The Thogomelo Project

STUDY GUIDE

Psychosocial Support Skills Development Programme for community caregivers

Protect A Child • Protect A Child •

social development
Department:
Social Development
REPUBLIC OF SOUTH AFRICA

USAID
FROM THE AMERICAN PEOPLE

SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
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The Thogomelo Project aims to provide training and capacity development to community caregivers on psychosocial care and support and responses to child protection violations – as identified by community-based organisations. The training will be conducted nationally over the project's five-year lifespan from 1 October 2008 to 30 September 2013. Thereafter, the curriculum will be handed over to the Department of Social Development. A curriculum on Child Protection works alongside this Skills Development Programme, and is targeted at supervisors and managers working in home- and community-based organisations.

This Study Guide guides learners through the training and should be used alongside the Learner Manual.

The Thogomelo team wishes to thank the Department of Social Development for providing invaluable technical support during the development of this Study Guide. It has also played a pivotal role in consultation with the Provincial Departments of Social Development to enable a field review of the Study Guide in two provinces (Gauteng and Limpopo).

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Finally, we wish to thank all the training service providers responsible for implementation of the training.

Contents

Introduction to study guide

This study guide aims to give you some general tips on how to succeed in the Thogomelo skills development programme. The first thing you need to do is to get yourself to think in the right kind of way about studying.

Helpful study tips!

Here are some ideas of ways to approach the material:

- Remember the first rule: *Don't panic! You can do this.*
- Make a timetable.
- Revise what you have learnt and give extra time to things that you find difficult.
- Take regular breaks from reading and remembering. You will find some of these activities in your Leaner Manual.
- Eat healthy, regular meals to keep your brainpower up.
- Get enough, good, uninterrupted sleep that will help you concentrate.
- Make friends with the material – it is your friend, not your enemy.
- Discuss your thoughts during classroom and during group work.
- Remember the last rule: *Don't panic! You can do this.*

After you have learnt the material, you will be assessed. This means that you have to show what you have learnt. Assessment can feel scary if you don't know how it works.

How assessment works

During your orientation, you received a poster that explained how assessment works. What the poster tells you is this:

- When you have completed the programme, you will get a certificate.

- You will get the unit standards and credits towards the skills development programme. The credits you will receive will contribute towards a qualification.

- You will develop knowledge and skills that you can put into practice in your daily work.

In the assessment criteria, you will be asked to show what you have learnt and what you understand. There are some important words that you need to "unlock" the meaning of. Then you will be able to give the information in the correct way. Here are the words you need to know and make friends with. These *key words* can be put into two groups:

1. Words that ask you to be *general*
2. Words that ask you to be *specific*

General key words – these words are asking you to show what you know and to write as much as you can about the question.	*Specific key words* – these words are asking you for certain information, such as a name or a list of names.
Explain	Identify
Discuss	Name
Explore	Describe
Demonstrate	

Here is an example of a key word from both groups.

Explain = Put into simple words or say something about
For example: Explain different ways that our cultures view death and dying.

Answer

Every person, family, religion or culture has its own way of understanding and explaining death and dying. We all have different ways of coping with death and dying and this may be through performing different rituals or ceremonies. As community caregivers we need to understand and respect the different ways in which people cope with death. One way to do this is to find out by asking and listening respectfully to what people tell us about the way that they understand and cope with death in their religion and culture. Although some people may do or say things we do not agree with, we must still respect these differences.

Identify = Give some information, such as names or a list of things
For example: Identify what services are available in your community to help someone in times of death and bereavement.

Answer

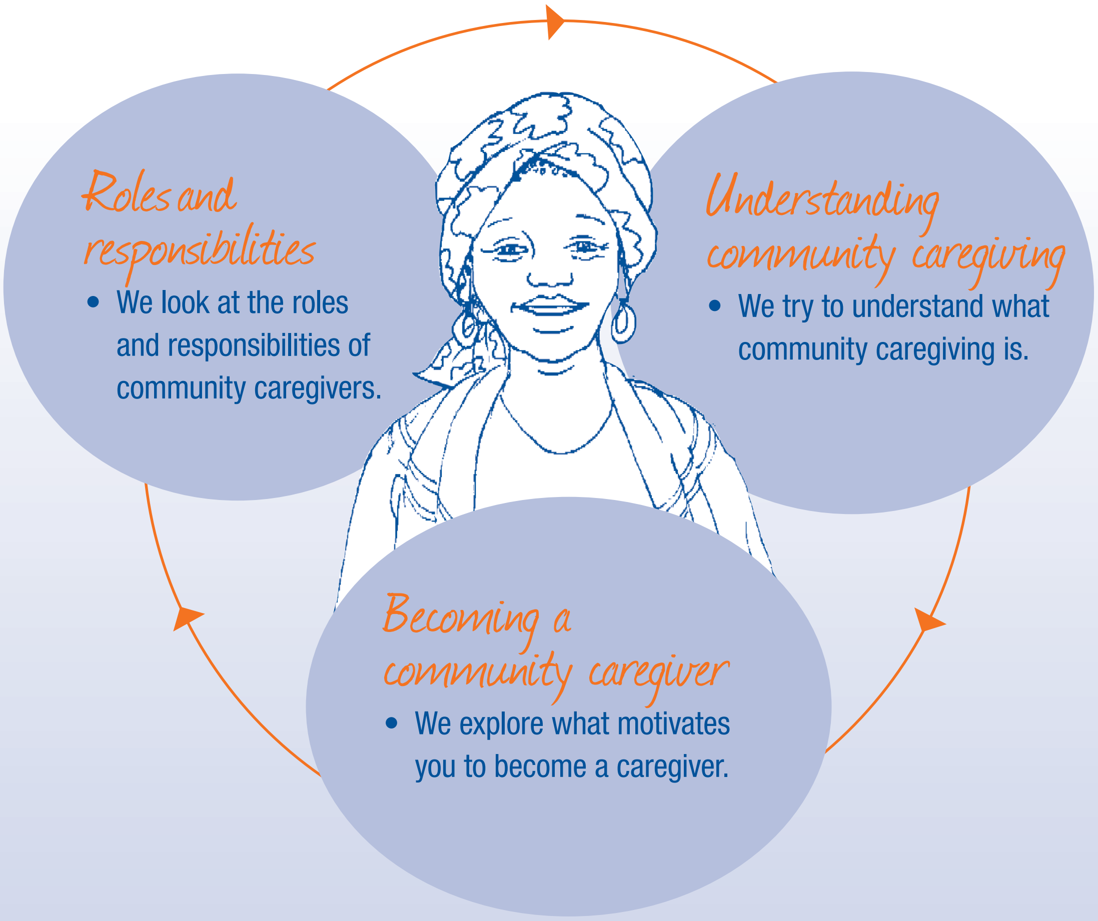
There is a local community clinic nearby where there is a social worker and a psychologist who can help with counselling. There is also a women's prayer group that welcomes people who are bereaved and who need support.

Module 1

Being a community caregiver

Unit standard number: US 120308	Title of unit standard: Apply knowledge of self in order to make personal decisions

This module introduces you to community caregiving in general. It asks you to think about yourself as a community caregiver and to explore how your beliefs, values and attitudes motivate you to do what you do.



Roles and responsibilities

- We look at the roles and responsibilities of community caregivers.

Understanding community caregiving

- We try to understand what community caregiving is.

Becoming a community caregiver

- We explore what motivates you to become a caregiver.

What motivates you?

We don't often stop to think about *WHY* we do what we do. In this module, you will be asked to think about why you are a community caregiver. This is what is meant by motivation – knowing what makes you do what you do. Read page 12 in your Learner Manual.

When you think about this question, try to think about:

1. *Your beliefs* – the conviction or principle that you have
    - For example, I believe in... or I believe that...
    - Write down on a piece of paper five things you believe. You don't have to show it to anyone else if you don't want to.
    - Start each sentence with: I believe...
2. *Your values* – a set of principles or ideals that guide your behaviour
    - For example, the things that help to make you the person that you are. These are the things that are important to you or mean the most to you.
    - Write down on a piece of paper five things that are most important to you. You can keep what you write to yourself.
    - Start each sentence with: The values that are most important in my life are...

Your beliefs and values make you who you are. These are the things inside you that you know about yourself.

The way you show others who you are is through your attitude. Your *attitude* is what you show to the outside world. Depending on your beliefs and values, you can have a positive or negative attitude.

Now discuss with your friend:

- What are the beliefs and values that make her who she is?
- What kind of attitude does she have?

Now discuss with your friend:

- What are the beliefs and values that make her who she is?
- What kind of attitude does she have?

Imagine that this is you. How would you fill this speech bubble? What are your personal beliefs and values? What kind of an attitude do you wake up with most mornings? (Fill in the speech bubble)

Stop and think about yourself a little more. Imagine that you are being interviewed by someone for a magazine. Think of yourself as interesting to someone else. The interviewer wants to know about you. They want to know *WHY* you do what you do. What *MOTIVATES* you to be a community caregiver?

Sometimes people do the work they do because they want to – they make a personal choice to do something. Other times, they do not have a choice and perhaps feel it was something they should do or had to do.

Write down some notes on a piece of paper that will help you to answer the following questions.

Why did I become a community caregiver?

When you answer, remember to say what beliefs, values and attitudes made you become a community caregiver or helped to motivate you. Also say whether you made a personal choice or not.

How do you see yourself and how do others see you?

As a community caregiver, you have many different *roles* and *responsibilities*. Read page 19 in your Learner Manual.

Roles

A role is how others *SEE* you and how you *SEE* yourself. Think about it this way: (Fill in the blank spaces)

a) Others may see you or you may see yourself as a mother, a wife, a daughter, etc.

At home I am a ....

b) Others may see you or you may see yourself as a helper, a nurse, a hard worker, etc.

In my work I am a ....

c) Others may see you or you may see yourself as a caregiver, a leader, a fighter, etc.

In my community I am a ....

Responsibilities

Responsibilities are the things or the tasks you *DO* most of the time. Each role has responsibilities. Look at the table opposite and fill in for each role the responsibilities that come with that role.

Roles	Responsibilities
Home: One role I play at home is ...	Home: Three responsibilities that go with this role are: 1. 2. 3.
Work: One role I play in my work is...	Work: Three responsibilities that go with this role are: 1. 2. 3.
Community: One role I play in my community is...	Community: Three responsibilities that go with this role are: 1. 2. 3.

It is important to remember that you do have a choice as to what roles and responsibilities you accept.

You need to know what you can and cannot do. This is what is meant by a *boundary*. A boundary means being able to say *NO*. No, I can't or No, I won't.

KEY POINTS

What are the key points to remember about being a community caregiver?

- It is important to know something about yourself, such as what motivates you to be a community caregiver. Knowing this helps you to think about your beliefs, values and attitudes that motivate you to do the work you do.
- A community caregiver may take on different roles and may have different responsibilities. It is important to know what your role is and what your responsibilities are. This helps you to be clear about what you *CAN* do and what you *CANNOT* do. It helps you to have boundaries.

Module 2

My psychosocial wellbeing

Unit standard number: US 120308	Title of unit standard: Apply knowledge of self in order to make personal decisions

This module looks at the importance of looking after your own psychosocial wellbeing when looking after others. It encourages you to be self-aware of your needs.

Understanding psychosocial wellbeing

- We try to understand what psychosocial wellbeing is.
- We explore the different factors that affect your life.

Individual psychosocial needs

- We try to understand our individual psychosocial needs.

Understanding myself better

- We explore the meaning of self-awareness and what it means for you.

What does psychosocial mean?

'Psychosocial' is a big word. One way to understand it is to break it up, like this:

- Psycho – this is what we have **inside us**, what we think, what we feel, what we believe. The things that are important about us and make us who we are.
- Social – this is what is all **around us**, **outside of us**, such as family, friends, community, work.

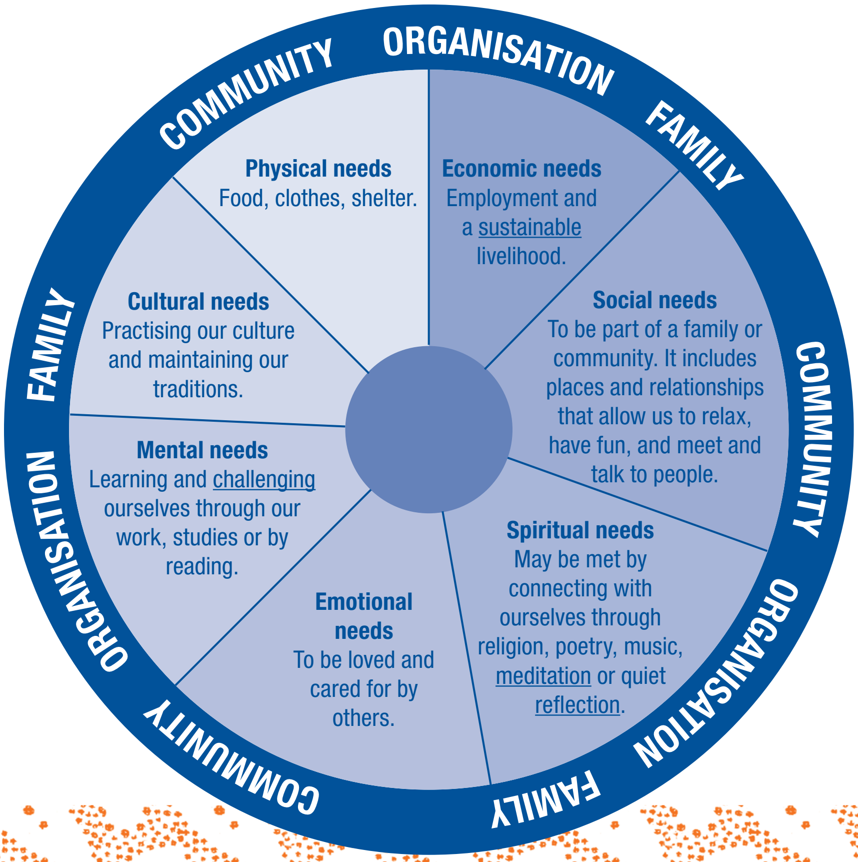
Psychosocial wellbeing is another word for a feeling that ALL IS WELL – inside and outside of you.

What you have inside you, your inside world, is always interacting with the outside world. This will affect how you feel.

Psychosocial needs

As community caregivers, you may be so busy thinking about others that you forget to think about yourself. This module makes you do just that – think about yourself. It makes you think about what you need to give you a feeling of wellbeing. What makes you feel good and what makes you feel not so good?

The wheel of psychosocial wellbeing shows you what these different needs are.



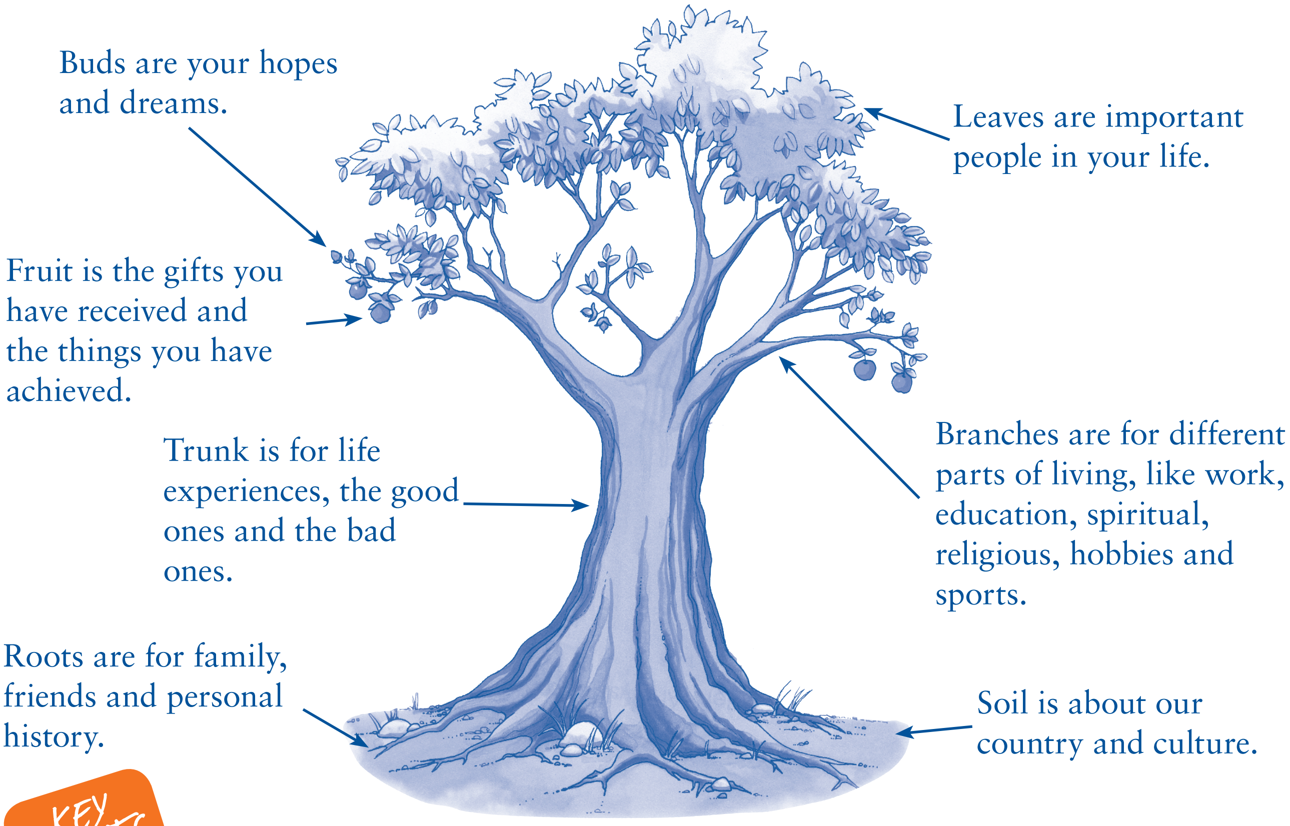
Self-awareness

Understanding yourself is the first step in understanding others. This is what is meant by self-awareness. Self-awareness can mean understanding your feelings and knowing where they come from. It can also mean understanding why you behave the way you do to others.

The Tree of Life helps you to understand what makes you who you are.

The different parts of the tree help you to think about the different influences in your life:

The Tree of Life



KEY POINTS

What are the key points to remember about psychosocial wellbeing?

- Your own psychosocial wellbeing is important in your work as a community caregiver.
- Knowing what you need and taking those needs seriously can help you to have a feeling of wellbeing.
- Self-awareness means knowing who you are and what makes you who you are – the influences in your life like important people and life experiences.

Module 3

Dealing with stress

Unit standard number: US 114939	Title of unit standard: Identify causes of stress in own life and indicate techniques to manage it
Unit standard number: US 120308	Title of unit standard: Apply knowledge of self in order to make a personal decision
Unit standard number: US 14659	Title of unit standard: Demonstrate an understanding of factors that contribute towards healthy living

This module focuses on understanding the impact of caregiving on you and your loved ones. As a community caregiver you may know about stress, but you may not always be able to recognise it in yourself. This module gives you a chance to think about what stress is and how to realise if your stress levels are too high. You will also learn about the stress-related illnesses you can get if your stress levels get out of control. To avoid this, you will learn about ways to cope with high stress levels and develop your own self-care plan.

Understanding stress

- We try to understand what stress is.
- We learn that stress can be both positive and negative.
- We explore our ability to cope with stress in our lives.

What happens when our stress levels are too high?

- We explore different types of stress.
- We learn the different concepts of stress, its causes and its effects on our lives.

Caring for myself

- We learn how to deal with a high level of stress.
- We explore ways of developing a self-care strategy.
- We also look at the causes and impact of cumulative stress.

What is stress?

Stress is a feeling that everything is just too much. Everyone copes with stress differently and everyone experiences stress and reacts to it in different ways.

In everyday life, some amount of stress is normal and even helpful. We call this POSITIVE stress. Positive stress leaves you feeling good. NEGATIVE stress is not a good feeling. It can leave you feeling under pressure, unhappy, unsure or bad about yourself. It is this kind of stress that is important to recognise and manage.

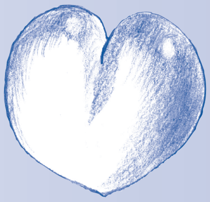
The first rule of self-care is:

Look after yourself first and then look after others.

Recognising signs of stress

There are FOUR warning signs that your stress levels are too high. One normally finds these warning signs in your HEART, ACTIONS, BRAIN and BODY. You can remember this easily if you think of HABB (the first letter of where you will find the warning signs).

Your HEART will give EMOTIONAL signs, for example



- "My mood changes all the time. It goes up and down." (moodiness)
- "I can't sit still, I have to keep busy." (restlessness)
- "I get angry and shout at people very quickly." (short temper or impatience)
- "I feel low and heavy." (overwhelmed or depressed)

Your ACTIONS will give BEHAVIOURAL signs, for example

- "I am eating more than usual." (change in eating habits)
- "I am sleeping most of the day or I struggle to go to sleep or stay asleep." (change in sleep patterns)
- "I don't want to see anyone, I want to be alone." (withdrawing from other people)
- "I am drinking and smoking more than usual." (using alcohol, cigarettes and drugs)
- "I bite my nails and grind my teeth in my sleep." (nervous habits)
- "I am getting into lots of fights with people." (overreacting)

Your BRAIN will give COGNITIVE signs, for example

- "I can't remember things." (forgetting things)
- "I don't know what to do." (problem making decisions)
- "I can't think straight." (trouble thinking clearly)
- "I thought I did the right thing but..." (poor judgement)
- "I can't concentrate." (poor concentration)
- "I'm thinking too much." (racing, fearful, worrying thoughts)
- "I have no interest in sex." (little or no libido)

Your BODY will give PHYSICAL signs, for example

- Head: headaches, dizziness, migraines
- Neck and back: backache, muscle tension, stiffness
- Stomach: nausea, diarrhoea, constipation, weight gain or loss
- Chest: chest pains, rapid heartbeat
- Skin: pimples

If your stress levels get too high, it is very likely that you will experience one or more of the following FOUR stress reactions. You can remember this easily if you think of ABCD (the first letter of the four stress reactions).

- Anxiety
- Burnout
- Compassion fatigue
- Depression

There are some case studies that you will go through in the material to help you pick up signs and symptoms of different stress reactions. If you can recognise different types of stress in these examples, then perhaps you will be better able to recognise them in yourself.

This table will help you to know the signs and symptoms of these four stress reactions.

Stress reaction	What is it?	Signs and symptoms
Anxiety	Feelings of intense fear and worry most of the time that affects the person's ability to cope with everyday life.	Feeling fear that is not normal; trouble concentrating; feeling tense, jumpy, restless; expecting bad things to happen; irritability.
Burnout	Feelings of physical, mental and emotional exhaustion in a person who has been caring for others for a long time.	Feeling powerless, bored, trapped, failure, frustration, helplessness and hopelessness; distrust and doubt in yourself; wanting to be alone; thinking about suicide.
Compassion fatigue	Not being able to feel kind or considerate, or to understand how someone else feels.	Blaming others; staying away from people you care about; abusing medicines, alcohol or drugs; not showing your feelings; concentration problems; physical illnesses, such as gastro and colds.
Depression	An ongoing feeling of being "down" and unable to cope with life.	Feelings of helplessness, hopelessness, worthlessness and self-hate; changes in appetite and weight (loss and gain); sleep disturbances; low energy; concentration problems.

Be careful about using the labels "anxiety" and "depression" because these two reactions can only be diagnosed by a mental health professional. This means that only a psychologist or a psychiatrist (specialised mental health services) can say whether the person is suffering from anxiety or depression. See the Support Pyramid opposite and on page 85 in your Learner Manual.

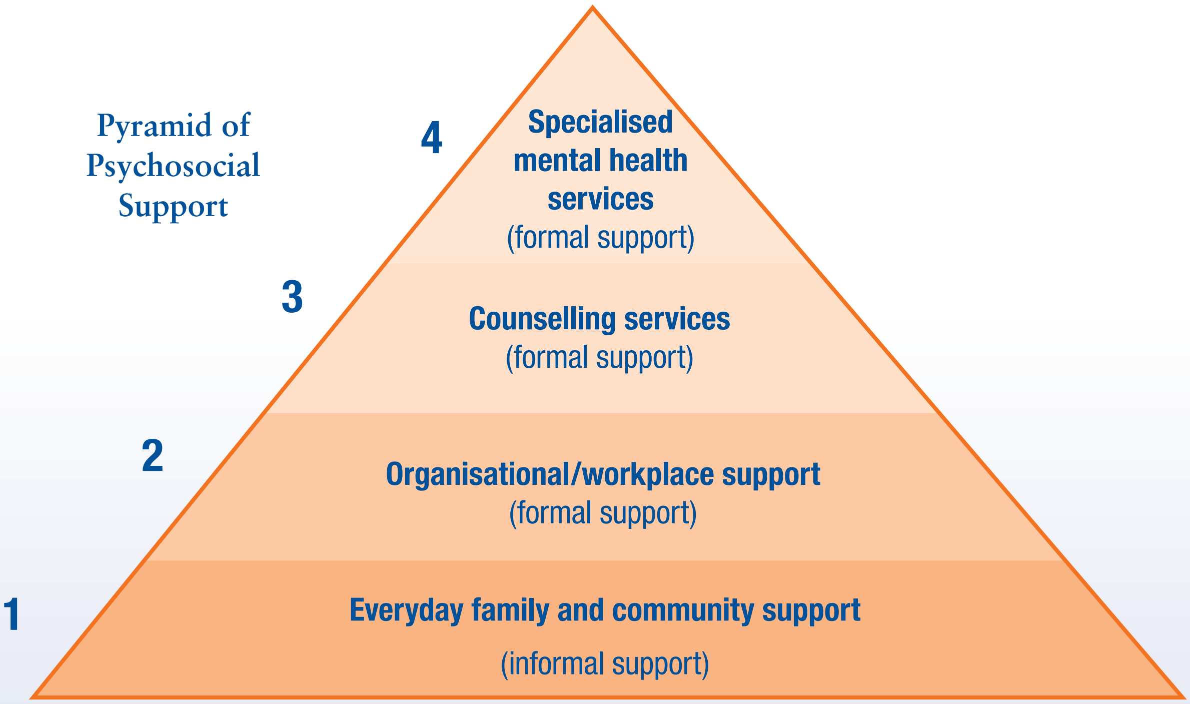
Caring for yourself

One way to cope with high stress levels is to look after yourself and learn some important skills to help you to cope.

- Communicate effectively
- Learn to problem-solve
- Manage your time effectively
- Ask for support

There are many different levels of support. The Support Pyramid below shows four different levels.

Pyramid of
Psychosocial
Support



The most important way of maintaining psychosocial wellbeing is to understand how to live in a healthy way. There are FOUR things you can do:

1. Maintain a clean and healthy lifestyle.
2. Eat healthily. Know what makes up a balanced diet.
3. Don't depend on medicines and other substances like alcohol and cigarettes.
4. Do enough exercise and make time to relax.

Most importantly, remember to develop your own self-care plan.

What is a self-care plan?

A self-care plan is a way of focusing on how you can take better care of yourself. Sometimes changing the way we do things can feel impossible, so it is helpful to try to break it up into manageable goals: for today, for the week, for the month and so on. Read page 100 in your Learner Manual.

Let's try to break down what you have to do to make your plan into three steps.

STEP 1

Decide on a goal. For example:

Eating healthily

STEP 2

Decide how you can achieve that goal, today, in the next few weeks, in the next few months. For example:

Today: Pack a lunch pack that has fruit, bread, meat and a water bottle

In the next few weeks: Eat less sugar and fat

In the next few months: Know what different foods make up a balanced diet so that you know what to eat and how much to eat of each type of food

STEP 3

Pay attention to how achieving this goal has helped you to take care of yourself better

Now do this exercise for yourself by taking a personal goal and breaking it down into three manageable steps.

KEY POINTS

What are the key points in dealing with stress?

- It is important to be aware of stress in your life – positive and negative.
- Know how stress affects you and how you can recognise it (HABB).
- Be aware that high levels of stress can cause serious stress reactions (ABCD).
- Take your own care seriously by practising self-care and making a self-care plan for yourself.

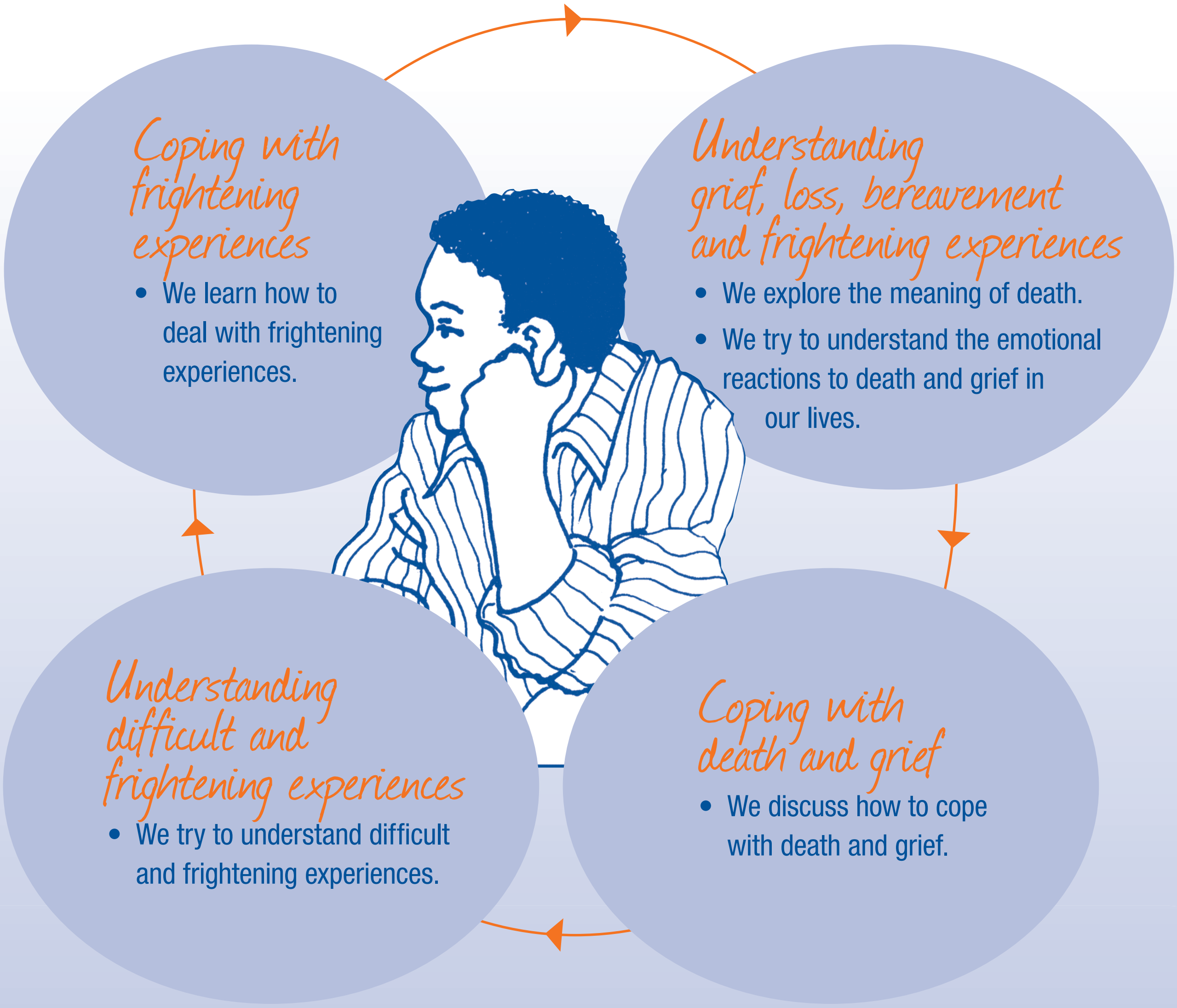
Module 4

Dealing with death, grief, bereavement and frightening experiences

Unit standard number: US 119565	Title of unit standard: Assist with palliative care

Module 4 aims to prepare you for helping people that you work with deal with some very difficult challenges like dealing with DEATH and FRIGHTENING EXPERIENCES. Let's focus on dealing with death first and then we will focus on frightening experiences, even though the two are often linked.

The module focuses on helping you to think about the different ways in which people may react to death.



Understanding grief, loss, bereavement and frightening experiences

- We explore the meaning of death.
- We try to understand the emotional reactions to death and grief in our lives.

Coping with death and grief

- We discuss how to cope with death and grief.

Understanding difficult and frightening experiences

- We try to understand difficult and frightening experiences.

Coping with frightening experiences

- We learn how to deal with frightening experiences.

Understanding death

Here are some of the things that will be covered in the part of the material that deals with death.

- What is death?
- Cultural and religious factors associated with death. It is natural to feel grief when we have lost someone or something important. Everyone grieves differently; when we grieve, we can feel many different feelings. There can be different stages we go through to try to accept death or loss.
- Coping with death and grief:
  - What to do in times of death and grief.
  - What to say to someone who has lost someone they care for.
  - How to support someone who is grieving.
  - How to tell someone that a person they care about has died.
  - How to help children deal with death.

Challenging words

There are different words that mean different things in different languages. Let's look at some of the words used in this module so that you feel clear that you know what they mean. Try to find a similar meaning for these English words in your home language if you can.

The word (English)	Meaning (English)	The closest word (in my home language)	Meaning (in my home language)
Grief	A mixture of difficult feelings that someone may have after a death or loss of someone close		
Grieving	The action of feeling or experiencing grief		
Grief reactions	Feelings like shock, anger, sadness or guilt after a death or a loss	.	
Grieving process	The journey or the time you need to grieve. One example is the 6 stages of grief by E. Kübler-Ross, page 110 in the Learner Manual.		

The word (English)	Meaning (English)	The closest word (in my home language)	Meaning (in my home language)
The bereaved	Someone who has experienced the death of a person they care about who is close to them		
Bereavement	When a loved one passes away		
Depression	A possible grief reaction: feeling sad or low, hopeless, helpless, loss of interest in pleasurable activities, low self-worth, poor concentration, poor appetite and sleep		

What are the two key points to remember about death and loss?

- It is important for community caregivers to understand and respect that every person, every family, religion and culture has their own way of explaining death and performing certain rituals to help them cope with death. This is what is meant by the cultural and religious factors associated with death.
- As you try to help others cope with death and grief, you also need to take care of yourself by:
  - talking about how you feel when you support adults and children who are grieving;
  - taking care of your own mental, emotional and physical health when you help the bereaved; and
  - knowing about and getting support from services in your organisation or community to help you to cope as a community caregiver.

This is what is meant by dealing with bereavement and taking care of yourself.

Understanding difficult and frightening experiences

We all can have frightening experiences but mostly we cope with them. Sometimes an experience can be very frightening and we feel we will not survive. These experiences are *traumatic* and can disturb us for a long time afterwards.

It is important to know the difference between a normal traumatic response, a more serious traumatic response and post-traumatic stress disorder.

There are five ways to help someone cope with a disturbing experience:

- Help them to reconnect with family and friends to get *social support*.
- Encourage them to have *consistency*, to keep things the same for at least six months after the experience and not change life patterns too soon.
- Talk about the person's response to the frightening experience so that they do not feel they are going mad. Explain that other people have similar responses. This is called *normalising*.

- *Listening* to the story is a way of helping someone to talk about their frightening, disturbing experiences so that they can offload or get it off their mind.
- *Focus on coping* or what the person did well in order to survive the situation.

Some words you may find challenging in this part of the module

There are words that mean different things in different languages. Let's look at some of the words used in this module so that you feel clear that you know what they mean. Try to find a similar meaning for these English words in your home language if you can.

The word (English)	Meaning (English)	The closest word (in my home language)	Meaning (in my home language)
Traumatic experience	A frightening, shocking, upsetting experience that disturbs the person for some time afterwards		
Adaptive (normal) traumatic response	A response that helps someone cope when something traumatic has happened		
Post-traumatic stress disorder	A severe or very bad traumatic reaction which a professional decides is an illness that needs special treatment	.	
Psychologist	A professional who is trained to help people understand their thoughts, feelings and behaviour		
Trauma counselling	A special kind of counselling by a professional to help someone recover after a trauma if they can't get better on their own		

KEY POINTS

What are the key points about frightening or traumatic experiences?

- There are some important ways that community caregivers can help people to recover from frightening and traumatic experiences that are not too serious.

THE FIVE KEY WAYS TO REMEMBER

Social support
Consistency
Normalising
Listening
Focus on coping

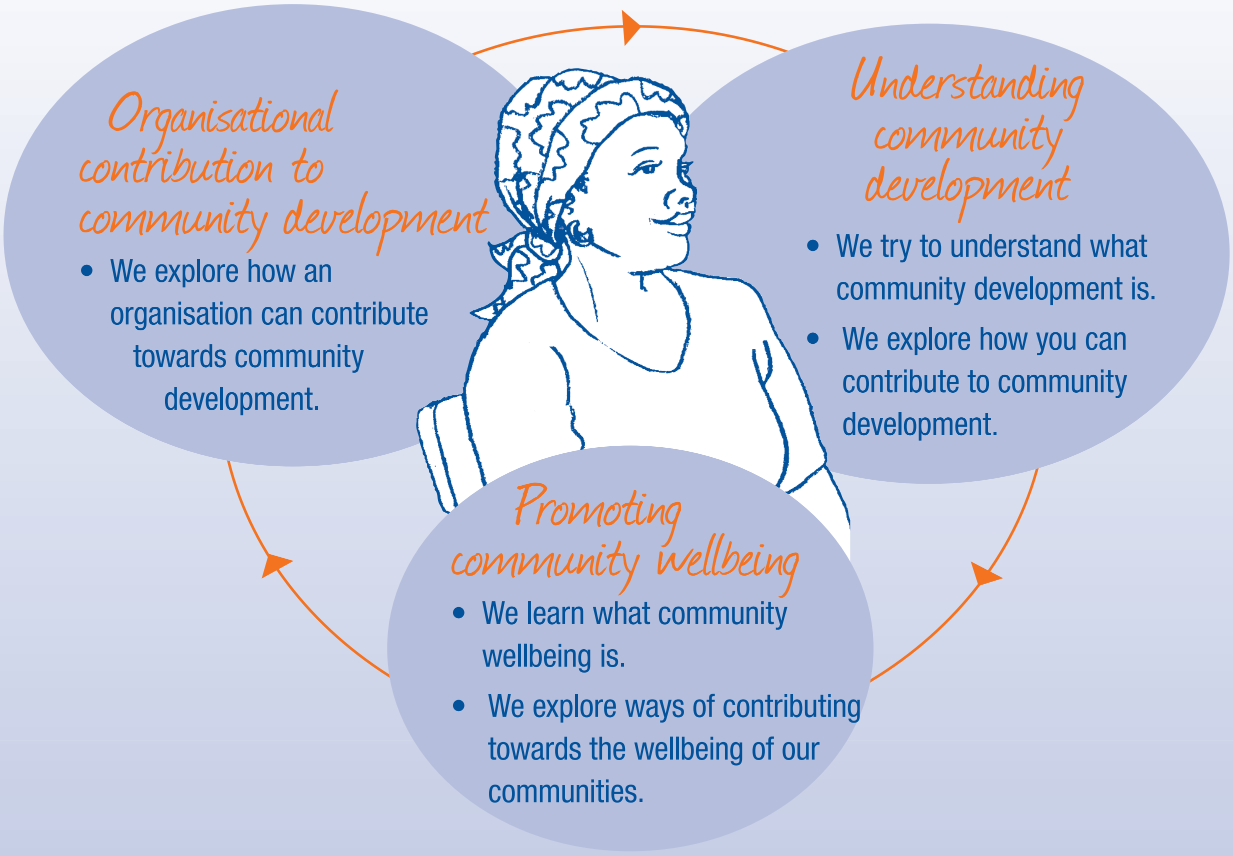
- An important point to note is that when someone has a severe traumatic response, they should be referred to a professional like a psychologist. The psychologist will decide if the person is suffering from a psychological disorder and can offer special trauma counselling.

Module 5

Creating a caring community

Unit standard number: US 244584	Title of unit standard: Investigate ways of contributing towards community development

In a community, there are some people who often feel that they are not doing enough. These are people like you, community caregivers. It is important to remember that every single, small contribution helps. This module helps you to describe what community development is. Think about what improves and what inhibits (does not help) community development. It highlights the positive things that can happen if community caregivers actively contribute to community development and what problems can arise if they do not get involved. Lastly, it helps you to think about how you can grow and develop through being involved in community development.



Organisational contribution to community development

- We explore how an organisation can contribute towards community development.

Understanding community development

- We try to understand what community development is.
- We explore how you can contribute to community development.

Promoting community wellbeing

- We learn what community wellbeing is.
- We explore ways of contributing towards the wellbeing of our communities.

Community development – community wellbeing

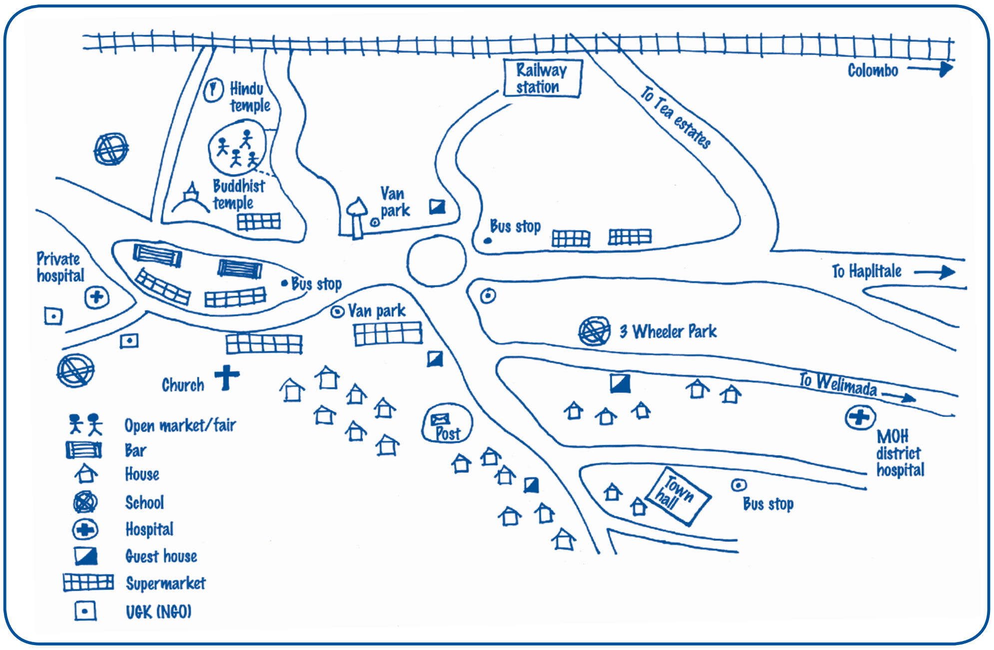
The idea of community development or wellbeing can mean different things to different people. There may be many things that people think it should be about, but most would agree that the following things make a community strong and healthy:

- Good local leadership
- Good living conditions
- A clean environment
- Good health services
- Good social services
- Good schools
- Good relationships between people
- A strong spiritual life in the community
- Opportunities for fun and sport
- A rich traditional and cultural life

Community development means: *development or improvement for the people, by the people*. This means that plans for improving the community must be made by local people in the community and must be carried out by those same people who live in that community. This is what is meant by *participation* – community members are involved and have *ownership* – development belongs to the community.

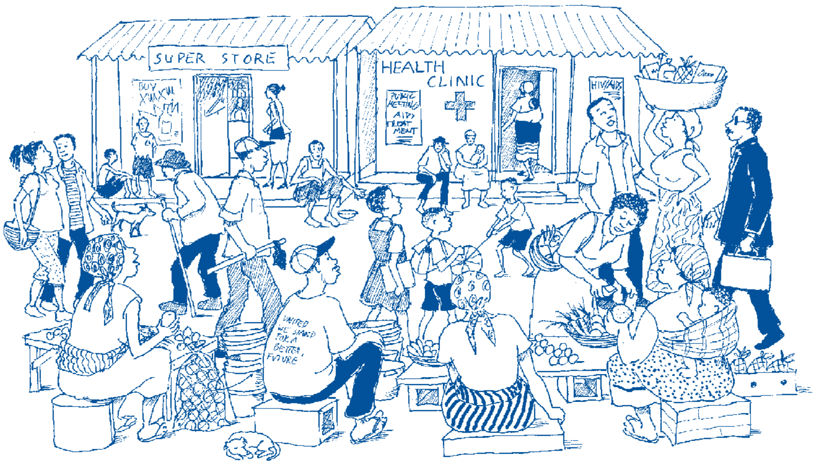
Community development has two important goals:

1. **Developing the environment.** Making sure people live in safe, healthy physical conditions. These include things we can see, like roads, schools and clinics.



2. **Developing relationships.** Making sure there are strong networks and links between people and organisations so that they support one another. These are things we can't always see, but they are there and by working together, these people and organisations can ask the question: How can we develop community wellbeing?

Community Wellbeing is another word for making sure there is *Psychosocial Wellbeing* in a community and that people have *Access to Psychosocial Support*. Remember, you covered this in Module 2 of this Study Guide.



Helpful phrases (groups of words) that can make up a definition of community development:

- Safe
- Healthy physical environment
- Strong networks
- Relationships between people and organisations
- Ownership and participation
- Planned improvement

What prevents community development?

- Low motivation: "I haven't got the energy to get involved."
- Low morale: "It will never work."
- Lack of skills and resources: "I can't do anything useful."
- Lack of leadership: "There is no one to organise things."
- Little support from government: "Does government really care?"
- Lack of understanding of community relationships and roles in development: "Why should we get involved?"

What improves community development?

- Knowing who the people or organisations are in your community. This is what is meant by *roleplayers*. Community roleplayers can be community organisations and faith-based organisations like church groups. When you bring them together, you can create what we call *a community support network*.
- Knowing that your role as a community caregiver is very important and that you are part of a community support network.

Why should community caregivers get involved in community development?

As a community caregiver…

- I want to make sure we have good living conditions.
- I play a part in community health and social services.
- I try to build good relationships between myself and others.
- I keep my eyes open for community resources.
- I am building networks of support.
- I promote wellbeing for others and for myself.

At the end of the day…

- How do you think a community caregiver feels if she achieves one or more of these things in her day?
- How does feeling good about what she does affect her own development and wellbeing?

What tools does a community caregiver have to offer?

A community caregiver can use two important tools in her work:

1. Social support network map. See pages 146–148 of your Learner Manual.
2. Community map. See pages 150–151.

KEY POINTS

What are the key points about creating a caring community?

- Creating a caring community means getting involved in community development and community wellbeing.
- Community caregivers have an important role to play in community development and community support networks.
- When community caregivers get involved, they can develop and grow from the experience.

Module 6

Protecting our children

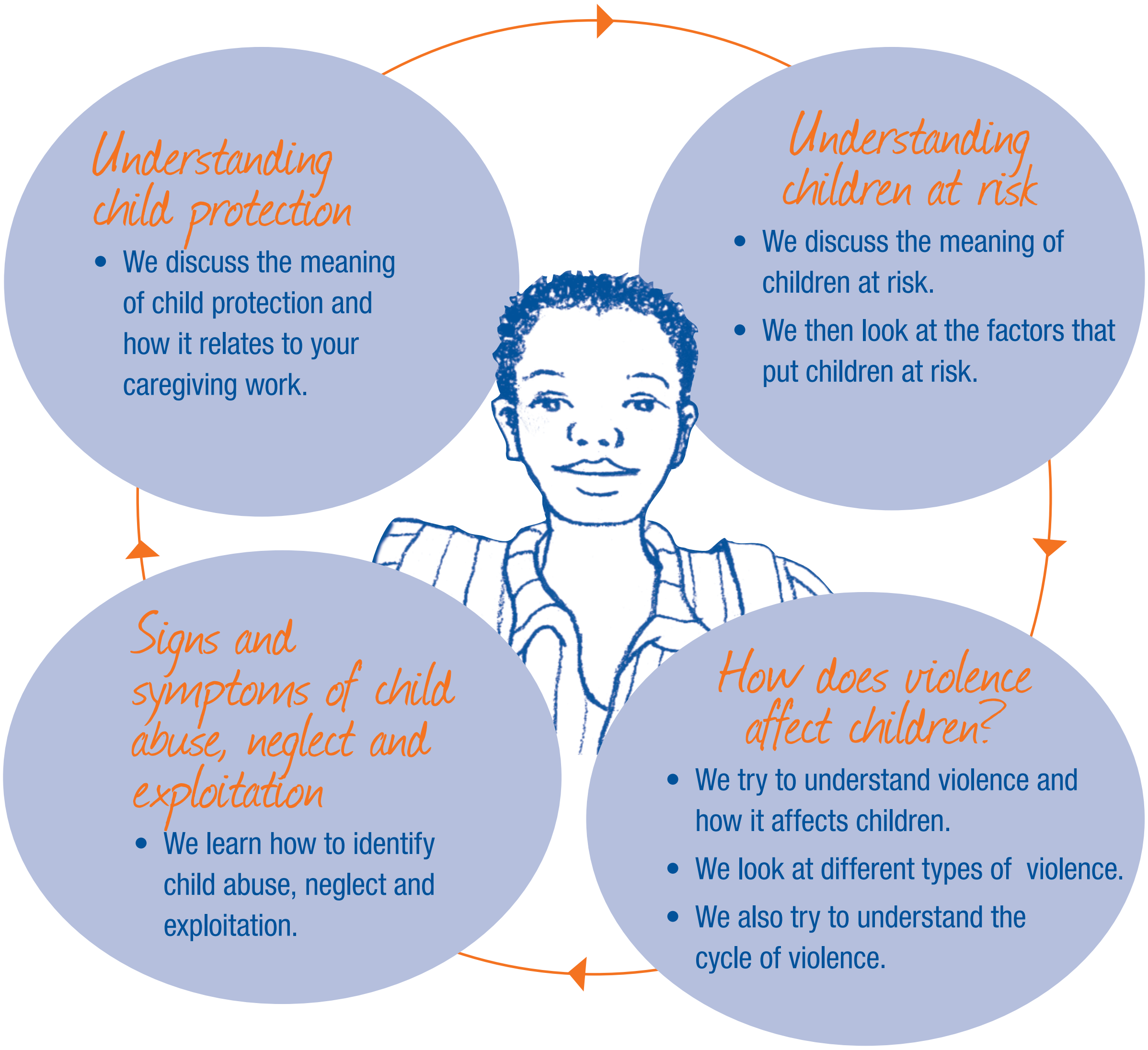
Unit standard number: US 117883	Title of unit standard: Demonstrate an understanding of violence and victimisation affecting children and youth

In our society, children need protection. Community caregivers are often the ones who notice or hear that a child is at risk or vulnerable to being harmed or hurt.

How we can protect children is an important question to ask but it can feel overwhelming to think about.

This module helps you to think about these questions:

- Who are *children at risk* or *vulnerable children*? What makes them vulnerable?
- How does violence affect children? What is the cycle of violence and what can be done to break the cycle?
- What do we mean by child abuse? In what ways are children abused and how do we recognise abuse?
- What things in the environment put children at risk and what things protect them?
- What do we mean by child protection?
- How does working with vulnerable or abused children affect you as a community caregiver?



Understanding child protection

- We discuss the meaning of child protection and how it relates to your caregiving work.

Understanding children at risk

- We discuss the meaning of children at risk.
- We then look at the factors that put children at risk.

How does violence affect children?

- We try to understand violence and how it affects children.
- We look at different types of violence.
- We also try to understand the cycle of violence.

Signs and symptoms of child abuse, neglect and exploitation

- We learn how to identify child abuse, neglect and exploitation.

Children at risk and vulnerable children

Any children under the age of 18 years who are not protected and cannot protect themselves from certain dangers are *children at risk* or *vulnerable children*.

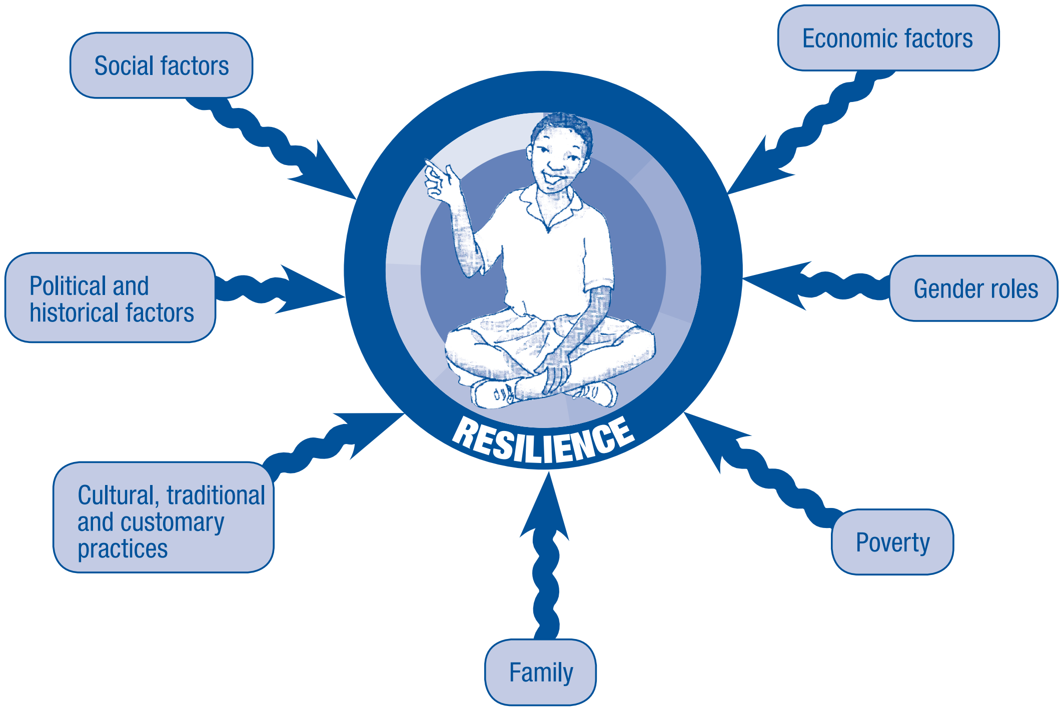
Which children are more at risk or vulnerable and why?

- Children who are *HIV positive* because they may be abandoned and neglected physically and emotionally
- *Disabled children* because they need others to help them and may be abused or neglected
- *Child refugees* because they can be attacked (xenophobia), poor or forced to sell their bodies for money

- Children who are *not registered* (no birth certificate) because they cannot get a grant for support
- Children who are *in trouble with the law* because they are open to danger if they are in police cells or prison

Children grow up in environments and contexts that put them at risk or make them vulnerable. In these contexts there are many different things called risk factors that can put children at risk. One way to think about how the context puts a child at risk is like this:

Risk factors



Poppy's story

Poppy is a 15 year old girl. She is what we could call a child at risk because of the following factors:

- At home, no one makes sure Poppy goes to school because her mother is an abused woman and is often drunk. These are what we call *social factors*.
- Poppy does not have one place she can call home because her parents are unemployed and there is no regular money to get safe and secure housing. These are what we call *economic factors*.
- Poppy lives in an area where there is often *political violence* because there are many refugees living nearby. Poppy often sees violence between people and groups because some people have opportunities to go to school and work and others don't.

- In this community, boys are told to go to school but girls are expected to stay home, cook and clean and look after young children. Poppy looks after her younger brother even though her mother does not work. This is what is called *gender roles*.
- Poppy's mother has never prepared her for becoming a young woman because she was never told about these things by her mother. She has also been taught to obey all males because it is expected of a woman. Poppy doesn't know about her body and sex and protecting herself from unwanted pregnancy and sexual abuse. This is what is called harmful *cultural, traditional and customary practices*.
- There is no money to send Poppy to school and if she does not get an education, she may have to find risky ways to make money, like prostitution. This is what happens when there is *poverty*.
- There is no adult supervision and Poppy and her younger brother are neglected. They often watch their father abuse their mother. This is what happens when there is a *breakdown in family*.

Poppy's story shows how her context puts her at risk and makes her vulnerable because of all the different *risk factors*. The same factors can also put a boy at risk.

Although children live in contexts where the risk factors are great, there are also things called *protective factors*. These factors, like feeling loved and cared for, being able to communicate and solve problems, and feeling good about yourself can work together to build ways to cope with stress. This is called *resilience*.

Violence and the effects of violence on children

There are different forms of violence:

Verbal

(swearing and calling bad names)

Emotional

(like not giving a child love or threatening them)

Sexual

(like inappropriate touching and penetration)

Armed conflict

(like in times of war)

Political

(like when two groups fight with weapons for land or food)

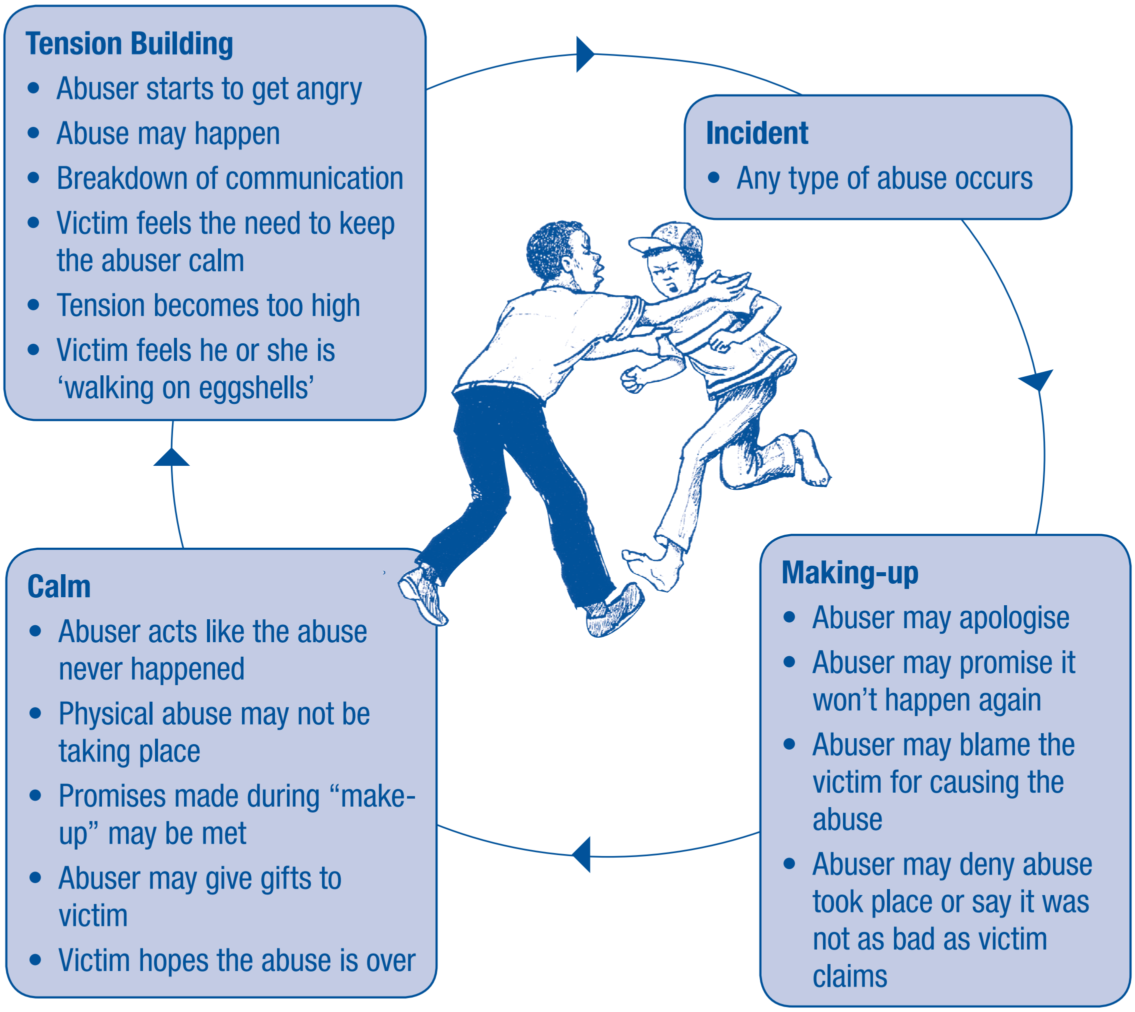
Children are affected by all these different forms of violence. Violence can affect children's development in 5 different ways:

- emotionally;
- physically;
- mentally;
- socially; and
- behaviourally.

How do the following examples link to the effects described on the previous page? Link each example with one of the five effects.

- Not being able to read or write
- Problems with concentration
- Bullying other children
- Substance abuse (drinking and drugging)
- Difficulty playing with friends
- Fighting with siblings
- Feeling guilty
- Fear of being left alone

Cycle of violence



Tension Building
- Abuser starts to get angry
- Abuse may happen
- Breakdown of communication
- Victim feels the need to keep the abuser calm
- Tension becomes too high
- Victim feels he or she is ‘walking on eggshells’

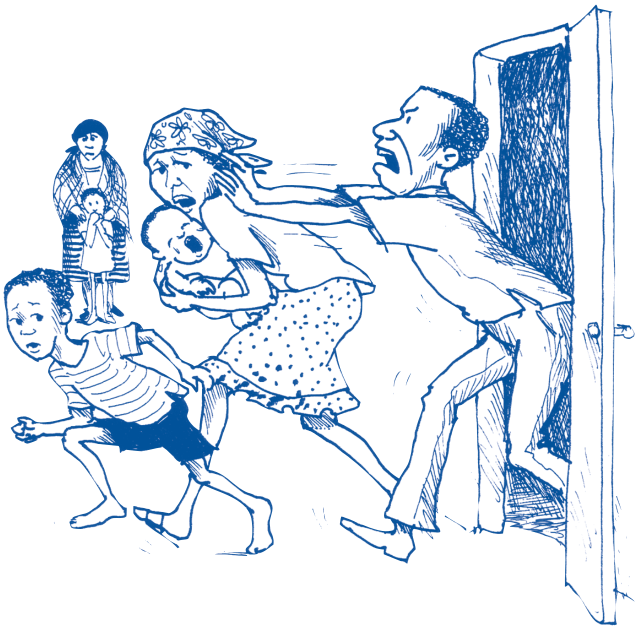
Incident
- Any type of abuse occurs

Making-up
- Abuser may apologise
- Abuser may promise it won’t happen again
- Abuser may blame the victim for causing the abuse
- Abuser may deny abuse took place or say it was not as bad as victim claims

Calm
- Abuser acts like the abuse never happened
- Physical abuse may not be taking place
- Promises made during “make-up” may be met
- Abuser may give gifts to victim
- Victim hopes the abuse is over

The cycle of violence helps us to understand that when children are exposed to violence when they are young, they are likely to be violent when they play and to use violence when they get into fights with others. Sometimes people do not realise that they are part of the cycle of violence. A parent who hits a child who has done something wrong may be giving a message that violence is the only way to solve a problem. This parent can become part of the cycle of violence without realising it. You can read more on the cycle of violence on page 169 of your Learner Manual.

Thabo's story



Thabo's mother is what we call *the abused*. Her husband, *the abuser*, is not working and often comes home drunk and gets angry and starts to shout and pick a fight. This is what is called *tension building*.

The incident happens when he hits her. After a while he says sorry and tries to *make-up*. For a while there is *calm*, until the next time. This is how the cycle works and it affects the whole family. Children are often the victims as they watch their parents, the perpetrators, use violence to solve a problem. There is a danger that they get the message that violence solves a problem and when they hit another child in a fight, *the victim becomes the perpetrator*.

The following skills can help to break the cycle of violence:

- Negotiation
- Conflict resolution
- Decision-making
- Communication
- Problem-solving

Child abuse

Child abuse is defined by the Children's Act as any harm or ill treatment to a child such as:

- hitting or beating
- sexual abuse
- bullying
- child labour
- hurting the child emotionally or psychologically

Neglect is defined as not providing for a child's physical, emotional, intellectual and social needs.

As community caregivers you need to identify signs and symptoms of child abuse and neglect:

- *Sign* – something you can actually see
- *Symptom* – a problem or illness that tells you something is wrong

You can find example of different types of abuse and neglect as well as signs and symptoms in the tables on pages 174–176 of your Learner Manual. The case studies on pages 178 and 179 help you to identify child abuse and neglect.

Laws that aim to protect children

The United Nations Convention on the Rights of Children (Article 19) is an international law that South Africa signed in 1994 to show its support. It says:

> *"Children have a right to be protected from harm, and all adults have a responsibility to protect children from harm."*

In South Africa, The Children's Act of 2005, talks about child protection.

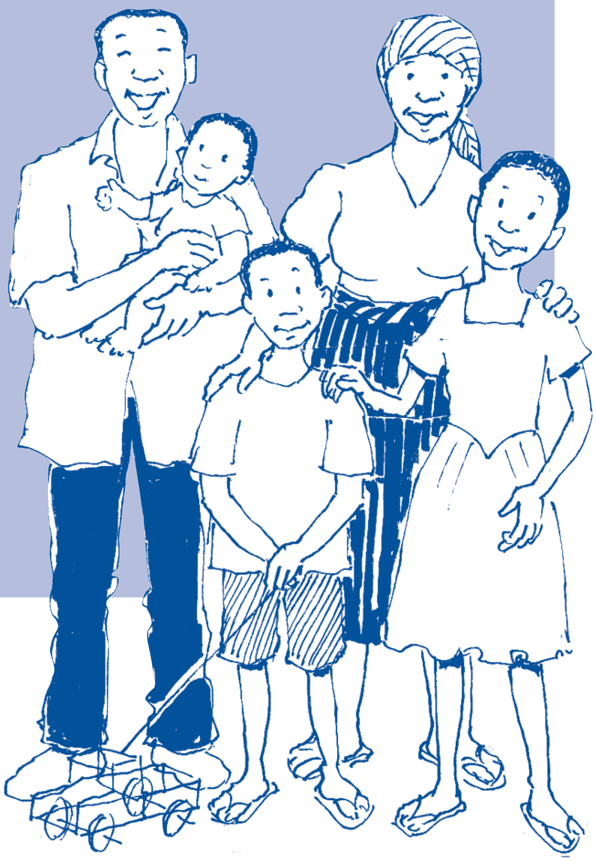
The role of community caregivers in protecting children from abuse and neglect

Community caregivers are often the ones who take responsibility for caring for abused or neglected children. They play an important role in picking up signs and symptoms of abuse. If there is early intervention, it can help to prevent further abuse and neglect.

KEY POINTS

What are the key points about protecting our children?

- There are important laws that aim to protect children, especially children at risk or vulnerable children, from violence, abuse and neglect.
- As community caregivers, it is important to think about the factors that put children at risk for violence but to also know about the protective factors that build resilience.
- It is the responsibility of every adult to work to protect children by first knowing about different forms of abuse and being able to identify signs and symptoms.



Module 7

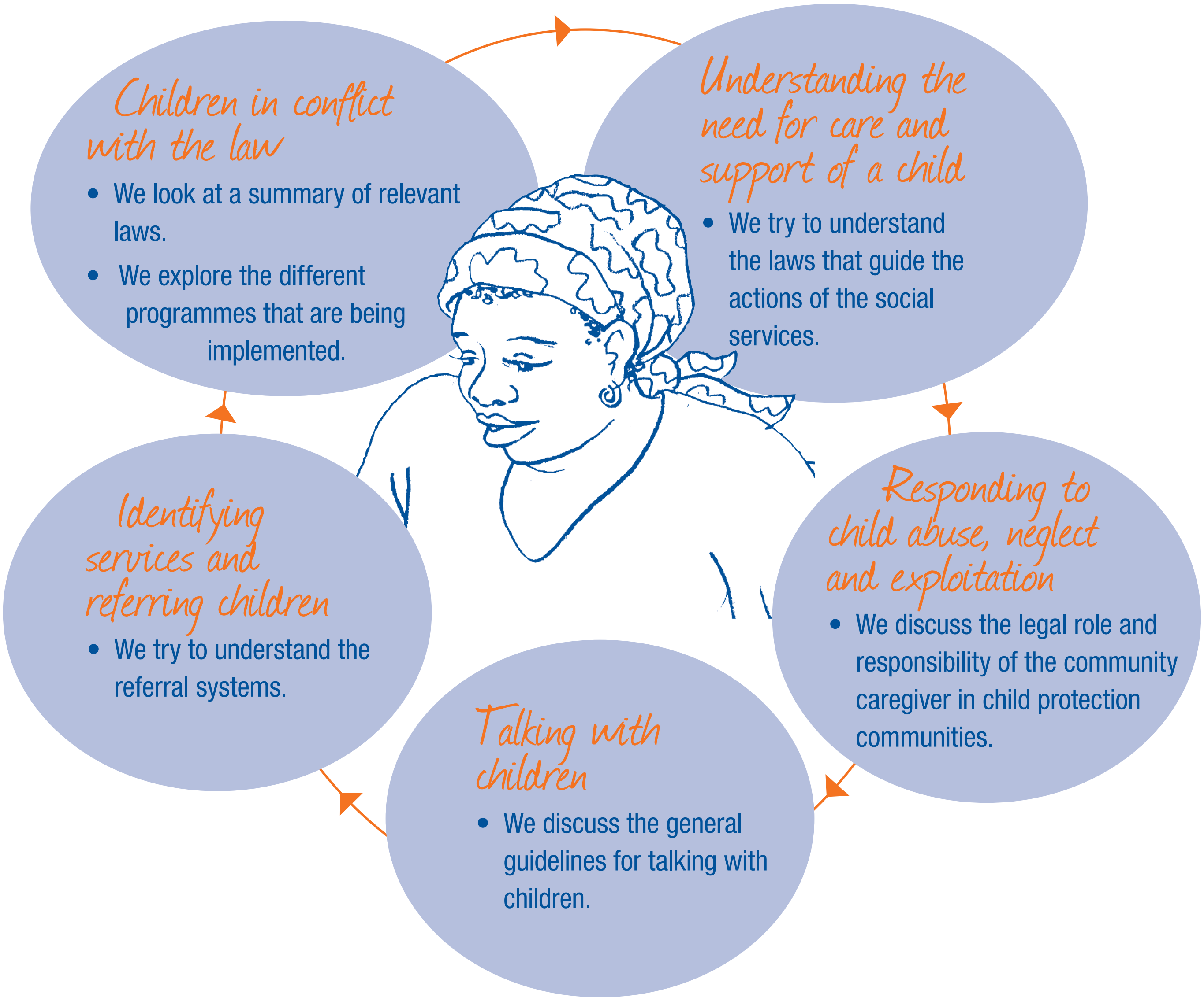
Responding to vulnerable children

Unit standard number: US 117883	Title of unit standard: Demonstrate an understanding of violence and victimisation affecting children and youth

In South Africa, many children are what we call *vulnerable children* who are not properly protected from harm because of the *context* or *environment* in which they live. These children are often *abused*, *neglected* or *exploited*. Some become abusers or perpetrators themselves and get into trouble with the law. As community caregivers you need to think about the best way to respond to vulnerable children so that they can be protected from harm and from getting into trouble with the law.

This module helps you to:

- Identify services for abused or neglected children and explain the roles and responsibilities of these services.
- Understand the moral and legal responsibilities of reporting abuse, who to report to and how.
- Describe the context in which youth become perpetrators or criminals in South Africa and what causes them to do this.



Children in conflict with the law

- We look at a summary of relevant laws.
- We explore the different programmes that are being implemented.

Understanding the need for care and support of a child

- We try to understand the laws that guide the actions of the social services.

Responding to child abuse, neglect and exploitation

- We discuss the legal role and responsibility of the community caregiver in child protection communities.

Talking with children

- We discuss the general guidelines for talking with children.

Identifying services and referring children

- We try to understand the referral systems.

What services are available to protect children from abuse?

We can think about services in two different ways:

- *Legal services*
- *Social services*

The legal service, like laws, guide the actions of the social services. The two services work together. Let us first look at the laws and then at the social services.

Which are the main laws that guide your response to vulnerable children? There are 3 main laws that are summarised in the table opposite.

The Children's Act	Criminal Law (Sexual Offences and related matters) Ammendment Act (32 of 2007)	The Domestic Violence Act
The main aim of this act is to *protect* children. A continuum of care gives a range of 4 different ways to care for children: • prevention • early intervention • legal services • reintegration • statutory services (legal services) You can make a report anonymously.	The act gives different categories of sexual offences: • rape • indecent assault • sexual grooming • sexual exploitation • use of children in porn • showing children porn The act gives age of consent to sex as 16. Any sexual penetration, even if consensual, before 16 is a *crime*.	This act aims to protect against abuse: physical; sexual; emotional; verbal; and any controlling behaviour. It says what police officers must do in such cases: • help the person lay a complaint • help the person get shelter and medication • explain their right to make a complaint The Act allows for *protection orders*. You can make a report anonymously.

What is the legal role and responsibility of the community caregiver?

As a community caregiver, it can feel overwhelming to think about your role in responding to cases like this. It can help to break up what you need to do into manageable steps:

Things to remember about roles and responsibilities

When to report

You have a moral and legal responsibility to report cases of abuse, neglect and exploitation if you have a reason to be concerned. It is important to have *reasonable grounds*. This means that you must take warning signs seriously but not jump to conclusions. Look for patterns of behaviour that make you feel sure that there is abuse and that it must be reported.

Who to report to

- Department of Social Development – 0860 01011
- South African Police – 10111
- Childline – 0800 055555
- Child Welfare in your district

What to do	What not to do
• Listen to the child. There are helpful guidelines for this on page 207 of your Learner Manual. • Offer emotional support. • Explain what is going to happen to get them help and support. • Stay in contact with the child.	• Don't investigate the abuse yourself. • Don't remove the child. • Don't confront the abuser. • Don't discuss the situation with anyone other than a social worker or police officer.

Know your boundaries

Knowing what you can and cannot do is what is meant by *boundaries*. It is important to know what the boundaries are when responding to abused children. Taking these steps may affect community caregivers emotionally in different ways. It is important to think about what responding in these ways may bring up for you.

What happens when a child discloses abuse to you?

If and when a child discloses abuse, it can be a very emotionally challenging moment for a community caregiver. You may have already had experience of this. There are some helpful guidelines on pages 207 and 209 in your Learner Manual to help you respond in the best possible way. If you have other examples that you believe are helpful to add, do so.

When talking to children remind yourself that there are helpful things you can SAY and helpful things you can DO.

What you can say

Believe the child	"I believe what you are telling me."
Praise the child for being brave enough to tell you.	"I know this must be difficult, take your time..." "I'm glad you came to talk to me."
Tell the child not to blame him- or herself.	"This is not your fault."
Warn the child you will have to tell other people who will help. Tell the child that it will be okay.	"So that I can help you, I will have to speak to someone who can help."
Acknowledge feelings.	"Can you tell me how you feel?"

What you can do

When you are sitting with a child and the child discloses abuse to you, you need to manage your response. Hearing their story is likely to make you feel many different and difficult feelings. This is important for you to *know*, but most important to *manage*. The following acronym SOLVER is another tool for you to keep in your mind.

S – Sit facing the child

O – Open your body to the child in the way you sit

L – Lean towards the child and listen carefully

V – Voice not too loud or too soft

E – Eye contact

R – Relax and be aware of your feelings

What social services are there to respond to children?

Although government does not have to provide all the services, it needs to make sure they are there and to make sure that everyone involved works together. This means: government, NGOs, CBOs and FBOs.

Details of the roles and responsibilities can be found on pages 211–213 in your Learner Manual, but here is a quick reference:

Social workers	South African police	Courts	Department of Health
• Assess risk • Remove child • Arrange other care • Make court arrangements • Work to improve services	• Open docket • Avoid further trauma • Get child's statement • Oppose bail • Get evidence • Try to improve reporting and prosecution • Remove child/ perpetrator	• Provide child-friendly courts • Improve prosecution and conviction rates • Support victims and witnesses to testify	• Do medical examination with a special crime kit • Collect evidence • Refer to psychologist or psychiatrist if necessary • Work with others in child protection

Why do we have a referral system and how does it work?

A *referral system* aims to link vulnerable children with the service/s that can help them meet their needs. There are details of services for children on pages 215–217 of your Learner Manual.

What you need to know about a referral system is that you have to make it work for you. You can make it work by knowing:

- what services are available
- what they offer
- where they are

One of the tools a community caregiver can have is a *community map*. This is a map that is drawn up which shows organisations, community resources and people that can help children. See page 149–151 in your Learner Manual for help to do this.

Before making a referral, there are some important questions to ask yourself:

- Do I have a moral and legal obligation to respond to this child?
- What is the best way to respond to this child's needs?
- What is my role? What can I do and what can't I do?
- Who else needs to be involved in responding?

Perhaps the most important tool you have as a community caregiver is YOURSELF. You are the one who stands between the child and the services that must take care of the child's needs when the adults in their lives fail or threaten their wellbeing and safety. How you respond to children will make a big difference at these moments in their lives.

How can you think about children who are in trouble with the law?

Children who get in trouble with the law by committing a crime are called perpetrators. Why this happens to some children is complicated. Children grow up in environments or contexts that can put them at risk or protect them. In Module 6 you looked at risk factors, protective factors and resilience. A child who grows up in a context where he or she had behaviour problems from a young age or was involved in crime as a young person is more likely to become a perpetrator. A child who gets into conflict with the law is seen as a vulnerable child because the same risk factors that allow one child to be abused can make another child become a criminal. As community caregivers, you need to think of ways to respond to children who are perpetrators.

Responding means knowing:

- what laws protect children; and
- how to respond.

Laws that protect children

The Child Justice Act

- It says that children below the age of 10 years cannot be prosecuted for a crime.
- They must be taken to court within 48 hours to see if they can be released to a guardian.
- Ideally no child under the age of 18 should be held by the police.
- Children should have special child courts or justice centres and in some places these do exist.
- No child should get a life sentence.

The Criminal Procedure Act

- This aims to make sure that children get punished in a way that helps them to reform.
- This is what is meant by restorative justice: to heal the hurt or harm and to mend what is broken and to bring back the balance. It can also mean giving the child another chance to live their life in a new way.
- When there is a need for punishment, a child can make amends in a way that aims to heal the child, the victim and the community that is affected by the crime.
- This is what is meant by diversion programmes. Look at pages 224 and 225 in your Learner Manual for more information.

KEY POINTS

What are the key points about responding to vulnerable children?

- Community caregivers play a very important role in responding to vulnerable children. They are often the first people to have contact with a child and can start the response process.
- Responding to an abused child can be very challenging for both the child and caregiver. It should be managed carefully by the caregiver. This means knowing what your moral and legal roles and responsibilities are.
- Children who get into trouble with the law are also vulnerable children. They need to be seen and treated in this way so that they get the best chance to heal, reform and get another chance in life.

Module 8

Caring for the community caregiver

Unit standard number: US 120308	Title of unit standard: Apply knowledge of self in order to make personal decisions
Unit standard number: US 244584	Title of unit standard: Investigate ways of contributing towards community development

This module helps you to think back on all that you have learnt and to ask yourself a very important question: How well am I taking care of myself?

As a person and community caregiver, you are always in a process of developing yourself.

Developing yourself as a community caregiver

- We explore ways of developing self-care skills.

Making self care a part of your organisation

- We explore ways of implementing self care in your organisation.

Self-care skills

This module focuses on 5 skills for self-care that you need to think about. These skills are:

- Forgiveness
- Assertiveness
- Negotiation
- Dealing with criticism
- Acceptance

Each one of these skills can be developed no matter how weak or how strong they are at the moment. The skills are explained in detail on pages 234–243 of your Learner Manual. Make these skills part of your self-care plan. These are protective skills that can help to protect and strengthen you for the work you do each day and the work you will do in the future.

Self-care skills for every day

- Make a set of 5 cards.
- Have one card for each day of the week from Monday to Friday.
- Write only one sentence on each card. You can write it in English or in your home language. Each sentence should have one of the following words:

  forgive **assertive** **negotiate** **criticism** **acceptance**

- Put the card in your pocket or keep it close to you and look at it at the beginning of the day and at the end of the day.
- Do this for each of the skills each day.
- See how it works for you!

Monday:
I forgive myself for
not being able to do
more for X today.

Mainstreaming psychosocial support

As a community caregiver, you do not work alone. You work with others. Psychosocial wellbeing means taking care of yourself and making sure others take care of themselves too. To carry on with your work, you need your own self-care plan and a psychosocial wellbeing programme for your organisation.

Mainstreaming psychosocial support in your organisation is about making sure that self-care and psychosocial needs of caregivers are given priority in all organisational activities. Learn more about this on page 249 of the Learner Manual.

It is important for an organisation to acknowledge the work that caregivers do in different ways. Organisations can implement psychosocial support programmes that address the different needs of community caregivers. You can read more about the different programmes on page 246.

It is important to know that you as a caregiver can make a difference in your organisation by implementing simple self-care practices.

KEY POINTS

What are the key points about caring for the community caregiver?

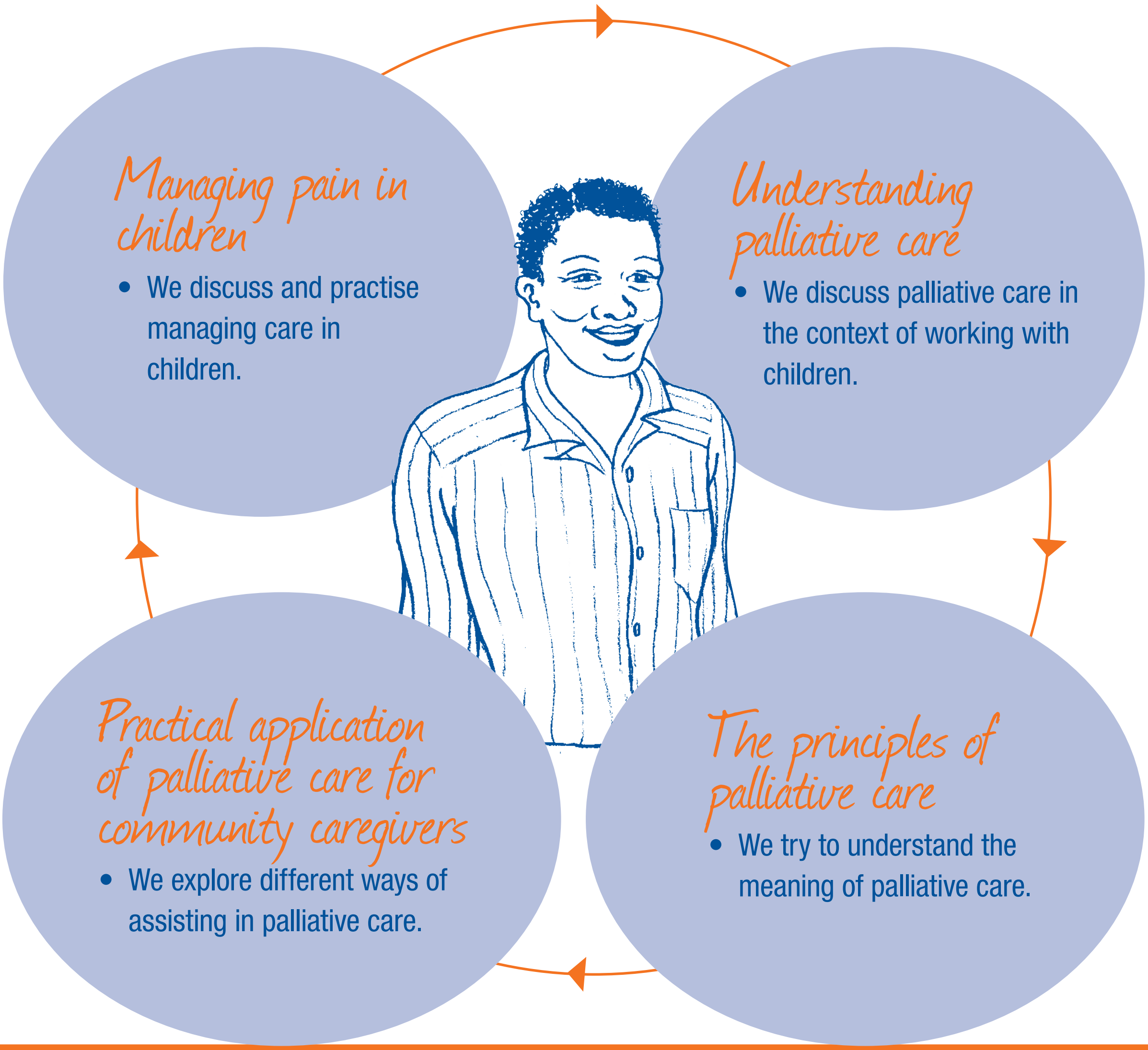
- There are a number of different ways that community caregivers can build their psychosocial wellbeing in their daily activities, their organisations and in their communities.
- These skills include forgiving ourselves, being assertive, negotiation skills, acceptance and dealing with criticism.
- Community caregivers can build on their strengths and interests, develop plans to overcome their personal limitations, and develop their skills.

Module 9

Palliative care for children

Unit standard number: US 119565	Title of unit standard: Assist with palliative care

Palliative care is another word for managing pain and making someone as comfortable as possible when they have a terminal illness. In this module you will think about what palliative care for children means and what community home-based care means. You will also learn about what is involved in arranging palliative care and what you need to know and think about when managing a child's pain. Lastly, you will need to think of ways of managing your own feelings as a caregiver doing palliative care work with children.



Managing pain in children

- We discuss and practise managing care in children.

Understanding palliative care

- We discuss palliative care in the context of working with children.

The principles of palliative care

- We try to understand the meaning of palliative care.

Practical application of palliative care for community caregivers

- We explore different ways of assisting in palliative care.

What is the aim of palliative care?

Thinking and talking about palliative care for someone who is in pain or dying is very difficult but it is especially difficult when you think of children who are in this position. Working with children who are terminally ill can stir up strong and difficult feelings in you. As a community caregiver you need to be aware that you have to take care of yourself if you do this kind of work.

- The main aim of palliative care is to relieve a child of any physical pain, feelings or experiences that may be causing distress.
- In this way, the child can be as pain free and as comfortable as possible in the time they have before they die.
- It is also important to know that with a child there are other people who also need support, such as a primary caregiver and family members.

The principles of palliative care

It is important to remember the following values when you are providing palliative care:

- Palliative care is *comprehensive*.
- The care that you provide should be *patient oriented*.
- Each patient has a *right to information and privacy*.
- Each patient has a *right to choice*.
- The *quality of care* provided should be delivered within the framework of the national palliative guidelines.

You can read more on the principles of palliative care on page 254 of your Learner Manual.

Where can you get palliative care?

- Hospital
- Hospice
- Community home-based care

In this module, you will focus on community home-based care which aims to offer three different kinds of support:

- Psychosocial and spiritual support (care for the heart, mind and soul)
- Physical support (medical care)
- Material support (food and clothing)

An interdisciplinary team

The advantage of this type of care is that it encourages everyone to be involved:

- the child
- the primary caregiver
- the family
- the community

In this model of care, a team of people assesses a child and the caregiver's social and economic situation. The team tries to find ways to help.

Who makes up the interdisciplinary team?

- A medical doctor or professional nurse from the nearest hospital or clinic who can help with physical problems.
- A social worker who can help the family with grief, stress or money problems and refer them to the right community resources.
- Friends and neighbours who can help the family with everyday tasks and offer support.

In this way it breaks down any feelings of being alone by involving others in helpful ways.

What I do

- I am a community caregiver.
- I work as part of a home-based palliative care team.
- I offer support to the child and the primary caregiver and family.
- I help them with grief in a way that is respectful of their cultural rituals and customs.
- I help them to put support systems in place – people who can offer emotional support and practical help.
- I also make sure I look after myself so that I can carry on doing this work.

How I do it

My work is guided by *six important principles*. I use this acronym to remember them: CCPIQ.

CC

Comprehensive care: This means physical, social, psychosocial and spiritual care for the child, caregiver and family.

Choice: This means that the child, primary caregiver and family must have enough information to make choices.

P

Patient-oriented care: This means that the patient comes first. The caregiver and family must feel in control of decisions about the care that is given.

I

Interdisciplinary team: This means that there are a number of different people with different skills and training who work as a team to improve the child's quality of life – family, friends, neighbours, community caregivers, health and mental health professionals.

Q

Quality of care: This is ensured through the government's National Palliative Care Guidelines.

Pain management

One of the most challenging things for anyone is to see another person, particularly a child, in pain. It can be a huge relief to help someone to manage their pain – for you, the child, caregiver and family. But to do this, you need to know what kind of pain you are dealing with.

Pain can take different forms.

- It can be *acute* – this means intense pain that lasts for a short time when there is illness, injury or surgery. This kind of pain can be made better with treatment or medicine.
- Pain can also be *chronic* – this means ongoing pain that does not go away easily and cannot always be treated with medicine. Chronic pain can be:
  - physical – from the body
  - emotional – from the heart and mind
  - relational – from other people

As a community caregiver, you can help the child to manage the pain. He or she can go for *medical treatment*, *psychological treatment* or *rehabilitation*.

Things to think about when assisting in the total management of pain.

There are many things that can influence pain. These things aren't always directly related to the disease. There can be:

- social problems;
- feelings of fear, loss and isolation; and
- problems related to treatment and the treatment team.

WHAT CAN INFLUENCE PAIN?

Patient

Fear of pain, disfiguration, dying, loss or fear of loss of control, independence, dignity, feeling helpless, hopeless

No insight about prognosis

Loss of self-esteem

Loss or fear of loss of job, special position, family role, loved one or spouse

Feeling isolated (actual or imagined) and isolation from friends or restorative play

Fears for family, anxious personality, being neurotic

Disease

Rapidly progressive

Unrelieved pain

Uncontrolled symptoms

Disfiguration, disabilities or physical dependence

Long illness

Trauma leading to psychological exhaustion

Social

Pre-existing family problems

Failure of social support or resources

Financial hardship

Treatment team

Poor communication, unhelpful, disinterested, lack of information and education, lack of continuity of care

Exclusion of patient, family and caregivers in decision-making

A culturally insensitive manner

Spiritual or religious concerns not discussed

Treatment

Delays in diagnosis

Failed treatments

Bureaucratic red-tape

Myths about pain-control methods or medication

What is the role of the community caregiver in pain management?

- Recognise and relieve pain fast.
- Relieve fears about pain.
- Encourage the child to take control by passing on skills of pain management and using the right medication and dose at the right time.
- Refer to specialised services if necessary.
- Give extra thought to very young children or those who cannot easily tell you about their pain.

What is the role of the team, primary caregiver and family in pain management?

- Encourage a multidisciplinary approach so that the most qualified person gives medical assistance.
- Support the caregivers looking after those in pain.
- Involve the primary caregiver and family as much as possible.
- Transfer responsibility from the community caregiver to the primary caregiver.

Take care of yourself when taking care of others

When you are caring for a child who is terminally ill, it can be very hard on you both physically and emotionally. It is important to think of ways that you can take care of yourself. This means taking care of your psychosocial wellbeing.

Key words to remind you of some of the things to watch out for:

- Stress
- Burnout
- Depression
- Anxiety

Here are some ways to take care of yourself:

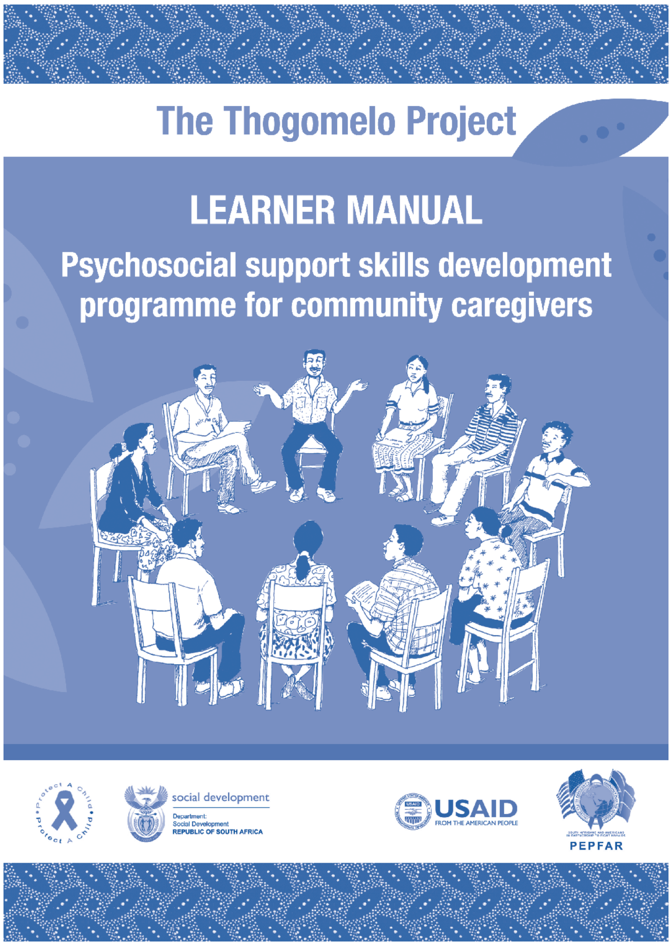
- Relaxing
- Support group
- Counselling
- Exercising and healthy eating

KEY POINTS

What are the key points about palliative care for children?

- Palliative care for children means managing the pain of children who are terminally ill.
- Community home-based care involves an interdisciplinary team in offering total pain management. It aims to involve the child, primary caregiver and family in decisions about care.
- It is important for community caregivers who offer palliative care to take care of their own psychosocial wellbeing when they do this kind of work.

For more detail, read your Learner Manual.



The Thogomelo Project

LEARNER MANUAL

Psychosocial support skills development programme for community caregivers

Protect A Child

social development

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SOUTH AFRICANS AND AMERICANS IN PARTNERSHIP TO FIGHT HIV/AIDS
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PATH

HDA
Health & Development Africa

International HIV/AIDS Alliance

Health and Welfare Sector Education and Training Authority
HWSETA