Inclusive Futures

Promoting disability inclusion

POSITIVE PARENTING MANUAL

April 2022

Table of Contents

Introduction 3

Agenda 5

Day 1 6

Nurturing Care Framework Links 6

Needed Resources 7

Introductions and expectations (1 hour) 7

Welcome (10 min) 7

Presentation of the topic (5 min) 7

Disability myths, misconceptions and wrong beliefs 9

Suggested Activity (15 min) 9

What is disability? 11

Preventing Disability 14

Day 2 17

Nurturing Care Framework Links 17

Learning Outcomes 17

Play-based learning 18

Communicating with your child 20

Presentation of the topic (15 min) 20

School Inclusion 23

Suggested Activity (20 min) 23

Competency Based Curriculum (20 min) 23

Day 3 29

Nurturing Care Framework Links 29

Learning Outcomes 29

Needed Resources 30

Understanding Various Behavioral Difficulties. 30

Welcome (10 min) 30

Suggested Activity (20 min) 30

Key content (20 min) 31

Suggested Activity (20 min) 32
Managing Various Behavioral Difficulties. 32
Key content (20 min) 32
Gender-specific issues – Girls and Boys with disabilities. 33
Presentation of the topic (5 min) 34
Key content (15 min) 35
Caregiver and child nutrition 36
Nurturing Care Framework Links 36
Presentation of the topic of the day (2 min) 36
Presentation of key messages (30 min) 37
Day 4. 40
Caring for Yourself 40
Nurturing Care Framework Links 40
Learning Outcomes 40
Needed Resources 40
Welcome (15 min) 41
Presentation of the topic of the day (2 min) 41
Suggested Activity (15 min) 41
Presentation of key messages (20 min) 42
Suggested Activity (30 min) 43
Connecting to Community Resources. 44
Suggested Activity (45 min) 44

Introduction

This manual was created in line with the Kenya Institute for Curriculum Development (2017), Basic Education Curriculum Framework guiding principle five: Parent Empowerment and Engagement as well as the International Nurturing care framework.

Parents play a very important role in determining the success of a child's education. They have a shared responsibility with schools to provide an enabling environment that is conducive to learning and which motivates the child to achieve their full potential. The Framework will provide opportunities for schools to empower parents to contribute to the learning outcomes for their children and to be engaged at all tiers and levels of basic education.

Other key resources include:

- Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.
- Inclusive Futures. (2022) Gender Mainstreaming Guideline. Version 3.
- UNICEF. Early Childhood Development. https://www.unicef.org/early-childhood-development
- UNICEF. Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities: https://data.unicef.org/resources/children-with-disabilities-report-2021/
- WHO Caregiver Skills Training Programme for Families of Children with Developmental Disorders or Delays. Session 8: Teaching New Skills in Small Steps and Levels of Help
- WHO, UNICEF, World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization: https://nurturing-care.org/

Presentation and Set-up

- Trainers and participants should follow any current national or local health guidelines.
- All text should be translated into local language(s) in order to best meet the needs of the participants.
- Local school leadership, teachers, representatives from Organizations of Persons with Disabilities, and any other stakeholders should be considered as partners in implementing the training. Depending on the session content, these individuals can be requested to participate in the training.
- The activities presented are only guided suggestions, knowing that some activities might not be feasible within given context and/or might not have the same learning impacts based on the needs of the participants.

Facilitator Tips*

Facilitators are responsible for planning and guiding the training and supporting the participants' learning. This happens best, when the facilitator:

1. Prepares well for every training event (including materials and activity instructions)
2. Listens carefully and respectfully without interrupting.
3. Speaks slowly and clearly and avoids using jargon.
4. Uses his/her own words and does not read long sentences from the PPT or manual.
5. Encourages all participants to express their thoughts, ideas and questions.
6. Protects minority points of view and promotes positive communication.
7. Is flexible and responsive; adapting and taking part in activities when needed
8. Understands the background, expectations and skills level of the participants.
9. Enjoys facilitating and has fun doing it.

*Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.

Agenda	
Day 1	
➢ *Introductions and expectations*	
➢ *Disability myths, misconceptions, and wrong beliefs* ➢ *What is disability?* ➢ *Disability prevention*	
Day 2	
➢ *Play-based learning* ➢ *Communicating with your child*	
➢ *School inclusion, Competency-Based-Curriculum*	
Day 3	
➢ *Understanding and managing difficult behaviors and violence*	
➢ *Gender specific issues: girls with disabilities* ➢ *Caregiver and child nutrition*	
Day 4	
➢ *Caring for yourself*	
➢ *Connecting to community resources* ➢ *Final words of encouragement*	

Day 1

Nurturing Care Framework Links		
	Good Health	• *Support of parental mental health* • *Early detection of illness or disabling condition* • *Care for children with developmental differences and disabilities*
	Responsive caregiving	• *Counselling and support for responsive caregiving* • *Community-based parent support services*

Learning Outcomes

- **I will be introduced to other parents like myself who have children with disabilities and build upon my social support network.**
- **I will be introduced to the Positive Parenting training and better understand how this will help support my child with disabilities.**
- **I will have the opportunity to think critically about what it means to have a disability.**
- **I will learn about what it means to face barriers due to disability.**
- **I will be exposed to a variety of ways a person with a disability can be accommodated and/or supported in order to overcome barriers.**
- **I will be exposed to various myths and misconceptions about disabilities and learn why they are untrue.**
- **I will be given the space to talk about my child and their disability, ask questions about the training and/or about my child, free of stigma, shame or other negative emotions, knowing this is a safe and supportive group environment.**

Needed Resources

- **Positive Parenting Facilitator Manual**
- **Participant list**
- **Pre-test hard copies**
- **Digital training materials**
- **Flip chart paper and flip chart holder**
- **Colored markers or drawing utensils**
- **Data collection tools**
- **Translated stories**
- **Translated trivia questions**

Introductions and expectations (1 hour)

Welcome (10 min)

1. **Prepare the meeting venue in advance; organize the chairs in a U-shape layout, make any needed resources available.**
2. **Welcome participants warmly as they arrive. Be available to engage in informal conversation while participants are getting settled.**
3. **Ensure the participants are marked down on the attendance sheet, being mindful about participants with low literacy, providing alternative options if they cannot write their name.**
4. **Encourage parents to have informal conversations between one another while waiting for everyone to arrive.**

Presentation of the topic (5 min)

1. **Welcome everyone to the Positive Parenting session #1. Thank you all for being here.**
2. **Everyone here has a child they are trying to help. We might be here for different reasons, maybe we want our child to communicate more with us or we want tips on how to better support our children to learn, but remember that you are not alone in this journey. Many parents have gone through this in the past and many are sitting right with you today.**
3. **This positive parenting training takes place over five sessions. We will have four sessions and then a follow-up session. Each individual session will be about 3 hours long.**
4. **Are there any questions before we begin?**
5. **Let's now start by introducing ourselves.**

Suggested Activity (15 min)

1. **Ask for volunteers to introduce themselves or go in the order of the room.**
2. **Each parent can be given the opportunity to say their name, the name of their child if they would like and one reason they are attending this training or what motivated them to join.**
3. **The lead trainer introduces his or herself.**
4. **At the end of the introductions, thank everyone for their participation. Mention that due to the nature of our training, some sensitive information might come up. It is important that we respect one another here. Ask if anyone has questions about this.**

Suggested Activity (30 mins) – BASELINE DATA

Now, we are going to do a small test to gauge our understanding of what we are going to learn in the next 4 days. Instead of having your names on this form, we shall give you random numbers and kindly do not forget your number. We shall need to record it on the participants list for our own individual follow-up after the training.

Please fill in the blank spaces with number 1-4, where 1 is the least and 4 is the highest score; We shall provide you with interpreters to help you fill in the information required but please be as honest as possible this will help us identify gaps and what to really emphasize during the training, thank you.

No	Question	Very confident (4)	Confident (3)	Somehow confident (2)	Not confident (1)
1	I understand Disability myths, misconceptions, and wrong beliefs				
2	I understand what is disability				
3	I know and how to play with my child who has a disability				
4	I know how to communicate with my child				
5	I know about School inclusion				
6	I know the competency based curriculum				

7	I know about behavioral difficulties				
8	I know about good nutrition for my child and myself				
9	I know how to take care of myself				
10	I know and understand how to prevent disability				
11	I know and understand the community resources				

Thank you for participating in this pre-test, really appreciate your time.

---------- 15-minute BREAK ----------

Disability myths, misconceptions and wrong beliefs

Suggested Activity (15 min)

1. **To commence our session today we are going to play a game. There are many myths, misconceptions and wrong beliefs about people with disabilities. We are going to see what we think to be true and what we know to be false.**
   [This can be done in teams or as the whole group.]
2. **Instructions: I will say 10 statements. Each time I make a statement, you will need to work together with your team or as a group to determine if what I said is true or false.**
3. **Statement #1: "*Disabilities are contagious*."**
   a. **FALSE: Illness is contagious, viruses are contagious, COVID is contagious, but disabilities are NOT contagious. There is no risk in caring for someone with a disability.**
4. **Statement #2: "*Disabilities are a result from a curse*."**
   a. **FALSE: Disabilities are a result from genetics, challenges at birth or early childhood illness or accidents, they can be naturally acquired as we age, or sometimes there is no clear cause.**
5. **Statement #3: "*Children with disabilities cannot learn like their peers*."**
   a. **FALSE: ALL children start learning at home and have a right to education at school, regardless of their disabilities. In fact, inclusive education, educating disabled and nondisabled peers in the same classrooms teaches empathy and diversity which is a more realistic reflection of adult life.**
6. **Statement #4: "*People with disabilities can be in relationships and get married*."**

a. **TRUE: Just like people without disabilities, those with disabilities have the capacity and choice to be in relationships if they give consent.**

7. **Statement #5: "*People with disabilities can have children*."**
    a. **TRUE: Women with disabilities usually have the biological capability to carry children.**
8. **Statement #6: "*People with disabilities are all the same*."**
    a. **FALSE: Just like people without disabilities, we are all different! Each person no matter if they have a disability or not, has their own strengths and challenges. People with disabilities are not one population.**
9. **Statement #7: "*All disabilities can be seen*."**
    a. **FALSE: Some disabilities we can see, like a physical disability where someone might need a wheelchair. We often can see if someone is blind. However, many times someone who is deaf or someone with an intellectual disability will not look any different than anyone else.**
10. **Statement #8: *"People with disabilities can't work or make money*."**
    a. **FALSE: People with disabilities, especially adults with disabilities, have the right to work and make money. Given the appropriate amount of support, many people with disabilities can be successful in employment.**
11. **Statement #9: "*About 10% of the world's population of children have some type of disability*."**
    a. **TRUE: This has been the known rate of disability for a while and now just reconfirmed in the new UNICEF report. What does this data tell us? Disability is so prevalent! This is across all cultures and borders. Disability transcends all corners of the earth.**
12. **Statement #10: "*Including children with disabilities in mainstream schools helps everyone*."**
    a. **TRUE: Inclusion is not only the best path forward for those with disabilities it also teaches acceptance, empathy, kindness, compassion and understanding amongst those without disabilities. Inclusion reflects a uniquely diverse world.**

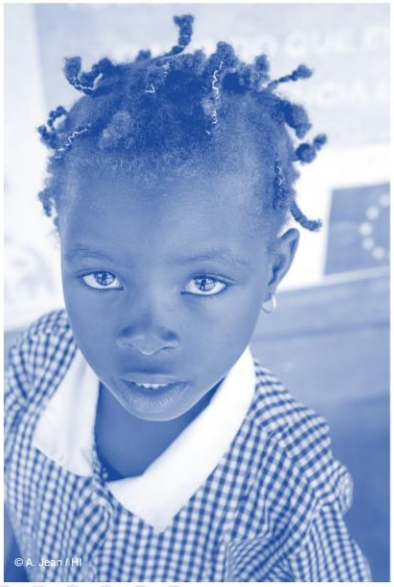
What is disability?

Presentation of the topic (5 min)

1. **We are now going to talk about what is disability.**
2. **The biggest take-away here is that every person with a disability is unique! Even if a child has the same diagnosis as another child, we still know that those children will have unique strengths, abilities, and needs.**
3. **The one common factor to all persons with disabilities is that they face barriers or challenges in their day to day lives.**

Suggested Activity (40 min)

1. **We are going to listen to stories of different children with disabilities [this can be done in partners, small groups, or as one big group]. As you listen to each story start thinking about what disability means in this context. What are the barriers this child is facing in their everyday life? There are no wrong answers!**
2. **[*Read each story out loud to the group. Repeat the story as needed*.]**



Sena is 3 years old and the youngest of 4 siblings. She is very shy and keeps to herself. Her siblings all go to school and her parents work all day, so most of the time Sena is sent to stay with her grandparents. Sena's grandmother noticed that Sena was not speaking like the other children had. She also noticed that Sena did not respond when her name was called, unless the person was standing right in front of her. It was Sena's grandmother that first mentioned the need to see a doctor. After seeing multiple doctors and health professionals, it was determined that Sena was partially deaf. The community does not have any resources for people who are deaf or hard of hearing and her family has never known anyone who has been deaf. The doctors told the family that there is a school for the deaf but it is a two-day drive away from the village where Sena and her family live.

3. **What does 'disability' mean to Sena? What barriers are present in her life?**
    a. **Disability = Deaf or hard of hearing**
    b. **Barriers = Missed out on language development, lack of local resources, lack of understanding from parents, lack of financial resources**
    c. **Accommodations/support = AT/hearing aids, training of family members and teachers in sign language and deaf education in general, increased used of visuals.**

Issac is a 7-year-old boy living with his parents and younger siblings. Three years ago, while he was working on the farm with his father an accident occurred resulting in him losing a leg. Issac now uses crutches and a wheelchair to support his mobility. He is able to attend his local school because it is only 1km from his home and the physical environment has been designed to be accessible for those with mobility challenges. There are ramps, railings, a wide area in his classroom for him to freely move around, and an accessible toilet. Issac loves school, has friends, and wants to be a doctor when he grows up but still helps his father on the farm when he can.

4. **What does 'disability' mean to Issac? What barriers are present in his life?**
    a. **Disability = physical disability**
    b. **Barriers = He has more limited barriers because his environment has been made accessible – ramps, wide entrances, railing, accessible toilet, and the school is not far from his house.**
    c. **Accommodations/Support = Crutches, wheelchair, understanding from the community, above accommodations**

Leila is a 5-year-old girl who lives with her mother, father and one older sister. Leila was born blind and is learning how to use a cane to help her walk safely. She has never been to school but has a teacher come to her house once a week to teach her how to read using braille. Leila has never played with others kids besides her sister. The other kids in her community make fun of her and bully her. Leila's parents don't know how to help Leila stay safe in the community so they feel its best if she just stays home.

5. **What does 'disability' mean to Leila? What barriers are present in her life?**
    a. **Disability = blind**
    b. **Barriers = Getting to and from school, school accommodations, stigma, lack of awareness and understanding**

c. **Accommodations/support = disability education for parents, teachers, and community members, making the path to and from school more manageable with ramps and clearances, school materials in braille, support teacher in the classroom.**

6. **What does 'disability' mean to Joseph? What barriers are present in his life?**
   a. **Disability = Autism Spectrum Disorder**
   b. **Barriers = Communication barriers, behavior challenges, family and community understanding of developmental disorders**
   c. **Accommodations/support = Seeking early support from a doctor**

Joseph is a 1-year-old boy living with his mother and grandmother. Joseph's mother had concerns about Joseph from the time he was born. He did not like to be hugged or held like other babies. He still is not making any babbling noises or smiling at familiar people. Joseph prefers to play by himself. Joseph screams and kicks when he does not get what he wants. His mother has a very hard time managing his challenging behavior. Joseph's doctor suspects that he has autism which means his brain is developing differently than other children. Joseph's mother has never heard of this and does not know of any schools that would take a child like Joseph.

Suggested Activity (15 min)

1. **Let's talk about how someone with a disability impacts your life. We are all here today, in this group, because someone we love has a disability or is showing signs of challenges.**
2. **With a partner, small group or as the whole group, I would like for you to share your story. You do not have to share anything you are not comfortable with, please let's remember that what we share in this group stays here. We will show one another respect and understanding as our community ground rules state.**

Preventing Disability

Key content (10 min)

1. **Many disabilities occur naturally, there is nothing that we can do to prevent them. However, there are some way we can try to prevent disabilities or illness from occurring.**
2. **A healthy lifestyle can help prevent some forms of disabilities. For example, when a mother is pregnancy she needs to stay away from alcohol and smoking.**
3. **Early support of children who are delayed in their development can also help minimize the effects of disabilities. This is why it is important for us to think about our child's developmental milestones.**

Suggested Activity (20 min)

1. **For this activity we are going to focus on children from birth to 2 years old. This is considered a key time in your child's development. So much happens in these first couple of years of life!**
2. **I am going to divide you into two groups. I will give each group a set of cards that have development milestones on them. With your group, I want you to make a timeline, putting the cards in order of when a child would develop each skill. We will compare our answers at the end!**
3. **[*Note that this activity is just a brainstorming activity and to gauge prior knowledge*]**

2 months	4 months	6 months	9 months

1 year	18 months	2 years

***UNICEF. Your baby's developmental milestones: https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones**

4. **[*Once the participants have put their picture cards in order, ask if anyone want to volunteer their answer. They don't need to say what age it is exactly, it's more to see the growth progression and to start a conversation around developmental milestones.]***

Key content (15 min)

1. **"Disability exists in all communities, in all countries, in all regions of the world.**
2. **Every person with a disability is a unique individual and has the right to be treated as such.**
3. **Disability does not impact the person's ability to love, their ability to successful, and their right to a happy life. However, it is up to all of us and our community to better understand the needs of our loved ones in order to best support them.**
4. **A disability can be physical challenges – like the story of Issac – or sensory disabilities – like Sena and Leila. A disability can impact someone's ability to communication like Joseph.**
5. **Disabilities can impact a person's ability to think, talk, walk, express emotions, control their behavior, make friends, read, see, hear, eat, drink, use the toilet, bath, disabilities can affect all aspects of life.**
6. **A person can be born with a disability or you can acquire a disability. In fact, most of us will experience disability at some point in our lives! Especially as we reach old age.**
7. **Some people have mild disabilities and some people have severe disabilities. Disabilities can be thought of as a spectrum.**
8. **It is vital to understand that disabilities do not occur because of something you did. It is not a curse nor a punishment. Disabilities are also not contagious. You cannot catch someone's disability. You are not putting yourself or others at risk if you work alongside someone with a disability.**
9. **There are a lot of myths and misconceptions about disabilities, but the more we learn the more we can breakdown these misconceptions and better understand the truth!**
10. **People with disabilities have a human right to be included, e.g. in family and community events as well as in school and work.**

Q & A (15 min)

Use the final time in the session to address any additional questions and open up the floor to any topics that participants would like to discuss.

Action steps/reflection questions

- **Think about all that you do as a caregiver for your child. What is the thing you are most proud of?**
- **What is your greatest strength as a caregiver?**
- **What is your child's greatest strength?**
- **Before you had your child, did you know anyone else with a disability?**
- **How have you viewed people with disabilities before? How has your view changed or not changed since having your child?**
- **Do you know other misconceptions or disability myths?**
- **What do you say if someone asks you about a disability misconception?**

Session References

1. Centers for Disease Control. Disability and Health Overview. September 2020: *https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html*
2. Humanity & Inclusion. Disability: The Global Picture. *https://humanity-inclusion.org.uk/en/action/disability-the-global-picture*
3. Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.
4. The World Bank. Disability Inclusion. October 2021: *https://www.worldbank.org/en/topic/disability#1*
5. UNICEF. Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities*:* *https://data.unicef.org/resources/children-with-disabilities-report-2021/*
6. United Nations. Department of Economic and Social Affairs, Disability. Factsheet on Persons with Disabilities: *https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html*
7. *VIDEO: People with intellectual disabilities have rights ft. activist Jane Akinyi (Disability & Philanthropy Forum): https://www.youtube.com/watch?v=yaLMZwZ7V8k*
8. *VIDEO: Brining children with disabilities back to school (UNICEF) https://www.youtube.com/watch?v=yaLMZwZ7V8k&t=59s*
9. WHO, UNICEF, World Bank Group.(2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization: https://nurturing-care.org/
10. World Health Organization. Disability. 2022: *https://www.who.int/health-topics/disability#tab=tab_1*

Day 2

Nurturing Care Framework Links		
	Good Health	• *Support of parental mental health* • *Care for children with developmental differences and disabilities*
	Responsive Caregiving	• *Interventions that encourage play and communication activities of caregiver with the child*
	Opportunities for Early Learning	• *Information, support and counselling on opportunities for early learning.* • *Quality child day care and pre-primary education*

Learning Outcomes

- **I will have a stronger understanding of why playing is beneficial for my child.**
- **I will have the opportunity to explore common items that can be used for playing with my child.**
- **I will have a broader view of ways I can play more effectively with my child.**
- **I will learn about ways to best support the communication of my child.**
- **I will have a better understanding of the rights of my child.**
- **I will add to my knowledge of the Competency Based Curriculum.**
- **I will be given the space to talk about my child and their disability, ask questions about the training and/or about my child, free of stigma, shame or other negative emotions, knowing this is a safe and supportive group environment.**

Needed Resources

- **Positive Parenting Facilitator Manual**
- **Participant list**
- **Digital training materials**
- **Flip chart paper and flip chart holder**
- **Colored markers or drawing utensils**
- **Local/readily available materials to creatively make toys**
- **Scissors**
- **Glue**
- **Rubber bands**

Play-based learning

Welcome (10 min)

1. **Prepare the meeting venue in advance; organize the chairs in a U-shape layout, make any needed resources available.**
2. **Welcome participants warmly as they arrive. Be available to engage in informal conversation while participants are getting settled.**
3. **Ensure the participants are marked down on the attendance sheet, being mindful about participants with low literacy.**
4. **Encourage parents to have informal conversations between one another while waiting for everyone to arrive.**

Presentation of the topic (5 min)

1. **Play is the foundation for children's development,**
2. **Children learn best when they are motivated and interested. Repetitive activities that otherwise could be boring and cumbersome can be made fun through play and following the child's own interest/initiative.**
3. **Play provides opportunities to explore: move, see, hear, touch and feel.**
4. **Play develops children's bodies and minds, they use their senses to learn about the world around them and learn to be independent.**
5. **Play reinforces relationships: when an adult plays with a child, the adult gets closer to the world of the child. They share a moment together where they are both interested and engaged in the same activity. It helps to re-establish emotional bonding between the caregiver and the child. When two or more children play together, they experience and learn important things about what it is to be a person amongst others.**
6. **Children who have difficulty moving, seeing, hearing or speaking, or children who are slower to develop may not play as naturally as the other children do. But for them, playing is even more important! It is through playing that children progress in their development. They need to be**

encouraged and helped to play, so they can develop as the other children and also to prevent their disability/problem from getting worse.

7. **Don't scold or punish them if they don't do something 'properly', play is about experimenting, there is not right or wrong!**

Suggested Activity (45 mins)

1. **The greatest part about playing with our very young children is that they usually are entertained by very simple, everyday household items!**
2. **We are going to activate our creative minds and make toys to take home to our children.**
3. **Things to consider when making a toy for your child:**
    - **Color – does it seem interesting and enticing?**
    - **Can my child hold the item safely? Is it too big or too small?**
    - **What might the child learn by using this toy?**
2. **Different types of play:**
    - **Physical**
    - **Imaginative**
    - **Creative**
    - **Exploratory**
    - **Social**
4. **Here I have a wide range of common items [*Gather these ahead of time, the actual items can vary according to what is available*]:**
    - **Plastic straws**
    - **Clothes pins**
    - **Empty plastic bottles**
    - **String**
    - **Empty spools of thread**
    - **Colorful cups and/or bowls**
    - **Big spoons**
    - **Foam hair curlers**
    - **Flattened soda bottle tops**
    - **Cardboard boxes of different sizes**
5. **Let's take the next 20 minutes and create some toys! [*Walk around helping participants think through different toy variations and using different senses. Provide positive reinforcement*!]**

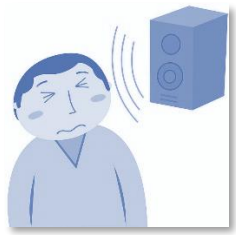
---------- 15-minute BREAK ----------

Communicating with your child

Presentation of the topic (15 min)

Suggested Activity (15 min)

1. **To start this activity, we are going to play a game called charades. I am going to divide you into two teams. Each team member will get a card with a picture. Your job is to act out what is depicted, without using words, and your team mates need to guess what it is that you are acting out. You will have 1 minute to act out your scene and for your teammates to guess. At that point, the other team gets a chance to guess. Whichever team gets the answer correct gets a point. Any questions? [*Prepare the cards ahead of time (see below). Pass out the cards to each person – explaining that they cannot show anyone. Support anyone who needs help to understand what is depicted on his/her card.]***
2. **What team or person would like to go first? [*Set a timer to 1 minute (feel free to add time if this is too short), be sure to keep score*.]**
   Examples picture cards:

Smelling flowers	**Wanting a toy**	**Thirsty**	**Stomach ache**
			
Too loud	**Eating something sweet**	**Touching something hot**	**Lonely**

3. **What did we learn from this game? This is actually something we have discussed in a previous session: Communication comes in many different forms. In our game, we used nonverbal communication. Our behavior – as in the way we were moving and acting – was a form of nonverbal communication.**

Key Content 15 Min

1. **There are many ways to communicate. Even if a child may not be able to speak, that doesn't mean they are not able to understand. Children who don't speak do not necessarily have an intellectual disability. If the child cannot speak we need to find another way to communicate:**

through signs, drawing on a blackboard, pointing and gestures with the hands or even with the eyes. Facial expressions or body postures may be ways to express something

2. Children learn most new words by hearing them spoken.
3. In order to best support our child's communication, there are some key things that we can do as caregivers:
    a. Get down at their eye level when talking to them. For babies, this might mean being quite close to their face, maybe even laying down with them.
    b. Use more simplified language, with facial expressions and gestures (nonverbal communication).
    c. Slow down your speech, allowing more time for your child to process or think about your words; use a positive tone of voice (not harsh or angry).
    d. Describe your actions and talk about the tangible objects around you, to show what you mean. Use gestures and pictures too. This helps the child understand.
    e. Use songs and rhyming to expand your child's vocabulary.
    f. Engage in two-way communication, repeat and/or respond to sounds, words or phrases that your child says, even if it is just babble.
4. If your child has trouble talking, give them plenty of time to tell you in his/her own way.
5. Remember positive reinforcement! Praising your child is key!
6. What is positive reinforcement? [*See if any participant wants to volunteer a definition of positive reinforcement before explaining*]
7. Positive reinforcement is when we give our children praise or rewards for doing something desirable in order to make them continue to do the behavior more often! This can be as simple as saying "Great job!" or "You did it, well done!" All children like to feel encouraged through these positive words, even if they are not talking yet. This is the key component in teaching any skills!

Suggested Activity (30 min)

Discuss with participants: Do people in your community talk to babies? Why not? Is it embarrassing or silly? Or disrespectful if there are older people present? Or people think it is useless, as babies cannot understand or talk? Do the stress and worries stop caregivers from communicating with their children? How do children learn to discuss? Would a five-year-old who has been locked inside a cave and has never heard any words be able to speak? The earlier we start discussing with children, the faster they learn.

Do two short dramas on e.g. crossing a busy road: first a caregiver who just quickly pulls the child across the road without any explanations, and second a caregiver who discusses with her child throughout and watches the traffic with her. Which one of the children learned more? Which one will be safer once she starts crossing the road alone?

Reference: Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.

School Inclusion

Suggested Activity (20 min)

1. **Does your child with disabilities attend school? Does he or she want to attend school? What are the barriers that they face or that they might face going to school? What has your experience been with teachers supporting children with disabilities? [*This activity is to gauge prior experiences and better understand individual family situations pertaining to the educational status of their children with disabilities*]**
2. **Let's break off into partners to talk about our experiences. After talking with your partner about it, we will come back together and discuss it as a group.**
3. **[Provide about 10 - 15 minutes for the participants to break into partners and discuss this topic. After the allotted time, ask for volunteers to summarize what they talked about.]**
4. **I could tell that you all were having such great conversations about this topic. Who would like to share some thoughts about this with the group? [*Provide at least another 10 -15 minutes to discuss this topic as a group. If the conversation is rich, feel free to extend the time it is discussed. This is a VERY important and vital topic for parents to talk about and better understand*.]**

Competency Based Curriculum (20 min)

According to the Kenya Institute of Curriculum Development, the Kenya education system went through a reform in 2017. Kenya has had two previous education systems; 7-4-2-3 and the 8-4-4 education system which concentrated on academic and examination orientation a system that had challenges in 3 areas;

a. **A disconnect between school content and the world of work**
b. **A disconnect in realizing the national education goals**
c. **A disconnect with the 21st century needs that require more competencies.**

The new education system; Competency Based Curriculum, was informed by the Kenyan constitution 2010 the Kenya vision 2030 plans. The new education system aims at developing 3 key components;

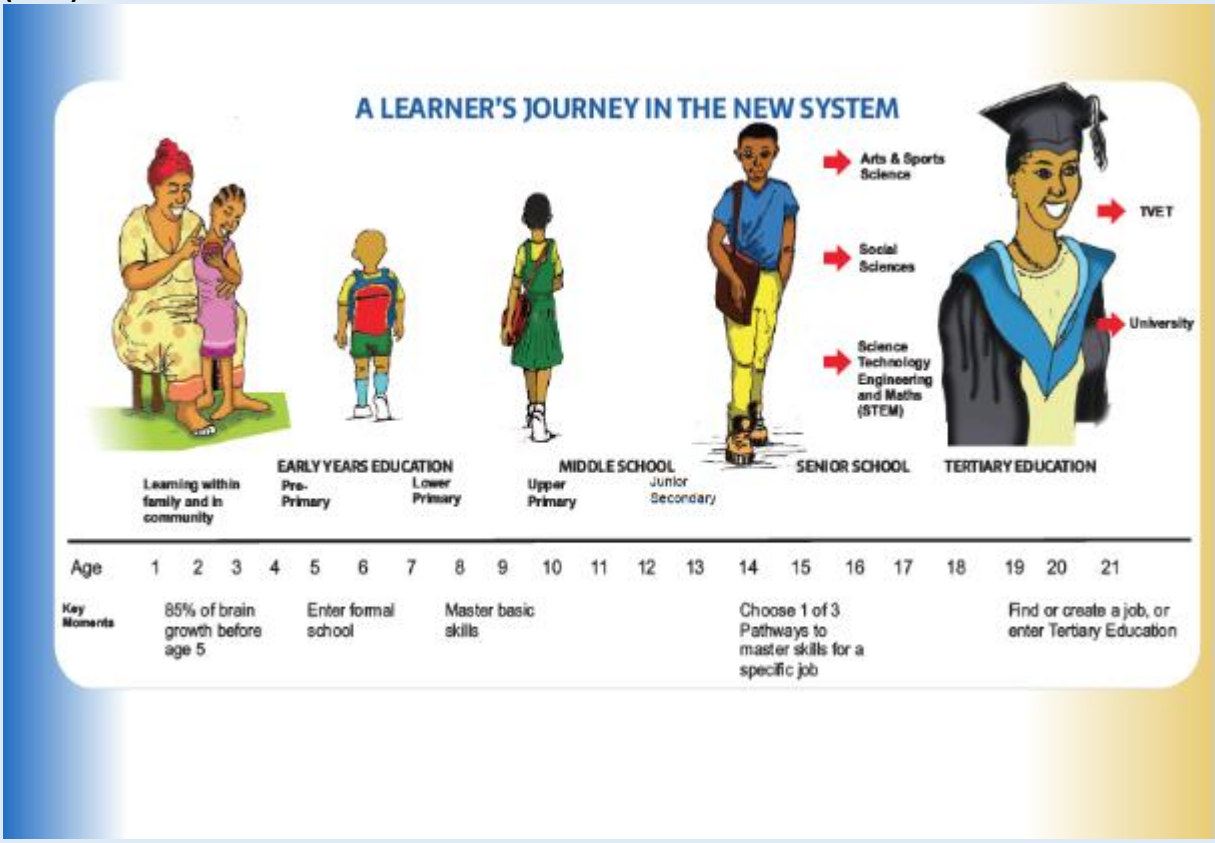
i. **Competencies- the education system seeks to produce a child who has relevant competencies to a world that keeps changing**
ii. **Character-the new education system seeks to ensure that learners are molded with the right character thus emphasizing on an education system that has a good value base and parental involvement**
iii. **Creativity-the new education system aims at producing citizens who are able to solve problems creatively.**

The CBC system focuses on 4 main skills;

- **Communication and collaboration- this mainly supports the idea of working together and shapes the interpersonal skills of learners**

- **Critical thinking & problem solving- this ensures that learners are able to observe, evaluate and reason to find solutions learn**
- **Creativity and reasoning- this skills allows learners to think differently to create new and valuable items**
- **Citizenship- This skill enables the learner to be respectful to all people and value the community**

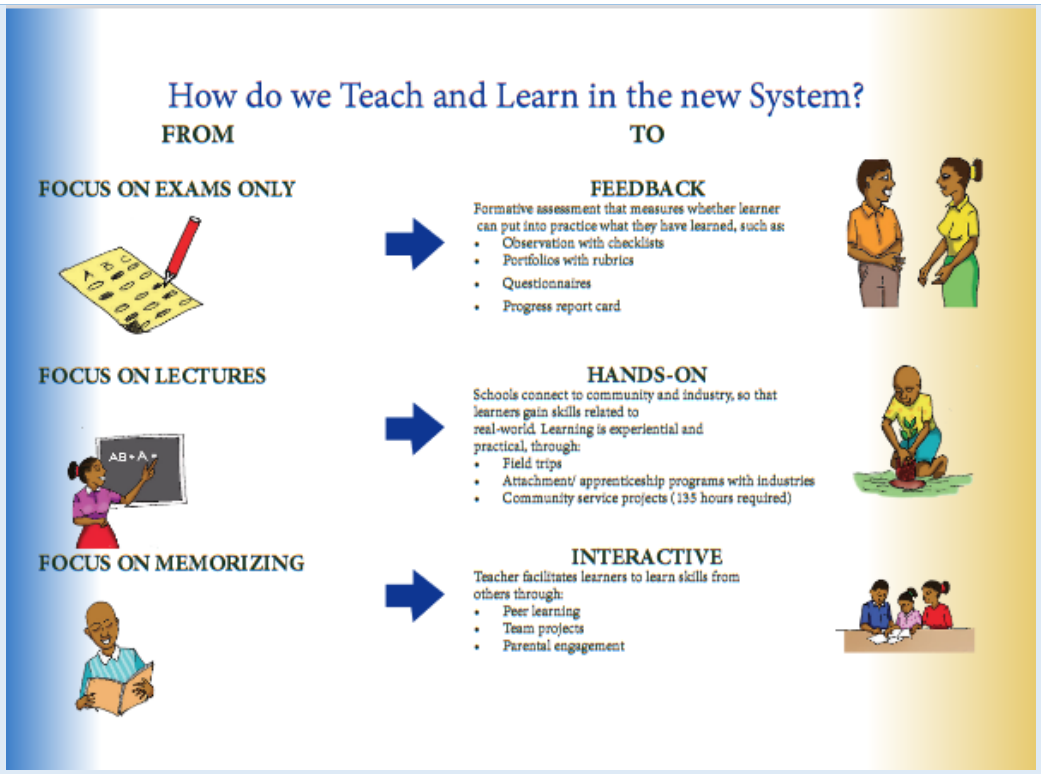
It important as a parent to understand your learner's education pathway
I will project for you the learner's journey in the new system
(KICD)



1

[1]file:///C:/Users/Racheal%20Njiru/Downloads/SERIES-1-CURRICULUM-REFORMS-3.pdf

Inclusive Futures
UKaid from the British people



23

In addition, the Competency Based Curriculum provides guidelines on parental empowerment and engagement (Development, 2019). The guidelines stipulates that parents play a critical role in their children education by ensuring that they nurture the learner's potential. There two pillars that support the empowerment and engagement guidelines i.e. empowerment and engagement. Parental Empowerment is defined as a process that endeavors to enhance the parent's capacity so as to support them to nurture their children potential to the fullest.

For the parents to be empowered the guideline outlines 3 strategies that parents can be empowered;

- **Training; this is where parents will be trained on their roles so as to help in nurturing their children potential**

2

[333] file:///C:/Users/Racheal%20Njiru/Downloads/SERIES-1-CURRICULUM-REFORMS-3.pdf

https://kicd.ac.ke/cbc-materials/

25 *Positive Parenting Final Version.*

- **Advocacy; These are activities that will help parents to promote a safe and supportive environment**
- **Resourcing; there will be different actions that will facilitate effective learning**

Parental Engagement is defined as the active participation of parents in their children's learning and development in partnership with teachers and other stakeholders.
The guidelines provides 4 strategies to realize parental engagement;

- **Participatory decision making; parents should be involved in decisions of the learners wellbeing within and outside the school**
- **Communication and collaboration; it's important that parents are involved and updated on learning and other matters that are of concern to their children**
- **Developing and learning process; parents should be involved in providing support to their children as they cross over the different developmental milestones**
- **Resourcing, volunteering and linkages**
- **Parents are an important resource they should be involved in the schools activity and they can volunteer their time, resources and networks to have a better school environment.**

Key content (15 min)

1. **Education for all children is a human right. All people have the ability to learn, children learn in different ways and at different speeds. Schools need to adapt to the children, not children to schools.**
2. **The Constitution of Kenya, in Article 53 (1) (b) states that EVERY child has a right to free and compulsory basic education – regardless of if they have a disability or not.**
3. **The 2003 Persons with Disabilities Act (Kenya) states that "No person or learning institution shall deny admission to a person with a disability..."**
4. **Additionally, the *Sector Policy for Learners and Trainees with Disabilities, May, 2018* "recognizes the need for Kenya to move towards inclusive education, instead of segregated education. … Advocating for the right of every learner with disability to be enrolled in regular classroom together with his or her peers without disabilities.**
5. **As parents and caregivers, you are your child's first and best advocate! You have the right to advocate specifically for your child to attend school.**
6. **Examples of common accommodations, adaptations and support for children with disabilities in mainstream learning environments:**
    a. **Sign language**
    b. **Braille**
    c. **Glasses**
    d. **Audio recorders**
    e. **Physical accessibility – ramps, rails and space to move around**

f. **Adapted materials – special handles, enlarged grips on pencils or knobs on jigsaws, larger toys, etc.**
g. **Accessible and private washrooms**
h. **Larger text in books**
i. **Visual support like pictures, symbols and diagrams**
j. **Adults who adapt their communication such as repeating phrases or slowing their speech.**

7. **Children also grow and change, so what support they need in early learning might not be the same support they will need in the primary school year and beyond.**
8. **Learning through communication and play is one of the best ways to connect with your child.**

Q & A (15 min)

Use the final time in the session to address any additional questions and open up the floor to any topics that participants would like to discuss.

Action steps/reflection questions

- **How can you help to support the inclusion of your child with a disability in the play of other children in your family or community?**
- **What can be done to overcome some of the barriers your child has to access education?**
- **Who in your community might be able to support you in identifying solutions to overcome these barriers?**

Session references

1. Care for Child Development. Participant Manual. UNICEF and WHO. 2012.
2. *CDC. Quick Tips: Three main keys to communicating with your child. November 2019: https://www.cdc.gov/parents/essentials/communication/quicktips.html*
3. Inclusive education in Kenya - The views of parents and teachers - Handicap International: https://www.youtube.com/watch?v=Bd9EFOsj2RI
4. National Gender and Equality Commission. Access to Basic Education By Children with Disability in Kenya. 2016: https://www.ngeckenya.org/Downloads/Access%20to%20Basic%20Education%20by%20Children%20with%20Disability.pdf
5. Odongo, George. Barriers to Parental/Family Participation in the Education of a Child with Disabilities in Kenya. International Journal of Special Education. Vol.33, No. 1, 2018. Accessed 1/7/22: https://files.eric.ed.gov/fulltext/EJ1184076.pdf
6. *Pathways. Communication. 2022: https://pathways.org/topics-of-development/communication/*
7. Right to Education Project. Right to Education Country Factsheet. March 2014: https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/RTE_Right_to_Education_Country_Factsheet_Kenya_2014.pdf
8. UNICEF. How to prepare your child for preschool: https://www.unicef.org/parenting/child-care/how-prepare-your-child-preschool
9. UNICEF. Learning how to boost your baby's brain from a Harvard Professor. VIDEO: https://www.youtube.com/watch?v=fpiYNkkNmEo&t=60s

10. **WHO Caregiver Skills Training Programme for Families of Children with Developmental Disorders or Delays; Session 3: Helping Children Share Engagement In Play and Home Routines.**
11. **World Vision. DIY homemade kids' toys from around the world: https://www.worldvision.org/child-protection-news-stories/diy-homemade-kids-toys**
12. **Breakdown of Kenya's new 2-6-6-3 education curriculum framework: Subject Taught - Kenyayote**
13. **Teachers' training manual for the Competency Based Curriculum (CBC) - Educationnewshub.co.ke**

Day 3

Nurturing Care Framework Links		
	Good Health	• Care for children with developmental differences and disabilities • Support of parental mental health
	Security & Safety	• Safe family and play spaces in urban and rural areas • Prevention of violence by intimate partners and in families, as well as services for addressing it • Social care services

Learning Outcomes

- **I will have a greater understanding of the connection between behavior and communication.**
- **I will hear other parents' stories about their children and their children's behavior, reassuring me that I am not alone in these struggles.**
- **I will be exposed to various tools to help prevent difficult or violent behavior.**
- **I will feel empowered in knowing that I am not alone in this struggle, learning to manage challenging behavior.**
- **I will learn more about the differences between boys and girl genders and the impact of disability.**
- **I will have a clearer understanding of how our environment impacts the inclusion of girls with disabilities.**
- **I will be given the space to talk about my child and their disability, ask questions about the training and/or about my child, free of stigma, shame or other negative emotions, knowing this is a safe and supportive group environment.**

Needed Resources

- **Positive Parenting Facilitator Manual**
- **Participant list**
- **Digital training materials**
- **Flip chart paper and flip chart holder**
- **Colored markers or drawing utensils**

Understanding Various Behavioral Difficulties.

Welcome (10 min)

1. **Prepare the meeting venue in advance; organize the chairs in a U-shape layout, make any needed resources available.**
2. **Welcome participants warmly as they arrive. Be available to engage in informal conversation while participants are getting settled.**
3. **Ensure the participants are marked down on the attendance sheet, being mindful about participants with low literacy.**
4. **Encourage parents to have informal conversations between one another while waiting for everyone to arrive.**

Suggested Activity (20 min)

Uncontrollable screams	**Emotional numbness**	**Parental influence**	**Bullying**

Hitting/ aggression	**Biting**	**Self injury**	**Body harm**
Hoarding			

Examples picture cards:

Key content (20 min)

1. **Now that we know that all behavior is communication, let's focus on challenging or difficult behavior specifically.**
2. **All children, at some point in their lives, try to push boundaries (do things that go beyond what their parents want). This is a typical part of normal development, as children learn what is and is not allowed. With that said, some children, and often this especially includes children with disabilities, engage in challenging behavior. Do things that becomes a barrier to accessing the world, even can be a danger to themselves or others. This is really hard on you as parents but remember that it is not your fault. The child may be exploring and experimenting and usually does not know it is wrong.**
3. **If you are experiencing a child with difficult or violent behavior, please know that you are not alone. There are many other parents going through this too. We are here to support you through this!**
4. **Typically, there are four main reasons for our children's challenging behavior: to get access to something, to get attention, to avoid something, or to get sensation.**
5. **For example, a child might have a meltdown (crying, falling to the floor) because they did not get something they want (to get access). A child might try to run away only so you can chase them (to get attention). A child might throw their food on the floor (to avoid eating it). Or a child might love stomping their feet hard on the ground (to get sensation).**
6. **Sometimes the child's challenging behavior does not have an obvious cause. We cannot understand why they are behaving in this manner. In these cases, we can think about using the**

ABCs – antecedent, behavior, consequence or otherwise known as cause and effect. What happened RIGHT BEFORE the behavior took place? Were there any changes in the child's environment? What time of day did this take place? Does it happen at this time every day? Who is around the child when they engage in this behavior? These questions can help to start to better understand the cause of the behavior.

7. **We will talk more about what happens right AFTER the behavior occurs in our next session, but it is vitally important to mention that it is not considered effective nor appropriate to physically beat or hit your child. Research has shown that this type of punishment only leads to more difficult or violent outbursts.**

Suggested Activity (20 min)

Open the floor for discussion. Ask the participants if anyone would like to volunteer to share a story about challenging behavior that their child might exhibit. After the participant is done sharing, encourage the group to brainstorm reasons why the child might be behaving in this manner. The goal is for participants to feel comfortable to share their experiences and connect with other caregivers, building relationships and strengthening support networks.

Managing Various Behavioral Difficulties.

Key content (20 min)

1. **When our children behave in difficult ways engage in challenging behavior, it is hard for us not to immediately react with the same intensity. However, the most important thing to understand is that corporal punishment, smacking, beating, caning – these consequences will not help decrease the challenging behavior in the long term. In fact, many have proven to make challenging behavior more frequent.**
2. **First step is to try to recognizing early warning signs. This is linked to understanding of WHY your child is behaving like this exhibiting challenging behavior. The goal is to prevent or reduce the behavior from the beginning.**
3. **Work with your child to find what calming activities they like.**
4. **Help to support more appropriate communication methods – words, hand gestures, drawings.**
5. **If your child is upset, anxious or starting to become violent, try to remain calm. We will work on calming techniques in a coming session. It is important for you too stay calm in order to provide the most effective support to your child. This includes using a low volume voice, not shouting, and being a good listener.**
6. **Knowing that every behavior is communication and therefore the specific responses will tend to depend on WHY your child is behaving in this manner.**
    - **Is your child sick or injured? Do they need medical attention?**
    - **Does your child want something? Are they hungry or thirsty?**
    - **Is your child trying to avoid something? Is there a loud noise that can be reduced or lights that could be shut off?**

- **Have any of your child's routines changed recently? Have there been any big events that might have upset them?**

7. **Try to have some of their preferred items available. What types of things do they love, that could be used as positive reinforcement?**
8. **Providing visual supports can also have a calming or preventative effect. Examples are things like timers and visual schedules, which tell the child what is going to happen.**

9. **Be a role model. Our children model their behavior after ours. They are paying attention to us from the moment they are born. Don't do things you don't want them also doing!**
10. **Accept support. Know there are others dealing with similar challenges. Hopefully this group can start to be this support to you!**
11. **Take time to reflect and rest. This is also a part of the self-care session we will discuss later. You need to be healthy and have a clear mind in order to manage all the stress of life and certainly parenthood.**

Suggested Activity (30 min)

1. **We are going to role play again, similar to charades as we did in the last session, but this time in partners. One person is going to be the parent, the other person is going to be the child. [Divide the participants into groups of 2 and let them decide amongst themselves who is going to be the caregiver and who will be the child.]**
2. **Now the job of the person being the child, is to engage in challenging behavior. You can choose something that your child does or you can feel free to make something up. The role of the parent is to use some of the techniques we just talked about to try to calm you down.**
3. **[*Allow the participants time to think about how they will behave. As they are acting how the challenging behavior, walk around the room to help support the participants playing parents in choosing good coping mechanisms.*]**
4. **Great job everyone! Now we will switch rolls. The person who played the child initially will now be the parent, and vice versa. [*Allow time for the roll playing to happen, again walking around supporting and providing positive reinforcement*!]**
5. **Excellent roll playing! How did you find this activity? Was it easy or hard to pretend to be your children? How did you find the management techniques? Are there any questions?**

Gender-specific issues – Girls and Boys with disabilities.

Presentation of the topic (5 min)

1. **Safety and security as it pertains to girls with disabilities. Girls are at a greater risk of being bullied, harassed or the victims of violence due to their gender – twice as likely when a girl has a disability. (USAID, 2019)**
2. **The safety of girls with disabilities is key. This includes thinking about a girl's journey to and from school, her experiences and interactions within the school, and having access to private, well-lit, accessible latrines/washrooms. Also have to consider girls as they face puberty and as their bodies change, including the start of menstruation.**
3. **Families often resist sending their daughters to school for these exact safety concerns. We also know that some families choose not to send their child to school due to traditional gender roles and the division of labor.**
4. **Both girls and boys with disabilities can be denied access to sexual and reproductive health information. However, girls are more likely to be excluded due to harmful beliefs that they should not discuss or learn about their bodies.**
5. **One of the most important responsibilities is to prioritize the safety and protection of their daughters. This involves walking with them to and from school or arranging trusted walking groups with other children to avoid unsafe or isolated routes. Safety also extends to the home, where caregivers should provide a secure and nurturing environment that builds confidence and reduces vulnerability.**

Suggested Activity (20 min)-culturally and socially appropriate scenarios

Amina, a 12-year-old girl with a physical disability, uses a crutch. Her caregiver worries about her walking alone to school because the path is long and sometimes unsafe. Together with other mothers in the community, they organize a walking group so that children travel together. Older siblings and neighbors take turns escorting the group, ensuring Amina reaches school safely each day.

Maryam, who is partially blind, is often left out of household chores because her family fears she might hurt herself. A local women's group encourages her mother to involve her in light, safe tasks such as sorting grains or teaching younger siblings' songs. Over time, Maryam feels proud to contribute, and her siblings respect her role in the family.

In a refugee camp, some neighbors whisper that Halima, who has a hearing impairment, brings "bad luck." Her father respectfully engages a community elder and local religious leader to highlight that every child is a blessing. With their support, Halima is included in Qur'an study sessions, using visual aids and gestures. Gradually, negative attitudes in the community shift, and Halima gains new friends.

Key content (15 min)

1. **All behavior – even the most difficult behavior – is a form of communication!**
2. **There are four main reasons our children might engage in challenging behavior: To access something that they want, to get someone's attention, to avoid something they do not want, or seeking sensory input. They are not necessarily being deliberately naughty.**
3. **All children engage in challenging behavior from time to time, but that does not mean that it is easy for a parent. In fact, it's a very hard thing to understand and manage. You are not alone!**
4. **You are not alone. It is very normal for children to engage in challenging behavior or behave in ways parents/caregivers find difficult throughout their lives. It is a natural part of exploring their worlds and testing boundaries finding out what is allowed.**
5. **The best strategy as caregivers is for us to remain calm in order to think clearly about effective next steps in supporting your child to calm down. Shouting, hitting, beating – these things are not shown to be effective and in fact could be teaching the exact opposite of what we want.**
6. **Girls with disabilities are twice as likely to face violence and safety concerns versus boys.**
7. **Girls have the right to a safe and secure journey to and from school, within the school environment, and have access to safe toilets.**

Action steps/Reflection questions

- **Where does your child tend to display challenging behavior the most often? What type of environments and at what time of day?**
- **What techniques have you used to calm your child or to reduce the behavior of your child when they get upset or display challenging behavior?**
- **Is your child ever violent? Do you ever feel your safety, the safety of your child or the safety of other people are at risk? If so, how have you managed this? It is important for you to reach out for help in these situations. Talk to someone you trust about this and/or please talk to any of the members of this group to start getting the support you need.**

Caregiver and child nutrition

Nurturing Care Framework Links

Adequate Nutrition

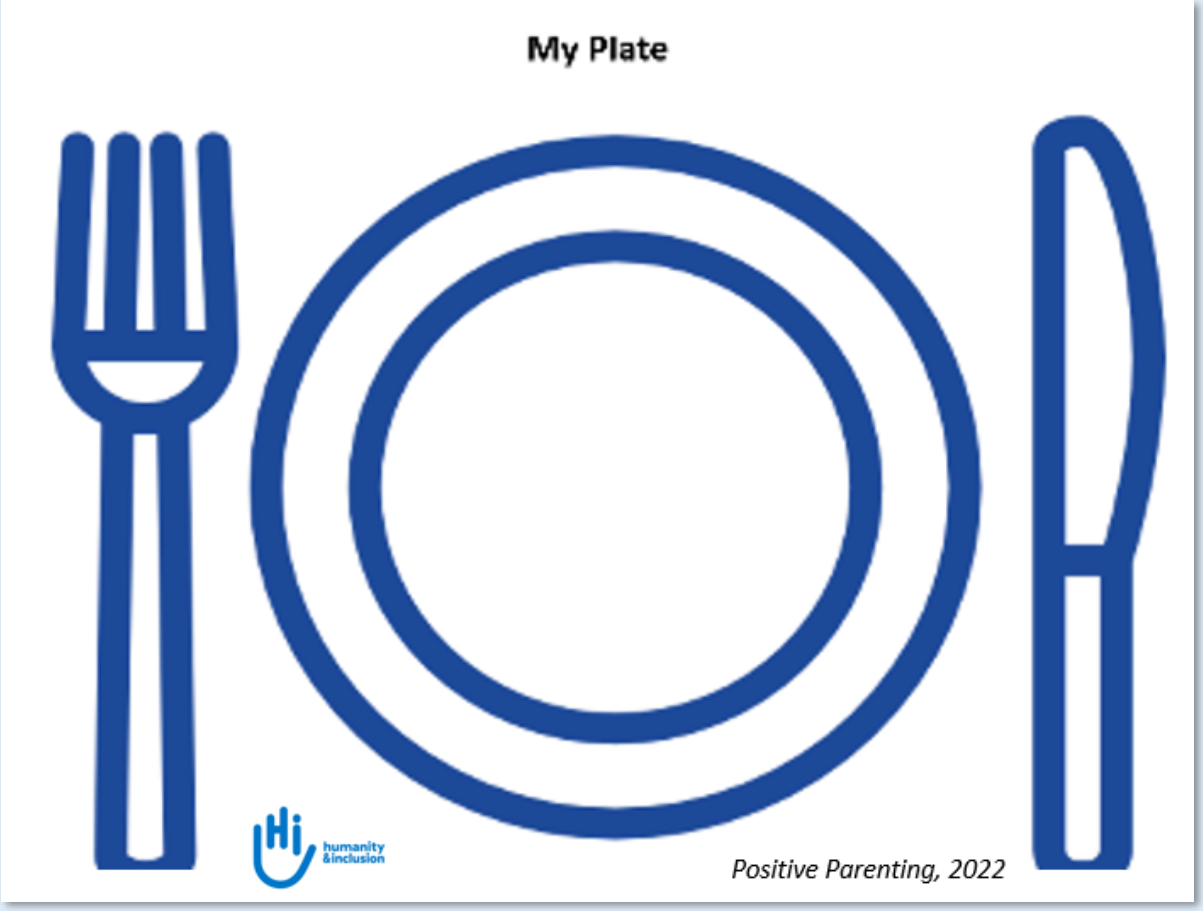
- *Maternal nutrition*
- *Support for appropriate complementary feeding and transition to a healthy family diet*

Presentation of the topic of the day (2 min)

1. **In this session, we will continue talking about healthy development, but understanding that 'healthy' doesn't just mean the absence of illness. The aspects of health that we will be discussing today is on keeping our bodies healthy through nutrition.**

Suggested Activity (15 min)

1. **We are going to start with an activity called My Plate! [*Hand out a worksheet to each participant that has a plate printed on it*.]**
2. **First, I want you think about what you typically eat for a meal. Think about what foods usually fill YOUR plate. Let's take a few minutes to do this. *[Have participants draw pictures of food on their plate and/or talk to their partners about what they eat*].**
3. **Let's share what we like to eat.**
4. **Now, I want you think about what is on your child's plate typically. This will of course be different based on how old your child is.**
5. **Now let's compare what foods we feed ourselves to keep us healthy and what foods we feed our children to keep them healthy.**



Presentation of key messages (30 min)

1. **A balanced diet, for both you and your child, is one aspect of staying healthy.**
2. **Food contains nutrients. However, no single food provides all the nutrients that people need.**
3. **Nutrients have many functions in the body. They provide materials for growth and repair of body tissues and energy for physical activity and basic body functions; including breathing, body temperature and blood circulation. They help to keep the immune system healthy so that the body can resist and fight diseases. Nutrients maintain people's lives.**
4. **We want to ensure that the foods and drinks we are choosing have adequate nutrients.**
    a. **For you, as a caregiver, good nutrients contribute to:**
        i. **The healthy growth and development of pregnant mothers**
        ii. **Increased energy levels**
        iii. **Helping the body fight illness**
        iv. **Helping the body fight injury**
        v. **Prevention of malnutrition and diseases such as diabetes, heart disease and osteoporosis (brittle bones)**

b. **For our children, good nutrients are important because:**
    i. **It contributes to health brain development (80% of a child's brain is formed already by age 3 -Blue Box pg21)**
    ii. **Increases energy levels**
    iii. **Helps the body fight illness**
    iv. **Helps the body fight injury**
    v. **Prevention of malnutrition and diseases**
c. **What did we notice about these two lists? THEY ARE ALMOST THE SAME! It is important to see how nutrition is equally important for you and for your child.**
d. **What type of foods are rich in nutrients? [*The facilitator should have a variety of local foods on a table as examples such as rice, Ades, beans, Kales, maize flour, watermelon, maize flour, fish, kales and other traditional green vegetables, beans, mangoes, pineapples, bananas, guavas, oranges*].**
e. **[*Go through each food and explain the nutritional benefits of each, here is a reference guide with some ideas: http://nak.or.ke/wp-content/uploads/2017/12/NATIONAL-GUIDELINES-FOR-HEALTHY-DIETS-AND-PHYSICAL-ACTIVITY-2017-NEW-EDIT.pdf*]**

Suggested Activity (20 min)

If possible, prepare a healthy meal together. This could also be prepared ahead of time and enjoyed as a group. Shared meal times help to encourage healthy eating and also are a great bonding time for families and support networks!

Summary of 2 to 3 key message (5 min)

1. **It is important to understand that health is not just about the absence of illness or disease, it is also about prevention and feeling good within our bodies through eating nutrient-rich foods.**
2. **Having a diverse diet will contribute to getting all the necessary nutrients.**
3. **Children require a healthy, balanced diet just as much as adults.**

Q & A (3 min)

Note any questions from participants, especially anything not answered, to check for next time and add to the FAQ.

Action steps/reflection questions

- **What are the barriers to accessing some of the nutrient-rich food we discussed today?**
- **What type of food(s) did we talk about today that you might be more willing to try now?**
- **What type of food(s) do you think your child might be interested in trying?**

Q & A (15 min)

Use the final time in the session to address any additional questions and open up the floor to any topics that participants would like to discuss.

Session references

1. Brigitte Rohwerder Institute of Development Studies 16. 01. 2017. Women and girls with disabilities in conflict and crises: https://reliefweb.int/sites/reliefweb.int/files/resources/032-Women%20and%20girls%20with%20disabilities%20in%20crisis%20and%20conflict.pdf
2. Disabilities Among Refugee and Conflict-Affected Populations. Resource Kit for Fieldworkers: https://www.corteidh.or.cr/tablas/25417.pdf
3. Inclusive Futures. (2022) Gender Mainstreaming Guideline. Version 3.
4. International Rescue Committee and Women's Refugee Commission. (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings; A Toolkit for GBV Practitioners: https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf
5. Managing challenging behaviour in children with possible learning disability. *BMJ* 2019; 365 doi: https://www.bmj.com/content/365/bmj.l1663 (Published 02 May 2019)
6. National Society for the Prevention of Cruelty to Children. (2020) Positive Parenting; Need-to-know Guides. https://learning.nspcc.org.uk/media/1195/positive-parenting.pdf
7. The Challenging Behavior Foundation. For Family Carers. 2022: https://www.challengingbehaviour.org.uk/for-family-carers/
8. WHO Caregiver Skills Training Programme for Families of Children with Developmental Disorders or Delays. Session 8: Teaching New Skills in Small Steps and Levels of Help
9. Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.
10. Maternal, Infant, and Young Child Nutrition in Kenya; Formative Research Summary Report. Nutrition International. ENRICH: Enhancing Nutrition Services to Improve Maternal and Child Health. 2019/2020: https://www.nutritionintl.org/wp-content/uploads/2021/01/ENRICH-FR-Summary-report_Kenya_FINAL_print.pdf
11. WHO, UNICEF, World Bank Group.(2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization: https://nurturing-care.org/
12. National Guidelines for Healthy Diets and Physical Activity. The Nutrition and Dietetic Unit, Ministry of Health, Kenya. 2017. http://nak.or.ke/wp-content/uploads/2017/12/NATIONAL-GUIDELINES-FOR-HEALTHY-DIETS-AND-PHYSICAL-ACTIVITY-2017-NEW-EDIT.pdf
13. WHO. (2014).Self-care for health: http://www.who.int/iris/handle/10665/20588
14. UNICEF. Food and nutrition: https://www.unicef.org/parenting/food-nutrition

Day 4.

Caring for Yourself

Nurturing Care Framework Links

	Good Health	• *Support of parental mental health* • *Care for children with developmental differences and disabilities*
	Security & Safety	• *Safe family and play spaces in urban and rural areas* • *Social care services*

Learning Outcomes

- **I will have a greater understanding of the importance of caring for myself.**
- **I will be able to link caregiver stress to my child's development**
- **I will be able to identify stressors.**
- **I will have expanded resources in relaxation and calming techniques in order to manage my stress.**
- **I will be given the space to talk about my child and their disability, ask questions about the training and/or about my child, free of stigma, shame or other negative emotions, knowing this is a safe and supportive group environment.**

Needed Resources

- **Positive Parenting Facilitator Manual**
- **Participant list**
- **Digital training materials**
- **Flip chart paper and flip chart holder**
- **Colored markers or drawing utensils**
- **One bucket**
- **Rocks, water, paper balls, or anything to fill the bucket**

Welcome (15 min)

1. **Prepare the meeting venue in advance; organize the chairs in a U-shape layout, make any needed resources available.**
2. **Welcome participants warmly as they arrive. Be available to engage in informal conversation while participants are getting settled.**
3. **Ensure the participants are marked down on the attendance sheet, being mindful about participants with low literacy.**
4. **Encourage parents to have information conversations between one another while waiting for everyone to arrive.**

Presentation of the topic of the day (2 min)

1. **In the last sessions we discussed safety and security for you and your child. Does anyone have any questions about what we talked about?**
2. **In this session, we will be talking about caring for yourself. This is SO important. As a caregiver, you need to feel health and strong in order to take care of others. Your emotional wellbeing and mental health are vital components in being a responsive caregiver.**
3. **We will talk today about some simple ways to better support your own wellbeing.**

Suggested Activity (15 min)

1. **As caregivers, we have lots of pressure on our shoulders, this is especially true for caregivers of children with disabilities.**
2. **Because of this we are going to start with a calming activity. This activity is completely voluntary, you may opt out if at any point you do not feel comfortable.**
3. **We are going to practice something called calm breathing. This is different than how we normally breathe.**
4. **When we use calm breathing, we breathe slowly, inhaling in through our nose, and exhaling slowly out of our mouths.**
5. **While we do this, we think about and try to feel the air coming all the way into our lungs.**
6. **Calm breathing helps our bodies relax.**
7. **When we are frightened, stressed or upset, we tend to take short fast breaths using the upper part of our chests.**
8. **I will demonstrate by putting my hand on my upper chest and breathing in quick breaths that cause my chest to rise [*facilitator takes a few quick breaths to show what our breath might look like when we have an elevated heart rate*].**
9. **When we are relaxed, we tend to breathe more slowly into the bottom part of our chests. [*Facilitator demonstrates this*]**
10. **When you are ready, we are going to practice calm breathing for a couple minutes.**
11. **Step one is to sit up comfortably, with your back straight.**
12. **Next, we will put one hand on our belly and the other hand on our upper chest [*Facilitator demonstrates this as they talk through all the steps*].**

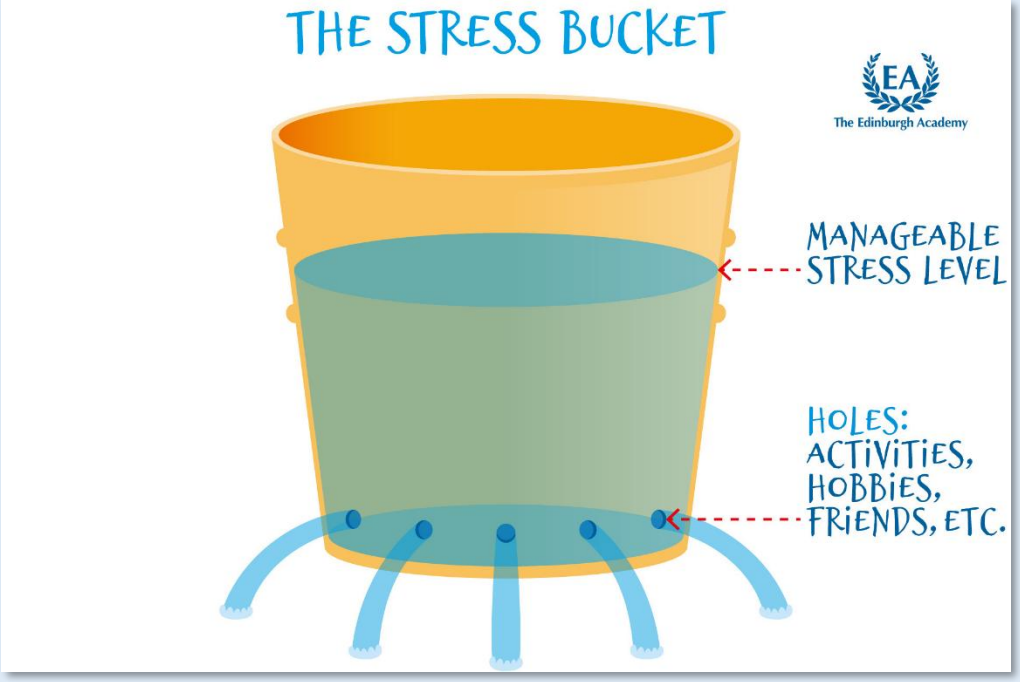
13. **Breath normal size breaths, slowly and in through your nose.**
14. **Feel your hand on your belly move slowly in and out with each breath, while your upper hand mostly stays still.**
15. **Find your own rhythm of breathing. If you feel dizzy or uncomfortable please stop.**
16. **Let's take one minute to silently breathe on our own. [*Use a clock or silently count to 60*].**
17. **Great job everyone. How do you feel now? Do you feel more relaxed?**

Presentation of key messages (20 min)

1. **Looking after a young child, especially multiple children and a child with a disability, is a huge responsibility. This can cause stress.**
2. **Stress can affect us in so many different ways. It can cause headaches, body aches, low energy, upset stomach, inability to sleep… the list goes on! But did you know, it also impacts the development of our children? It is hard for us to support all of our children's needs if we are stressed.**
3. **When we are too stressed, it decreases our resilience and ability to manage challenging situations. And children can be challenging! Every parent, everywhere, has experienced stress from challenges from their children – it is normal!**
4. **It is our job, as adults and caregivers, to figure out how to keep ourselves from getting too stressed. The first way we are hoping to manage this is by creating this group! Look around you. You now have a bigger support network of other caregivers just like you. Social support, having other caregivers who understand your stress and your challenges, makes a big different**. You are not alone!
5. **Other ways that you can help to prevent stress or to manage high stress levels are by:**
    a. **Getting sleep. A good night sleep helps to reset, heal and strengthen our minds and bodies.**
    b. **Eating well. Putting nutritious food into our body also helps keep us strong mentally and physically.**
    c. **Exercising. Chasing after children all day long, in addition to your daily responsibilities can be exercise! This definitely counts. If possible, try to even just stretch your body or take a walk on your own. Exercising for the purpose of clearing your mind can be really powerful.**
    d. **Take time to talk to friends, family, neighbors or other caregivers of children with disabilities. Your social support network is a great way to help reduce stress.**
    e. **Practice spirituality, if that applies to you.**
    f. **Singing and dancing.**
    g. **Take time to use our calm breathing.**
    h. **Think about what you are grateful for.**
6. **I am guessing that you all might have some other ideas and I want to hear from you, so let's move on to our activity!**

Suggested Activity (30 min)

1. **This activity is called a stress bucket. Here is our bucket. It represents you. Each of us have our own buckets that are different shapes and sizes. Some of us have big buckets, and therefore can withstand lots of stress. Others, have smaller buckets and even just a small amount of stress is enough to overflow our bucket. This is just who we are!**
2. **We are going to use just this one bucket for all of us. I want each of you to think about one thing that make you feel stress. We will take turns pouring water into our bucket for each time we mention something that stresses us [*If water isn't easily available, each person could use a piece of paper balled up or rocks or really anything that can fill the bucket! The participants will take turns talking about something that makes them feel stress. This is voluntary, and the facilitator can start if the participants are not ready to share*].**
3. **[*One by one, as something is mentioned, the bucket will be getting fuller. Once it gets completely full – about to overflow – stop this part of the activity*.]**
4. **As you can see our bucket is now completely full by all the stress we have in our lives. So, what are we going to do about it? Can anyone mention something we could do to help make us less stressed? [*Once the participant volunteers an answer, have they scoop out a cup of water or take out a rock or whatever is inside the bucket. One by one, participants should offer their ideas on how they could decrease their stress (some of these ideas have already been mentioned so hopefully all can participate at least one ideal). The goal is to empty the bucket with all the ideas about preventing and managing stress.*]**
5. **Great job everyone. Does anyone have questions about this?**



https://www.edinburghacademy.org.uk/414/life-ea/post/100/mental-health-awareness-week-stress-bucket

Summary of 2 to 3 key message (5 min)
1. Stress is a normal part of being a parent. All parents experience stress. This is especially true for parents who have children with a disability. **2. It is very important that caregivers take care of themselves in order to be able to take care of their children in the best way possible.** **3. There are many ways we can work on preventing and managing stress.**

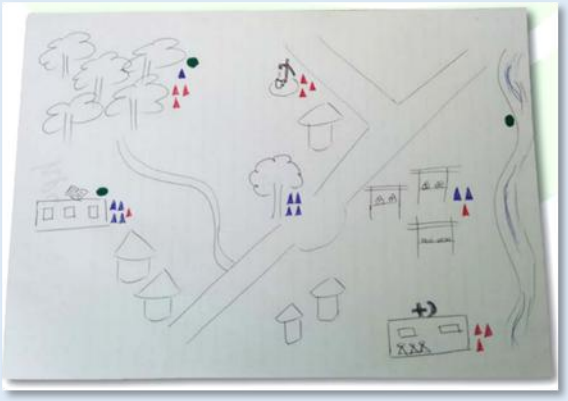
Q & A (3 min)
Note any questions from participants, especially anything not answered, to check for next time and add to the FAQ.

Session References
1. Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual. **2. University of Warwick, Cerebra, Mecap, and the Challenging Behaviour Foundation. (2018) A Parent's Guide: Improving the well-being of young children with learning disabilities: https://warwick.ac.uk/fac/soc/cedar/parentsguide/a_parents_guide_-improving_the_well-being_of_young_children_with_learning_disabilities.pdf** **3. WHO, CST, 2017: CST_Facilitator_Guide_Session2_efficiency_version_pilot_draft_2.06EV.pdf** **4. National Alliance on Mental Illness. Taking Care of Yourself: https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Taking-Care-of-Yourself**

Connecting to Community Resources.

Suggested Activity (45 min)

1. **Creating a community resources map. On this map, we are going to indicate all the areas or places where you feel are safe and which are inclusive towards your children right now.**
2. **Next, we will identify all the local resources that we might rely on to support us, our child with a disability and our family.**



Reference: Concern Worldwide, Community Mapping Toolkit, December 2016: https://admin.concern.net/sites/default/files/media/migrated/community_mapping_toolkit.pdf?_gl=1*1p91suk*_ga*MTE2MTYyMDE0Ny4xNjQ0MzQyNzg3*_ga_RLZ9XCKFP1*MTY0NDM0Mjc4Ni4xLjAuMTY0NDM0Mjc4Ni42MA.

Action steps/reflection questions

- **What local business, NGO or faith-based organizations could you partner with or approach regarding making their activities more inclusive of people with disabilities?**

Final words of encouragement (35 mins)

Summary of key content (20 min)

1. **Every child is unique, they develop at different spaces and at different times in different ways. While there are typical developmental milestones, we know that they are only averages.**
2. **For healthy brain development, children need a safe, secure and loving environment, with the right nutrition and stimulation from their caregivers. This includes positively engaging in play with your child, encouraging them even if they only make small steps and providing them a healthy well balance diet.**
3. **Disability exists in all communities, in all countries, in all regions of the world.**
4. **Disabilities are not contagious. You cannot catch it from others. Disabilities happen based on genetics, challenges at birth or early childhood, illnesses, accidents, or acquired as we age. Sometimes the cause is unknown. Disability is a normal and natural part of being a human being.**
5. **Persons with disabilities deserve to be educated, employed and in relationships (if they so choose) just like everyone else.**
6. **Some disabilities we can see, like a physical disability where someone might need a wheelchair. We often can see if someone is blind. However, many times someone who is deaf or someone with an intellectual disability or a communication or behaviour difficulty will not look any different than anyone else. Some people will have more than one difficulty.**
7. **Our children might show challenging behavior but it is important to remember that all behavior is a type of communication. The child is not usually being deliberately naughty.**
8. **When communicating with your child:**
    a. **Get down on their level.**
    b. **Use simplified language.**
    c. **Slow down your speech.**
    d. **Describe your actions and the objects in your environment.**
    e. **Use songs and rhyming.**
    f. **Repeat and respond to sounds you child is making.**

g. **Usual visual supports such as signs, gestures, pictures to help the child understand if necessary**

9. **Positive reinforcement is what we give our children praise or rewards for doing something desirable in order to make them continue to do the behavior more often! This can be as simple as saying "Great job!" or "You did it, well done!" All children like to feel encouraged through these positive words, even if they are not talking yet. This is the key component in teaching any skills! It is important not to scold or punish any child if they can't do something well. Reward them for their efforts.**
10. **You are the greatest champion for your child. No one knows your child better than you do.**

End assessment (15 min)

Hello, we are going to do a small test to gauge our understanding of what we have learnt for the past 4 days. Instead of having your names on this form, we shall give you random numbers and kindly do not forget your number. We shall need to record it on the participants list for our own individual follow-up after the training.

Please fill in the blank spaces with number 1-4 where 1 is the least and 4 is the highest score; We shall provide you with interpreters to help you fill in the information required but please be as honest as possible this will help us identify gaps and what to really emphasize during the follow-up visits, thank you.

No	Question	Very confident (4)	Confident (3)	Somehow confident (2)	Not confident (1)
1	I understand Disability myths, misconceptions, and wrong beliefs				
2	I understand what is disability				
3	I know and how to play with my child who has a disability				
4	I know how to communicate with my child				
5	I know about School inclusion				

6	I know the competency based curriculum				
7	I know about behavioral difficulties				
8	I know about good nutrition for my child and myself				
9	I know how to take care of myself				
10	I know and understand how to prevent disability				
11	I know and understand the community resources				

Thank you for participating in this post-test, really appreciate your time.

Session References

1. Concern Worldwide, Community Mapping Toolkit, December 2016: https://admin.concern.net/sites/default/files/media/migrated/community_mapping_toolkit.pdf?_gl=1*1p91suk*_ga*MTE2MTYyMDE0Ny4xNjQ0MzQyNzg3*_ga_RLZ9XCKFP1*MTY0NDM0Mjc4Ni4xLjAuMTY0NDM0Mjc4Ni42MA
2. Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.
3. Guidance on community mapping has been adapted from CARE International (1998), as cited in: *Researching Violence against Women: A Practical Guide for Researchers and Activists*, World Health Organization and PATH, Ellsberg and Heise, 2005
4. Maternal, Infant, and Young Child Nutrition in Kenya; Formative Research Summary Report. Nutrition International. ENRICH: Enhancing Nutrition Services to Improve Maternal and Child Health. 2019/2020: https://www.nutritionintl.org/wp-content/uploads/2021/01/ENRICH-FR-Summary-report_Kenya_FINAL_print.pdf
5. WHO, UNICEF, World Bank Group.(2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization: https://nurturing-care.org/
6. National Guidelines for Healthy Diets and Physical Activity. The Nutrition and Dietetic Unit, Ministry of Health, Kenya. 2017. http://nak.or.ke/wp-content/uploads/2017/12/NATIONAL-GUIDELINES-FOR-HEALTHY-DIETS-AND-PHYSICAL-ACTIVITY-2017-NEW-EDIT.pdf
7. WHO. (2014).Self-care for health: http://www.who.int/iris/handle/10665/20588
8. UNICEF. Food and nutrition: https://www.unicef.org/parenting/food-nutrition
9. Raisingchildren.net.au; the Australian parenting website. Being an advocate for children with disability, autism or other additional needs: https://raisingchildren.net.au/disability/disability-rights-the-law/rights/being-an-advocate-for-additional-needs

References

1. Brigitte Rohwerder Institute of Development Studies 16. 01. 2017. Women and girls with disabilities in conflict and crises: https://reliefweb.int/sites/reliefweb.int/files/resources/032-Women%20and%20girls%20with%20disabilities%20in%20crisis%20and%20conflict.pdf
2. Care for Child Development. Participant Manual. UNICEF and WHO. 2012.
3. Catholic Relief Services. (2016). Early Childhood Development – Basic Concepts; Training for Early Childhood Caregivers and Teachers.
4. CDC. Quick Tips: Three main keys to communicating with your child. November 2019: https://www.cdc.gov/parents/essentials/communication/quicktips.html
5. Centers for Disease Control. Developmental Milestones: https://www.cdc.gov/ncbddd/actearly/milestones/index.html
6. Centers for Disease Control. Disability and Health Overview. September 2020: https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html
7. Concern Worldwide, Community Mapping Toolkit, December 2016: https://admin.concern.net/sites/default/files/media/migrated/community_mapping_toolkit.pdf?_gl=1*1p91suk*_ga*MTE2MTYyMDE0Ny4xNjQ0MzQyNzg3*_ga_RLZ9XCKFP1*MTY0NDM0Mjc4Ni4xLjAuMTY0NDM0Mjc4Ni42MA
8. Disabilities Among Refugee and Conflict-Affected Populations. Resource Kit for Fieldworkers: https://www.corteidh.or.cr/tablas/25417.pdf
9. Guidance on community mapping has been adapted from CARE International (1998), as cited in: Researching Violence against Women: A Practical Guide for Researchers and Activists, World Health Organization and PATH, Ellsberg and Heise, 2005
10. Humanity & Inclusion and IKEA Foundation. (2020) Growing Together. The Blue Box Training Manual.
11. Humanity & Inclusion. Disability: The Global Picture. https://humanity-inclusion.org.uk/en/action/disability-the-global-picture
12. Inclusive education in Kenya - The views of parents and teachers - Handicap International: https://www.youtube.com/watch?v=Bd9EFOsj2RI
13. Inclusive Futures. (2022) Gender Mainstreaming Guideline. Version 3.
14. International Rescue Committee and Women's Refugee Commission. (2015). Building Capacity for Disability Inclusion in Gender-Based Violence Programming in Humanitarian Settings; A Toolkit for GBV Practitioners: https://reliefweb.int/sites/reliefweb.int/files/resources/GBV-disability-Toolkit-all-in-one-book.pdf
15. Kenya Disability Resource. Caring for Persons with Disabilities. 2017: http://www.kenyadisabilityresource.org/Caring-for-Persons-with-Disabilities
16. Managing challenging behaviour in children with possible learning disability. BMJ 2019; 365 doi: https://www.bmj.com/content/365/bmj.l1663 (Published 02 May 2019)
17. Maternal, Infant, and Young Child Nutrition in Kenya; Formative Research Summary Report. Nutrition International. ENRICH: Enhancing Nutrition Services to Improve Maternal and Child Health. 2019/2020: https://www.nutritionintl.org/wp-content/uploads/2021/01/ENRICH-FR-Summary-report_Kenya_FINAL_print.pdf
18. National Alliance on Mental Illness. Taking Care of Yourself: https://www.nami.org/Your-Journey/Family-Members-and-Caregivers/Taking-Care-of-Yourself
19. National Gender and Equality Commission. Access to Basic Education By Children with Disability in Kenya. 2016: https://www.ngeckenya.org/Downloads/Access%20to%20Basic%20Education%20by%20Children%20with%20Disability.pdf
20. National Guidelines for Healthy Diets and Physical Activity. The Nutrition and Dietetic Unit, Ministry of Health, Kenya. 2017. http://nak.or.ke/wp-content/uploads/2017/12/NATIONAL-GUIDELINES-FOR-HEALTHY-DIETS-AND-PHYSICAL-ACTIVITY-2017-NEW-EDIT.pdf
21. National Society for the Prevention of Cruelty to Children. (2020) Positive Parenting; Need-to-know Guides. https://learning.nspcc.org.uk/media/1195/positive-parenting.pdf
22. Odongo, George. Barriers to Parental/Family Participation in the Education of a Child with Disabilities in Kenya. International Journal of Special Education. Vol.33, No. 1, 2018. Accessed 1/7/22: https://files.eric.ed.gov/fulltext/EJ1184076.pdf
23. Pathways. Communication. 2022: https://pathways.org/topics-of-development/communication/

24. People with intellectual disabilities have rights ft. activist Jane Akinyi (Disability & Philanthropy Forum): https://www.youtube.com/watch?v=yaLMZwZ7V8k
25. Raisingchildren.net.au; the Australian parenting website. Being an advocate for children with disability, autism or other additional needs: https://raisingchildren.net.au/disability/disability-rights-the-law/rights/being-an-advocate-for-additional-needs
26. Right to Education Project. Right to Education Country Factsheet. March 2014: https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/RTE_Right_to_Education_Country_Factsheet_Kenya_2014.pdf
27. The Challenging Behavior Foundation. For Family Carers. 2022: https://www.challengingbehaviour.org.uk/for-family-carers/
28. The World Bank. Disability Inclusion. October 2021: https://www.worldbank.org/en/topic/disability#1
29. UNICEF. (2013) Education Kit Handbook. Early Childhood Development Kit Guidance.
30. UNICEF. Brining Children Back to School: https://www.youtube.com/watch?v=yaLMZwZ7V8k&t=59s
31. UNICEF. Early Childhood Development. https://www.unicef.org/early-childhood-development
32. UNICEF. Food and nutrition: https://www.unicef.org/parenting/food-nutrition
33. UNICEF. How to prepare your child for preschool: https://www.unicef.org/parenting/child-care/how-prepare-your-child-preschool
34. UNICEF. Learning how to boost your baby's brain from a Harvard Professor. VIDEO: https://www.youtube.com/watch?v=fpiYNkkNmEo&t=60s
35. UNICEF. Seen, Counted, Included: Using data to shed light on the well-being of children with disabilities: https://data.unicef.org/resources/children-with-disabilities-report-2021/
36. UNICEF. Your Baby's Developmental Milestones: https://www.unicef.org/parenting/child-development/your-babys-developmental-milestones
37. United Nations. Department of Economic and Social Affairs, Disability. Factsheet on Persons with Disabilities: https://www.un.org/development/desa/disabilities/resources/factsheet-on-persons-with-disabilities.html
38. University of Warwick, Cerebra, Mecap, and the Challenging Behaviour Foundation. (2018) A Parent's Guide: Improving the well-being of young children with learning disabilities: https://warwick.ac.uk/fac/soc/cedar/parentsguide/a_parents_guide_-improving_the_well-being_of_young_children_with_learning_disabilities.pdf
39. WHO. (2014).Self-care for health: http://www.who.int/iris/handle/10665/20588
40. WHO Caregiver Skills Training Programme for Families of Children with Developmental Disorders or Delays. Session 8: Teaching New Skills in Small Steps and Levels of Help
41. WHO, CST, 2017: CST_Facilitator_Guide_Session2_efficiency_version_pilot_draft_2.06EV.pdf
42. WHO. Disability. 2022: https://www.who.int/health-topics/disability#tab=tab_1
43. WHO, UNICEF, World Bank Group. (2018). Nurturing care for early childhood development: a framework for helping children survive and thrive to transform health and human potential. Geneva: World Health Organization: https://nurturing-care.org/
44. World Vision. DIY homemade kids' toys from around the world: https://www.worldvision.org/child-protection-news-stories/diy-homemade-kids-toys
45. Development, K. I. (2019). GUIDELINES ON PARENTAL EMPOWERMENT AND ENGAGEMENT. Nairobi, Nairobi, Kenya.
46. KICD. (n.d.). CURRICULUM REFORMS IN KENYA-Seriels 1. Nairobi, Nairobi, Kenya