloves immediately.

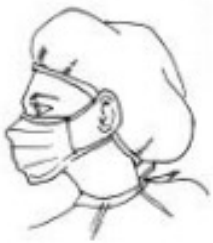
4. Wash your hands immediately with soap and running water.

Figure 10: Steps for removing surgical gloves

Surgical Masks

Surgical masks protect the mucous membranes of the nose and mouth during procedures and patient care activities. A surgical mask should be worn in circumstances where splashes of blood, body fluids, secretions, and excretions are likely, or when the patient has a communicable disease that is spread via the droplet route. A mask should be large enough to cover the children officer's nose, lower face, jaw, and all facial hair.

1. Position the mask to cover both the nose and the mouth.



2. Tie the two top ties first firmly at the back of the head.

3. Tie the two bottom ties at the back of the neck.

4. Bend the flexible metal tab above the bridge of the nose to help secure the mask. The mask should conform to the shape of the face to minimize venting at the sides.

5. When using the mask with elastic bands, position the mask to cover both the nose and mouth and loop the bands behind each ear. Adjust the flexible metal tab as described in step 4 above.

6. Do not handle the mask once it is in position, and do not talk any more than is necessary.

A surgical mask becomes ineffective as a barrier if the integrity is damaged or if it becomes wet (for example, from perspiration or splashes of blood or other potentially infectious material). If this occurs, remove the mask and replace it with another mask.

Figure 11: Steps for putting on a surginal mask

1. Untie the bottom ties.

2. Untie the top ties with both hands, being careful not to let go of the mask.

3. If the mask has elastic bands, remove it by unlooping the bands from behind each ear, being careful not to drop the mask.

4. Do not crush or squeeze a used mask before discarding it.

5. Discard used masks in the appropriate waste bin.

Figure 12: Steps for removing a surginal mask

SESSION 5: ADAPTATIONS FOR SPECIFIC DISABILITIES

Facilitator's Instructions:

1. Introduction

5 Mins

- Introduce the session objectives.
- Conduct an icebreaker: Ask participants to share one adaptation they have seen or used before.
- Discuss the importance of making adaptations to support children with disabilities and special needs.

2. Overview of Specific Disabilities

10 Mins

- Present an overview of the categories of and their specific needs.
- Use videos or real-life examples to illustrate how these disabilities and special needs may affect daily activities.
- Facilitate a group discussion to share experiences and observations.

3. Adaptations for Physical Disabilities

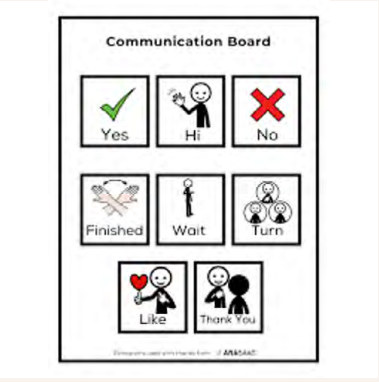
10 Mins

- **Activity: Hands-On Practice**
- Demonstrate various adaptive tools and equipment, such as modified utensils, seating supports, and mobility aids.
- Divide participants into small groups and allow them to explore and practice using these tools.
- Discuss how to do preliminary check on a child's needs and select appropriate adaptations.

4. Communication Adaptations

10 Mins

- **Activity: Communication Role-Play**



- Ask participants to pair up and practice using these tools to communicate with each other.
- Highlight the importance of adapting communication methods to meet individual needs.

e.g. https://youtu.be/e8ZecS9Pulk

Facilitator's Instructions:

5. Sensory and Environmental Adaptations — 10 Mins

- **Activity: Sensory Exploration**

Play a video on the set-up of a sensory room.

- Guide participants through each station, discussing potential adaptations for sensory processing challenges.
- Encourage participants to brainstorm ways to modify environments to reduce sensory overload for children with disabilities and those with special needs.

https://www.youtube.com/watch?v=29TokGS5tNQ

6. **Adapting Educational and Recreational Activities** — 10 Mins

- **Activity: Creative Adaptation Challenge**
  - Present a common activity (e.g., a classroom lesson or a game) and ask groups to brainstorm adaptations for children with different disabilities.
  - Have each group present their adaptations and explain their reasoning.
  - Discuss the importance of inclusivity in educational and recreational settings.

7. Reflection and Feedback — 5 Mins

- Lead a reflection session where participants share their key takeaways from the session.
- Encourage participants to think about how they can apply what they have learned in their settings.

Facilitator's Notes

- **Mobility Impairments:** Consider the child's ability to position them for CPR and adjust your technique accordingly. Utilise aids or support devices if available.
- **Communication Disabilities:** Use clear and simple instructions. Ensure the child understands what is happening and try to communicate through gestures or visual aids if necessary.
- **Sensory Sensitivities:** Be mindful of sensory triggers and adapt your approach to minimise discomfort or agitation.

SESSION 6 - THEORIES ON COUNSELLING

Facilitator's Instructions:

1. Introduction

10 Mins

- Welcome participants and outline the session objectives.
- Conduct an icebreaker: Ask participants to share any prior experience with counselling theories or CBT.
- Provide a brief overview of counselling theories and their relevance.

2. Overview of Key Counselling Theories

30 Mins

- Present a summary of major counselling theories, including:
  - **Psychoanalytic Theory:** Freud's concepts of the unconscious mind.
  - **Person-Centred Theory:** Rogers' focus on empathy and unconditional positive regard.
  - **Gestalt Theory:** Perls' approach to awareness and the present moment.
  - **Solution-Focused Brief Therapy:** Emphasis on finding solutions rather than focusing on problems.
- Use slides or handouts to illustrate each theory's key concepts and examples.

3. Focus on Cognitive Behavioural Therapy (CBT)

30 Mins

- Introduce CBT, emphasising its focus on identifying and changing negative thought patterns and behaviours.
- Cover the core components of CBT:
  - **Cognitive Restructuring:** Identifying and challenging cognitive distortions.
  - **Behavioural Techniques:** Exposure therapy, behavioural activation, and reinforcement.
  - **Skills Training:** Coping strategies and problem-solving skills.
- Provide examples of CBT techniques and how they can be applied in various scenarios.

Facilitator's Instructions:

4. Interactive CBT Application

20 Mins

Activity: CBT Techniques in Practice

- Assign participants into small groups and assign each group a CBT technique (e.g., cognitive restructuring, exposure therapy).
- Provide each group with a case study or scenario related to the technique.
- Ask groups to role-play a counselling session using their assigned CBT technique, focusing on applying it effectively.
- After each role-play, facilitate a group discussion on the application of the technique, its challenges, and its effectiveness.

Facilitator Instructions:

5 Mins

5. Wrap up and Reflection

Lead a reflection session where participants share their insights and experiences from the activities

SESSION 7 - BASIC COUNSELLING SKILLS AND THE PROCESS OF COUNSELLING WHEN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

1. Introduction

5 Mins

- Conduct an icebreaker: Ask participants to share their experiences or expectations related to counselling children with disabilities and those with special needs.
- Provide a brief overview of counselling skills and the process, highlighting their importance in caring for children with disabilities.

2. Overview of Basic Counselling Skills

20 Mins

- Present the core counselling skills, including:
  - **Active Listening:** Techniques for listening attentively and empathically.
  - **Empathy:** Understanding and sharing the feelings of the child.
  - **Effective Questioning:** Using open-ended questions to explore feelings and concerns.
  - **Building Rapport:** Establishing trust and a positive relationship with the child.
- Use slides or handouts to illustrate key points and examples.
- Demonstrate each skill with brief examples by modelling or role-plays.

3. The Counselling Process

20 Mins

- Explain the stages of the counselling process:
  - **Assessment:** Understanding the child's needs, strengths, and challenges.
  - **Goal Setting:** Collaborating with the child and caregivers to set achievable goals.
  - **Intervention:** Applying appropriate counselling techniques and strategies.
  - **Evaluation:** Reviewing progress and adjusting the approach as needed.
- Discuss the importance of adapting the process to the child's specific needs and abilities.

Facilitator's Instructions:

4. Special Considerations for Children with Disabilities and those with Special Needs

15 Mins

- Discuss unique challenges and considerations, such as:
  - **Communication Barriers:** Adapting communication techniques for children with sensory or cognitive impairments.
  - **Emotional and Behavioural Issues:** Recognising and addressing specific emotional and behavioural needs.
  - **Involvement of Caregivers:** Working with caregivers to support the child's development and well-being.
- Use case studies or scenarios to illustrate these considerations and how to address them in practice.

5. Interactive Practice

15 Mins

- **Activity: Role-Playing and Case Studies**
  - Assign the participants into small groups and assign each group a case study involving a child with a disability or special need.
  - Ask groups to role-play a counselling session using the basic skills and process discussed, tailored to the specific needs of the child in their case study.
  - Provide feedback on the role-plays, highlighting effective use of counselling skills and areas for improvement.

6. Reflection and Discussion

5 Mins

- Lead a reflection session where participants share their experiences and insights from the role-plays and discussions.
- Encourage participants to discuss any challenges they faced and how they addressed them.
- Open the floor for questions and provide additional guidance on applying counselling skills in their context.

Process of Counselling

Facilitator's Instructions:

1. Introduction

5 Mins

- Give and outline objectives.
- Icebreaker: Share expectations or experiences with counselling.
- Briefly introduce the stages of the counselling process: Assessment, Goal Setting, Intervention, and Evaluation.

2. Stage Exploration

Stage 1: Assessment

10 Mins

- **Presentation**: Explain the purpose and techniques for assessment.
- **Activity:** Groups create an assessment plan using provided case studies.

Stage 2: Goal Setting

10 Mins

- **Presentation:** Discuss SMART goals and their importance.
- **Activity:** Groups set SMART goals based on case study information.

Stage 3: Intervention

- **Presentation:** Introduce various intervention techniques. 5 Mins
- **Activity:** Role-play sessions using intervention techniques. 10 Mins

Stage 4: Evaluation

10 Mins

- **Presentation:** Explain how to evaluate progress and adjust the plan.
- **Activity:** Groups discuss evaluation strategies and create a follow-up plan.

3. Interactive Practice

5 Mins

- **Activity:** Role-Plays of all stages using different case studies.
- **Lead a discussion on role-play experiences.**

Facilitator's Notes

Essential basic counselling skills:

1. **Active Listening**- Fully concentrating, understanding, responding, and remembering what the client says. **Techniques: Paraphrasing** which has to do with restating what the client has said in your own words to confirm understanding. It also involves **Reflecting Feelings**: Identifying and acknowledging the client's emotions. **Summarising**: Providing a summary of what has been discussed to ensure mutual understanding.

2. **Empathy-** The ability to understand and share the feelings of another person. Techniques: **Empathic Responding:** Communicating understanding and support through verbal and non-verbal cues. **Perspective-Taking:** Trying to see the situation from the client's point of view.

3. **Effective Questioning** - Using questions to gather information, explore feelings, and encourage deeper discussion. **Techniques: Open-Ended Questions**: Questions that cannot be answered with a simple 'yes' or 'no' and encourage more detailed responses (e.g., "How do you feel about...?"). **Closed-Ended Questio**ns: Questions that elicit specific, short answers (e.g., "Did you attend the appointment?").

4. **Building Rapport**;- Establishing a trusting and respectful relationship with the client. **Techniques: Warmth and Acceptance**: Demonstrating a genuine interest and non-judgmental attitude. **Consistency and Reliability**: Being dependable and consistent in interactions.

5. **Non-Verbal Communication**; - Definition: Using body language, facial expressions, and other non-verbal cues to communicate support and understanding. **Techniques: Eye Contact:** Maintaining appropriate eye contact to show attentiveness. **Body Language**: Using open and relaxed body posture to convey comfort and receptiveness. **Tone of Voice**: Using a calm and reassuring tone to create a safe environment.

6. **Clarification** - Ensuring that the counsellor and client have a clear understanding of what is being discussed. **Techniques: Asking for Clarification**: Requesting more details or explanations when something is unclear (e.g., "Can you explain that further?"). **Restating or Rephrasing**: Repeating or rephrasing what the client has said to check for accuracy.

7. **Goal Setting** - Collaborating with the client to set and work towards achievable goals. **Techniques: SMART Goals:** Setting goals that are Specific, Measurable, Achievable, Relevant, and Time-bound. **Exploring Options:** Discussing possible strategies and solutions with the client.

8. **Summarisation** - Providing a concise summary of the discussion to help consolidate information and clarify next steps. Techniques: Highlighting Key Points: Summarising the main topics and issues discussed. Reviewing Progress: Discussing what has been achieved and what needs further attention.

9. **Feedback** - Providing constructive and supportive feedback to help the client understand their progress and areas for improvement. **Techniques: Positive Reinforcement**: Acknowledging and reinforcing the client's strengths and achievements. **Constructive Criticism.**

Process of Counselling

Engagement and building rapport: This involves the first opportunity for the counsellor and the client to know each other. It is crucial for a counsellor to utilise this opportunity well as how the relationship is established set the tone for your future sessions

Assessment and exploration: This is where the counsellor begins to understand their client. The counsellor is supposed to ask questions and practice active listening to understand their concerns, establish goals, and set expectations

Goal setting: This involves the counsellor working together with their client to define the specific, measurable, achievable goals that you will work toward during counselling

Intervention and action planning: This is the process of choosing the appropriate counselling techniques that will encourage your client's growth.

Evaluation: This is a collaborative assessment between a counsellor and their client. Review progress and adjust goals and strategies if needed

Termination and follow-up: This occurs when a client's needs have been met and concludes the counselling process. The counsellor summarises their client's progress and provide additional resources

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UNIT 09

"In the symphony of learning, let's tune every note, for behavior management keeps the whole class afloat!"

~

Dr. Emma Baird

UNIT 9: BEHAVIOUR MANAGEMENT TECHNIQUES

PURPOSE:

This unit will equip the learner with behaviour management techniques for children with disabilities and those with special needs. The learner will acquire knowledge, skills, and a positive shift in attitudes to identify and effectively manage behavioural challenges among children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES:

By the end of this unit, the learner should be able to:

1. Define terms and concepts in behaviour management techniques.
2. Analyse behaviour patterns in children with disabilities and those with special needs.
3. Utilise positive behaviour support strategies in children with disabilities and those with special needs.
4. Create a supportive environment for positive behaviour.
5. Apply de-escalation techniques in managing behaviour in children with disabilities and those with special needs.

SESSIONS:

1. Definition of terms and concepts.
2. Understanding behaviour in children with disabilities and those with special needs.
3. Positive behaviour support strategies for children with disabilities and those with special needs.
4. Positive Strategies for specific behaviours for children with disabilities and those with special needs.
5. Creating supportive environments for children with disabilities and those with special needs.
6. De-escalation Techniques and Crisis Intervention when caring for children with disabilities and those with special needs.

200 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSION 1: DEFINITION OF TERMS AND CONCEPTS

Facilitator's Instructions:

1. Introduction

5 Mins

- Welcome participants and introduce the session.
- Briefly discuss the importance of understanding terms and concepts in this session

2. Key Terms and Definitions

15 Mins

- Present a list of key terms related to caring for children with disabilities and those with special needs
- Provide definitions and examples for each term.

3. Scavenger Hunt

15 Mins

Before lesson session

- Print out the key terms and their description.
- Cut out each work with its specific definition.
- Fold the papers and hide them in different places in the room and some outside the room.

During the session

15 Mins

- Assign participants into groups (2 groups preferred)
- Inform them that there are papers in the room and outside the room that they should scavenge.
- At the count of 3, allow the participants to check terms and their definitions.
- Assemble all the participants and let each group present the papers they managed to find.
- The team with the most papers is the winning team.
- Each team is to read aloud the terms as the rest listen to master the terms and their definitions.
- Reward or appreciate the winning team as appropriate.

Facilitator's Instructions:

15 Mins

- Use the projector to display terms and definitions.
- Distribute handouts with key terms for participants to reference.

i. ***Behaviour*** **-** Behaviour is defined as anything a person does in response to internal or external events[85]. Behaviour represents the interaction between individuals and their external changes (e.g., social or ecological events) or activities[86].

ii. ***Behaviour management techniques*** **-** Behaviour management techniques are systematic methods used to influence, modify, or control behaviour, particularly in educational and clinical settings. Key elements include assessment and observation, positive reinforcement, consistency and structure, behavioural interventions, communication and support, and collaboration with other professionals and caregivers.[87]

iii. ***Crisis Intervention*** **-** Crisis intervention is a short-term management technique designed to reduce potential permanent damage to an individual affected by a crisis. A crisis is defined as an overwhelming event, which can include divorce, violence, the passing of a loved one, or the discovery of a serious illness.[88]

iv. ***De-escalation*** is a first-line response to misbehaviour of potential violence and aggression by children in a care setting.

[85] Davis, R., Campbell, R., Hildon, Z., Hobbs, L., & Michie, S. (2015). Theories of behaviour and behaviour change across the social and behavioural sciences: A scoping review. Health Psychology Review, 9(3), 323–344. https://doi.org/10.1080/17437199.2014.941722

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SESSION 2: UNDERSTANDING BEHAVIOUR IN CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 10 Mins

Introduction

1. Invite volunteers to do a role play on specific behaviours in children with disabilities.
2. Give each participant a scenario they need to role-play.
3. Allow the team enough time to rehearse before acting out the scenario.
4. Invite the team to present as the rest of the participants watch and take notes.
5. Lead the plenary and ask participants to mention some behaviours exhibited in children with disabilities.

Facilitator's Instructions:

Present a video clip Behaviour is Communication" which highlights how behaviour is a way of communication for Children with Disabilities.

1.5 Mins

https://www.youtube.com/watch?v=5QixtFdde_g

- Welcome participants and introduce the session objectives.
- Briefly discuss the importance of Understanding behaviour in children with disabilities and those with special needs.
- Play the Video
- Lead a plenary group discussion on observed communication patterns.
- Ask one of the participants to list these behaviour patterns on a flip chart:
- Summarise the key points covered in the session.

Facilitator's Notes:

Understanding behaviour patterns in children with disabilities and those with special needs

Table 8: Types of behaviours/disorders and associated behaviours

Disability/ special need	Behaviour
Conduct disorders	• Oppositional Defiant Disorder (ODD) e.g. disobedience • seeks attention • shows off • disruptive • annoys others • fights others • has temper tantrums • verbal and physical aggression/violent • tells lies persistently • breaks rules
Socialised aggression	• steals in company with others • loyal to delinquent friends • is truant from school with others
Attention deficit and hyper-activity (ADHD)	• Short attention span • poor concentration is distractible/is easily diverted from a task at hand answers without thinking (impulsive), • moves about excessively/unable to sit still (e.g. out-of seat behaviour in class), • talks excessively/over talkative and restless
Child delinquency	• Stealing • Rape • Violence • prostitution • In possession of illegal fire arms • Drug and substance abuse or trafficking among others • Aiding and criminals among others
Anxiety Disorder	• is self – conscious • is easily embarrassed • is hypersensitive • feelings are easily hurt • is generally fearful • is anxious (painful uneasiness
Withdrawal behaviours	• Avoids others/prefers to be alone • Daydreaming • depressed • is always sad
Functional disorders	• Anorexia nervosa • Bulimia nervosa • Enuresis (involuntary passing of urine) • Encopresis (involuntary passing of stool)

Caregivers ought to understand behaviour in children with disabilities and those with special needs keenly, as their behaviour often serves as a means of communication. Here are some key points to consider:

1. **Communication Challenges**. Children with disabilities may have difficulty expressing themselves verbally or understanding social cues. This can lead to frustration or withdrawal, which may manifest in behavioural issues.

2. A child's problematic or inappropriate behaviour is a sign that he is upset and that something is not right.

3. **Sensory Sensitivities:** Many children with disabilities and those with special needs have heightened sensory sensitivities. Certain environments, sounds, or textures can be overwhelming, triggering behaviours such as covering ears, crying, or attempting to escape the situation.

4. **Routine and Predictability**: Children with disabilities and those with special needs often thrive in structured environments with predictable routines. Changes in routine or unexpected transitions can lead to anxiety or disruptive behaviours.

5. **Individualised Triggers and Responses** Each child is unique, and understanding their specific triggers and responses is crucial. Some behaviours may indicate discomfort, pain, or a need for attention rather than deliberate disobedience. There can be many reasons behind one specific behaviour.

6. Children with challenging behaviour are sending adults the message that something is not right or that their needs are not being met. There could be many reasons for a single behaviour, such as being hungry, scared, hurt, tired, bored, sad or angry.

7. **Functional Behaviour Assessment (FBA)-** Conducting an FBA helps identify the function or purpose of a child's behaviour. It involves observing, gathering data, and analysing patterns to determine why certain behaviours occur.

8. **Positive Behaviour Support (PBS) -** PBS focuses on proactive strategies to encourage positive behaviour and prevent challenging ones. This approach involves setting clear expectations, providing consistent feedback, and reinforcing desired behaviours.

9. **Collaboration with Professionals and Caregivers-** Working closely with educators, therapists, and parents is essential. They can provide valuable insights into a child's behaviour patterns, triggers, and effective interventions.

10. **Empathy and Patience** - Recognise that behaviours are often a form of communication or coping mechanism. Responding with empathy, patience, and understanding helps build trust and encourages positive development.

11. **Inclusive and Supportive Environments: -** Creating inclusive environments where children feel supported and accepted is critical. This includes adapting activities, providing accommodations, and fostering peer relationships.

12. **Continuous Learning and Adaptation** - Behaviour can evolve over time, so ongoing assessment and adaptation of strategies are necessary. What works today may need adjustment as the child grows and develops.

Facilitator's Instructions:

40 Mins

Scenario for role play

Case Scenario 1: Maritu

Maritu is a 7-year-old boy with Autism Spectrum Disorder (ASD). Maritu has difficulty with transitions and can become agitated when the schedule changes unexpectedly.

Scenario 2: Mercy

Mercy is an 8-year-old girl with Attention Deficit Hyperactivity Disorder (ADHD). Mercy struggles with sitting still, staying focused, and following instructions, often disrupting the class with impulsive outbursts.

Case Scenario 3: Maria:

Maria is a 9-year-old girl with Down syndrome who has some speech and language delays. Maria becomes frustrated when she cannot communicate her needs effectively, leading to occasional tantrums or withdrawal.

SESSION 3: POSITIVE BEHAVIOUR SUPPORT STRATEGIES FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

20 Mins

Introduction

1. Introduce the session objectives.
2. Discuss the importance of ***Positive behaviour support strategies for children with disabilities and those with special needs***
3. Conduct a quick icebreaker: Ask participants to share their understanding of positive behaviour support
4. Present a brief overview of Behaviour support and Strategies
5. Highlight some examples of the strategies.
6. Facilitate a discussion on the importance of being aware of each such strategies

Video Clip

1. Play a video clip
2. Ask participants to watch it and identify strategies for positive behaviour support.
3. Facilitate a discussion on the importance of Positive behaviour support strategies for children with disabilities and those with special needs.

https://www.youtube.com/watch?v=dpMfrK-32gw

Facilitator's Notes

These are strategies aimed at supporting or appreciating those positive behaviours expressed by the children and in turn limiting or eliminating negative or unwanted behaviours.

Caregivers may want to consider the following techniques when designing behaviour Support Strategy:

1. Consider the history of the behaviour and/or consequences that have been previously used;
2. Teaching more acceptable replacement behaviours that serve the same function as the inappropriate behaviour;
3. Implementing changes in the day-to-day activities and modifying the physical environment.

4. Seeking the support of personnel, such as counsellors or school psychologists where available.
5. Explore peer support, who may provide academic or behavioural support through modelling or practicing conflict resolution mechanisms.

Some of the suggested strategies for Positive behaviour support

1. **Functional Behaviour Assessment (FBA)** - Conduct an FBA to understand the function or purpose of the child's behaviour. This involves observing and collecting data to identify triggers, antecedents, and consequences of behaviours.

2. **Establish clear expectations** for behaviour and communicate them consistently across settings (home, school, therapy). Use visual cues, social stories, or written schedules to reinforce expectations.

3. **Use of Positive Reinforcement:** - Reinforce desired behaviours with praise, rewards, or privileges. Tailor reinforcement to the child's preferences and interests to increase motivation.

4. Teach **alternative behaviours** that serve the same function as challenging behaviours. For example, if a child hits others when frustrated, teach them to use words or gestures to express feelings.

5. **Visual Supports and Schedules**- such as visual schedules, timers, or picture cues to help children understand expectations and transitions. Visual supports can reduce anxiety and increase predictability.

6. **Environmental Modifications** - Create a supportive physical environment that minimises distractions and sensory triggers. Provide sensory-friendly spaces or tools (like noise-cancelling headphones or fidget toys) as needed. This may also include a sensory integration room

7. **Collaboration and Consistency**- caregivers ought to be consistent in the strategies they are using to support the behaviour and also collaboration among the caregivers thus ensuring consistent and standard actions which develop some patterns thus shape a behaviour.

8. **Anticipate and prevent challenging behaviours** by recognising early signs of distress or frustration. Intervene proactively with calming techniques or redirection before behaviours escalate.

9. **Promote Social Skills and Peer Relationship -** Facilitate opportunities for social interaction and friendship-building. Teach social skills through role-playing, modelling, or structured activities to improve social competence.

10. **Empowerment and Choice**- Offer choices whenever possible to empower children and promote autonomy. Providing options within limits allows children to exercise control over their environment and activities.

11. **Cultural Sensitivity and Individualisation** - Consider cultural factors and individual preferences when implementing PBS strategies. Respect cultural norms and values while promoting positive behaviours.

12. **Continuous Evaluation and Adjustment-** Monitor the effectiveness of PBS strategies through ongoing evaluation and data collection. Adjust interventions based on progress, changing needs, and feedback from the child and caregivers.

SESSION 4: POSITIVE STRATEGIES FOR SPECIFIC BEHAVIOURS FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

30 Mins

1. Invite a guest speaker to give a talk on specific behaviours for children with disabilities and those with special needs (child therapist either physical or virtual).
2. Using interactive lecture, present the Specific Positive Behaviour Support Strategies expressed by children with Disabilities and those with special needs.
3. Ask questions and seek for answers from Participants

Group Activity

1. Assign participants into groups.
2. Give each group a case scenario depicting a specific behaviour.to read and review.
3. Ask participants to discuss the behaviour presented.
4. Ask the groups to select one or more positive reinforcement strategies hey believe would be most effective in addressing it.
5. Each group to justify the choice of strategy.
6. Facilitate a plenary discussion as the participants make their presentations.

Facilitator's Notes

Since behaviour is a way of communication for children with disabilities and those with special needs, understanding them and responding positively to certain negative behaviour is crucial. Here are some suggested responses to certain behaviours.

1. **Aggression or Self-Injury**
   - **Functional Assessment:** Conduct an FBA to determine triggers (e.g., frustration, sensory overload).
   - **Teaching Alternative Behaviours:** Teach calming strategies (e.g., deep breathing, using a stress ball, doodling (colouring), stretching) to replace aggression or self-injury.
   - **Structured Breaks:** Provide opportunities for breaks in a calm, sensory-friendly environment.
   - **Visual Cues:** Use visual schedules or timers to help anticipate transitions and reduce anxiety.

2. **Noncompliance or Oppositional Behaviour**
   - Establish clear, simple rules and expectations. Use visual reminders or social stories to reinforce them.
   - Offer choices within limits to empower the child and reduce resistance (e.g., "Do you want to do math first or reading first?").

- Apply Positive Reinforcement strategies like Praise and reward compliance with preferred activities or items.
- Use time outs, and withdraw privileges to follow through desired behaviour

3. **Disruptive Behaviour (e.g., yelling, tantrums)**
   - Anticipate triggers and provide warnings or transitions to avoid surprises.
   - Use visual schedules or prompts to outline expectations and activities.
   - Teach the child to use strategies like deep breathing, counting to ten, or taking a break in a designated calm-down area, using stress balls, modelling clay.

4. **Withdrawal or Social Isolation**
   - Teach social skills through modelling, role-playing, or structured social activities.
   - Pair the child with supportive peers or mentors to encourage interaction.
   - Celebrate small steps toward social interaction and build confidence.

5. **Sensory Sensitivities**
   - **Environmental Modifications:** Create a sensory-friendly environment with dim lighting, noise reduction, or tactile objects.
   - **Sensory Breaks:** Provide scheduled breaks in a quiet, calming space with sensory tools (e.g., weighted blankets, fidget toys).
   - **Desensitisation Techniques:** Gradually expose the child to sensory stimuli that cause distress, using strategies like systematic desensitisation.

6. **Repetitive Behaviours (e.g., stimming)**
   - **Redirect Attention:** Encourage alternative activities that provide sensory input in a socially acceptable way.
   - **Acceptance and Understanding:** Respect the child's need for self-regulation and recognise when stimming is not disruptive.
   - **Social Story:** Use social stories to explain stimming to peers and promote acceptance.

7. **Attention-Seeking Behaviours**
   - **Positive Attention:** Provide frequent positive attention for appropriate behaviours.
   - **Structured Activities:** Engage the child in structured activities that cater to their interests.
   - **Peer Interaction:** Encourage positive peer interactions to fulfil social needs.

NOTE

Each child is unique, so it is essential to tailor strategies to their specific needs and preferences. Regularly assess and adjust interventions based on the child's progress and feedback from caregivers and professionals. By focusing on positive reinforcement and understanding the function of behaviours, you can help children with disabilities and those with special needs develop skills for success and improve their overall quality of life.

SESSION 5: CREATING A SUPPORTIVE ENVIRONMENT FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

20 Mins

1. Using interactive lecture, ask the learners to identify some of the supportive environments for children with disabilities and those with special needs
2. Using PowerPoint, present some of the proposed principles of supportive environments and how they work for children with disabilities and those with special needs.
3. Engage the participants in a question and answer session.

Facilitator's Notes

Supportive Environments for Children

Creating supportive environments for children with disabilities and those with special needs involves several key principles and actions to ensure their well-being and development:

1. **Accessibility** - Ensure physical spaces are accessible with ramps, elevators, wide doorways, and appropriate signage. This includes accessible playgrounds and classrooms.

2. **Inclusive Education:** Promote inclusive practices in schools where children with disabilities learn alongside their peers without disabilities. Provide necessary support such as assistive technologies, specialised teaching methods, and individualised education plans (IEPs).

3. **Emotional Support**- Create a nurturing and accepting atmosphere where children feel valued and supported. Encourage positive peer interactions and discourage bullying or exclusion.

4. **Family Involvement** - Engage families in decision-making processes regarding their child's education and development. Offer resources, workshops, and support groups for parents and caregivers.

5. **Qualified Staff** - Ensure educators and staff are trained in inclusive education practices and have the skills to support children with a range of disabilities. Foster a culture of respect and empathy among all staff members.

6. **Adapted Activities** -Modify activities and curriculum to accommodate different abilities and learning styles. Use adaptive equipment and materials as needed.

7. **Collaboration with Professionals -** Work closely with healthcare providers, therapists, and specialists to address each child's unique needs and ensure continuity of care between home and school.

8. **Advocacy and Awareness** - Advocate for policies and practices that promote the rights and inclusion of children with disabilities. Raise awareness among the broader community to foster understanding and support.

9. **Safety and Health**: Ensure the safety and well-being of all children through appropriate health protocols and emergency procedures that consider the specific needs of children with disabilities and those with special needs.

10. **Continuous Improvement** - Regularly assess and adapt practices based on feedback from children, families, and staff. Foster a culture of continuous learning and improvement within the educational environment.

SESSION 6: DE-ESCALATION TECHNIQUES AND CRISIS INTERVENTIONS WHEN CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 10 Mins

Introduction

1. Introduce the session objectives.
2. Discuss their understanding of the term 'De-escalation' and the importance of learning it in this training.
3. Ask participants to share their experiences on using de-escalation techniques in their course of duty.
4.

Understanding De-escalation (10 mins)

Present a video on Calming & De-escalation Strategies) highlighting how to de-escalate a challenging behaviour in children with disabilities

1. Play the Video
2. Lead a plenary group discussion on observed techniques.
3. Ask one of the participants to list these techniques on a flip chart:
4. Summarise the key points covered in the session referring to the notes below

https://www.youtube.com/watch?v=R2PSExM-NhU

Facilitator's Notes

20 Mins

De-escalation Techniques and Crisis Intervention for children with disabilities and those with special needs

What is de-escalation and what is its purpose?

De-escalation is a first-line response to misbehaviour of potential violence and aggression by children in a care setting.

Some synonyms of De-escalation include: conflict resolution, conflict management, crisis resolution, talk down, and defusing.

De-escalation is described by Quick Safety Magazine[89] as a combination of strategies, techniques, and methods intended to reduce a patient's agitation and aggression. These can include communication, self-regulation, assessment, actions, and safety maintenance in order to reduce the risk of harm to patients and caregivers as well as the use of restraints or seclusion. The violence may be turned on the immediate caregivers or peers.

There are many different de-escalation techniques. The Quick Safety suggested the following:

1. Preventing violent behaviour
2. Avoiding the use of restraint mechanisms on the child such as locking them away or chaining them;
3. Reducing the child's anger and frustration
4. Maintaining the safety of staff and other children
5. Improving child and care giver relationships
6. Teaching the children how to manage their own emotions and to regain personal control
7. Helping children to develop feelings of hope, security and self-acceptance

These strategies aim to prevent situations from escalating into crises and to safely manage challenging behaviours when they do occur. Here are some effective techniques and principles:

i. Preventative Measures

- **Understanding Triggers** - Identify and understand common triggers for the child's behaviours. These triggers could be sensory, environmental, social, or emotional.
- **Establishing Predictability -** Maintain a structured and predictable environment. Children with disabilities and those with special needs often benefit from routines and clear expectations.
- **Use of Visual Supports -** Visual schedules, timers, and communication aids can help children understand transitions and expectations, reducing anxiety and confusion.
- **Positive Behaviour Support-** Implement positive reinforcement strategies to encourage desired behaviours and reduce the likelihood of challenging behaviours.

ii. De-escalation Techniques:

- **Stay Calm and Patient:** Maintain a calm demeanour and speak in a soothing tone. Children often mirror the emotions of those around them.
- **Use Clear, Simple Language**: Avoid complex instructions or questions. Use short, direct sentences to communicate expectations or options.
- **Offer Choices:** Provide the child with choices whenever possible, allowing them to feel a sense of control and autonomy.
- **Respect Personal Space** - Be mindful of the child's personal space and avoid physical proximity that might escalate their distress.
- **Validate Feelings:** Acknowledge the child's feelings and empathise with their experience, showing understanding and acceptance.

[89] Quick Safety Magazine : De-escalation in health care Issue 47 January 2019

iii. Crisis Intervention

- **Safety First** - Ensure the safety of the child and others present. If necessary, remove objects or people that could pose a risk during a crisis.
- **Follow Individualised Plans:** - Refer to any behaviour intervention plans (BIPs) or crisis management plans developed for the child, adhering to agreed-upon strategies.
- **Seek Additional Support: -** Call for assistance from other trained staff or professionals if the situation escalates and additional support is needed.
- **Use of Physical Restraint as a Last Resort** - If physical restraint is unavoidable to ensure safety, use techniques that are safe, respectful, and in accordance with legal and ethical guidelines. Training in proper restraint techniques is essential.
- **Post-Crisis Support** - After the crisis has been resolved, provide opportunities for the child to decompress in a calm environment. Offer support and reassurance, and discuss strategies for preventing future crises.

iv. Training and Collaboration

- **Training and Preparation:** Ensure that all staff members receive training in de-escalation techniques and crisis intervention specific to children with disabilities and special needs.
- **Collaboration with Families:** Work closely with families to understand the child's individual needs, triggers, and effective strategies for de-escalation.
- **Continuous Evaluation and Improvement:** Regularly review incidents to identify patterns, assess the effectiveness of interventions, and make adjustments as needed to support the child's well-being and development

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UNIT 10

"Quality care means more than just a check, It's love and support that help children connect."

~

Dr. Ava Lindstrom

UNIT 10: QUALITY OF CARE FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

PURPOSE:

This unit will analyse key elements in offering quality care for children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES:

By the end of this unit, the learner should be able to:

1. Identify the unique needs for children with disabilities and those with special needs.
2. Discuss the components of the nurturing care framework for children with disabilities and those with special needs.
3. Illustrate the appropriate use of different assistive and adaptive devices.

SESSIONS:

1. Unique needs of children with disabilities and those with special needs:
   a) Medical and health needs of children with disabilities and those with special needs,
   b) Sanitation and hygiene needs for children with disabilities and special needs,
   c) Educational needs for children with disabilities and special needs,
   d) Psychosocial/mental health support for children with disabilities and those with special needs,
   e) Protection from all forms of abuse and separation from family.
2. Components of nurturing care framework for children with disabilities and those with special needs.
3. Appropriate use of different assistive and adaptive devices/ technology required by children with disabilities and those with special needs

SESSION 1: UNIQUE NEEDS OF CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

A. Medical and Health Needs of Children with Disabilities and those with Special Needs

Facilitator's Instructions:

50 Mins

a) Assign participants into groups and allocate each group one specific need to consider.
b) Ask the participants in each group to discuss the unique needs of children with disabilities and those with special needs.
c) Ask the Groups to provide feedback and present in plenary.
d) Present some of the needs, making reference to the facilitator's notes below and slides.

Facilitator's Notes

Medical and Health Needs of Children with Disabilities and those with Special Needs

Children with disabilities and those with special needs have various medical and health needs. The following are medical and health needs that caregivers should have in mind to enhance the overall wellbeing of children.

- **Individualised Diet Plans/diet therapy**: Children with disabilities and those with special needs may have unique nutritional requirements, such as modified textures or specific nutrient needs (e.g., higher protein for muscle growth).
- **Medical and surgical interventions**: Essential prescribed drugs, immunisation (Vaccinations), surgical interventions
- **Rehabilitation/Therapy services**: Physiotherapy, speech therapy, occupational therapy, prosthetic and orthotic services etc.
- **Diagnostic tests**: For example: Echocardiography (ECG), audiology Hearing tests for children with down syndrome, Electronic Encephalography (EEG) for children with convulsion disorders
- **Feeding Assistance:** Some children may require help with feeding due to physical or cognitive impairments. Adaptive utensils and feeding techniques can support these needs.
- **Regular Monitoring:** Frequent check-ups with dietitians or healthcare providers to monitor growth, nutritional intake, and any dietary adjustments needed.
- **Reproductive Health Care services:** to address reproductive health needs appropriately, ensuring access to relevant information and age appropriate services

B. Sanitation and Hygiene Needs

- **Personal Hygiene:** Assistance with daily hygiene tasks such as bathing, tooth brushing, and grooming, with adaptations as needed for physical limitations.
- **Toileting Support:** Accessible bathrooms with necessary adaptations (e.g., grab rails, raised toilet seats) and assistance in developing toileting routines.
- **Clean Environments:** Ensuring that living and learning spaces are clean and free from hazards to prevent accidents, infections and promote health.
- **Incontinence management supplies/products:** provision of diapers (children and adults), sanitary towels, mackintosh among others.

C. Educational Needs

- **Enrolment and retention in schools:** Access to available bursaries/scholarships to ensure children with disabilities and those with special needs are enrolled in schools.
- **Individualised Education Plans (IEPs**): Customised educational programmes that address the specific learning needs, strengths, and goals of each child.
- **Special Education Services:** Access to specialised instruction, therapies (e.g., speech, occupational, physical), and resources tailored to support learning
- **Inclusive Practices:** Ensuring that children with disabilities and those with special needs are included in general education settings whenever possible, with reasonable accommodation and sensitisation on disability (disability mainstreaming)

D. Psychosocial/Mental Health Support

- **Counselling Services:** Access to psychological counselling or therapy to address emotional and behavioural issues.
- **Social Skills Training:** that helps children develop interpersonal skills and build healthy relationships.
- **Family Support:** Counselling and support groups for families to help them manage stress and provide effective care.
- **Community support and respite care:** This can be done through sensititisation of caregivers and community health promoters to help in provision of community rehabilitation care, basic therapy (speech, occupational, physio etc.) and respite care.

E. Protection from all forms of abuse and separation from family

Children with disabilities and those with special needs are vulnerable and need care and protection, and thus require specialised attention to ensure provision of the following:

- Birth certificates to children

The SDG 16, specifically target 16.9 states "by 2030, provide legal identity for all, including birth registration". A birth certificate means a child is recognised and is planned for.

- **Services for rehabilitation and resocialisation of children rescued from street situations.** This will include the following:
    - Identifying and resourcing rescue and rehabilitation facilities
    - Rescuing, placing and providing rehabilitation services where necessary
    - Providing mental health, psychosocial support and counselling services

- **Services that support children in street situations to be cared for within family settings.**
    - **The National Care reform strategy (2022-2032)** recommends the following approaches to ensuring family and community-based care of all children**.**
        - **Prevention of separation and family strengthening** through ensuring sufficient capacity to provide support and services to families to prevent separation for children and adolescents from their families.
        - **Tracing, reunification, and reintegration with biological family:** Using the Guidelines of Case Management of Reintegration of Children to Family or Community based-based care (2019).
        - **Provision of alternative family-based and community-based care arrangements:** which ensures availability of adults who can provide kinship care, foster care, guardianship, *kafaalah* and adoption.

- **Services for Prevention and response to violence, abuse and exploitation of children including those in the streets.**

  Implementing the National Prevention and Response Plan for Violence against Children (2018-2023)- NPRP- strategies to ensure these children are protected and preserved within families.

- **Implementing the National Prevention and Response Plan for Violence against Children (2018-2023)- NPRP- strategies to ensure these children are protected and preserved within families. All the stakeholders should ensure that:**
    - Child survivors and child perpetrators of violence receive comprehensive child-friendly protection and response services in the justice sector.
    - Child survivors of violence have improved access to essential health services.
    - Child survivors of violence and children at risk of violence have improved access to essential social services for child protection.
    - Child survivors of violence have improved access and utilise essential support services through multi-sectoral referral mechanisms established at the county and sub-county levels.

SESSION 2: NURTURING CARE FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 30 Mins

1. Introduce the session objectives.
2. Discuss the importance of Quality of Care emphasising on Responsive Care Giving
3. Ask participants to share their understanding of Responsive Care Giving
4. Discuss Responsive Care Giving in the context of the Nurturing Framework
5. Present a brief overview of the Nurturing Framework
6. Highlight some examples of the Nurturing Framework in the context of care for Children with disabilities and those with special needs
7. Facilitate a discussion on the importance of this concept in the work of a caregiver

Facilitator's Notes

The Nurturing Framework, often used in early childhood education and family support programmes, emphasises holistic development and well-being. It typically includes five key components namely health, adequate nutrition, responsive caregiving, opportunities for early learning and safety and security. Children with disabilities and those with special needs to be provided with these qualities to enhance their well-being and thriving.

Figure 13: Nurturing Care Framework

Good Health

Refers to the health and well-being of the children and their caregivers. Although children are critical in this case, this framework acknowledges that the physical and mental health of caregivers can affect their ability to care for the child.

For good health, young children need caregivers to:

- respond affectionately and well to their daily needs;
- be hygienic and minimise infections;
- protect them from danger at home and outside;
- use health services, both promotive and preventive;
- give them the right treatment when they are ill;
- monitor how they are, physically and emotionally;
- make sure they get enough physical activity and sleep.

Adequate nutrition

This focuses on maternal and child nutrition. Nutrition of a mother during pregnancy and after has a cumulative effect on a child. Poor nutritional status for a mother after birth or a caregiver affects her ability to provide adequate care. Therefore, children as well as mothers need to receive adequate and appropriate nutrition.

For good nutrition, young children need caregivers to:

- breastfeed exclusively for the first 6 months;
- after that, provide appropriate complementary foods in adequate amounts while continuing the breastfeed, up to at least the age of 2;
- help them during meals by supporting responsive feeding;
- give micronutrients, such as vitamin A or zinc, when they are needed;
- help them make the transition to eating nutritious family foods.

Responsive caregiving

This refers to the ability of the caregiver to notice, understand, and respond to their child's signals in a timely and appropriate manner. Children with disability need a lot of love and warmth, therefore caregivers should be readily available to read the cues of the child and respond to their needs immediately. This fosters an environment of love and warmth.

Responsive caregiving includes observing and responding to children's movements, sounds, gestures and verbal requests. It is the basis for:

- protecting children against injury and the negative effects of adversity;
- recognising and responding to illness;
- enriched learning through enjoyable interactions;
- building trust and social relationships

Opportunities for early learning

- Refers to any opportunity for the infant or child to interact with a person, place, or object in their environment. This component recognises that every interaction (positive or negative) or absence of an interaction is contributing to the child's brain development and laying the foundation for later learning. As a result, children with disabilities need to be in an environment that provides opportunities for early learning.

- To support early learning, young children need caregivers to:
  - Use their daily routines to talk to, play, and interact with the child;
  - Tell stories and explore books;
  - Engage in activities that encourage young children to move their bodies, activate their five senses, hear and use language, and explore

Facilitator's Instructions: 10 Mins

1. Give each participant a piece of newspaper or an A4 paper.
2. Ask them to tear it into small pieces.
3. Thereafter, ask them to put it together into the original form.
4. Discuss the feeling experienced when tearing.
5. Discuss feelings experienced when putting it together.
6. Facilitate a discussion on the effects of child abuse on children using the experience participants have just undergone.
7. Present notes on safety and security.

Facilitator's Notes

Safety and Security

This refers to safe and secure environments for children and their caregivers. This includes physical dangers, emotional stress, environmental risks (e.g., pollution or drought), and access to food and water. Children with disabilities and those with special needs need to be kept in a safe environment for enhanced better outcomes.

To feel secure and safe, young children need:

- Access to nutritious food.
- Access to clean water and sanitation.
- Clean indoor and outdoor air.
- Good hygiene.
- Safe spaces to play.
- Protection from physical punishment, mental or emotional abuse, and neglect.
- Protective beddings.
- Protective clothing.

Transition Planning

- **Transition Services:** Support for transitions between different educational settings (e.g., from elementary to middle school) or from school to adult life, initiations into adulthood excluding harmful practices against children.
- **Future Planning:** Assistance with planning for post-secondary education, employment, and independent living.
- **Relationships, marriage and family:** Children transitioning into adulthood need to be supported to enjoy a variety of social roles and responsibilities associated with relationships.
- **Support in acquisition of legal documents:** Birth Certificates, National IDs, Disability Certificates.

SESSION 3: APPROPRIATE USE OF DIFFERENT ASSISTIVE AND ADAPTIVE DEVICES/ TECHNOLOGY REQUIRED BY CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

30 Mins

1. Introduce the session objectives.
2. Using Plenary sessions ask the learners to identify some of the assistive and adaptive devices/ technology required or used by children with disabilities and special needs.
3. Ask participants to share their experience interacting with these devices and what were their challenges
4. Present a brief overview of the Assistive Devices and Technology devices.
5. Facilitate a discussion on the importance of knowledge of the devices in the work of a care giver.

Facilitator's Notes:

Assistive Devices, Technologies & Services

Assistive technology is essential because of the following reasons:

- Compensate for an impairment/ a loss of intrinsic capacity.
- Reduce the consequences of gradual functional decline.
- Help minimize the need for caregivers.
- Prevent primary and secondary health conditions.
- Lower health and welfare costs.

In this section, the learners should be trained on WHO standards/and or any other on types and use of various assistive devices, services and technologies. Some of the devices include:

- **Mobility Aids:** Wheelchairs (manual or electronic), tricycle, crutches (axillary and elbow), walking frames, prosthetics, orthopedic/special boots, and other devices that support physical mobility.
- **Vision:** white cane, Eyeglasses (for low vision), magnifier (monocular for Persons With Albinisms).
- **Communication Aids**: Augmentative and alternative communication (AAC) devices for children with speech and language difficulties.
- **Hearing Aids/technology**: Behind-the-Ear (BTE), Inside-the-Ear (ITE), In-the-canal (ITE), cochlea implants.

- **Adaptive Equipment/Technology:** Tools and devices tailored to assist with daily activities, such as adaptive utensils, writing aids, adjustable bed and sensory equipment (Braille systems for reading and writing, screen reader for computer, talking book player, audio recorder and player), Electronic communication device with recorded or synthetic speech.
- **Cognition:** Task lists, picture schedule and calendar, picture-based instructions, Adapted toys and games.
- **Mobility orientation**: habilitation & rehabilitation services of children who acquire disability.

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National legislation and resources

- Special Needs Education Policy Format, 2009
- Sector Policy on Learning and Trainees with Disabilities, 2018
- Implementation Guidelines for the Sector Policy on Learning and Trainees with Disabilities, 2018
- Technical and Vocational Education Training Policy, 2014
- KISE, National Survey on Children with Disabilities and Special Needs in Education, 2018
- Checklist Brochure for feeding children with Disabilities – Pathways
- Checklist Brochure for Communication in Children – Pathways
- National Government Fund for Persons with Disabilities
- Kenya Disability Resource: https://www.kenyadisabilityresource.org/HomePage
- Modern Solutions Limited: https://modernsolutions.co.ke/
- https://specialneedsresourcehub.org/
- https://www.apdk.org/

UNIT
11

Reintegration begins when we remove barriers and foster environments where every child feels valued”

~

UNICEF

UNIT 11: REINTEGRATION OF CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

PURPOSE:

This unit will equip the learner with the required knowledge and skills to carry out successful reintegration of children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOME

1. Define terms and concepts.
2. Describe general principles of reintegration.
3. Explain the case management for reintegration.
4. Develop effective monitoring tips for reintegrated children with disabilities and those with special needs.

SESSIONS

1. Definition of terms and concepts.
2. General principles of reintegration.
3. Case management for reintegration.
4. Monitoring tips for reintegrated children with disabilities and those with special needs.

SESSION 1: DEFINITION OF TERMS AND CONCEPTS

Facilitator's Instructions:

15 Mins

Group Activity

1. Assign participants into groups
2. Provide a mix of printed terms and definitions in an envelope to each group
3. Ask the group to merge the terms with their correct definitions
4. Through plenary discuss with the participants the wrongly matched terms and definitions and the ones they had difficulty matching.
5. Using PowerPoint slides, help the participants understand the terms.

Facilitator's Notes

Definition of Terms

Re-integration refers to "The process of a separated child making what is anticipated to be a permanent transition back to their family and community (usually of origin), in order to receive protection and care and to find a sense of belonging and purpose in all spheres of life."[90]

Reunification is the physical reuniting of a child and his/her family or previous caregiver with the objective of this placement becoming permanent[91].

Repatriation: The process of returning a person to their place/country of origin or citizenship.[92]

Case management is the process of ensuring that an identified child has his/her needs for care, protection, and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, and any other caregivers and professionals involved with the child in order to assess, plan, deliver, or refer the child and/or family for services, and monitor and review progress[93]

Case conference is a multi-disciplinary meeting consisting of child protection actors from different perspectives and disciplines who explore a child's/group of children's needs. A case conference can be called at case planning, implementation, or follow-up stage.

Universal design refers to the approach of creating environments, products, and services that are accessible and usable by all individuals, including children with disabilities and those with special needs, without the need for specialised adaptations. This inclusive design principle aims to accommodate diverse abilities and promote equity by integrating accessibility features from the outset of design processes.[94]

[90] Better Care Network et al. (2013) for further discussion of this definition. It should be noted that reintegration is different from 'reunification' which refers only to the physical return of the child.

[91] Department of children services, Caseworker's Guidebook Case Management for Reintegration of Children into Family or Community Based Care 2019.

[92] Guidelines National Referral Mechanism for assisting victims of human trafficking in Kenya

[93] Department of children services, Caseworker's Guidebook Case Management for Reintegration of Children into Family or Community Based Care 2019.

[94] Rose, D. H., Meyer, A., & Hitchcock, C. (2023). Universal design for learning: Theory and practice. Harvard Education Press.

SESSION 2: GENERAL PRINCIPLES OF REINTEGRATION

Facilitator's Instructions: 40 Mins

Group Activity (40 Mins)

1. Guide a discussion on general principles of reintegration.
2. Assign participants into groups
3. Using flip charts and a maker pen write down various general principles of reintegration
4. Ask each group present to the plenary
5. Ask the plenary to give any other principles that were not mentioned during the presentation
6. Take the participants through the slides.

Facilitator's Notes

General Principles of Reintegration

There are several principles for re-integrating children and these can be applied to children with disabilities.

1. Child-centred and Family focused

All decisions, interventions, and plans should be made on an individualised basis, keeping the child's best interest and safety paramount. Adequate time should be spent getting to know and understand the child to ensure sufficient understanding of their unique needs and use this understanding to guide interventions and planning.

2. Take a rights-based approach

All efforts to promote safe and effective reintegration must be based on a consideration of the full range of rights included in the UNCRC, and relevant national laws. All children, regardless of age, gender, ability or any other status, have a right to the preservation of family unity. They have a right to participate in all decisions that affect them, and decisions regarding their reintegration should be made with their best interests as a primary consideration

3. Do no harm

All reintegration processes should aim to benefit and not harm children. This includes consideration of issues such as preventing abuse by staff or other stakeholders, stigma, informed consent, and confidentiality. All agencies should carry out a risk assessment to identify and mitigate the risks associated with each reintegration

programme, and particular efforts will need to be made in programmes involving public advocacy or awareness raising. As the benefits of reintegration usually far outweigh the harm, the existence of some risks should not be used as an excuse not to reintegrate children.

4. **Child participation and family self-determination:**

   There is an obligation to listen to children's views and to facilitate their participation throughout the process of reintegration. Children should be given relevant information in a manner appropriate for their age/development and encouraged/supported to participate in all matters concerning them with opportunities to express their views, hopes, fears, and wishes

5. **Worth, dignity, and strength of child/family:** Case management is based upon respect for the inherent worth and dignity of all people. Caseworkers should uphold and defend the physical, developmental, psychological, emotional, and spiritual integrity and wellbeing of every child and his/her family member. This should be reflected in all of the interactions with and decisions about each child and family member.[61] Caseworkers recognise that every person (child or adult) has peculiar strengths and works to identify and build upon them to promote empowerment and resiliency.

6. **The principle of non-refoulement**. The principle of non-refoulement protects migrant children from returning to countries where there are substantial grounds for believing they will be at real risk of irreparable harm. Considerations include a substantial risk to the child's life, survival and development as well as deprivation of liberty, and requires careful consideration of child-specific human rights violations and child-specific drivers of migration, such as threats of child marriage and other forms of gender-based violence, forcible recruitment into state and non-state armed groups, trafficking and other forms of exploitation and abuse, including the worst forms of child labour.

7. **Principle of Deinstitutionalisation for Persons with Disabilities -** According to the UNCRPD Guidelines on Deinstitutionalisation, including in Emergencies, Deinstitutionalisation promotes the dignity, autonomy, and inclusion of persons with disabilities by enabling them to live independently within their communities. Every person with a disability has the right to community living, and it is discriminatory to confine individuals in institutions based on judgements about their ability to live independently. Transitioning individuals from institutionalised settings to community-based living environments should prioritise restoring their dignity and respecting their diversity. This process should not assess capabilities solely based on disability but should focus on identifying and addressing the individualised supports and barriers that affect community living.

   Family involvement in deinstitutionalisation is permissible only with the full consent of the individual, maintaining respect for the person's choices. While family support may be preferred by some, it should not lead to institutionalisation and should reinforce the person's right to independent living. This support, however, must be flexible, enabling individuals to retain control over how they receive help.

An intersectional approach is essential in recognising the diverse identities of persons with disabilities, including factors like race, gender, age, and socioeconomic status, as these intersecting identities affect individuals' experiences with discrimination. Effective deinstitutionalisation should therefore consider intersectionality, tackling forms of discrimination that may drive institutionalisation. For women and girls with disabilities, the risks of abuse and exploitation within institutional settings are particularly high, necessitating specific protections in deinstitutionalisation plans.

For children with disabilities, deinstitutionalisation should be directed towards the protection of the right to the family life in accordance with their best interests. Central to their right to community inclusion is the right to grow up in a family environment. An "institution", in the context of children is any placement that is not family-based, large or small group homes are especially dangerous for children. International standards that justify or encourage maintenance of residential care are inconsistent with the convention (UNCRPD) and should be updated.

SESSION 3: CASE MANAGEMENT FOR REINTEGRATION

Facilitator's Instructions:

40 Mins

Group Activity:

1. Assign participants into groups.
2. Ask them to reflect on how they handle children's cases in their stations of work.
3. Ask them to prepare a role-play and present during the plenary
4. After the presentations, guide the discussion as you present the steps followed in case management.
5. Use interactive lectures and PowerPoint slides to present the notes.

Facilitator's Notes

Case Management Steps for Reintegration

There are 8 steps in case management that caregivers need to adhere to make the process meaningful and successful. These include:

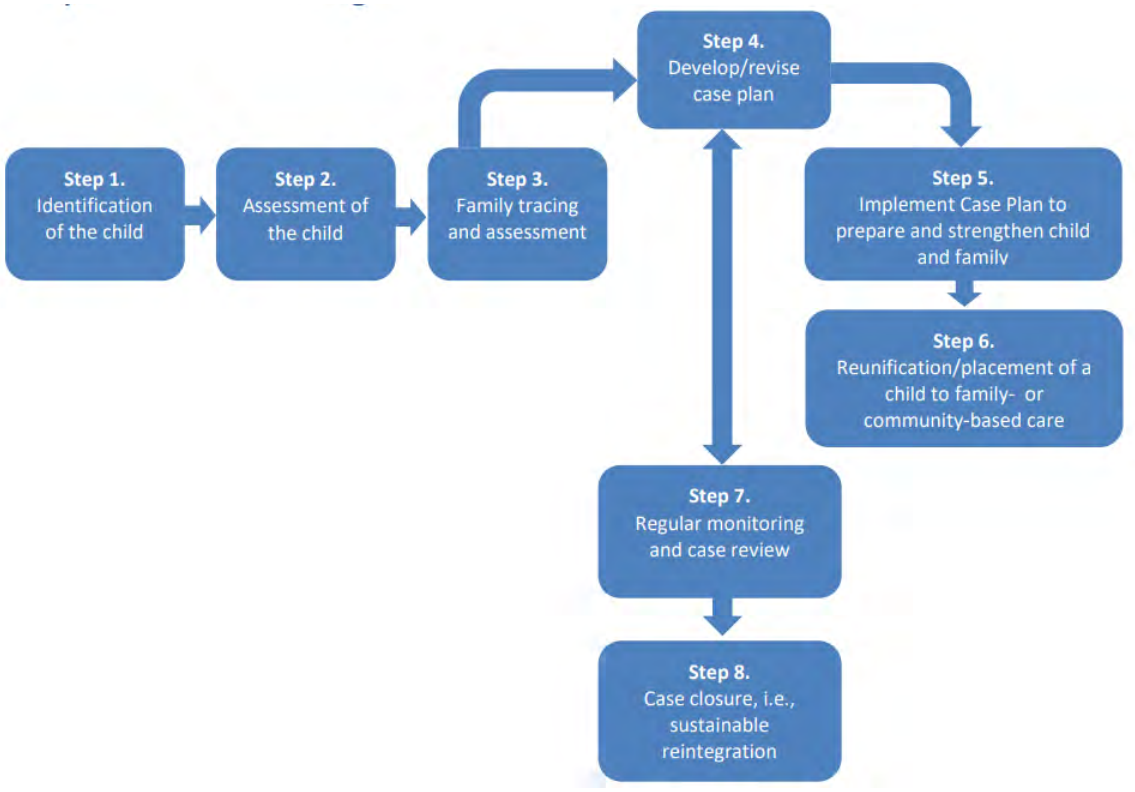

Figure 14: Components of Reintegration

Step 1. Identification

The purpose of identification is to collect basic information about a child who is at risk of separation or outside of parental care and to determine if action is needed to protect the child. It involves interviewing the relevant people including siblings, parents, guardians, or other key stakeholders with regard to the child. All information gathered should documented to enhance easy follow-up.

Step 2: Child Assessment

Child assessment explores all issues related to the development of a child. This includes social, emotional, physical, cognitive, or spiritual needs. It may involve specific issues such as socio-economic status, health status, nutrition, shelter, psychosocial well-being, education, and protection that affect the child. Assessment ensures that any disabilities or special needs in a child are identified at the initial stage. As a result, this informs the development of individualised programmes to prepare a child to move to new placement, as well as provide individual case plans for short and long-term needs. These assessments are helpful in determining the direct and indirect costs of caring for a child with a disability or special need, including family support. The assessment determines the appropriate interventions and referrals, which could be medical, surgical, therapeutic, educational or social among others. After assessment and determining the best solution, it is important to arrange the appropriate support in the shortest time possible. One of the most tasks for the children officer is to map out support from all relevant state and non-state stakeholders.

Step 3: Tracing and Family Assessment

Tracing: Efforts made to locate the child's parents and extended family to preliminarily evaluate their ability and willingness to receive the child. Family assessment: A process for identifying the specific needs and strengths/resources of a family. Family assessments explore issues related to socio-economic status, health status, disability, nutrition, shelter, psychosocial wellbeing, education, and protection. It is important to assess individual children, as well as conditions affecting the primary caregiver and the entire household.

During family assessments it is important to remember that types of impairments and associated needs are different. Accessibility does not concern children using wheelchair only, rather a universal design approach aiming at a maximum level of child functional independence when in a family care such as toilet and washing facility, doors of the house are wide enough.

Step 4: Case Planning

This is a process for developing a written plan that details how to improve the wellbeing, safety, and resilience of the child, caregiver, and household. It is informed by the child assessment, but also through interactions with the child, caregiver, and other individuals who are close to the child and family. The case plan can therefore be amended throughout the case management process. The objective is to develop goals that support their successful reintegration. The case plan should include, at minimum:

- A summary and prioritisation of needs, strengths, and resources e.g. the unique needs of a child with a disability like a wheelchair

- Goals and objectives that the child, family members, and caseworker hope to pursue together
- A series of actions to be taken to address needs (building on strengths)
- The roles and responsibilities of all participants involved in implementing the case plan
- A clear time frame for completing actions
- Indicators for determining when actions have been completed and when the goal has been accomplished.

Preparing the community from the onset is critical as part of the family assessment in order to: 1) identify any protection concerns, 2) address stigma issues, and 3) increase community's sense of ownership for welcoming back the child and supporting the child and family throughout the reintegration process.

Step 5: Case conference and service provision or referrals

Case conferences are mostly called on behalf of a child or family to seek multidisciplinary input, problem-solving, decision-making, and action-planning. Relevant stakeholders who know and/or work with the child/family are assembled to help develop possible ways forward when a case is facing significant challenges, risks, or bottlenecks. This is done to enhance reflective practice, strengthen problem-solving, and support decision-making on important issues (e.g., best interests of child determinations). In some cases, the child and household members should be prepared to attend the conference in whole or in part.

The focus is to support children and families to access services that will support the reunification/placement and reintegration process. It involves identifying service providers, helping children and families access the services and following up with children and families to confirm the service(s) had a positive effect.

Step 6. Reunification/placement

Reunification is the process of bringing the child, family, or previous care-provider together to establish or re-establish long-term care. Placement is a social work term for arranged, out-of-home accommodation provided for a child or young person on a short- or long-term basis.

Upon placing the child in the family or family-based alternative care or if the adolescent is placed in independent living, the child/family is linked to existing resources in the community

Step 7. Monitoring and case review:

This is a process that involves ongoing follow-up with the child, caregiver, and other members of the household (e.g., via routine home visits), service providers, or others who regularly interact with the child or caregiver in the community to ensure that the child's best interests are still at the forefront and that needs are being met. Monitoring assesses if progress is being made towards successful long-term reintegration and permanency.

Case review: This is part of the monitoring process. It evaluates how the case plan is being implemented, checks progress on the case plan, and assesses the likelihood that reintegration will be achieved. Where inadequate progress against the case plan is found, adjustments are made to the case plan to ensure success.

Step 8. Case transfer or case closure

A decision is made to close the case at a final review with the child and their caregiver, if reintegration has been achieved (as indicated by successful completion of the goals in the case plan and the placement being deemed to be safe and stable). If a child's placement is changed before the case is closed, the case may be transferred for continued monitoring by statutory authorities.

The major challenge in the reintegration of children with disabilities and those with special needs is failure to trace their families of origin in most cases. This has resulted to these children staying in the institution for longer period than expected. Alternative family care options therefore accord them a chance to be in a family-based care.

Family-Based Care

Families are of critical importance to children's healthy growth and development, and years of global research has demonstrated that children who grow up in safe and nurturing families fare better than those in institutional care across all areas of development. The UNCRC highlights the importance of family stating, *"The child, for the full and harmonious development of his or her personality, should grow up in a family environment, in an atmosphere of happiness, love and understanding; the family being the fundamental group of society and the natural environment for the growth and well-being of all its members."*[95]The Guidelines for the Alternative Care of Children further emphasises on the importance for family-based care by prioritising preservation or re-establishment of the family unit through family support and reintegration as the first choice options for separated children. Family-based care can take on different forms and does not always involve a child's biological relatives. Within the Continuum of Care in the Guidelines for the Alternative Family Care of Children in Kenya, forms of alternative care are as indicated in the diagram below.

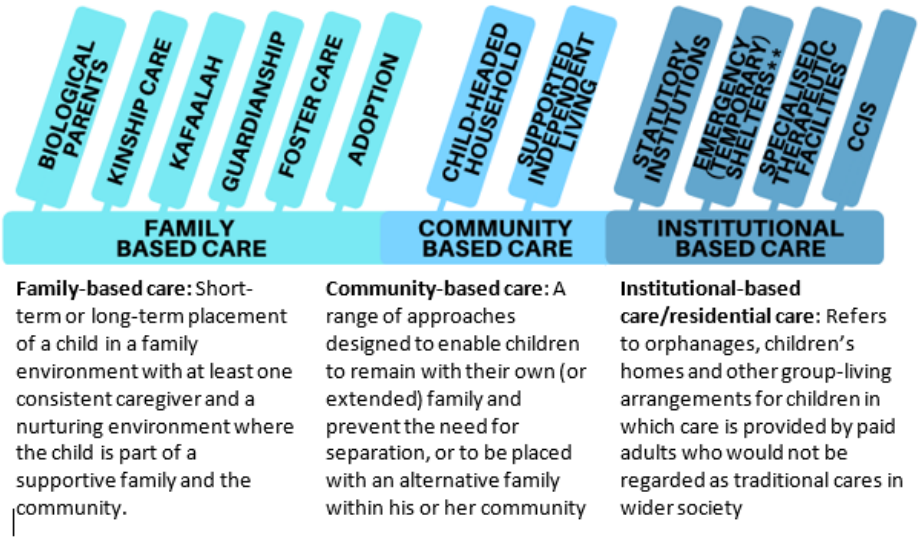

Figure 15: Alternative Care Model

[95] Irving, A. (2020). Back to the Basics: The fundamental principles of Alternative Care. https://www.linkedin.com/pulse/back-basics-fundamental-principles-alternative-care-amanda-irving

Overall, the above diagram essentially demonstrates the prioritisation of care options in order from left to right. For example, reintegration to parental care should be first priority. Where parental care is not possible, kinship care should be explored next, followed by kafaalah (where culturally and religiously appropriate), guardianship, foster care, etc.

Necessity and Suitability / Appropriateness of Alternative Care.

The selection of the type of care in which a child should live, should always be guided by the two key principles of the UN Guidelines for the Alternative Care of Children: necessity and

1. Principle of necessity:

Ensuring that children are not unnecessarily separated from their families and discouraging unwarranted recourse to alternative care.

2. Principle of suitability/ appropriateness:

A range of care services should be available to meet the unique needs of each child, and all care options should meet minimum standards. The care option for each child should be selected on a case-by-case basis, and provision should promote long-term solutions.

Figure 16: Core Principles of Gatekeeping

Facilitator's Instructions:

50 Mins

1. Assign participants into groups.
2. Ask them to review the case scenario provided and make decisions about where the child should be placed.
3. Ask participants to provide a rationale for their decisions of placement.
4. Tell participants to write down issues they will consider as they place Amani in an alternative care option.
5. Ask participants to prepare a role play and present during plenary
6. Facilitate discussions as presentations are being made.

Case Scenario

Amani is a seven-year-old girl with severe learning difficulties who was found abandoned at a local hospital in Nairobi when she was a baby. Despite extensive efforts, social workers have been unable to trace her birth parents or any relatives. Amani has lived in various short-term placements in orphanages and shelters since infancy, but it is now evident that a long-term, non-institutional solution is needed to ensure her stability, growth, and well-being. Authorities are exploring several non-institutional care options, including foster care, kinship, kafaalah, adoption, or guardianship, with the aim of placing her in a family environment that can support her disabilities.

Potential Non-Institutional Care Options for Amani

Foster Care: Placing Amani with a foster family who can offer a nurturing environment and provide access to educational and emotional support.

Kinship Care (if relatives can be identified): If extended family members can be traced or identified in the future, kinship care could offer a familiar cultural and social environment.

Guardianship: Arranging for a legal guardian who can take responsibility for Amani's well-being, potentially allowing her more continuity in educational and healthcare services.

Adoption: Finding a family who is willing to formally adopt Amani, providing her with long-term security, emotional attachment, and parental guidance.

Independent Living (as she grows older): While not ideal for her current age, an independent living arrangement could be considered in the future if Amani's development allows her to live autonomously with community support services.

Issues of Concern in Amani's Case

Attachment and Trauma: Amani has experienced frequent changes in caregivers and lacks stable parental figures, which may have impacted her ability to form secure attachments. Any transition to a new environment must address her emotional needs and support her in building trusting relationships.

Special Needs Support: Due to her severe learning difficulties, Amani requires additional support in education and day-to-day activities. The chosen care arrangement will need to ensure access to specialised educational services and psychological support.

Cultural Identity and Social Integration: Amani's background, including her ethnicity and cultural heritage, is largely unknown. Ensuring her cultural identity and heritage are respected and integrated into her care plan is essential for her sense of belonging and personal identity.

Legal Challenges in Adoption: Given the lack of information on her birth family, there may be legal challenges in securing permanent adoption, as certain documents or parental consent may be unavailable. Legal support will be needed to navigate potential bureaucratic obstacles to ensure Amani's long-term stability.

Future Stability and Long-Term Support: Amani's developmental needs may require long-term support, even as she transitions to adulthood. A placement that can offer stability and ongoing support will be critical in providing a consistent environment for her growth and development.

Emotional Well-Being and Trust-Building: Amani may struggle with feelings of abandonment or low self-worth due to her history of abandonment. Her caregivers will need to prioritise her mental health, offering her therapeutic support to help her develop self-confidence and resilience.

SESSION 4: MONITORING TIPS FOR REINTEGRATED CHILDREN

Facilitator's Instructions: 15 Mins

1. Guide a discussion on Monitoring tips for reintegrated children.
2. Pair the participants
3. Using sticky notes write down various monitoring tips for reintegrated children.
4. Allow one member of the pair to present to the plenary
5. Ask the participants to share the monitoring tips they use.
6. Using question and answer gauge their understanding of the tips presented.

Facilitator's Notes:

Monitoring tips for Children with Disabilities and Special Needs

Monitoring provides on-going support and assessment to ensure that the reunification/ placement is still in the child's best interests and their needs are being met. Monitoring also provides a chance to strengthen the capacity of the family and sustainability of various activities in the case plan.

Monitoring interventions are best done in person by visiting the family and community; the caseworker can attain holistic information about the child and family's wellbeing, as well as physically verify the information. This interaction with a wide range of family and community members ensures ongoing support to the child.

All areas of a child's and family's wellbeing should be monitored, as well as the progress made on the case plan and any new issues that may have risen since the last visit

Tips for monitoring after Reintegration

- ☞ Conduct regular follow-up visits to ensure the holistic well-being of the child and the coping of the family. These visits should be planned on a schedule appropriate and relevant to the family and should continue for a minimum of 18 months to two years, or as long as needed.
- ☞ Watch for signs of stress or that the child's needs are not being met; highlight signs of a rebuilt or strengthening relationship, love, and happiness. There may be a need to give family members or the child additional forms of support at different times in the process.
- ☞ Continue linking the child and family to the services that are needed, accompany them to ensure they access those services, and, when needed, advocate with communities and government when there are service gaps. Facilitate the child's ongoing access to adaptive equipment, home adaptations for accessibility, health and rehabilitation services, and mental health/

psychosocial support as the child grows and develops remember that needs can change.

- ☞ Check to make sure that educational goals are being met by meeting with teachers and visiting schools or other education programmes. Advocate for the child's reasonable accommodations.
- ☞ Be responsive when the child or family reaches out. Be transparent and be prepared for communications when times are difficult. Remember that raising a child is difficult and ups and downs are expected.
- ☞ Establish reintegration goals with the family and child, and continue working with them until those goals are met.

The table below indicates a sample of a monitoring table for re-integrated children:

Table 9: Monitoring Table for Reintegrated Children

First post-placement visit	Identify and address any immediate challenges and safeguarding issues.	2 weeks post reunification/placement[97]
Regular post-placement visits	Every 2 weeks thereafter, until the end of the second month (i.e., 4 visits in 2 months), the caseworker visits the child and family to ensure that the child is settling in well, checks on the child's/family's overall wellbeing, and monitors progress against the case plan.	Months 1 and 2
	Thereafter, home visits reduce to monthly to check the child's/family's overall wellbeing and to monitor progress against the case plan.	From month 3 to month 12
Formal case reviews	Bi-annual holistic case reviews are held to determine if the case is progressing appropriately toward reintegration (for temporary placements, review of permanency plans).	Every 6 months from date of reunification/placement
Visit in preparation for case closure/transfer	Final review of the case plan, goals, objectives, and actions needed for case closure.	Exact timing on a case-by-case basis, but after minimum 12 months of monitoring

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Case Management for reintegration into family and community based care 2019

National Standards for Statutory Children Services 2008

UNIT
12

It takes a village to
raise a child
~
(Unknown)

UNIT 12: WORKING WITH FAMILIES AND COMMUNITIES CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

PURPOSE:

This unit will expose the learner to the effects and challenges of disabilities and special needs on the child, families and communities. The learner will understand the importance of working with families and communities and explore the different approaches to support families and communities caring for children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES

By the end of this unit, the learner should be able to:

1. Explain the effects and challenges of disabilities and special needs on the child, family, and community.
2. Describe the different approaches for the care of children with disabilities and those with special needs
3. Identify strategies for providing support services to families and communities caring for children with disabilities and those with special needs
4. Explore approaches for collaborating with families and the community to meet children's needs.

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

SESSIONS

1. Effects and challenges of disabilities and special needs on the child, family and community.
2. Approaches for the care of children with disabilities and those with special needs.
3. a) Strategies for supporting families and communities,
   b) Strategies for Community awareness and inclusion.
4. a) Building collaborative networks with families and communities,
   b) Family and community-centred care approach,
   c) Empowering families and communities.

SESSION 1: EFFECTS AND CHALLENGES OF DISABILITIES AND SPECIAL NEEDS OF THE CHILD, FAMILY AND COMMUNITY

Facilitator's Instructions:

30 Mins

Activity: Group Discussion

1. Assign participants into groups and allocate each group a different task to discuss the effects of disabilities and special needs on the child, family, and community.
2. Let each group record their views on a flip chart and present them in plenary
3. After the group presentation, take the participants through the PowerPoint slides on the effects of disabilities and special needs on the child, family, and community.

Facilitator's Notes

Effects of disabilities and special needs on the child, family and community

Disability and special needs affect the individual child, family and even the community. It can have physical, emotional, and even psychological impact and therefore, those working with communities need to understand and apply appropriate measures of supporting families and communities of children with disabilities and those with special needs.

Having a child with a disability or a special need can have a significant impact on the child, family and community in various ways. Some of the common effects include[96]:

Effects of disabilities and special needs on the child

Social isolation and discrimination:

Children with disabilities and special needs often face exclusion from social activities and may be isolated from their peers due to differences in abilities. This can lead to loneliness and prevent the development of crucial social skills, impacting their ability to form relationships.

Self-esteem issues:

Repeated experiences of exclusion, bullying, or failure in certain tasks can harm a child's self-image. Many children with special needs struggle with low self-esteem and feelings of inadequacy, which may discourage them from trying new things and hinder their personal growth.

[96] Velarde C. (2021). How does disability affect a family? https://www.counselling-directory.org.uk/profile_shortlist.php; https://www.quora.com/How-does-having-a-special-needs-child-affect-a-family

School-related challenges e.g. lack of or inconsistent school attendance:

Children with disabilities may have inconsistent access to education due to health issues, lack of appropriate school accommodation, or transport difficulties. This disrupts their learning and can limit their educational and career opportunities in the future.

Health-related challenges associated with disabilities, special needs, and developmental milestones:

Some disabilities come with additional health issues, requiring frequent medical care. Developmen-tal delays can further complicate matters, creating a need for specialised support to ensure the child meets key milestones, which may otherwise be missed.

Accessibility e.g., lack of assistive devices, therapy services:

Children with disabilities often require assistive devices (e.g., wheelchairs, hearing aids) and thera-py (such as speech or occupational therapy) to participate fully in daily life. Limited access to these resources restricts their ability to engage in education and social activities, hampering their devel-opment.

Insecurity (e.g., organ harvesting for children with albinism):

In some regions, children with disabilities, especially those with visible conditions like albinism, face unique threats to their safety. Misguided beliefs can lead to tragic exploitation, making these children highly vulnerable.

Abuse and neglect:

Children with disabilities are at an increased risk of abuse and neglect due to societal stigma, care-giver stress, or dependency on others. This abuse can be emotional, physical, or even financial, with long-term effects on their well-being and development.

Facilitator's Instructions: 30 Mins

Video Clip and discussion

Play the video clip for participants to watch.

1.23 Mins

1. Play the Video
2. Facilitate a plenary discussion to harness views of what participants felt after watching the clip
3. Encourage them to share other challenges children with disabilities and those with special needs experience.

https://youtu.be/3SzazN2OrsQ

Effects of disabilities and special needs on the family and community

- **Emotional Impact**:

  Parents may experience a range of emotions such as grief, guilt, stress, and anxiety upon learning about their child's special needs. They may also go through cycles of acceptance and denial as they come to terms with the situation. Some parents experience grief and shame due to the child's behaviour and appearance, denial hoping that the child is just developing slowly, frustrations looking at other children who are typical, guilt and anger wondering whether they are the cause of the problem and why it had to be them.

- **Financial Strain**:

  Families may face increased financial burdens due to medical expenses, therapy costs, specialised equipment, and caregiving needs. This can impact the economic stability of the family and community. Parents of children with disabilities and those with special needs may have challenges taking up new job opportunities and setting up or maintaining the business.

- **Time and Energy Commitment**:

  Providing care for a child with special needs often requires a significant amount of time and energy. Parents may need to attend numerous medical appointments, therapy sessions, and individualised education programmes (IEPs), which can leave them with limited time for themselves or other family members.

- **Impact on Siblings**:

  Siblings of a child with special needs may experience feelings of neglect, jealousy, or resentment due to the attention and resources directed towards their sibling. They may also take on additional responsibilities within the family, which can affect their development and well-being.

- **Stigma and Discrimination**:

  Despite efforts to promote inclusivity, stigma and discrimination against individuals with disabilities can persist in some communities. This can affect the child's self-esteem and opportunities for social integration.

- **Relationship Impact**:

  The stress and demands of caring for a child with special needs can put a strain on relationships within the family. Parents may experience increased conflict, communication breakdowns, and feelings of exhaustion, which can impact their relationship with each other and with their child.

- **Access to Services**:

  Disparities in access to specialised services and resources can exist based on geographical location, socioeconomic status, and cultural factors within the community.

Effects of disabilities and special needs on a community

- **Exclusion of children with disabilities and special needs:**

  When children with disabilities are excluded from community activities, education, and social settings, they miss out on key developmental opportunities. This exclusion reinforces a cycle of marginalisation and prevents the community from benefiting from the contributions of all its members.

- **Increased dependency:**

  Without adequate support and resources, children with disabilities may become more dependent on family and community members. This can place financial and emotional strain on families and reduce the child's ability to lead an independent life in the future.

- **Stereotyping:**

  Disabilities often lead to misconceptions and stereotypes within communities. These limiting beliefs can fuel discrimination and prejudice, making it difficult for individuals with disabilities to be fully accepted and integrated into society.

- **Low literacy levels for children with disabilities and special needs:**

  Limited access to tailored educational resources and specialised support often results in lower literacy rates among children with disabilities. This affects their opportunities for employment and independence, impacting the broader economic potential of the community.

- **Increased risk of neglect and abuse:**

  Communities that lack awareness and resources for supporting individuals with disabilities may contribute to environments where children with disabilities are neglected or abused. This neglect undermines the health and safety of these children and highlights the need for better community support systems.

- **Inadequate participation:**

  Children with disabilities are often excluded from activities and decision-making processes, reducing their participation in community life. This not only limits their personal development but also deprives the community of diverse perspectives and talents.

- **Poor service-delivery for children with disabilities and special needs:**

  Communities without dedicated services, such as accessible transport, therapy, or specialised education, fail to meet the needs of children with disabilities. This inadequate delivery of services can worsen health and educational outcomes for these children and their community at large.

- **Lost opportunities:**

  Disabilities, if not adequately supported, can limit opportunities for education, employment, and social involvement, both for the individuals and for the community. This results in lost potential contributions that could otherwise enrich community life and development.

- **Family breakups:**

  The strain of caring for a child with special needs, without community support, can lead to family conflict and, in some cases, separation. This can destabilise families and create additional challenges, affecting not only the immediate family but also the community's social fabric.

SESSION 2: APPROACHES FOR THE CARE OF CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

20 Mins

Activity 1: Brainstorming session in pairs- 10 mins

1. Introduce the session
2. Ask the participants to discuss in pairs the approaches that can be adopted to better care for children with disabilities and special needs
3. Request each pair to share one approach without repeating what has been mentioned
4. Facilitate a lecture by presenting the PowerPoint slides on the approaches to summarise the discussion

Facilitator's Notes

Caring for children with disabilities and those with special needs requires a multifaceted approach that takes into account their unique needs and strengths. The following are some of the approaches for the care of these children.

Individualised Education plans

Conduct comprehensive assessments to understand the child's specific needs, strengths, and areas of intervention for improvement and develop an individualised education program for a child who is in the school system

Early Intervention

Engage in early therapeutic interventions such as speech therapy, occupational therapy, and physical therapy to address developmental delays and enhance skills. Additionally, utilise support services like early childhood education programmes designed for children with special needs.

Family-Centred Approach

Provide training and resources for parents to help them understand and manage their child's needs effectively. In addition, connect families with support groups and resources for emotional and practical support.

Inclusive Practices

Ensure that children are included in mainstream educational settings whenever possible, with appropriate support and accommodations and encourage participation in community and recreational activities to promote social skills and inclusion.

Behavioural Strategies

Implement behaviour management strategies and therapies to address challenging behaviours and reinforce positive behaviours and create a structured and predictable environment to help the child feel secure and manage transitions more effectively.

Medical and Health Care

Ensure regular medical check-ups and follow-up appointments with specialists to monitor and manage health issues related to the disability. Monitor and manage medications carefully, ensuring that they are administered as prescribed and addressing any side effects

Assistive Technology

Use assistive technology such as communication devices, mobility aids, and educational software to support the child's learning and daily activities.

Social and Emotional Support

Provide access to counselling or psychological services to support emotional and mental health and foster positive peer relationships supporting social skills development through structured activities and interactions.

Training and Professional Development

Ensure that educators, caregivers, and healthcare providers receive ongoing training on best practices and strategies for supporting children with disabilities and those with special needs. Build a collaborative team of professionals, including teachers, therapists, doctors, and social workers, to provide coordinated care and support.

Advocacy and Rights

Be aware of and advocate for the child's rights under relevant laws and regulations and empower families to advocate for their child's needs and ensure they are receiving appropriate services and support.

SESSION 3: STRATEGIES FOR PROVIDING SUPPORT SERVICES TO FAMILIES AND COMMUNITIES CARING FOR CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

A. Strategies for supporting families and communities

Facilitator's Instructions:

20 Mins

Activity 2: Plenary Discussion

1. Ask the participants to discuss in pairs some strategies that can be used to support families and communities
2. Ask volunteers to present their discussed strategies
3. Guide the participants through the PowerPoint slides

Facilitator's Notes

Key strategies for supporting families and communities caring for children with disabilities and those with special needs[97]:

☞ **Improve Access to Early Intervention Services:**

- Expand the reach of early childhood development centres and programmes that provide specialised therapies and support for young children with disabilities.
- Increase training and resources for healthcare workers and community health volunteers to identify developmental delays and connect families to early intervention services.
- Stigma reduction

☞ **Advocacy groups/organisations:**

- The government can engage with political and community leaders to address the continued stigma faced by children with disabilities and those with special needs. It can further work with disability advocacy groups such as the Kenya Disability Parliamentary Caucus to promote this agenda. Civil society, religious groups and community organisations should advocate for inclusion and all rights of children with disabilities and those with special needs.
- Advocate for the creation of accessible public spaces, transportation options, and recreational activities that cater to the needs of children with disabilities and those with special needs.
- Engage in awareness-raising campaigns to challenge stigma and promote the rights and capabilities of people with disabilities and those with special needs.

[97] Odongo G. (2018). Barriers to parental and family participation in the education of a child with disabilities in Kenya

☞ **Support for families of children with disabilities and those with special needs**

- The government should continue to recognise the important role of families of children with disabilities and those with special needs and the heavy responsibility and burden they carry.
- Supporting family members of children with disabilities and those with special needs in their own homes to become more confident, competent, and knowledgeable about their child's development should be a top priority.
- Parents can be assisted through home visits by professionals from several backgrounds such as teachers, social workers, or occupational therapists who work with them on prioritising the developmental needs of the child with a disability or special need.
- Funds should be made available to families in difficulty to help with fees, school levies, books, transportation, and other associated costs. The nature of this support should both be financial in addition to other capacity building and strengthening efforts.
- Social protection for children with disabilities and those with special needs, and their families should be a priority (life skills programmes, family economic strengthening activities).

☞ **Strengthen Inclusive Education Initiatives:**

- Advocate for the implementation of inclusive education policies in schools, ensuring children with disabilities and those with special needs have access to quality education alongside their peers.
- Provide training and support for teachers to develop the skills and resources needed to effectively teach and include children with diverse learning needs.
- Collaborate with the government to increase the number of special education schools and inclusive classrooms throughout the Country.
- Increasing accessibility in public amenities, and recreation facilities e.g. accessible buildings and public transport, braille, sign language and rails.

☞ **Enhance Community-Based Rehabilitation Programmes:**

- Establish community-based rehabilitation centres that offer comprehensive services, such as physical therapy, occupational therapy, and speech therapy, closer to where families live.
- Train and empower local community health workers to provide basic rehabilitation services and support families in their neighbourhoods.
- Integrate these community-based programmes with the national healthcare system to ensure continuity of care.

☞ **Promote Caregiver Support and Respite Care:**

- Develop respite care services, including home-based and community-based options, to provide temporary relief for primary caregivers.

- Organise support groups, both in-person and online, where families can share experiences, access information, and receive emotional support.
- Encourage the creation of parent-to-parent mentorship programmes to connect experienced caregivers with those new to navigating the special needs landscape.

☞ **Emotional support**

- Families caring for children with disabilities and those with special needs can find themselves in an overwhelming situation. Therefore, it is important to support them in some of the following ways.
- Offer professional counselling and therapy sessions to families and provide a safe space for them to express their emotions and navigate the complexities of caregiving. Therapeutic interventions, such as family therapy and individual counselling, help caregivers manage stress, anxiety, and depression, and build resilience.
- **Encourage parents and guardians to join** support groups so as to connect with others in similar situations. These groups provide emotional validation, shared experiences, and practical advice, reducing feelings of isolation and enhancing social support networks

☞ **Strengthen Inter-agency Coordination and Advocacy:**

- Facilitate partnerships between government agencies, non-governmental organisations, and community-based groups to improve the coordination and delivery of services for families.
- Empower families to advocate for their rights and the needs of their children, providing them with the knowledge and tools to navigate the complex systems.
- Collaborate with policymakers to ensure that legislation and funding adequately address the needs of individuals with special needs and their families.

B. Strategies for Community Awareness and Inclusion

Facilitator's Instructions: 10 Mins

Activity 3: Group discussion

1. Ask participants to form groups
2. Issue each group with a flip chart and marker pen
3. Let them discuss and record ways of enhancing community awareness and inclusion
4. Discuss the findings in plenary
5. Take the participants through the PowerPoint slides

Facilitator's Notes

Child protection workers can work with the community to enhance awareness of the rights of children with disabilities and those with special needs and their inclusion in the community through the following ways:-

Education and Sensitisation:

- Organise workshops and training sessions for community members, including parents, educators, healthcare providers, and local businesses. These sessions should focus on understanding different types of disabilities, communication strategies, and inclusive practices.
- Implement disability awareness programmes in schools to educate students from a young age about diversity, empathy, and respectful interactions with peers who have disabilities.

Advocacy and Empowerment:

- Establish support groups or networks for parents and caregivers of children with disabilities and those with special needs. These groups provide emotional support, share resources, and advocate for inclusive policies and services within the community.
- Encourage youth leadership among children with disabilities and those with special needs by involving them in community activities, sports, arts, and volunteer opportunities. This promotes self-confidence and breaks down stereotypes.

Accessible Infrastructure:

- Ensure that public spaces, including parks, libraries, and recreational facilities, are accessible to children with disabilities and those with special needs. This includes ramps, accessible restrooms, and sensory-friendly features.
- Advocate for accessible transportation options to ensure that children with disabilities and those with special needs can participate in community events and activities.

Collaboration and Partnerships:

- Partner with disability and special needs advocacy groups, non-profits, and local businesses to organise inclusive events, workshops, and awareness campaigns.
- Support inclusive sports leagues and recreational activities that accommodate children with disabilities and those with special needs, promoting physical activity and social integration.

Communication and Outreach:

- Ensure use of accessible communication tools such as visual aids, plain language, and alternative communication methods (e.g., sign language, augmentative, and alternative communication devices) to facilitate interaction and understanding.
- Engage in outreach efforts through social media, community newsletters, and local events to raise awareness about disability rights, inclusion, and the importance of diversity.

Celebrating Diversity:

- Foster cultural competence within the community by celebrating diversity and recognising the unique strengths and contributions of individuals with disabilities and special needs.
- Host inclusive events, festivals, and cultural celebrations that welcome children with disabilities and those with special needs and promote a sense of belonging for all community members.

Policy and Advocacy:

- Advocate for policies and legislation that promote equal access to education, healthcare, employment, and social services for children with disabilities and those with special needs.
- Encourage community members to participate in advocacy efforts and initiatives that promote disability rights and inclusion at local, regional, and national levels.

SESSION 4: STRATEGIES FOR FAMILY AND COMMUNITY COLLABORATION

A. Building Collaborative Networks with families and community[98]

Facilitator's Instructions: 5 Mins

Activity 4: Brainstorming session

1. Engage the participants in a Q& A session on ways of building collaborative networks with families and communities
2. Use a flip chart to record their views
3. Present the notes using the PowerPoint slides on building collaborative network with families and the community.

Facilitator's Notes

When working with families of children with disabilities and those with special needs, it is important to consider the following guidelines in order to build a collaborative network with them: -

☞ **Engage Families as important/ valuable Partners:**

- Child participation: include the child in planning and decision-making process
- Recognise families as the experts on their children's needs and strengths, and actively involve them in the planning and decision-making process. Respect the opinion of a parent, even if you do not agree with it. Parents often suggest that the main thing a children's officer can do to understand their perspective is to treat them as equal partners in the decision-making process.
- Create opportunities for open and ongoing communication, where families feel comfortable sharing their perspectives, concerns, and priorities.
- Develop individualised support plans that are tailored to the unique needs and goals of each family.

☞ **Empower Family Leadership and Advocacy:**

- Children's officers can help parents by making sure they are aware of the resources available to them. In this way, they establish a rapport by being a resource the family can count on. They can, therefore;-
  - Provide training and resources to help families develop the knowledge and skills to advocate for their children's rights and access to services.
  - Encourage the formation of parent support groups, both in-person and online, where families can share experiences, learn from one another, and collectively voice their needs.

[98] Filler, J., &Xu, Y, (2006). Including children with disabilities in early childhood education programmes: individualing developmentally appropriate practices, childhood education, 83(2), 92-99

- Facilitate connections between families and policymakers, service providers, and community leaders to amplify the family perspective.

☞ **Strengthen Community Partnerships:**

- Identify and collaborate with local community organisations, religious institutions, and traditional leaders to leverage their existing networks and resources.
- Engage in joint outreach and awareness-raising campaigns to challenge stigma, promote inclusion, and mobilise community support for individuals with special needs.
- Collaborate with community-based rehabilitation workers, traditional healers, and other trusted community members to extend the reach of services and support.

☞ **Facilitate Inclusive Community Development:**

- Work with local authorities to ensure the built environment, public transportation, and community spaces are accessible and welcoming to individuals with disabilities.
- Encourage the involvement of individuals with disabilities and those with special needs in community events, recreational activities, and economic opportunities.
- Promote the representation of families and individuals with disabilities and those with special needs in community decision-making processes and leadership roles.

☞ **Enhance Cross-Sector Coordination:**

- Establish multi-stakeholder committees or task forces that bring together government agencies, non-governmental organisations, service providers, and community representatives.
- Develop shared frameworks, protocols, and data-sharing mechanisms to facilitate the seamless coordination of services and support.
- Advocate for the integration of special needs and disability services into broader social welfare, education, and healthcare systems to ensure holistic and sustainable support.

☞ **Invest in Capacity Building and Knowledge Sharing:**

Families and communities may lack the knowledge, skills, and resources to fully engage in the care and support of individuals with disabilities and special needs. The children's officers can help the family through; -

- Providing ongoing training and mentorship to service providers, community leaders, and family members to enhance their skills and knowledge.
- Creating platforms for the exchange of best practices, innovations, and lessons learned across different communities and regions.
- Encouraging the documentation and dissemination of successful community-based initiatives and collaborative approaches.

b. Family and Community-Centred care approach and variables that may challenge these approaches

Facilitator's Instructions: 10 Mins

A brainstorming session

1. Ask the participants to share their understanding of family and community-based care approaches when caring for children with disabilities and those with special needs.
2. Ask them about the challenges that hinder family and community-based care approaches.
3. Record their responses on the flipchart.
4. Present the PowerPoint slides on Understanding family and community-centred approaches.

Facilitator's Notes

Understanding Family and community-centred care approaches

- A family-centred approach works in partnership with families to make their own decisions and improve their well-being. It recognises that all families are different, and will have varying needs, challenges, and strengths. It builds on a family's collective strengths and provides additional skills and resources for dealing with stress and adversity[99].
- Communities have different programmes whose role is to mobilise the community to ensure that negative attitudes and behaviours towards people with disabilities and those with special needs and their families change and that disability is mainstreamed across all development sectors.
- There are barriers, which impact the quality of life of people with disabilities and those with special needs and their family members. These include physical/environmental, attitudinal, cultural, system and policy barriers. Community-based programmes must be able to identify and understand the barriers in the community which impact people with disabilities and those with special needs and their families.
- Enhancing community support will have an impact on gearing disability mainstreaming high and having different sectors of society become actively involved in the process of change.
- Community based programmes can use community mobilisation efforts to bring together stakeholders in the community, e.g. people with disabilities, family members, self-help groups, organisations for people with disabilities, community members, local authorities, local leaders, and policy-makers, to address barriers within the community and ensure the successful inclusion of people with disabilities and their families in their communities with equal rights and opportunities. It is also necessary to build strong partnerships between parents and professionals to ensure focused services for children with disabilities and those with special needs[100].

[99] National Positive Parenting programme Guidelines

[100] Odongo G. (2018). Barriers to parental and family participation in the education of a child with disabilities in Kenya

Challenges that hinder Family and Community centred Care approach

☞ **Stigma and Discrimination:**

- Deeply rooted cultural beliefs and misconceptions about disability can lead to stigma, isolation, and resistance to including individuals with special needs in community life.
- Addressing these negative attitudes and promoting inclusive mind-sets requires sustained awareness-raising and community engagement efforts.

☞ **Poverty and Lack of Resources:**

- Many rural and underserved communities in the Country face significant resource constraints, making it challenging to invest in the infrastructure, services, and support needed for effective community-based care.
- Creative financing mechanisms, such as public-private partnerships and community-based health insurance schemes, may be necessary to ensure the long-term sustainability of these initiatives.

☞ **Limited Access to Services:**

- Individuals with special needs in rural and peri-urban areas often have limited access to access to reasonable accommodation and specialised services, such as rehabilitation, assistive devices, and mental health support, due to the centralisation of these resources in urban centres.
- Strategies to decentralise services and leverage technology, such as telemedicine and remote monitoring, can help bridge this gap.

☞ **Insufficient Collaboration and Coordination:**

- Weak linkages between different government agencies, service providers, and community stakeholders and poor implementation of policies and regulations can hinder the seamless delivery of integrated support and services.
- Developing shared frameworks, protocols, and data-sharing mechanisms can facilitate more effective cross-sector collaboration.

☞ **Capacity Constraints of Families and Communities:**

- Comprehensive capacity-building efforts, including training, mentorship, and the provision of assistive tools and technologies, can empower families and communities to take on a more active role.

C. Empowering Families and communities[101]

When you enable a family, you give them the tools they need to make informed decisions; when you empower them, you show them how to use those tools. This will provide an avenue through which parents learn to access the resources and tools available to them to advocate for their child.

Facilitator's Instructions: 5 Mins

Activity: Video

Play the video on"Empowering families for inclusion" for the participants to watch the ways of empowering families and communities for inclusion

1. Play the Video
2. Ask them questions on the importance of empowering families and the strategies for empowering families and communities for inclusion
3. Facilitate a discussion and summarise the session

https://www.youtube.com/watch?v=OqJuzEnoW3I

Facilitator's Instructions: 5 Mins

Family and Community awareness of Resources and Inclusion[102]

Group activity- (5 mins)

1. Assign participants into groups
2. Ask them to put down resources and inclusion services that families and communities need to be aware of in the community
3. Let each group present their work in 3 mins
4. Facilitate discussion in the plenary
5. Present the facilitator's notes using PowerPoint slides.

[101] ibid

[102]

Facilitator's Notes

It is important to engage the families and communities of children with disabilities and those with special needs in creating awareness about available resources and inclusion services for their children. These include:-

- Access to support services, such as physical therapy, speech/ language therapy, or special education services
- Information about local support groups for families of children with disabilities and those with special needs; such groups can help parents realise they are not alone, and can provide tremendous support
- Suggestions about where parents might go to obtain adaptive equipment or specialised materials for their child, such as eyeglasses or hearing aids etc.
- Contact information for potential government resources, which may entitle them to certain benefits
- Information about where to locate respite care (a place where the child can go for a day or a few days, so the parents can have a break)

References

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UNIT
13

The greatest danger in times of turbulence is not the turbulence – it is to act with yesterday's logic"

~

Peter Drucker

UNIT 13: EMERGING ISSUES IN RELATION TO CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

PURPOSE:

In this unit, the learner will be exposed to the emerging issues in society and how they affect children with disabilities and those with special needs. The learner will gain knowledge on ways of handling children with disabilities and those with special needs in the context of emerging issues.

EXPECTED LEARNING OUTCOMES:

By the end of this unit, the learner will be able to:

1. Identify and discuss emerging issues in child protection and how they affect children with disabilities and those with special needs.
2. Describe ways of addressing emerging issues affecting children with disabilities and those with special needs.

SESSIONS

1. Emerging issues in child protection and their effect on children with disabilities and those with special needs.
2. Ways of addressing and mitigating emerging issues affecting children with disabilities and those with special needs.

SESSION 1: EMERGING ISSUES IN CHILD PROTECTION AND THEIR EFFECT ON CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions:

Open discussion and brainstorming activity

5 Mins

1. Ask participants to explain what they understand as an emerging issue.
2. Facilitate the discussion and clarify issues.
3. Present the definition of an emerging issue using PowerPoint Slides.

Definition of Emerging Issues

5 Mins

- Refers to new or evolving challenges, trends, or concerns that have recently arisen or are developing in a particular field or context. These issues often arise from shifts in technology, policy, or societal norms and require timely attention and adaptation to address their potential impacts and implications effectively.[103]

Activity: Group Discussion

20 Mins

1. Assign participants into groups.
2. Ask each group to outline and classify emerging issues affecting children with disabilities and those with special needs.
3. Ask them to use the template provided in the handbook on emerging issues and fill out specific emerging issues and effects on the child with a disability or special need.
4. Allow each group to pressent their work to the plenary.

Facilitator's Instructions

15 Mins

1. Facilitate a discussion on emerging issues.
2. Ask the participants to write a summary of the discussion.
3. Facilitate the discussion and present notes using the PowerPoint Slides.

Different Emerging Issues

45 Mins

It is important to note that the list provided below is not exhaustive. Based on the discussions in the group work, the facilitator and participants will come to consensus on the actual and anticipated Emerging issues

103 Smith, A., & Johnson, R. (2023). Emerging issues and trends: Navigating new challenges in contemporary research. Journal of Contemporary Issues, 12(3), 45-60. https://doi.org/10.1016/j.jcon.2023.03.005

Table 10: Emerging issues and effect on children

S/No.	Cluster	Examples	Effects on children with disabilities and special needs	Interventions (legal/policy/ strategies
1	Climate Change issues			
2	Child Sexual Abuse and Exploitation (begging and Child Trafficking)			
3	Children in Emergency Situations			
4	Reproductive health Rights			
5	Alternative Family Care			
6	Ageing out			
7	Technology advanced abuse and issues (OCSEA)			
8	Harmful cultural practices			
9	Lack of economic empowerment			
10	Others			

Facilitator's Notes

Technological Advancements

- While technology can greatly aid children with disabilities, there is a digital divide where some families cannot afford or access these technologies. However, innovations such as assistive devices and technologies, and communication apps are significantly enhancing the quality of life and learning experiences for children with disabilities and specialneeds.

Child trafficking

- Throughout the world, children with disabilities face increased vulnerabilities, including in the arena of human trafficking. Worldwide, almost 20% of human trafficking victims are children, and those with intellectual and developmental disabilities are inappropriately affected.
- Children with disabilities and those with special needs are targeted in the trafficking industry for a multitude of reasons:
  - Medical Support: some perpetrators offer promises of much-needed medical equipment or medication.
  - Economic Gain: 80% of people with disabilities and those with special needs live in poverty due to higher medical costs and limited employment opportunities. This often makes victims dependent on abusive caretakers. Furthermore, children with disabilities and those with special needs may be thought to garner more sympathy in forced begging situations.

- **Organ harvesting:** where individuals' organs are surgically removed for sale on the black market. The organs are also harvested for rituals and healing, cultural beliefs and cultic practices.
- **Crime** like smuggling of firearms.
- **Social stigma:** Many low-income populations maintain harmful stigmas surrounding disabilities. This leads to isolation and a reduced likelihood that others will become aware of an abusive situation and intervene.
- **Lack of education or understanding:** In low- and middle-income countries, only 2% of children with disabilities attend school. These education gaps often reduce a child's sense of empowerment, preventing them from speaking out. In addition, those with intellectual and developmental disabilities may have a poor understanding of dangerous situations. Education gaps also affect other community members. In some regions, some pastors and healers have sexually exploited mothers as a way of "healing" their children. Other community members believe that sleeping with children with disabilities and those with special needs can heal sexually transmitted diseases.
- **Communication and Accessibility Barriers:** Many children with disabilities are limited in their physical ability to escape or communicate in order to report harmful behaviour.
- **Psychological or Physical Harm:** Children who have become victims of trafficking may participate in risky forced labour jobs that lead to injury and further disability. In addition, the very nature of trafficking lends itself to psychological distress. All these factors may contribute to further dependence on others for survival.

Bullying

Child bullying refers to the repeated aggressive behaviour by one or more children towards another child, intending to cause harm, discomfort, or humiliation.

Perpetrators:

- Typically involves peers, such as classmates, neighbourhood children, or siblings

Forms of bullying:

- Physical Bullying: Hitting, kicking, or other physical aggression.
- Verbal Bullying: Teasing, name-calling, or making threats.
- Social/Relational Bullying: Spreading rumours, excluding someone from a group, or other forms of social manipulation.
- Cyberbullying: Using digital platforms to harass or intimidate.

Intent of bullying:

- Intentional behaviour aimed at establishing dominance or control over the victim.

Impact of bullying:

- Can lead to mental health issues, such as anxiety, depression, and low self-esteem, and in severe cases, physical harm.

Legal Perspective:

- While not always considered a criminal act, it can lead to school disciplinary actions and, in some cases, legal consequences, especially if it involves severe harassment or cyberbullying.

Online child sexual exploitation and abuse

The issue of OCSEA has evolved alongside the rapid growth of the internet and digital technologies. Initially, concerns focused on traditional forms of child sexual exploitation and abuse, but as internet access expanded globally, so did the risks to children online. The emergence of social media platforms, chat rooms, and online gaming provided new avenues for perpetrators to exploit vulnerabilities, including those of children with disabilities (Mitchell et al., 2001)educators, and others are increasingly called upon to advise parents and policymakers about risks posed to children by Internet use. However, little scientific information exists on the experiences of children online.\nOBJECTIVE: To assess the risk factors surrounding online sexual solicitations of youth and distress due to solicitation.\nDESIGN, SETTING, AND PARTICIPANTS: Telephone survey (August 1999-February 2000

Online child sexual exploitation and abuse (OCSEA) among children with disabilities is a growing and alarming issue. Data from various studies indicate that children with disabilities are disproportionately targeted for OCSEA due to perceived vulnerabilities and reduced ability to protect themselves online.

These children are particularly vulnerable to online predators due to various factors such as social isolation, dependence on caregivers, and challenges in communication.

Reasons why children with disabilities are at risk of OCSEA

1. Increased Vulnerability

- Children with disabilities may have a limited understanding of appropriate online behaviour, making them more susceptible to grooming and exploitation. They might also have reduced capacity to report abuse or seek help.
- Social isolation, lack of awareness, and reduced supervision can increase the risk of OCSEA for children with disabilities.

2. Grooming and Exploitation Tactics

- Perpetrators often use specific tactics to exploit the vulnerabilities of children with disabilities, such as befriending them online, manipulating them through fake identities, or exploiting their need for attention and companionship.
- These tactics can lead to severe psychological trauma and long-term mental health issues for the victims.

3. Challenges in Detection and Reporting

- Children with disabilities might have difficulty recognising and articulating their experiences of abuse. They may also fear not being believed or face communication barriers.
- This leads to underreporting and delayed intervention, exacerbating the effects of the abuse.

4. Preventive Measures and Education

- Educating children with disabilities about online safety, providing tailored resources, and training caregivers and educators to recognise signs of exploitation are crucial steps.
- These measures can help in reducing the risk and improving the ability to report incidents.

5. Role of Technology and Law Enforcement

- Leveraging technology for monitoring and detection of abusive content and ensuring robust law enforcement responses especially for children with disabilities are limited yet they are essential in combating OCSEA.
- Improved technological solutions and stringent legal measures, which can significantly reduce the incidence of online exploitation remains a challenge.

Abuse and exploitation

Children with disabilities are more susceptible to abuse for many reasons. Some of these reasons are:

- Predators may perceive a person with disabilities as weak, vulnerable, or less likely to report abuse, making them easy targets.
- Children with disabilities are often isolated and dependent on a small circle of friends or caregivers for critical support, including assistance with basic physical needs. These same caregivers are often the abusers, which poses a difficult decision for the victim who is required to choose between the potential for continuing abuse and an uncertain future.
- Many live in segregated environments, such as group homes (charitable children's institutions (CCIs) and statutory children's institutions (SCIs), where abuse can occur – and be hidden – more easily. In addition, victims who are abused in group settings may have limited access to police, advocates, medical or social services representatives, or others who can intervene and help.
- Children with limited communication abilities and/or cognitive disabilities may find it difficult to report abuse effectively.
- Many children with disabilities are afraid that they will not be believed when they do report abuse.
- Many children with disabilities have been verbally abused, resulting in low self-esteem and, in some cases, a belief that the abuse is somehow deserved.
- It is easier to abuse or exploit children if you inherently believe that children with disabilities are less human, less valuable or do not contribute to society.

Intersex

It is a condition of a human being whose physiological characteristics cannot be classified as exclusively fitting into the binary concept of 'male' or 'female'.

An intersex person refers to a child born with unclear biological sex characteristics that includes ambiguous male and female genitalia, hormones, chromosomes and gonads. This makes it difficult for the child or adult to be defined as a typical male or female. There are over forty-six (46) Intersex condition variations. Medical terms 'disorders of sex development' (DSD) is used to refer to intersex condition. Historically intersex persons were referred to in a derogatory way as 'hermaphrodites.' However, the appropriate human rights word that enhances dignity and respect of the person born Intersex is an intersex person.

Intersex children face significant societal stigma in Kenya. They are often viewed as bad luck, face rejection, lack proper parenting, vaccinations, and education. Families may break down, leaving one parent to care for the child. Caregivers also experience mental anguish and depression. Due to high costs, families struggle with the financial burden of corrective surgeries and medical interventions, which lack medical protocols or insurance support. At puberty, intersex children face further violations, leading to emotional breakdowns and suicidal attempts. Proper psychosocial support and medical assessment are crucial for a humane transition to adulthood. Intersex individuals face challenges in education, job opportunities, and founding families. State and non-state actors must work together to eradicate discrimination and offer affirmative actions, such as considering intersex children a vulnerable category for social protection and job quotas.

Drug and substance abuse

Drug and substance abuse among children with disabilities is an emerging issue of significant concern. Children with disabilities are at an increased risk for substance use disorders (SUDs) due to various factors, including co-occurring mental health conditions, social isolation, and inadequate access to tailored healthcare services.

Several factors contribute to this vulnerability:

- Social Isolation and Peer Influence: Children with disabilities may face social isolation, making them more susceptible to peer pressure and influence, including encouragement to use drugs.
- Communication Challenges**:** Some disabilities can affect communication skills, making it difficult for children to express their feelings or seek help, which may lead to self-medication through substance use.
- Access to Support Services: Limited access to appropriate support services and interventions may exacerbate stress and mental health issues, leading to self-soothing behaviours such as substance abuse.
- Complexity of Diagnosis and Treatment: Managing both the disability and substance use disorder simultaneously can be challenging due to interactions between medications, therapies, and treatments.
- Educational and Behavioural Issues: Difficulties in school, such as learning disabilities or behavioural problems, can contribute to frustration and lower self-esteem, potentially leading to substance experimentation.

Factors that may influence drug and substance abuse

Prevalence and Risk Factors

Children with disabilities are more likely to experience mental health disorders, such as anxiety and depression, which can increase the likelihood of substance use as a coping mechanism.

A report from the Substance Abuse and Mental Health Services Administration (SAMHSA) highlights that over 60% of adolescents in substance use disorder treatment programmes also have a co-occurring mental illness.

Barriers to Treatment

There are significant barriers to accessing effective treatment for children with disabilities, including a lack of specialised programmes that address their unique needs. This gap in services can lead to untreated substance use disorders and exacerbation of other health issues

Comorbidity

Research indicates high rates of comorbid substance use disorders and mental illnesses among youth with disabilities. For example, individuals with ADHD or other cognitive disabilities are at higher risk of developing substance use disorders.

SESSION 2: WAYS OF ADDRESSING AND MITIGATING EMERGING ISSUES AFFECTING CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 30 Mins

Activity: Group Discussion

1. Ask participants to form groups
2. Using the table generated in session 1, ask participants to discuss and list down some of the ways to mitigate the effects of emerging issues.
3. Ask the groups to present their work during a plenary session.
4. Facilitate a discussion to clarify any issues that require your attention.

Facilitator's Notes

Ways of addressing emerging issues affecting children with disabilities and those with special needs

Awareness and Education

- Educational Programmes: Implementing educational programmes that raise awareness among parents/caregivers, educators, and healthcare providers about the increased risks and signs of substance abuse in children with disabilities and those with special needs.
- Educate children with disabilities and those with special needs about safe online behaviours and the potential risks of interacting with strangers online.
- Provide resources tailored to the cognitive and communication needs of children with disa-bilities and those with special needs.
- Guide children on safe practices while using social media.

Support for Caregivers and Educators

- Train caregivers and educators to recognise signs of online exploitation and abuse.
- Encourage open communication and create a supportive environment where children feel comfortable reporting concerns.

Technology and Law Enforcement

- Develop and implement technological solutions to monitor and detect abusive content.
- Strengthen laws and policies to protect children from online exploitation and ensure swift and severe punishment for perpetrators.

Psychological and Emotional Support

- Provide counselling and psychological support to victims of OCSEA to help them cope with the trauma.
- Establish support groups and resources to aid in the recovery and rehabilitation of affected children.

Integrated Care

- Developing integrated care models that combine mental health and substance use disorder treatments specifically for children with disabilities and those with special needs.

Policy Initiatives

- Advocating for policy changes that ensure funding and support for specialized treatment pro-grammes and research focused on this vulnerable population.

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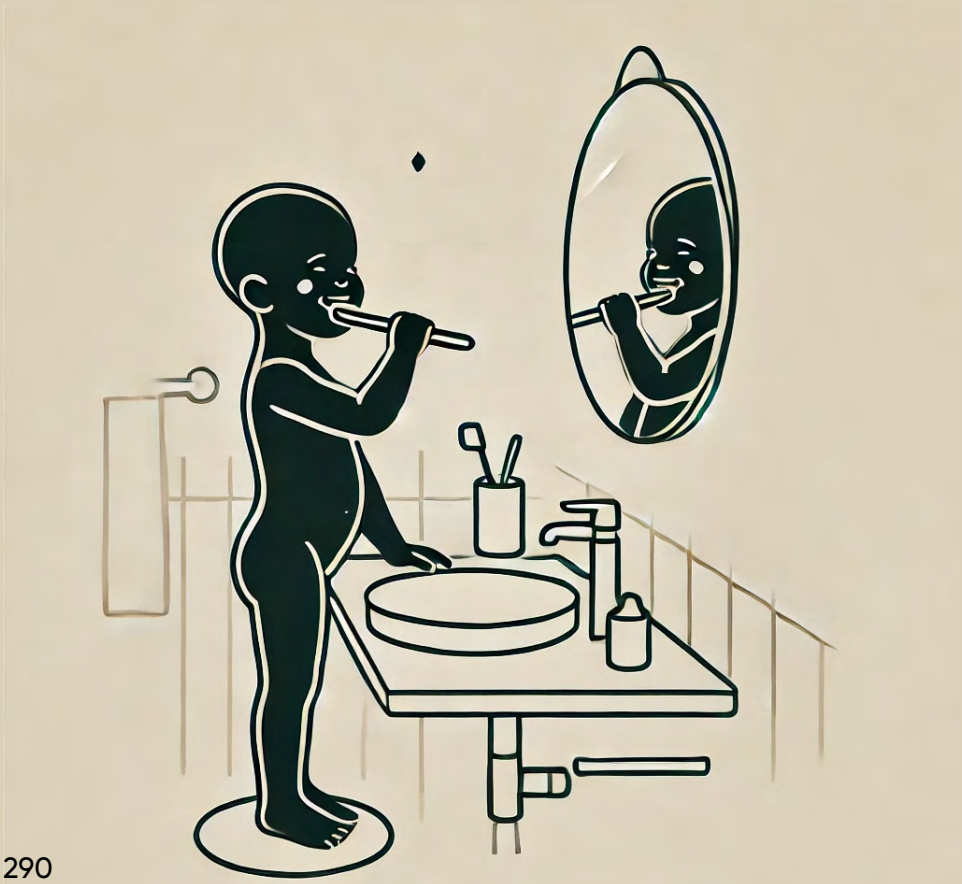
UNIT
14

“Each step taken softly, with intention and grace, In the art of self-care, we discover our place.”

~

Prof. Nina Lark



UNIT 14: SELF-CARE AND PROFESSIONAL DEVELOPMENT

120 Mins

Methodology

- ☞ Lecture
- ☞ Case study
- ☞ Question and answer
- ☞ Group Discussion

Resources

- ☞ Laptop/Computer
- ☞ LCD Projector
- ☞ References book
- ☞ Case laws
- ☞ Flip charts
- ☞ Trainers Notes

Assessment Tools

- ☞ Oral questions
- ☞ Direct observations

PURPOSE:

This unit seeks to equip the learner with skills and strategies for self-care, and professional development. The learner will be exposed to available resources and opportunities to enable them to cope with the task of caring for children with disabilities and those with special needs.

EXPECTED LEARNING OUTCOMES

By the end of this course, the learner will be able to:

1. Define terms and concepts in self-care and professional development.
2. Identify possible causes of stress and burnout among staff working with children with disabilities and those with special needs.
3. Apply positive stress-coping strategies to help and build resilience as they support children with disabilities and those with special needs.
4. Select a strategy and develop a pathway for personal and professional development.

SESSIONS

1. Definition of Terms and Concepts.
2. Causes of stress and burnout for officers working with children with disability and those with special needs.
3. Positive stress-coping strategies and building resilience:
    a. Self-care strategies,
    b. Building resilience in the face of challenges.
4. Personal and Professional development.

SESSION 1: DEFINITION OF TERMS AND CONCEPTS

Facilitator's Instructions: 5 Mins

Activity: Interactive Activity

1. Ask participants to stand up and pick as much load in their vicinity and place it on their head
2. Ask them to walk around the room with the items on their heads.
3. Give more tasks such as dance, run, hands akimbo among others.
4. As a plenary reflect through the activity and link to self-care and the need to balance in life.

Facilitator's Notes

Definition of terms and concepts (15 mins)

Stress: Stress is a natural response that our bodies and minds experience when we perceive a threat, challenge, or demand. It can manifest in various ways and affect us physically, emotionally, and mentally.

Burn out: Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged stress and overwhelming work demands. It can affect anyone, but it is particularly common among individuals in high-pressure professions or roles that involve caregiving and emotional labour.

Self-care: This is a conscious act people take to promote their physical, mental, spiritual, and emotional health. It is vital for building resilience toward life's stressors that we cannot eliminate. When you have taken steps to care for your mind and body, you will be better equipped to live your best life.

- Self-care involves activities and practices we do regularly to reduce stress and maintain and enhance our health and well-being- both short term and long term.
- Self-care is ongoing- it is not a 'one off'! It should be for life.
- Caring for children with disabilities and those with special needs is challenging and calls for a self-care routine to avoid burnout. Children's Officers therefore find the job challenging whenever faced with a case of a child with a disability or a special need.

Professional development:- Professional development refers to the process of improving and expanding your skills, knowledge, and capabilities related to your career or profession. It is an ongoing effort to stay current in your field, adapt to changes, and enhance your effectiveness and potential for advancement

Types of Work-related stress

One, two, or all forms of job stresses can happen together.

- **Burnout:** 'All I do is work. I do not have a life' – a feeling of dread, being overwhelmed, lack of confidence, ineffective time management, no excitement or energy, desire to escape, etc.
- **Vicarious (or secondary) trauma:** 'I feel hurt and afraid, too!' – as a result of working with people who have been traumatised, feeling similar feelings of anxiety, hopelessness, depression, sleep difficulties, loss of appetite, and fear
- **Compassion fatigue:** 'I am so tired of caring for everyone else!' – feeling detached from people, especially clients.
- **Depersonalisation**: Clients are just 'cases', not real people in need – feeling that no one notices or appreciates how hard you work, and how much you go through to help clients.

SESSION 2: CAUSES OF STRESS AND BURNOUT FOR OFFICERS WORKING WITH CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

Facilitator's Instructions: 15 Mins

Activity: Group Discussion

1. Ask participants to form groups and discuss:
   - **Causes of stress** for officers and caregivers working with children with disabilities and those with special needs
   - **Signs and symptoms** of stressed officers and caregivers.
   - **Stress management techniques**

Facilitator's Notes: 50 Mins

Causes of Stress

- Handling some children with severe and profound disabilities to be habilitated and/or rehabilitated.
- Being traumatised by the severe trauma experienced by some children with disabilities.
- High caseload which makes it difficult to give enough attention to each case.
- Insufficient resources (financial, protective devices &human) to help hence feeling of helplessness.
- Lack of enough knowledge and skills on how to handle different cases of disabilities.
- Lack of support mechanism in doing the work.
- Lack of time to take care of own needs.
- Lack of appreciation/motivation for work done
- Risks associated with handling children with disabilities and those with special needs e.g., beatings from children or caregivers
- Death, separation and regression
- Doing work without passion
- Stigma associated with the work they do

Signs and symptoms of stress

- Cognitive: poor focus and attention, limited concentration, negative self-talk
- Physical: trouble sleeping (insomnia), sweating, change of appetite, headaches, muscle tension, dizziness, heart palpitations, lack of energy, high blood pressure
- Behavioural/emotional: anxiety, depression, irritability, low self- esteem, indecisiveness, addictive behaviours, acting out, overspending, over/under-eating, panic attacks, low libido/underperformance, untidiness, withdrawal, Family conflicts

Stress management techniques

Deep Breathing: Practice deep breathing exercises to calm the mind and reduce physiological stress responses. Breathe in slowly through your nose, hold for a few seconds, and then exhale slowly through your mouth.

Progressive Muscle Relaxation (PMR): Tense and then relax each muscle group in your body systematically. This technique helps release physical tension associated with stress.

Mindfulness Meditation: Focus your attention on the present moment without judgment. Mindfulness can help reduce stress by shifting your focus away from worries and anxieties.

Exercise: Engage in regular physical activity to help reduce stress hormones like cortisol and increase endorphins, which improve mood.

Healthy Lifestyle: Maintain a balanced diet, get adequate sleep, and avoid excessive caffeine and alcohol intake. These habits support overall well-being and resilience against stress.

Time Management: Prioritise tasks, break them into smaller steps, and delegate when possible. Effective time management can reduce the feeling of being overwhelmed.

Social Support: Connect with friends, family, or support groups. Talking to others can provide emotional support and perspective on stressful situations.

Set Boundaries: Learn to say no to additional responsibilities if you are feeling overwhelmed. Setting boundaries helps manage workload and prevent burnout.

Hobbies and Relaxation Activities: Engage in activities you enjoy, such as reading, gardening, listening to music, or painting. These activities can distract you from stress and promote relaxation.

Seek Professional Help: If stress becomes overwhelming or chronic, consider talking to a therapist or counsellor. They can provide strategies tailored to your specific needs and help you develop coping mechanisms

SESSION 3: RECOGNISE POSITIVE STRESS-COPING STRATEGIES AND BUILDING RESILIENCE

A. Self-care strategies

Facilitator's Instructions:

20 Mins

Activity: Brainstorm (10 mins)

1. Let the participants to form pairs and brainstorm on:
   - Self-care strategies
   - Ways of building resilience when caring for children with disabilities and those with special needs
2. Ask volunteers to share their responses to the plenary.
3. Guide the discussion and then present the notes using PowerPoint slides.

Facilitator's Notes:

Figure 17: The Stress Management Model -Self Care

Physical Self-Care

- *Exercise Regularly*: Engage in physical activity that you enjoy, whether it is walking, jogging, yoga, or dancing. Exercise not only improves physical health but also boosts mood and reduces stress.
- *Eat Well*: Fuel your body with nutritious foods that provide energy and support overall health.
- *Get Adequate Sleep*: Aim for 7-9 hours of quality sleep each night to restore your body and mind.
- *Take time off to rest*

Emotional Self-Care

- Practice Mindfulness: Incorporate mindfulness techniques such as meditation, deep breathing, or mindful walking to reduce stress and increase self-awareness.
- Journaling: Write about your thoughts, feelings, and experiences to gain clarity and process emotions.
- Express Yourself Creatively: Engage in creative activities like painting, writing, or playing music to express yourself and unwind.

Social Self-Care

- *Build Supportive Relationships*: Connect with friends, family members, or support groups who uplift and encourage you.
- *Set Boundaries:* Establish healthy boundaries in relationships to protect your emotional well-being and prevent burnout.

Intellectual Self-Care

- *Read:* Explore books, articles, or topics that interest and stimulate your mind.
- Learn Something New: Take up a new hobby or enrol in a course to challenge yourself and expand your knowledge.

Spiritual Self-Care

- *Meditate:* Set aside time for quiet reflection or meditation to connect with your inner self and spiritual beliefs.
- *Practice Gratitude:* Cultivate gratitude by keeping a gratitude journal or reflecting on things you are thankful for each day.

Professional Self-Care

- *Set Goals*: Establish realistic goals for your career or personal development and celebrate achievements along the way.
- *Seek Support:* If work-related stress becomes overwhelming, seek guidance from mentors, supervisors, or professional counsellors.

Pampering Self-Care

- *Take Time for Yourself*: Schedule regular breaks or "me time" to relax and recharge.
- Treat Yourself: Indulge in activities that bring you joy, such as getting a massage, taking a hot bath, or going for a nature walk.

Environmental Self-Care

- *Create a Relaxing Environment*: Arrange your surroundings to promote relaxation and reduce stress, whether it is through organisation, decoration, or spending time in nature.

NOTE

Paying attention to our own needs will help us help ourselves and others as well.

B. Building resilience in the face of challenges

Facilitator's Instructions:

10 Mins

Self-assessment on self-care components (5 mins)

1. Issue each participant with a self-assessment form below.
2. Give them time to do honest self-assessment and set what to do to enhance their self-care.
3. Encourage the participants to implement their goals.
4. Ask any willing participant to share their plans.

Table 11: Self-Care Assessment Worksheet

This assessment tool[104] provides an overview of effective strategies to maintain self-care. After completing the full assessment, you can move on to developing a full self-care plan.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently 4 = Occasionally 3 = Rarely 2 = Never 1 = It never occurred to me

	Item	Rating
	Physical Self-Care	
	Eat regularly (e.g. breakfast, lunch and dinner)	
	Eat healthy	
	Exercise	
	Get regular medical care for prevention	

[104] Adapted by BWell Health Promotion from: Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/ CAAP (Norton, 1996)

	Item	Rating
	Get medical care when needed	
	Take time off when needed	
	Get massages	
	Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun	
	Get enough sleep	
	Wear clothes you like	
	Take day trips or mini-vacations	
	Other:	
	Psychological Self-Care	
	Make time for self-reflection	
	Have your own personal psychotherapy	
	Write in a journal	
	Read literature that is unrelated to school	
	Let others know different aspects of you	
	Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings	
	Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, theater performance	
	Practice receiving from others	
	Be curious	
	Say "no" to extra responsibilities sometimes	
	Other:	
	Emotional Self-Care	
	Spend time with others whose company you enjoy	
	Stay in contact with important people in your life	
	Give yourself affirmations, praise yourself	
	Love yourself	
	Re-read favorite books, re-view favorite movies	
	Identify comforting activities, objects, people, relationships, places and seek them out	
	Allow yourself to cry	
	Find things that make you laugh	
	Express your outrage in social action, letters and donations, marches, protests	
	Play with children	
	Other:	
	Spiritual Self-Care	
	Make time for reflection	
	Spend time with nature	
	Find a spiritual connection or community	

	Item	Rating
	Be open to inspiration	
	Cherish your optimism and hope	
	Be aware of nonmaterial aspects of life	
	Try at times not to be in charge or the expert	
	Be open to not knowing	
	Identify what is meaningful to you and notice its place in your life	
	Have experiences of awe	
	Read inspirational literature (talks, music, etc.)	
	Other:	

Develop a Self-Care Plan

1. List the self-care habits you are using now to manage stress and stay healthy:
   (I get at least 8 hours of sleep at night)

2. List the self-care habits you would like to use but are not currently practicing:
   (Practicing yoga regularly)

3. Identify the obstacles keeping you from practicing these habits:
   (I don't practice yoga regularly because I don't have the time to)

4. What solutions can you come up with to address the obstacles you listed:
   (I could free up time for myself by watching less TV or waking up earlier)

5. Reread the self-care habits you wrote down for item 2. Select one of the habits you would like to begin practicing and complete the sentences below.

   Today, I commit to...

   I want to do this because...

   I will accomplish this by...

Facilitator's Notes:

Acknowledge and understand your reactions:

Recognise your feelings and responses to challenging situations. Understanding your reactions allows you to address them constructively, helping you develop healthier coping strategies.

Talk to a trusted colleague:

Sharing concerns with a colleague can provide fresh perspectives and emotional support. Trusted colleagues can offer insights or simply lend an empathetic ear, which can make challenges feel more manageable.

Seek supportive supervision:

Having a supervisor who provides guidance and encouragement can greatly improve resilience. Supportive supervision fosters an environment where you feel understood and empowered to tackle challenges.

Separate work from personal life, be fully present in both:

Setting boundaries between work and personal life allows you to recharge fully in each area. Being present in the moment helps maintain a balanced outlook and reduces stress.

Live a full and enjoyable life:

Engage in hobbies, social activities, and experiences that bring you joy outside of work. A fulfilling personal life enhances overall resilience by providing you with emotional resources to handle challenges.

Attend workshops and career-enhancing opportunities:

Taking part in professional development opportunities builds skills and confidence, equipping you with tools to handle challenges effectively and fostering a sense of accomplishment.

Practice good self-care:

Make time for regular exercise, healthy eating, and sufficient rest. Good self-care strengthens physical and mental resilience, helping you manage stress and maintain well-being.

Join relevant support groups/networks if needed, e.g., Alcoholics Anonymous:

If facing specific challenges, support groups offer a community of understanding peers. Sharing experiences in a safe space provides encouragement and practical advice.

Seek the help of a professional counsellor:

Professional counselling offers a confidential space to explore challenges in depth and build tailored coping strategies. A counsellor can help you develop long-term resilience skills for future challenges.

SESSION 4: PERSONAL AND PROFESSIONAL DEVELOPMENT

Facilitator's Instructions: 15 Mins

Activity: Brainstorming (10 minutes)

1. Ask participants to pair-up.
2. In pairs, ask them to discuss strategies used for personal and professional development.
3. Ask volunteers to share the strategies discussed in the plenary session.

Facilitator's Notes (20 mins)

Personal and professional development are essential for growth, fulfilment, and achieving your goals. The following are some strategies for personal and professional development:

Strategies for Personal Development:

1. **Self-Reflection:**
   - Regularly assess your strengths, weaknesses, values, and goals.
   - Identify areas where you want to grow or improve.
2. **Goal Setting**:
   - Set SMART goals (Specific, Measurable, Achievable, Relevant, Time-bound) to give direction to your personal growth.
   - Break down larger goals into smaller, manageable steps.
3. **Continuous Learning**:
   - Read books, articles, or take courses related to topics that interest you or align with your goals.
   - Stay curious and open-minded to new ideas and perspectives.
4. **Skill Development**:
   - Identify skills that are valuable to you personally (e.g., communication, time management, resilience) and actively work on improving them.
   - Seek opportunities for hands-on experience or practice.
5. **Health and Well-being**:
   - Prioritise physical health through exercise, balanced nutrition, adequate sleep, and regular medical check-ups.
   - Practice stress management techniques such as mindfulness, meditation, or relaxation exercises.

6. **Relationship Building**:
   - Cultivate meaningful connections with friends, family, mentors, and peers.
   - Practice active listening and empathy in your interactions.

Strategies for Professional Development:

1. **Skill Enhancement:**
   - Identify key skills needed for your current or desired role.
   - Take professional development courses, workshops, or attend conferences to enhance these skills.

2. **Networking:**
   - Build and maintain relationships with colleagues, industry professionals, and mentors.
   - Networking can provide valuable opportunities for learning, collaboration, and career advancement.

3. **Stay Updated:**
   - Stay informed about industry trends, advancements, and best practices.
   - Subscribe to relevant publications, join professional associations, or participate in online forums.

4. **Career Planning**:
   - Set career goals aligned with your interests, values, and skills.
   - Regularly assess your career trajectory and make adjustments as needed to stay on track.

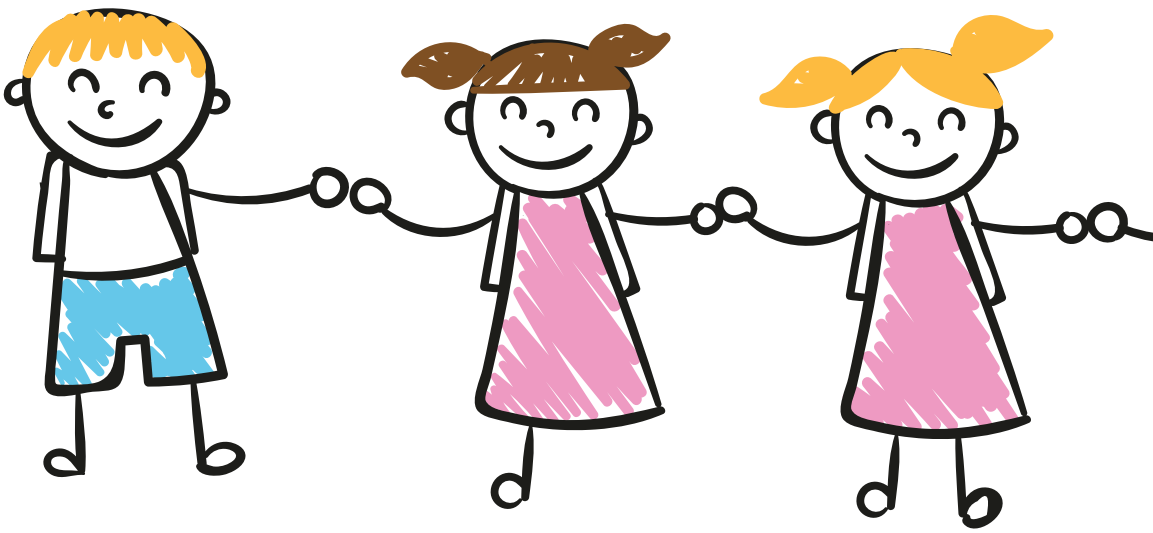
5. **Leadership Development**:
   - Develop leadership qualities such as decision-making, problem-solving, and team management.
   - Seek out leadership roles or projects that allow you to demonstrate and develop these skills.

6. **Personal Branding**:
   - Define and communicate your unique strengths, skills, and value proposition.
   - Maintain a professional online presence through platforms like LinkedIn.

Facilitator's Instructions: 5 Mins

Activity: Individual (10 mins)

1. Ask the participants to reflect on the lesson they have engaged.
2. Using the template provided in their handbook, ask each participant to develop an individualised personal development plan.
3. Supervise the process and guide participants where they need help.
4. Summarise the session and ask the participants to endeavour to follow their plans and get accountability groups from their colleagues.



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Directorate of Social Development's Parenting manual

APPENDIX

APPENDIX A: GUIDELINES FOR CHILDREN OFFICERS OBSERVING INSTITUTIONS OF CHILDREN WITH DISABILITIES

When visiting an institution that cares for children with disabilities, it is important for children officers to make detailed and thoughtful observations. These guidelines will help in identifying the different disabilities and special needs, documenting observations, and suggesting appropriate interventions.

1. **Preparation Before the Visit**

   - Review Background Information: Familiarize yourself with common disabilities and special needs, including their signs and symptoms.
   - Bring Necessary Tools: Carry a notebook, pen, and any required forms for documenting observations. A checklist of common signs of disabilities can also be useful.
   - Maintain Confidentiality: Understand the institution's policies on confidentiality and ensure that any information gathered is handled respectfully and securely.

2. **Observational Focus Areas**

   - General Environment
     - Assess the overall environment for accessibility, safety, and inclusivity.
     - Note any adaptive equipment or modifications present (e.g., ramps, visual aids).

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   - Physical and Motor Skills
     - Observe children's mobility, coordination, and fine motor skills.
     - Look for the use of assistive devices like wheelchairs, braces, or walkers.

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   - Communication and Language
     - Pay attention to how children communicate, including verbal, non-verbal, and alternative communication methods (e.g., sign language, communication boards).
     - Note any speech difficulties, such as delayed speech or unclear articulation.
     - Note any visual support being used

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- Social and Emotional Behaviour
    - Observe interactions between children, staff, and peers. Look for signs of social withdrawal, aggression, or difficulty in forming relationships.
    - Identify any behaviours that may indicate emotional or psychological needs.

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- Cognitive and Learning disabilities
    - Note any indications of learning difficulties or cognitive delays, such as problems with memory, attention, or problem-solving.
    - Look out for any specific learning disabilities while in class
    - Observe how children engage with educational materials and activities.
    - Observe how inclusion was practiced

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- Neurological disabilities
    - Note any characteristics of children on the spectrum observe any repetitive or obsessive behaviours, hyperactivity, impulsivity, hypersensitivity, communication and social interaction challenges.

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• Intellectual Disabilities

  • Observe any delays in adaptive behaviors, motor skills

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• Sensory disabilities

• Note any learners with Visual Impairments

• Note any learners with Hearing Impairments

• Identify any assistive devices being used

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• Health and Medical Needs

  • Be aware of any visible signs of medical conditions or physical health issues.
  • Note the presence of medical personnel and the management of medical needs within the institution.

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• Infrastructure

• Note the classroom environment, size and arrangement

  • Therapy room, sensory room, playgrounds, kitchen and other facilities for accessibility and functionality

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• Technology

- Note any use of adaptive and assistive technology and how it is applied

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4. Making Recommendations

- Identify Areas for Support: Based on observations, identify specific areas where children may need additional support or interventions.
- Suggest Interventions: Recommend possible interventions, such as:
- Referral to Specialists: Suggest consultations with healthcare professionals, such as speech therapists, occupational therapists, or psychologists.
- Educational Support: Recommend tailored educational plans, specialised teaching methods, or the introduction of assistive technologies.
- Environmental Modifications: Suggest improvements to make the environment more accessible and supportive, such as sensory rooms or adaptive equipment.
- Training for Staff: Recommend training programs for staff to better understand and support the needs of children with disabilities.

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These guidelines aim to help children officers conduct thorough and respectful observations, ensuring that children with disabilities receive the appropriate support and interventions to thrive.

APPENDIX B: LIST OF HEALTH AND MEDICAL SERVICES IN KENYA

S/NO	MEDICAL AND HEALTH SERVICES
1	Outpatient Health Services (Promotive, Preventive, Curative and Surgical, Rehabilitative and Referral)
2	Ear Health Services (Ear, Nose, and Throat Services, Audiology services)
3	Oral Health Services (Dental services, Maxillo-facial surgeries)
4	Eye Health Services (Ophthalmic and Optometry Services)
5	Mental and Behavioural health services (Child Psychiatry Services, Counselling and psychology Services, Drug and substance abuse rehabilitation)
6	Screening services (Non-Communicable Screening Services, Neonatal Screening)
7	Rehabilitative services (Physical Therapy, Occupational Therapy speech and language, Prosthetic and orthotic services/ Orthopaedic Technology Services)
8	Assistive Devices and Technologies
9	Surgical services (Diagnostic surgeries, Curative surgeries, Reconstructive surgeries and Palliative surgeries)
10	Inpatient Services (Curative and Surgical, Palliative Care, Rehabilitative Services)
11	Disability Medical Assessment and Categorisation services are provided at authorised level 4, 5, and 6 public Health facilities for purposes of registration with the National Council for Persons with Disabilities (Medical Report)

APPENDIX C: CASE REFERRAL FORM

DIRECTORATE OF CHILDREN'S SERVICES

Case Referral Form

County: .....

Sub County Office: .....

Telephone Number: .....

E-Mail: .....

Ref: .....

Child Details

Name	Age	Sex	Class
1.	.....	.....	.....
2.	.....	.....	.....
3.	.....	.....	.....
4.	.....	.....	.....
5.	.....	.....	.....

Presenting Issues/Main Complaints:

.....

.....

.....

Referral to: .....

Reason for Referral: ☐ By Court Order ☐ Supervision ☐ Medical Assessment/ Intervention

☐ Educational Support ☐ Others (Specify) ……

Documents Attached

☐ Case Record Sheet
☐ Social Inquiry Report
☐ Court Order
☐ Assessment form
☐ Written promise
☐ Any other document, e.g. Medical Report/ Birth Certificate
☐ Individual Treatment Plan
☐ Monthly progress report

Name of Referring Officer: ..... Designation: .....

Name of Receiving Officer: ..... Designation: .....

Telephone No. of Receiving Officer: .....

Email of Receiving Officer: .....

Signature: ..... Date: .....

APPENDIX D: INSTITUTIONS FOR REFERRAL OF CHILDREN WITH DISABILITIES AND THOSE WITH SPECIAL NEEDS

INSTITUTIONS FOR REFERRAL OF CHILDREN WITH DISABILITY AND THOSE WITH SPECIAL NEEDS

Children Officers must be able to identify and discern circumstances whereby referrals need to be done.

The following are some of the institutions for referral in Kenya:

- National Council for Persons with Disability (NCPWD)
- Kenyatta National Hospital
- Kenyatta University Teaching Research and Referral Hospital
- Mathari Teaching and Referral Hospital
- Kenya Institute of Special Education
- Educational Assessment and Resource Centres
- Association for the Physically Disabled of Kenya (APDK)
- All County Hospitals
- Support Groups
- Children's Offices in all Sub-counties
- City Primary School
- Kenya Police Service
- Government Rescue Centres (DSC managed rescue centres) for example: Machakos Girls Rescue Centre, Thika Rescue Centre for boys.
- Children Protection Centres
- The National Legal Aid Service (NLAS) formerly National Legal Aid & Awareness Programme (NALEAP)
- Charitable Children Institutions
- NGOs such as Nairobi Women's Hospital, Federation of Women Lawyers (FIDA), The CRADLE and others.

APPENDIX E: INDIVIDUAL CARE PLAN TEMPLATE

DIRECTORATE OF CHILDREN'S SERVICES

Individual Care Plan

Name of child: ..... Sex: Male Female Intersex

Date of Birth**:** (DD/MM/YYYY)

Date of admission: ..... Admission Number: .....

P&C Number: ..... Committing court: .....

OB Number: ..... Police Station: .....

Admitting Institution**:** Nairobi Thika Machakos Garissa Kisumu Rescue Centres CCI

Needs of the Child**:**

.....

Family / Child Risks**:**

.....

Family Resources**:**

.....

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
Children have at least three balanced meals per day Children have access to medical services as needed Children are fully immunised Children live in clean and friendly environment Child develop normally in physical, cognitive and milestones Children with developmental delays are identified and referred for appropriate medical services	Lack of health facility within the institution Inadequate child friendly information on drug and substance abuse Inadequate meals Lack of balanced diet Lack of special diet for chronically ill and children with disability Financial incapacity for medical services Lack of health supplies in health facilities Accessibility to disability friendly /inclusive services low uptake of immunisation Inadequate clean water Limited capacity among children officers to identify children with disability and those special needs	Capacity building for caregiver Empowering families to afford three balanced meals per day Linkage to service providers for families in need of food suppliers Provision of special diet for chronically ill and children with disability Development of Income generating Activities (IGAS) to economically empower families Capacity build community health workers to offer basic health interventions in hard to reach areas Awareness creation on registration with NCPWD and other disability friendly services Empowering families to afford clean water Psychosocial support provision to children Capacity building families/ community group on waste management Deworming services. Training on sanitation such as hand washing and potty training Train all children officers on identification and referral of children with disabilities and those with special needs				

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
DOMAIN:	PROTECTION AND SAFETY					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	
The child is protected from all forms of violence and abuse Reduced stigma in families and communities Child and caregiver have basic statutory documents. (i,e Birth certificate, notification, death certificate and baptism card) Children are provided with Legal protection services	Exploitation, - sexual abuse, physical abuse, emotional abuse Child labour,- gender based violence(GBV) Special need FGM Harmful cultural practices Child truancy and delinquency Terminal illness (HIV/AIDS, cancer) Child offender, - street children Lack of basic statutory documents Inaccessibility of institution providing documents. Prolonged period of court cases	Child right clubs Child participation Awareness creation for children, caregiver and the community on children's rights Restorative justice mechanism Providing disability friendly & inclusion services such as barrier free building Positive forms of discipline Awareness rising on advocacy for inclusive families/ communities Awareness riding on importance of statutory documents Create awareness on the importance of basic statutory documents. Assist the child to acquire birth registration document Link the child to legal service providers such as NLAS				

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
DOMAIN:	PSYCHOSOCIAL WELLBEING AND COMMUNITY BELONGING					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	
Children & families access social protection services All children and young persons are living in inclusive families and communities Children are able to build inner strength, personal skills, and Healthy social relationships To promote children participation in community activities Children with disabilities and those with special needs have access to support services	Child faces community stigma from the community Community activities not disability friendly Child not aware of their rights Community not providing safe places for play & leisure Caregiver not able to provide basic needs due to poverty Family not able to access support services when needed Freedom of expression The caregiver family is dysfunctional Children lack relevant identification documents Children with disabilities and those with special needs have no access to support services	Counselling Prioritise child-friendly schools and community programmes Provide child-friendly services for the child with special needs Linkage to social protection services Referral to stakeholders for household for economic strengthening Provide asset support Capacity build on business skills, financial literacy Provide livelihood skills/ support Awareness and availability of support services Sensitisation of the family and community Positive parenting Child/parent communication skills Mentorship and life skills training Capacity build children officers to identify children with disabilities and link them to support services				

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
DOMAIN:	ECONOMIC STABILITY					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	
Increase young person's ability to meet basic needs	Inadequate source of income Inadequate financial literacy (planning, budgeting, savings & responsible spending) Inability to meet emergency expenses (drought, food) lack of basic technical skill lack of sustainable means o livelihoods	IGA Enroll to savings groups Linkage to social security safety nets (cash transfers) Financial training Joining savings and credit societies/organisations Linkage to medical cover scheme (NHIF) Link to organisation supporting asset growth Link caregiver for business support startup kit/business boost Linkage to technical training Refer for agri-business skills Referral to vocational training/apprenticeships Linkage to entrepreneurship training Linkage to internship and job opportunities				

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
DOMAIN:	CHILD CAREGIVER/MENTOR RELATIONSHIP AND ATTACHMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	
Relationship Formation Reconciliation Maintain family relationship. Missing children	Poor family, caregiver and parental relationship Poor bond between the child/caregiver/ parent Failed family relationship The child is not involved in decision making on matters involving them The child is unable to confide and seek comfort with the caregiver. Limited information on missing children	Hold talks with children to get more information to inform decision Hold open and parent days Carry out family visit Hold sport days within the institution Hold inter-institutional competition Have exchange programmes Positive parenting Positive discipline Effective role modelling Arbitration and mediation Sensitise caregiver/child/ mentor on importance of spending quality time together. Tracing and reintegration. Leave of absence Family group counselling Family group discussions				

DOMAIN:	HEALTH AND DEVELOPMENT					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	Officer responsible
DOMAIN:	EDUCATION					
GOAL	Sub-Goal	Proposed action	Starting Date	Ending Date	Officer's Comment	
All school going children enrolled in school/ education program All school going children/ young person progressing and transi-tioning appropriately All school going children/ young person with disability are enrolled and regularly attend a disability friendly learning institution. All children undergoing vocational training transitioning appropriately	Lack scholastic materials (school bags, stationary, uniform) Lack of school levies Child dropped out of school Child does not want to go to school Lack of dignity packs Education institution lacks disability friendly services Limited data on Vocational training tests undertaken Limited capacity by children officers to identify children with disabilities need for educa-tional support	Provide scholastic material Pay school fees Enforce back school policy Monitor child to regularly attend school Pay school levies/provision of bursary School provide bins for disposing sanitary pads Provide dignity packs Caregiver and child sensi-tised on the importance of education Referral for disability-friend-ly services Complete referral for disability-friendly services Link the child to vocational skills training Capacity build children officers to identify children with disabilities and link them for educational support.				

COUNSELLORS RECOMMENDATIONS			
CHILDREN OFFICERS RECOMMENDATION			
FAMILY CONFERENCING RESULT	Date	Venue:	
		Participants:	
		Result	

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DIRECTORATE OF CHILDREN SERVICES