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# Early Identification and Safe Referral Manual





# FOREWORD

The Royal Government of Bhutan has made significant legislative and policy progress in preventing and responding to violence, abuse and exploitation of children in the country. Key legislation on child protection has been enacted and rules and regulations have been put in place to implement them. Following the enactment various organizations have established services and standards to implement the provisions under the Acts.

Despite the achievements there still remain challenges ahead. The capacity building of stakeholders, development of child protection tools and common understanding of confidentiality while dealing with child protection issues need to be addressed. Social service practices still need to comply with international standards within case management and referrals. Effective implementation of the legal and policy frameworks remains to be attained particularly in the absence of effective multi-sectoral coordination. Concerns especially exist on building and maintaining human and financial resources required to operationalize the range of residential detention and care facilities, and other services outlined in the Act. There is still scope to strengthen efforts in establishing an effective and sustainable child protection system in the country.

The Early Identification and Safe Referral Manual aims to: further improve the existing Child Protection System with regard to safely and properly identifying and referring child protection cases; ensure providing children in difficult circumstances (CIDC) and children in conflict with the law (CICL) with the appropriate child protection case management services; and improve coordination between the competent authority and all other service providers in the country as per the rules and regulations of the Child Care and Protection Act of Bhutan (CCPA).

The training package will also support the case workers to better understand the elements of a proper early identification process in addition to an existing referral mechanism within the child protection system. Moreover, the training package will enhance the ability of case workers to deliver the training package as master trainers to various categories of front-liners and case managers in Bhutan. The NCWC would like to thank all the stakeholders who contributed towards the development of this manual and we look forward to your full support in its implementation.



(Kunzang Lhamu)  
Director



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# DAY 1



**8:30-9:00**

**Session 1**

## Registration and Pre-test

Name :  
Occupation :  
Organization :  
Training Location :  
Date :



**1** What are the child protection relevant laws and regulations in Bhutan? Mention at least one?

.....  
.....

**2** How would you define child protection?

- a) The actions taken to secure all children's rights
- b) The response to abuse, exploitation and violence against children
- c) The prevention of and response to abuse, neglect, exploitation and violence against children

**3 Circle the guiding principles of a safe referral for child protection cases:**

- |                            |                 |                        |                  |
|----------------------------|-----------------|------------------------|------------------|
| Non discrimination         | Confidentiality | Humanity               | Empathy          |
| Best interest of the child | Case management | Interviewing the child | Do no harm       |
| Consent                    | Referral        | Child Protection       | Informed Consent |

**4 Match each story with the correspondent type of abuse:**

- |   |                   |
|---|-------------------|
| A 12 year old kid came back from school with bad grades. He didn't eat all day, and nobody cared.   | • Physical Abuse  |
| The doctor took a picture of a 13 year old girl naked when she went to the clinic for skin rashes on her arms.  | • Emotional Abuse |
| A 7 year old boy's father asked him to stand up in the street in front of his friends and to repeat "I'm an idiot" 10 times because he broke a valuable vase. | • Sexual Abuse    |
| A 13 year old boy is off loading flour and rice out of the truck every day.   | • Neglect         |
|   | • Exploitation    |

**5 What does informed consent means?**

- a) Caregivers/parents and children are 'informed' of the services that NCWC and/or other CP agencies provide and accept these services.
- b) During the registration process the case worker has provided caregiver/ parent and child with information on the services, case management process as well as clear information on what information will be stored on the family and the potential risks involved.
- c) Children are informed of the case management process and provide their consent.

**6 List three things you "should do" and three things you "shouldn't do" when communicating with kids?**

Three things you should do:

- 1 - .....
- 2 - .....
- 3 - .....



Three things you shouldn't do:

- 1 - .....
- 2 - .....
- 3 - .....

**7** You received a report from a community member that they knew of a specific child being abused by his parents, what would you do?

- a) Tell the community member that the child needs to come to you by himself.
- b) Speak to the community member in a private place, try to understand what happened, and inform your supervisor of the suspected case.
- c) Give the community member the phone number of NCWC or a child protection agency to call.
- d) Visit the child's home to better understand what is happening, then call a child protection agency to respond.

**8** If you had concerns that a child you work with was being abused, how would you respond?

- a) Speak to the child immediately, tell them you are concerned for their wellbeing and suspect that they are being abused.
- b) Contact your supervisor to inform them that you suspect there is a case of child abuse.
- c) Visit the Childs home to assess the situation and confirm whether there is abuse taking place, then if needed make a referral.
- d) Immediately fill in the interagency referral form and send it to NCWC

**9** What does confidentiality mean?

- a) Reveal personal information to anyone whether involved or not involved in the case.
- b) Not sharing information about the case with anyone, plus collecting and keeping files regarding referrals safely protected.
- c) Copy multiple people with the emails sent about the case.
- d) Only share information about the informed consent/ assent of the child and parents/ caregivers with your Colleagues.

**10** Mention 2 important phrases you should say to the child after disclosing an abuse? And why?

.....

.....

.....

.....



9:00-10:00

Session 2

## Introduction and Objectives

### Materials Needed



Markers



Flipcharts,



Pens



Tape



TOT Agenda handouts

### Introduction: 10 minutes.



We will be together for the next four days, and while some of us know each other, many of us do not. Let's make it a goal to get to know the colleagues, especially those working in the same area as us. (Trainer asks the participants to introduce themselves, name, organization, and role. Then, trainer will introduce herself/himself to the participants).



The training will be participatory, with lots of different activities for you to engage in. And you are welcome to ask questions any time. I will keep a list of questions or issues on a separate piece of flip chart – called the parking lot. If a question comes up that is not related to a particular session or that we don't have time to address right away, I will put it in the "Parking Lot" and keep it for the next time we have a bit of time.



Now I would like to set some ground rules for the training. We are all going to be here for the next three days together, so it's important that we have the same expectations not just for what we will be doing but how we will be doing it. I would like to suggest the first ground rule; I know you all have a lot of responsibilities. But while we are in the training, I am going to ask you all to put your computers and phones away (and silent!) and to participate in all activities. You have taken important time out of your week to be here, so let's make sure you get the most out of it!



#### **What are other ground rules you would like to set for the training?**

Trainer accepts suggestions from participants and writes them down on the flip chart. Posts the ground rules, objectives and parking lot somewhere in the room where everyone can see them and can refer back to them when needed.

## Training methodology and objectives: 30 minutes.



This training was designed to help field Child Protection staff to improve the delivery of quality care and support to individual children and their families. The sessions all adhere to global best practice as outlined in the Minimum Standards for Child Protection in Humanitarian Action. The purpose of the Early Identification and Safe Referral Training of Trainers is to build the capacity of the NCWC staff and other partners/ stakeholders to provide training on early identification and safe referral. Through the training, participants will be learning to be master trainers to train “Front-liners” who have regular interaction with children who may be at risk.



**When we use the term Front-liners, who do you think we are talking about?** Trainer takes some answers and say: “Front-liners” are people who regularly encounter children in their field work, and may come into contact with children at risk. Some examples of Front-liners include teachers, nurses, doctors, police, staff working in CP organizations, GBV actors, WASH and Shelter workers, key people in the communities and many more!



In order to understand your expectations from Early ID and Safe Referral TOT we are going to do an activity called the “Tree of Expectations exercise.”



### Exercise

Tree of Expectations: 15 minutes



Draw the Tree of expectations, present it to the participants, and explain:

- The Roots: are the skills and knowledge that you are bringing to this training of trainers
- The Trunk of the tree: is the Training itself
- The Branches: are your expectations of the training. Specifically, what skills, knowledge do you expect to gain over the course of the next 4 days?
- The Fruits: are your desired outcome from participating in the TOT



Gives the participants 15 minutes to draw their “Tree of Expectations” and 5 minutes to share with their partner sitting next to.



Trainer gathers inputs from participants from their trees.



As you stated, the specific objectives of the Early Identification and Safe Referral Training of Trainers include the following: **(Show slide 2 PPT)**

- Acquiring better understanding for the child protection laws, rules and regulations in Bhutan
- (This will include child rights in UNCRC and definitions of child protection concerns/types in the Bhutanese Laws, in addition to learning about signs and indicators of abuse, exploitation, neglect, and potential reasons of abuse).
- Empowering NCWC trainees' of Bhutan and its partners on skills on early identifying and safely referring children with protection concerns.
- (This will include best practice for what to do when you identify a child in need of CP assistance, how to make a referral, and basic communication skills with children at risk.)
- Train NCWC trainees' and partners to develop skills in order to manage and prepare for early identification and referral training
- Applying facilitation skills when delivering early identification and referral training.



In order to maximize the effectiveness of your participation in the Early Identification and Safe Referral TOT, there are some specific requirements for participants to receive an official trainer certificate: **(Show slide 3 PPT)**

1. Attend all four days of training.
2. Achieve satisfactory (80%) scores on post-tests.



A few more housekeeping issues before we get started:

- Coffee-breaks/ Lunch (Trainer tells the participants when they will be having their coffee breaks and Lunch break.
- Photography (Trainer informs the participants that during this Safe Identification and Referral TOT, My colleague and I might be taking some photos of your work, or of you implementing your work, if anyone has a problem please let me know during the break, also when anyone of you wants to take photos we would appreciate him to check with his participants colleagues if they are okay with being photographed).
- Materials to be distributed following training (handouts, slides)



**Shares TOT Agenda with participants (See Annexure 1, page no. 27 for agenda)**



10:00-10:30

Session 3

## Learning about child rights internationally, defining Child Protection/ Understanding Child Abuse, and learning about Child Protection in Bhutan

### Materials Needed



PPT



Flipcharts,

### Child Rights: 10 minutes



Who knows about the UNCRC? What can you tell me about the rights & protections it describes?



UNCRC: The United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children civil, political, economic, social and cultural rights. The UNCRC is presently the most widely ratified international human rights treaty; The Convention sets out these rights in 54 articles and two Optional Protocols. It spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are **non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child. (Show slide 4, 5 PPT)**

### United Nations Convention on the Rights of the Child

UNCRC spells out the right of each child to be protected from harmful influences, abuse and exploitation

#### Four Core Principles of the Convention:

- Non-Discrimination
- Best Interests of the Child
- Right to life, Survival and development
- Respect for the views of the child

## Defining Child Protection and Understanding Child Abuse:



What do we mean by Child Protection, in other words how can we define it?



Listens to participants answer, then explains: Simply child protection is Prevention and response to abuse, neglect, exploitation and violence against children. **(Show slide 6 PPT)**

**Definition:** Prevention and response to abuse, neglect, exploitation and violence against children in all situations.



However, we should also know what does abuse mean?



Listens to participants answer, then explains, Abuse is defined as any illegal, improper, or harmful practice or maltreatment. **(Show slide 7 PPT)**

**Definition:** Abuse is illegal, improper, or harmful practice or maltreatment



So, what do we mean when we say child abuse?



Listens to participants answer, and then explains: Child Abuse is a deliberate act of ill treatment an omission that can harm is likely to cause harm to child' safety, well-being, dignity and development. **(Show slide 8 PPT)**

**Definition:** A deliberate act of ill treatment an omission that can harm is likely to cause harm to child' safety, well-being, dignity and development.

## Child Protection in Bhutan:



What do you know about child protection in Bhutan? What are the child protection relevant laws and regulations in Bhutan? What do these laws and regulations include?



Listens to participants answer, then explains There is the "The Child Care and Protection Act of Bhutan 2011" (CCPA) and there is "The Child Care and Protection Rules and Regulations of Bhutan 2015" **(See Annexure 2, page no. 30 CCPA Bhutan)**

“The Child Care and Protection Act of Bhutan 2011” **(Show slide 9 PPT)**

- Guiding Principles for child protection
- Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.
- Description of children in difficult circumstances
- Description of children in conflict with the law

“The Child Care and Protection Rules and Regulations of Bhutan 2015” includes: **(Show slide 10 PPT)**

- Guiding Principles for child protection
- Roles and responsibilities of all governmental authorities and institutions with regards to child protection
- Roles and responsibilities of civil society organizations with regards to child protection
- Procedural matter that relates to children in difficult circumstances
- Procedural matter that relates to children in conflict with the law
- Alternative care



We will stop at this point with regards to the Bhutanese laws however, we will come back to discuss the guiding principles that relates to safe identification and referral latter on the second day of our training.



**Trainer checks** if participants have any final questions / comments before moving on.

.....  
.....



11:00-12:00

Session 4

## Understanding abuse types, indicator/signs in Bhutan and internationally

### Materials Needed



Markers



Flipcharts,



Tape



The CCPA determined that children in difficult circumstances require protection and referral to case management services; does anyone know how the CCPA defined the children in difficult circumstances?



The CCPA also determined that children in conflict with the law should also be referred to case management services; does anyone know how CCPA defined children in conflict with the law?



Takes answers and explains as follows:

**A child in conflict with the law** according to article 71 of the CCPA is a child who:

- Is above 12 years of age and found to have committed an offence.

**A child in difficult circumstances** according to the section 59 of the CCPA is a child who:

- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is a frequent victim at the hands of individuals, families, or the community
- Is being or likely to be abused or exploited for immoral or illegal purposes;







Explains that we are going to illustrate on the above mentioned criteria and explain it in the light of a wider view as defined by the World Health Organization and being adapted in case management services.



There are five types of child abuse, as defined by the World Health Organization. What do you think these might be?



Listens to participants and then explains: (Physical, Emotional, Sexual, Neglect, and Exploitation).



**Exercise:** Types and indicators of abuse:



Trainer separates participants into 5 groups

Each group will write the types and the indicators/signs of:

1. Physical abuse
2. Emotional abuse
3. Sexual abuse
4. Neglect
5. Exploitation
6. Multiple types of abuse

Each group will present their findings after hanging the activity paper on the wall.

Trainer will discuss and elaborate on each presentation.

Each group will write the types and the indicators/signs of:

**1 - Physical abuse (Show slide 15, 16 PPT)**

Involves the use of violent physical force which can cause actual or likely physical injury or suffering  
i.e.:

- Hitting
- Shaking
- Burning
- Torture...

Possible Signs Of Physical Abuse

- Bite marks
- Cigarette burns
- Evidence of old but untreated broken bones
- Signs of severe, long-term bruising especially to face
- Unexplained injuries (head injury can be identified through ear)

## 2 - Emotional abuse (Show slide 16, 17 PPT)

Includes humiliating and degrading treatment.

i.e.:

- Bad names calling
- Constant criticism
- Belittling
- Persistent shaming
- Solitary confinement
- Isolation...

Possible Signs Of Emotional Abuse

- Identified by observing parents' behavior to child, or child's behavior/emotions
- Slow physical, intellectual and emotional development
- Learning problems or sudden speech disorders
- Disruptive /attention-seeking behavior
- Insecurity
- Poor self-esteem/fear of new situations

## 3 - Sexual abuse (Show slide 18, 19 PPT)

Includes all forms of sexual violence

i.e.:

- Rape (by any perpetrator)
- Early and forced marriage
- Sexual exploitation
- Showing children pornographic material.
- Indecent touching and exposure
- Sexually explicit language



#### Possible Signs of Sexual Abuse

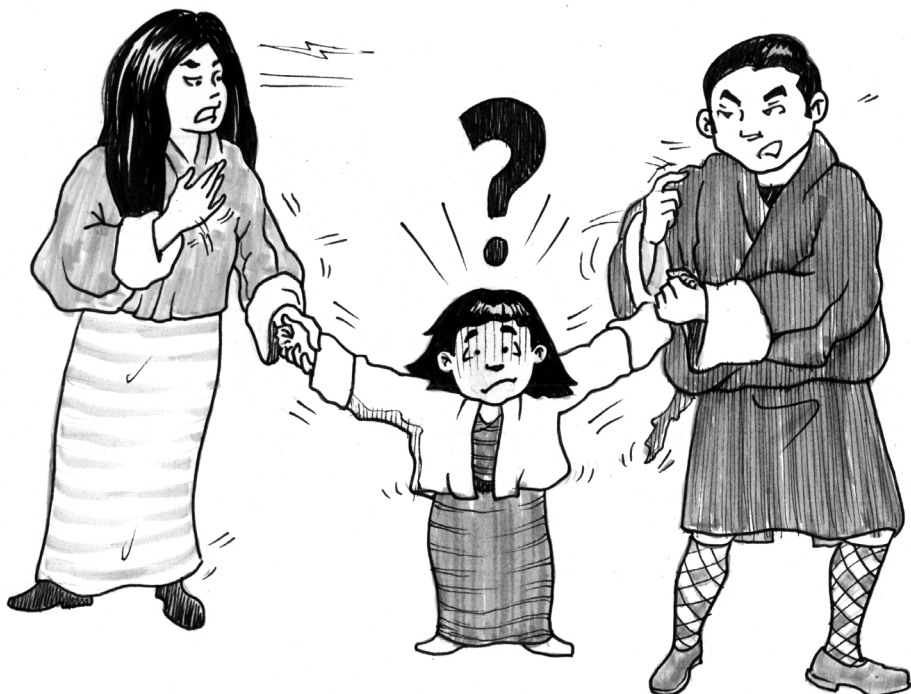
- Sudden/unexpected behavior change, isolated from friends
- Overly affectionate/knowledgeable in sexual way
- Medical problems: stomach pain when walking /sitting
- Chronic itching, pain, discharge, bleeding from the genitals
- Sexually transmitted diseases, pregnancy

#### 4 - Neglect (Show slide 20, 21 PPT)

- Failing to provide for / secure for a child, their rights to safety and development.
- Severe neglect (causing toxic stress) can increase the risk of:
  - Health problems
  - Mental health problems including anxiety and depression
  - Behavioral problems and
  - Learning delays

#### Possible Signs of Neglect

- Frequent hunger, stealing or hiding food, losing weight
- Poor personal hygiene
- Constant tiredness
- Behavioral difficulties



### 5 - Exploitation (Show slide 22, 23 PPT)

- The use of children for someone else's advantage, or profit.

#### Possible Signs of Exploitation

- Has money, gifts or expensive items not given by the parents
- Over confidence, sense of importance/maturity
- Very tired, sleeping in school, absenteeism
- Physical impacts: bent back, weaker, damage to hands ...

### 6 - Multiple types of abuse (Show slide 25 PPT)

- Chronic running away, fears going home, refuse to have parents contacted
- Aggression or being isolated or withdrawn
- Distrust of adults
- Fear of physical contact-flinching if touched
- Regressing to younger behavior or inability to concentrate
- Self-destructive tendencies
- Depression, self-mutilation, suicide attempts...

Each group will present their findings after hanging the activity paper on the wall.



Trainer will discuss and elaborate on each presentation.



**Exercise:** Picking the correct type of abuse (5 minutes)



Reads out a statement after which participant should decide which form of abuse they think is being described in the statement. **(See Annexure 2, page no. 31)**

Repeatedly shouting at a child who is not doing well at school	
Leaving a small child at home all day	
Hitting a child with a belt	
Forcing a child to watch pornography	
Giving a child alcohol or illegal drugs (discuss whether it could relate to others as well)	
Asking pupils to clean teachers' personal home	



The possibility of abuse should be assessed if a child shows: **(Show slide 26 PPT)**

- A number of signs or
- One very serious sign

**What to do?** *We'll be discussing this throughout the training!*

- **Accept** what may be happening even if you find it hard
- **Carefully and sensitively talk to the child if they come to you for help** (explain it in details in the second day of the training)
- **Work with others** – According to CCPA sections: 61, 62, and 63 **(Show slide 27 PPT)**

If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- Inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- When information is given to an officer in charge of a police station or to a child welfare officer about any child in difficult circumstances such police officer or child welfare officer shall record the information and take such action thereon as deem fit.
- A child in difficult circumstances taken into the care of the police under this Act shall be transferred to the child welfare officer within 24 hours after being taken into the care of the police excluding the time necessary for the journey from the place.
- To do the mentioned above steps you need to conduct a **confidential referral**. (Will talk about this in the second day of the training)



**Trainer checks** if participants have any final questions / comments before moving on.

.....

.....



12:00-01:00

Session 5

## Psychosocial Distress/ Consequences of violence against children

### Materials Needed



Sticky Notes



Pens



Flipcharts,



After we have learned about the 5 main types of abuse and its signs that would help us in identifying abuse and referring children to case management services, we have to pay very close attention to a very important matter that results in abuse and violence against children; this is what we call Psychosocial Distress. The signs of psychosocial distress in children are important to be identified as well. Signs of Psychosocial distress can appear on short and long term, and it can inform us about an abuse and violence the child has been or is still being exposed to.



Note that signs of psychosocial distress can be physical, emotional and behavioral: With the extremity of signs, depending on each individual child and their experiences **(Show slide 29 PPT)**.

**Psychosocial distress is a result of on going abuse and violence against children**

**Signs of Psychosocial distress can appear on short and long term, and it can inform us about an abuse and violence the child has been or is still being exposed to.**

**As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD)**

Some children may benefit from group activities offered and require no further supports. However, when a child's reaction significantly affects their daily functioning and lasts a longer period of time, specialized support may be necessary. As a consequence of exposure to violence, many children will experience symptoms associated with Post-Traumatic Stress Disorder (PTSD). **(See Annexure 2, page 32. Signs of Abuse and Psychosocial distress for additional reading)**

In cases like these, we encourage Front-liners to refer to child protection focal points that can provide the child with case management and (in some cases) mental health support as appropriate.



**Exercise:** Signs of psychosocial distress (20 minutes)



Ask participants to work in pairs; each pair will think of one sign of emotional/behavioral signs and one physical sign; they will write it on 2 separate sticky-notes and paste it on the assigned flip chart in the front of the room.



Discusses the participants' answers and then correct as needed. Finally present it on PPT.

## Signs of Psychosocial Distress

### Emotional/ Behavioral (Show slide 31 PPT)

- Sadness/ Anxiety
- Feelings of fear
- Depression and other mental health disorders
- Difficulty Concentrating
- Isolation
- Aggression/ Self-destructive behavior
- Suicidal attempts or self-harm
- Regression in development mentally
- Difficulty trusting others
- Lack of interest in school/ previous activities
- In some cases sexual violence
- Lack of sense of safety
- Increased risk of alcoholism and substance abuse



### Physical (Show slide 32 PPT)

- Problems in sleeping
- Headaches
- Extreme reactions to loud noises
- Bed wetting
- Nightmares
- Regression in development physically
- Delay in brain development as a lack of positive stimulation
- Physical illnesses in childhood such as asthma, gastro-intestinal problems.
- Physical illnesses on the long term such as heart and lung diseases, cancer, high blood pressure.
- Serious impact on the immune and nervous system on the short and long terms.



**Note:** research also found that the chances of running into conflict with the law as a juvenile are increased by 59% for abused children. Further, children who experience violence are 25% more likely to become teenage parents than are their non-abused peers: that is why detecting early signs of psychosocial distress and early identification could support in lowering the chances of children being in conflict with the law.



**Trainer checks** if participants have any final questions / comments before moving on.





12:00-01:00

Session 6

## Potential Causes of Child Abuse

### Materials Needed



Markers



Flipcharts,



After we have learned how to early identify signs and indicators of the types of abuse and the psychosocial distress, it is important to know who would cause harm to children and what are the reasons behind abuse? This will deepen our understanding and give us more insights about the importance of child protection and our essential role in the society.



Abuse and violence against children is not exclusive in one area however it is a problem that exists everywhere in the world. There are 3 main theories that were discussed in research regarding the causes of violence and abuse against children; the theories are as follows:

**Theory of psychological factors:** This theory has not been unanimously accepted, but the possibility of an abuser's mental disorders is undeniable. **(Show slide 36 PPT)**

**Theory of Sociology:** This theory has not been unanimously accepted as well because poverty, deprivation and unemployment do not "necessarily and solely" lead to violence. **(Show slide 36 PPT)**

**Theory of Ecology:** The importance of this theory is to illuminate the multidimensional causes of abuse and to show its dynamic face. Each causative agent is of real importance and is assessed for other factors in protection situations. According to the World Health Organization, the theory of Ecology has 4 levels and each level can cause abuse and violence against children either solely or unanimously. **(Show slide 36 PPT)**



**Exercise:** Ecology theory levels; what are factors in each level (30 minutes)



Separates participants into 4 groups;

Each group will discuss and present one level



Violence against children is a multifaceted problem with causes at many levels according to the Ecology theory as follows: **(Show slide 38, 39, 40, 41 PPT)**

#### **Individual level:**

- biological and personal aspects such as sex and age
- lower level of education
- low income
- having a disability or mental health problems
- harmful use of alcohol and drugs
- A history of exposure to violence.

#### **Close-relationship level:**

- lack of emotional bonding between children and parents or caregivers
- poor parenting practices
- family dysfunction and separation
- witnessing violence between parents or caregivers
- Early or forced marriage.

#### **Community level:**

- poverty
- high population density
- low social cohesion and transient populations
- easy access to alcohol
- High concentrations of gangs and illicit drug dealing.

#### **Society level:**

- social and gender norms that create a climate in which violence is normalized (cultural beliefs)
- health, economic, educational and social policies that maintain economic, gender and social inequalities
- absent or inadequate social protection
- post-conflict situations or natural disaster
- Settings with weak governance and poor law enforcement.



## Who might abuse a child? (Show slide 42 PPT)

### Who might abuse a child

- People children know and trust: (Parents, relatives and family friends)
- Adults in a position of power over children (relatives, teachers, leaders...)



## Asks and Discusses – do you think prevention and response could be done?



Listen to participant's opinion and explain: also according to World Health Organization, Violence against children can be prevented. Preventing and responding to violence against children requires that efforts systematically address risk and protective factors at all four interrelated levels of risk (individual, relationship, community, society). This could be done through several strategies as follows:

- Implementation and enforcement of laws (for example, banning violent discipline and restricting access to alcohol and firearms);
- Norms and values change (for example, altering norms that condone the sexual abuse of girls or aggressive behavior among boys);
- Safe environments (such as identifying neighborhood "hot spots" for violence and then addressing the local causes through problem-oriented policing and other interventions);
- Parental and caregiver support (for example, providing parent training to young, first time parents);
- Income and economic strengthening (such as microfinance and gender equity training);
- **Response services provision (for example, ensuring that children who are exposed to violence can access effective child protection services such as case management and receive appropriate psychosocial support);**
- Education and life skills (such as ensuring that children attend school, and providing life and social skills training).



**Trainer checks** if participants have any final questions / comments before Wrap up of the day 1



## Wrap up of Day 1:



### Conclude and Plan for the Next Day

- We all now know the definitions of different forms of child abuse as well as psychosocial distress and how to recognize the various signs. We have worked in groups to identify particular examples of these child protection problems that you might encounter in your daily work.
- Tomorrow we will build on the knowledge that we have gained today by discussing exactly what to do when we have concerns or have received reports of abuse.



**Trainer checks** if participants have any final questions / comments before Wrap up of the day 1





- 5 a) Caregivers/parents and children are 'informed' of the services that NCWC and/or other CP agencies provide and accept these services.
- 7 b) Speak to the community member in a private place, try to understand what happened, and inform your supervisor of the suspected case. Immediately fill in the interagency referral form and send it to NCWC or Child protection agency
- 8 b) Contact your supervisor to inform them that you suspect there is a case of child abuse.  
d) Immediately fill in the interagency referral form and send it to NCWC or Child protection agency.
- 9 b) Not sharing information about the case with anyone, plus collecting and keeping files regarding referrals safely protected.

# AGENDA

Day 1:	
<b>08:30 – 9:00</b>	Registration and Pre-test (Session 1)
<b>09:00 - 10:00</b>	Introduction and Objectives (session 2)
<b>10:00 - 10:30</b>	Child Protection internationally and in Bhutan (Session 3)
<b>10:30- 11:00</b>	Coffee Break
<b>11:00 -12:00</b>	Understanding abuse/Types/Indicators/ Signs (Session 4)
<b>12:00- 01:00</b>	Psychosocial Distress, Consequences of violence against children (Session 5)
<b>01:00 - 02:00</b>	Lunch
<b>02:00- 03:00</b>	Potential Causes of Child Abuse (Session 6)
<b>03:00- 03:30</b>	Wrap up of day 1

Day 2:	
<b>08:30 – 9:00</b>	Review of Day 1
<b>09:00- 10:30</b>	How to respond to child protection concerns (Session 1) Part 1 Guiding Principles for responding (including CCPA Principles) Part 2 Introduction to Communication Skills for Safe Identification and Referral
<b>10:30- 11:00</b>	Coffee Break



<b>11:00- 12:30</b>	Child Friendly communication skills (Session 2)
<b>12:30- 01:00</b>	Best Practice for responding and Referral (Session 3)
<b>01:00 - 02:00</b>	Lunch
<b>02:00- 03:00</b>	Best Practice for responding and Referral continue (Session 3)
<b>03:00- 03:30</b>	Post Test

<b>Day 3:</b>	
<b>08:30 – 9:00</b>	Pre-test for TOT (Session 1)
<b>09:00 - 10:00</b>	Adult Learning Styles/ Active Learning Techniques (Session 2)
<b>10:00 - 10:30</b>	Training tools and techniques (Session 3)
<b>10:30- 11:00</b>	Coffee Break
<b>11:00- 12:30</b>	Facilitation Skills and Behavior of Successful Trainers (Session 4)
<b>12:30- 01:00</b>	Training Plan
<b>01:00 - 02:00</b>	Lunch
<b>02:00- 03:00</b>	Administration and Logistics/ Training Evaluation (Session 5)
<b>03:00- 03:30</b>	Wrap up of day 3

<b>Day 4:</b>	
<b>08:30 – 9:00</b>	Review of Day 3
<b>09:00- 10:30</b>	Practice
<b>10:30- 11:00</b>	Coffee Break
<b>11:00- 01:00</b>	Practice
<b>01:00 - 02:00</b>	Lunch
<b>02:00- 03:00</b>	Practice
<b>03:00- 03:30</b>	Post-test



## ANNEXURE 2

### CCPA Bhutan

#### **“The Child Care and Protection Act of Bhutan 2011” CCPA Includes:**

- Guiding Principles for child protection
- Prevention of child offences; the Act addressed the role of Central and local government, education institutions, mass media, community and family with regards to child protection.
- Description of children in difficult circumstances
- Description of children in conflict with the law

#### **“The Child Care and Protection Rules and Regulations of Bhutan 2015” includes:**

- Guiding Principles for child protection
- Roles and responsibilities of all governmental authorities and institutions with regards to child protection
- Roles and responsibilities of civil society organizations with regards to child protection
- Procedural matter that relates to children in difficult circumstances
- Procedural matter that relates to children in conflict with the law

**A child in conflict with the law** according to article 71 of the CCPA is a child who: Is above 12 years of age and found to have committed an offence.

**A child in difficult circumstances** according to the section 59 of the CCPA is a child who:

- Is found without having any home or settled place of abode and without any ostensible means of subsistence and is a destitute;
- Has a parent or guardian who is unfit or incapacitated to take care of or exercise control over the child;
- Is found to associate with any person who leads an immoral, drunken or depraved life;
- Is a frequent victim at the hands of individuals, families, or the community
- Is being or likely to be abused or exploited for immoral or illegal purposes;

**According to the Bhutanese CCPA Sections 60, 61, 62, and 63**

If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall:

- inform the police or child welfare officer
- Whenever the information has been given to the police, the police shall inform the child welfare officer
- When information is given to an officer in charge of a police station or to a child welfare officer about any child in difficult circumstances such police officer or child welfare officer shall record the information and take such action thereon as deem fit.
- A child in difficult circumstances taken into the care of the police under this Act shall be transferred to the child welfare officer within 24 hours after being taken into the care of the police excluding the time necessary for the journey from the place

**Exercise on Picking Correct Type of Abuse**

Repeatedly shouting at a child who is not doing well at school	<b>EMOTIONAL</b>
Leaving a small child at home all day	<b>NEGLECT</b>
Hitting a child with a belt	<b>PHYSICAL</b>
Forcing a child to watch pornography	<b>SEXUAL</b>
Giving a child alcohol or illegal drugs (discuss whether it could relate to others as well)	<b>PHYSICAL</b>
Asking pupils to clean teachers' personal home	<b>EXPLOITATION</b>

## Signs of Abuse and Psychosocial Distress

### Signs of Physical Abuse

- Bite marks
- Cigarette burns
- Evidence of old but untreated injuries
- Signs of severe, long term bruising
- Unexplained injuries, burns, bruises
- Explanation of injury does not match with what is observed

### Signs of Emotional Abuse

- Very difficult to detect as it rarely has obvious signs
- Slow physical, intellectual or emotional development
- Difficulties in forming relationships, withdrawal
- Learning problems or sudden speech disorders
- Disruptive/ attention-seeking behavior
- Poor self-esteem
- Fear of new situations

### Signs of Sexual Abuse

- Sudden/ unexpected behavior change
- Isolation from friends
- Overly affectionate/ knowledgeable in a sexual way
- Medical problems like stomach pain when walking or sitting
- Chronic itching, pain, discharge, bleeding from the genitals
- Sexually transmitted diseases, pregnancy
- Lack of trust or fear of someone they know well

### Signs of Neglect

- Stealing or hiding food
- Losing weight
- Poor personal hygiene
- Constant tiredness
- Behavioral difficulties
- Frequently missing school
- Untreated medical problems
- Few friends

### **Signs of Exploitation**

- Has money, gifts or expensive items not given by parents
- Over confidence, sense of importance
- Very tired, sleeping in school
- Frequently absences from school or previous activities
- Physical impacts: bent back, weak, damage to hands, etc.,

### **Signs of Multiple Forms of Abuse**

- Chronic running away, fears of going home
- Reluctant to have parents contacted
- Aggression
- Being isolated or withdrawn
- Distrust of adults
- Fear of physical contact – flinching if touched
- Regressing to younger behavior
- Inability to concentrate
- Self-destructive tendencies

### **Signs of Psychosocial Distress**

- Sadness
- Anxiety
- Extreme reactions to loud noises
- Headaches
- Trouble sleeping/ bad dreams
- Isolation
- Aggression
- Regression in development (e.g. children who were potty trained may start to wet themselves, children who spoke previously may stop speaking)
- Refusing to leave safe places
- Withdrawal from friends or previous activities (school, etc.)
- Difficulty concentrating (sometimes leading to sudden decline in school performance)
- Flashbacks
- Self-destructive behavior
- Isolation



# DAY 2

Day 2







8.30-9.00

## Review Day 1



Following yesterday's introduction to the TOT, we are going to give you some time to reflect in order to help you to prepare to be a trainer. Please take out your "Note books" and take some time to think about:

- What are some key techniques that the trainer utilized that you would like to apply as a trainer?
- What are concerns that you have about delivering day 1 of training?
- What components of the training do you feel confident about delivering?
- Questions that you need answered in order to be prepared to be a Safe Identification and Referral Coach?



Gives participants 10 minutes to write in their note books, and then asks if anyone wants to share any reflections or concerns. Responds, and for more complicated concerns or issues, make note in the Parking Lot.



9.00-10.30

Session 1

## How to Respond to Child Protection Concerns

### Materials Needed



Guiding principles handouts



Markers



Flipcharts,



Now that we have discussed some of the types and signs of abuse, neglect and exploitation of children, we need to decide what Front-liners should do when they see these signs with children they work with and also what to do when a child or family member comes to a Front-liner for help.



Asks participants to turn to the person next to them and discuss in pairs how they currently respond to child protection concerns and children at risk in their organization. Give participants 5 minutes to discuss.



Ask a few pairs to tell what they came up with. Do not correct good and bad practices at this point, just let people share how it is currently working.



Now we have a few examples of how things have been working in practice. We are going to discuss how we can best respond to ensure children's concerns are addressed safely and confidentially.

## Part 1: Guiding Principles for responding (45 minutes)



First we are going to discuss some guiding principles that should inform all of Front-liners' actions when they are considering making a referral for child protection services.



**What do you think some of the principles that should guide how we respond to child protection concerns and how we take decisions when Front-liners suspect abuse?**



Takes a few responses from the group then present the following:

Guiding principles under CCPA are as follows:

- Best interest of the child: in actions concerning children under this Act whether undertaken by government, non-government or private social welfare institutions, courts of law, administrative authorities, family members or individuals, the best interest of the child shall be the primary consideration.
- A child shall be treated fairly and equally with respect and dignity and shall not be discriminated against on the grounds of race, sex, language, religion, political or other status.
- A child shall not be subjected to arbitrary arrest, detention, imprisonment or deprivation of liberty. Any arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time.
- The child justice system is essential to uphold the rights of children keeping them safe and promoting their physical and mental well-being.
- The prevention of child offences is an essential part of crime prevention in the society and requires efforts on the part of the entire society to ensure the harmonious development of the child with respect for and promotion of their personality from early childhood.
- A child in conflict with the law shall be provided with the opportunity to be heard in any judicial and administrative proceeding either directly or through a representative or an appropriate body in accordance with the Civil and Criminal Procedure Code.
- A child under confinement shall be provided with conducive physical environment and accommodation which are in keeping with rehabilitative aims of residential placement and due regard must be given to the needs of the child for privacy, opportunities for association with family, relatives and friends, participation in cultural, sports, physical exercise, and other leisure activities.
- If a child commits an offence, the child shall be treated in a manner that would divert the child from the criminal justice system unless the nature of the offence and the child's criminal history indicates that a proceeding for the offence should be initiated. **(See Annexure 1, page no. 52 - Guiding principles in CCPA)**



Explains that besides all the mentioned above principles that should be abided by, we also need to illustrate on the following principles that have been followed globally:

Guiding principles to help us make good decisions when responding to children's protection concerns:

- **Do No Harm:** ensuring that our actions do not place a child at greater risk or expose a child to further harm
- **Best Interests of the Child:** prioritizing a child's health and safety above other concerns
- **Confidentiality:** keeping information about a child and their family safe and private
- **Informed consent:** providing a child and their family with information and supporting them to take decisions regarding referrals **(Show Slide 4, 5, 6, 7 PPT)**



### Exercise: Guiding principles (20 minutes)

#### Instructions:



In just a moment, I will ask you to count off to discuss the principles I have just presented. You will receive a handout that explains each of the principles in more detail. I would like each group to discuss their assigned principle and answer the following questions:

- 1) What actions should we take to ensure this principle is reflected in the referral process?
- 2) What challenges might we face in respecting this principle?

Each group will have 15 minutes to discuss their principle and two minutes to present their discussions.

Group 1: Do No Harm, Group 2: Best Interests of the Child, Group 3: Confidentiality, Group 4: Informed Consent



Allows each group 2 minutes to present their principles. Highlight positive things they pointed out and correct any misinformation by referring to the **handout. (See Annexure 1, page no. 55 - Guiding principles for EISR)**



In our last session we will discuss specific best practice for how to conduct referrals and we will come back to these principles

## Part 2: Introduction to Communication Skills for Safe Identification and Referral (45 minutes)



Now we are going to talk about communication skills Front-liners need to conduct safe identification and referrals for children with protection concerns. Whether we are talking with adults who may have recognized abuse or children who have experienced abuse, the communication skills we or Front-liners use are essential to ensure children are kept safe and that we **do no harm** through our own actions.



Can anyone think of positive and negative ways that our communication skills might affect Front-liners' ability to help children at risk?

- Divide the flip chart into a Positive and Negative side and list participants suggestions.
- If participants struggle, you can give them one example from the below and see if they can think of others.

**Good Communication skills:** help us build trust with a child and their family, give information on services and obtain consent, ensure that we understand what happened, allow us to provide immediate psychosocial support to a child, and facilitate the referral process. **(Show slide 10 PPT)**

**Poor Communication skills:** can prevent the child or others from reporting abuse, do harm by causing the child further distress, lead to confusion/ misinterpretations of events, and create barriers in the referral process. **(Show Slide 11 PPT)**



When we have concerns or receive a report of a child protection problem, people involved will often be upset, angry or in need of support. Front-liners need to understand that and adapt their communication style to respond to an individual's needs. We will have time to discuss and practice this throughout the rest of the day.

- PRESENT:  
(Flip chart)

**Effective Communication involves: (Show Slide 12, 13 PPT)**

- **Verbal skills:** Getting ideas and feelings across in a helpful, non-judgmental way
- **Non-verbal skills:** The messages we send apart from words: how we say things (tone, intonation, etc.), facial expressions, body language, where we choose to sit, listening and observing
- **75% of communication is non-verbal!**



We must be aware not just of what we say but how we say it, and try to put ourselves in the shoes of the person we are talking with.

### Active Listening



That is why we emphasize verbal and non-verbal techniques



**From the previous exercise, can you share some active listening techniques that you regularly utilize?** List these techniques on a flip chart. Be sure that you reinforce:

#### **Active listening involves: (Show slide 14 PPT).**

- **Non-verbal techniques:** nodding, adopting an open posture, using eye contact,
- **Verbal techniques:** use encouraging language like “go on...”, “and then what happened..?” and also mirroring/ reflecting back
- **Reflecting Back:**
  - Selecting words to mirror the meaning and feeling of what has been said
  - Helps the child to feel understood and encouraged to share
  - Enables us to accurately identify the child’s feelings and understand what they have said
  - Select with sensitivity the appropriate time, tone of voice and words to use.



11:00-12:30

Session 2

## Child Friendly Communication Skills

### Materials Needed



Sticky Notes



Pens



Handouts



Now you will have an opportunity to practice some skills in active listening, including verbal and non-verbal techniques for supportive communication. We are going to now focus specifically on how to use these skills with children



Ask participants in pairs to discuss a bad practice / don'ts that they have seen or experienced in an interview with children?



Trainer spends some time discussing participant experiences and tries to reach some suggested solutions (from the group) to the situations they describe.



Let us list together some best principles of communication with children **(Show slide 16 PPT)**



List and explain each principle, what does it mean and give examples.

#### 1 Be Nurturing, Comforting and Supportive

Children who are at risk/have experienced abuse **rarely seek help independently**, especially younger children, and will usually be identified by someone else. Children **may not understand** what is happening to them or may experience fear, embarrassment or shame about the abuse. This can **affect their willingness and ability to talk** to you or other service providers.

**Your initial reaction** will impact their sense of safety, willingness to talk, and psychological well-being. A positive, supportive response will help abused children feel better; A negative response (such as not believing the child or getting angry) could cause further harm.

## 2 Reassure the Child

Children need to be reassured that **they are not at fault** for what has happened to them and that they are **believed**. Children **rarely lie** about being sexually abused. Caseworkers should **encourage** children to share their experiences.

**Healing statements** are essential to communicate at the outset of disclosure and throughout case management. Find opportunities to tell children that they are brave for talking about the abuse and that they are not to blame for what they have experienced. Tell children that they are not responsible for the abuse and emphasize that you are there to help them begin a process of change. **(Show slide 17 PPT)**

### Healing Phrases to use with child

- *"I believe you" which builds trust*
- *"I am glad that you told me", which builds a relationship with the child*
- *"I am sorry this happened to you", which expresses empathy*
- *"This is not your fault", which is non-blaming*
- *"You are very brave to talk with me and we will try to help you", reassuring and not making promises*

### Say that you accept that their feelings (anger, fear, anxiety...) are natural in the situation.<sup>1</sup>

- *"These are difficult things you are telling me", or*
- *"Many children feel upset after a thing like that happens"*

## 3 Do NO Harm: Be Careful Not to Distress the Child Further

Try to limit any interactions that might distress the child. Do not:

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready
- Have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered "multiple interviews")

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<sup>1</sup> Source: Communicating with Children: Helping Children in Distress (2000) Save the Children



**4 Speak So Children Understand**

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

**5 Help Children Feel Safe**

During Registration and/or Assessment, children often like to have trusted adult present, especially young children and those who are scared. Always offer children the choice to have a trusted adult present, or not. Do not force a child to speak to/in front of someone they appear not to trust. Do not include the person suspected of the abuse in the interview.

There may be times when it is appropriate to talk to children and parents separately (e.g. for unaccompanied children identified as living with unrelated caregivers) as children may hesitate to speak in front of caregivers. Tell the truth—even when it is difficult. If you don't know the answer, tell the child, "I don't know." Honesty and openness develop trust and help children feel safe.

**6 Tell Children Why You Are Talking with Them:** Every time you communicate with a child take the time to explain to the child the purpose of the meeting. It is important to explain why you want to speak with them, and what they will be asked and what will be asked to his/her caregiver. At every step of the process, explain to children what is happening.

**7 Use Appropriate People:** In principle, only female service providers and interpreters should speak with girls about sexual abuse. Boys should be offered the choice. If this is not possible use a more open space or have someone the child chooses to be present. The best practice is to ask the child if he or she would prefer.

**8 Pay Attention to Non-Verbal Communication:** It is important to pay attention to both the child's and your own non-verbal communication during any interaction.

**9 Respect Children's Opinions, Beliefs and Thoughts – Right to Participate**

Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. The child should be free to answer "I don't know" or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.

**(See Annexure 1, page no. 58 Communication Principles)**

## Dos and Don'ts



Ask participants to be back in their pairs to help you to come up with some good practices you feel should guide our communication with children so that the experience is positive and safe for the child. In pairs think and ask each participants to write one do's and one don't on a sticky note (paste it on the assigned flip chart in the front of the room).



Discuss what participants came up with and then share the do's and don'ts handout, and illustrate on each one with explanation as needed. **(Show slide 18, 19, 20, 21 PPT)**

### DO'S / DON'TS Activity

#### Do's

- Find a quiet place to talk to the child
- Believe the child and take his/her fears seriously
- Use familiar expressions for children. Speak in a language the child understands
- Reassure the child that he/she has done the right thing by coming to you
- Listen carefully and try to understand what is happening
- Assure the child of privacy and you want to ask someone for help
- Be patient, and let the child tell you his/her story in a way that is comfortable for him
- Use non blame expressions such as:
  - This is not your fault
  - Sorry that it happened to you
- Tell the child about the next step

#### Don'ts

- Do not discuss sensitive matters with the group or in a place where others hear
- Don't ask embarrassing questions
- Do not behave too officially or use complex expressions
- Do not judge the child or family member
- Don't ask too many questions. You cannot verify your reports
- Do not force the child to share the abuse with his or her parents or caregivers
- Do not force the child to answer questions that he/she does not want to answer
- Don't ask the child why. Don't judge this talk as a child's fault
- Do not give promises to children that their problem will be solved

**(See Annexure 1, page no. 60 - Communication Do's and Don'ts)**



### Exercise: Role Play case study (20 minutes)



I would now like you to practice using some of the communication techniques we have discussed in groups. Using the case study handout, **(See Annexure 1, page no. 62 Case study 1)** you will practice talking to a child who has protection concerns. One person will take on the role of a staff member, another person will be the child, and the third person will serve as the observer. The observer's role is to look at the dos and don'ts handout and check whether the staff member is following the dos and don'ts when interviewing the child.



Group the participants and have one person discuss how the role-play went; acknowledge the good practices that were done by participants in each group and write down notes of what could be improved to share at the conclusion of the discussion.



12:30-01:00

Session 3

## Best Practice for Responding and Referrals

### Materials Needed



Flipcharts



Markers



**Refer back to Guiding Principles. Does anyone remember the guiding principles from the morning session?** Repeat:

- **Do No Harm:** ensuring that our actions do not place a child at greater risk or expose a child to further harm
- **Best Interests of the Child:** prioritizing a child's health and safety above other concerns
- **Confidentiality:** keeping information about a child and their family safe and private
- **Informed consent:** providing a child and their family with information and supporting them to take decisions regarding referrals **(See Annexure 2 page no. 63 - Informed Consent assent form)**



It is often difficult for a child to disclose abuse and Front-liners may sometimes feel that it is not their business to interfere in a family's private life. However, as humanitarians we all have a responsibility to respond and uphold children's rights while maintaining the guiding principles. **(See Annexure 2, page no. 65 - Risk Level Guide)**

### Flip Chart 1:

Responding to situations of child abuse, exploitation or neglect, involves two components: **(Show slide 24 PPT)**

- 1) Ensuring that the child's immediate needs are being met and that they are safe from further harm in a comforting environment
- 2) Ensuring that the matter is reported in a safe and confidential manner in the best interest of the child.



There are different ways that we might discover that a child is at risk or experiencing child protection violations. **(Show slide 25, 26, 27 PPT)**

## (Flip Chart 2)

### Situation 1:

**If you or a Front-liner receives a report of a child at risk or a child being harmed, s/he should take the following steps:**

- 1) Speak to person reporting to understand nature of the risk or harm taking place. Ask who, what, where, when?
- 2) Tell the person who reported you would like to ask someone for help and that information about the case will be kept confidential from friends, family, other staff, etc.
- 3) Contact your line manager to alert them of the situation.
- 4) Complete the Referral Form and contact appropriate Focal Point (agency) by phone immediately.
- 5) Save and password protect the referral form. Send by email to the Focal Point **only**.

A focal point could be as appropriate a police official, NCWC child protection official, CP NGO, etc.

In all steps the immediate needs of the child should be a priority

## (Flip Chart 2)

### Situation 2:

**If you or a Front-liner suspects a child is experiencing a form of abuse.**

- 1) Speak to your line manager or supervisor to explain your concerns.
- 2) Call the appropriate Focal Point (agency) in your area and explain your concerns.
- 3) Complete the inter-agency Referral Form, save and password protect the form. Send by email to the Child Protection Focal Point **only**.

A focal point could be as appropriate a police member, NCWC child protection official, CP NGO, etc.

In all steps the immediate needs of the child should be a priority

### (FLIP Chart 3)

#### Situation 3:

#### If a child reports his/her experience of abuse to you

- 1) Find a quiet, private place to speak to the child. Ask a colleague to come with you so that you are not alone with the child.
- 2) Stay calm and reassure the child he/she has done the right thing by coming to you.
- 3) Listen and try to understand the basic details about the incident of abuse.
- 4) Do not ask too many questions or force the child to answer. Being forced to describe abuse repeatedly can lead to trauma and further harm.
- 5) Say you will do your best to help the child. Explain that you know an organization that provides services to children, and you would like to call them for help.
- 6) Explain confidentiality, provide information on the services available, and ask the child if it would be ok for you to contact the appropriate Child Protection Focal Point in the area.
- 7) Ask the child if he or she would like you to contact their parents/caregiver (if not implicated in the abuse). With the permission of the child, contact the non-offending parents or caregivers and obtain their consent to do a referral.
- 8) If the child is in immediate danger to their health and safety, contact your line manager/ supervisor and call the appropriate Focal Point (agency) in your area while you are still with the child. Do not leave the child without coming up with a plan; as the immediate needs of the child is a priority
- 9) Explain to child what will happen next
- 10) Complete the Referral Form, save and password protect the form. Send by email to the Focal Point only.

A focal point could be as appropriate a police member, NCWC child protection official, CP NGO, etc.



The time of disclosure is often a sensitive moment and it is important that you or Front-liners are mindful of some important "Do's and Don'ts" in order to respect the guiding principles, and avoid further harm to the child.



We will be discussing this along with a group activity after the Lunch Break



2:00-03:00

## Best Practice for Responding and Referrals - continue (session 3)



Remember that some **Dos** include: **(Show slide 29 PPT)**

### Best Practise

- Reassure the child
- Do not attempt to investigate reports yourself
- Ask only the number of questions necessary to gain a clear understanding of what is being said (i.e. what, who, where, when)
- Explain that you would know an organization that provides services to children and you would like to call them to ask for help
- Explain confidentiality – what the child tells you will not be shared with other staff members, friends, etc.
- Use referral form to document and email in a password protected document to CP focal point in the area



Sometimes, we are informed about cases that require immediate attention due to serious safety concerns for children. In these high risk scenarios, it is imperative that Front-liners **DO**:

- **Always call for high risk cases**
- **Sexual abuse cases require urgent follow up**
- **If there is an immediate risk to the child's health or safety, ensure they receive support before they leave your presence** (e.g. accompany them to the service provider, call CP contact while you are still with the child, etc.)
- **Make sure you receive confirmation from the CP organization that they are responding**



**Exercise: Role Play to include do's and don'ts and use of consent script**



**Distribute (See Annexure 2, page no. 68 Case Study 2) let groups read the case study; ask for 2 volunteers for the role play.**



After the role play, discuss and comment on what was done well and what could have been improved. Always link back to guiding principles of Do No Harm, Confidentiality, Best Interests of the Child and Informed Consent. Make sure the do's and don'ts in addition to the consent script was properly done in the role play. Be sure to emphasize that Front-liners should not investigate concerns themselves (e.g. they do not need to know the names of abusers, the exact abusive acts that occurred, etc.). Their role is just to relate the basic details to specialized staff who can conduct assessments.



The final step in the Safe Identification and Referral for CP concerns process is completing the Interagency Referral form. **(See Annexure 2, page no. 69 Early Identification Referral Form)**

#### Referral form discussion:

- Why do we use the Referral form?
- How do you know where to send the form?



#### **Exercise:** Inter-agency referral form

For the last activity, we will return to the Case Studies from our morning session. Each group needs to complete the referral form for the case that they worked on. Give participants 10 minutes to complete the form and then review any issues that they faced or questions that they have.



When sending the Referral Form, it is important that we respect the child's confidentiality and password protect the file. Does anyone know how to password protect an email message?



Review how to password protect an email on the screen. Remind the participants to send the password in a separate email message or a text.



**Ask participants if they have any questions before wrapping-up. (See Annexure 2, page no. 72 - Inter agency Information Sharing Protocol)**





3:00 -03:30

Post Test



Distributes the post test for the training. Ask participants to first complete the post-test (including their name and contact information)

**See Annexure 2, page no. 75 Pre/Post Test**



Reminds participants that the next 2 days will be spent preparing them to deliver the Safe Identification and Referral training. Give them an opportunity to make any notes in their note books.



Distribute the training evaluation form. Ask the participants to complete the form



# ANNEXURE 1

## Guiding Principles in CCPA

### Guiding principles in Bhutanese CCPA are as follows:

- **Best interest of the child:** in actions concerning children under this Act whether undertaken by government, non-government or private social welfare institutions, courts of law, administrative authorities, family members or individuals, the best interest of the child shall be the primary consideration.
- A child shall be treated fairly and equally with respect and dignity and shall not be discriminated against on the grounds of race, sex, language, religion, political or other status.
- A child shall not be subjected to arbitrary arrest, detention, imprisonment or deprivation of liberty. Any arrest, detention or imprisonment of a child shall be used only as a measure of last resort and for the shortest appropriate period of time.
- The child justice system is essential to uphold the rights of children keeping them safe and promoting their physical and mental well-being.
- The prevention of child offences is an essential part of crime prevention in the society and requires efforts on the part of the entire society to ensure the harmonious development of the child with respect for and promotion of their personality from early childhood.
- A child in conflict with the law shall be provided with the opportunity to be heard in any judicial and administrative proceeding either directly or through a representative or an appropriate body in accordance with the Civil and Criminal Procedure Code.

- A child under confinement shall be provided with conducive physical environment and accommodation which are in keeping with rehabilitative aims of residential placement and due regard must be given to the needs of the child for privacy, opportunities for association with family, relatives and friends, participation in cultural, sports, physical exercise, and other leisure activities.
- If a child commits an offence, the child shall be treated in a manner that would divert the child from the criminal justice system unless the nature of the offence and the child's criminal history indicates that a proceeding for the offence should be initiated

## Guiding Principles for EISR

**In Early Identification and Referral stage, all stakeholders, service providers and or any person involved in the identification and referral process must agree to follow these guiding principles, which reflect international standards of care and best practice as outlined in the Child Protection Minimum Standards and the UN Convention on the Rights of the Child.**

### Confidentiality:

Confidentiality requires to protect information gathered about any individual of concern (child at risk or family) and to ensure it is accessible only with a beneficiary's explicit permission. For agencies, service providers and staff involved in identifying and referring cases, it means collecting, storing and sharing information on individual cases in a safe way as sharing information improperly could lead to endangering the life, health or safety of the child and family members involved.

Specifically, the person making the referral should never reveal children's names or any identifying information (i.e. location, phone number, physical address, family member's names, etc.) to anyone not directly involved in the provision of case management services. More specifically, this means that identifying information should never be shared beyond the **person making the referral, their direct supervisor and focal point** receiving the referral. When information is shared among stakeholders, it should be communicated verbally in a private place or attached to an email in password protected file with no identifying information in the email itself. The referral form should never be printed and should be saved on a single computer with password protection.

### Key guidelines in maintaining confidentiality include:

- Always discuss referrals/ child protection concerns in private.
- Don't reveal personal information to anyone not involved in the case
- Collect and keep files regarding referrals safely (password protected, locked cabinets, etc.)
- Limit the number of people who have access to information about children
- Never include a child's name, location, date of birth or other identifying details in the body of an email.
- Always send sensitive information in a password protected document or communicate details verbally.
- Do not copy multiple people on emails. Send written information only to the Focal Point designated to receive it
- Avoid informal conversations with colleagues or friends about child protection cases.
- Only share information with the informed consent/ assent of the child and parents/ caregivers

## Best Interest of the child

The “best interests of the child” encompass a child’s physical and emotional safety (their well-being) as well as their right to positive development. In line with Child Care and Protection Act of Bhutan 2011 (CCPA) Section 3 and Article 3 of the United Nations Convention on the Rights of the Child (UNCRC), the best interest of the child should provide the basis for all decisions and actions taken, and for the way in which service providers interact with children and their families. Front-liners and Service providers should prioritise the child’s health and safety above all other concerns, and consider what is in the best interest of the child before taking action.

## Factors that determine the best interest of the child:

- The mental/emotional and physical health needs of the child is the top priority that determines the best interest
- The presence of domestic violence in the home including violence against the child
- The capacity of the parents to provide the basic needs as safe home and adequate food, clothing, and medical care
- The mental and physical health of the parents
- The emotional ties and relationships between the child and his or her parents, siblings, family and household members, or other caregivers ☐

## Do No Harm

This means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm. At each step of the referral process, care must be taken to ensure that no harm comes to children or their families as a result of staff conduct, decisions made, or actions taken on behalf of the child or family. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information. For example, collecting unnecessary information that is then found out about a child, or intervening to help a child that then causes conflict between individuals, families and communities, and unless care is taken, this may expose a child and his/her family to further harm such as revenge acts or violence.

## Informed Consent/assent

Prior to providing a referral, person involved in the referral process must request the beneficiary’s permission to provide services and provide them with enough information to make an informed decision. This process is called informed consent.

Informed Consent is the voluntary agreement of an individual who has the capacity to understand, and who exercises free choice, to be referred to a third party and/or to a specific service based on full and transparent information. Before proceeding with a referral, the person/Front-liner must obtain **verbal consent** by sharing information on: service options available, providers, the process and requirements to access services and potential risks as well as confidentiality and

how information collected will be used and stored. This information should be communicated clearly and using non-technical language that the beneficiary can understand.

In the case of a child (under 18), a parent or caregiver’s consent should be sought in addition to the child’s consent, unless doing so might put the child at risk of further harm (e.g. where parents are implicated in abuse or could take “punitive” measures against a child). Where parents/ caregivers are unavailable or implicated in the abuse, the person/Front-liner should follow an **informed assent** process requesting permission from the child themselves. Informed assent is the expressed willingness to participate in services by children over 12 years. Informed assent requires the same process as informed consent, including sharing of information in a child-friendly format on services and potential risks and asking the child for his or her permission to help. Informed assent is not a legally binding process, but is an accepted procedure when children’s parent/caregiver cannot be involved due to their absence (e.g. death, located in a different area, or role in the abuse).

Age range	Parent/caregiver/ guardian implicated in abuse?	Type of consent/assent
0-5	No	Parent/caregiver
0-5	Yes	No consent/assent required – proceed with referral
6-11	No	Informed consent of the child and parent/ caregiver
6-11	Yes	Informed assent of child and trusted adult
12-18	No	Informed consent of the child and parent/ caregiver
12-18	Yes	Informed assent of the child

### Maintain Professional Boundaries

Case management staff must act with integrity adhering to the ethical and professional standards by not abusing the power or the trust of the child or their family. This includes asking for favours or payments in exchange for unfair advantage or services. Where caseworkers have a conflict of interest (e.g. are related to or from the same network as the child/ family), a new caseworker should be assigned.

## Communication Principles

### 1) Nurturing, Comforting and Supportive

Children who are at risk/have experienced abuse **rarely seek help independently**, especially younger children, and will usually be identified by someone else. Children **may not understand** what is happening to them or may experience fear, embarrassment or shame about the abuse. This can **affect their willingness and ability to talk** to you or other service providers.

**Your initial reaction** will impact their sense of safety, willingness to talk, and psychological well-being. A positive, supportive response will help abused children feel better; A negative response (such as not believing the child or getting angry) could cause further harm.

### 2) Reassure the Child

Children need to be reassured that **they are not at fault** for what has happened to them and that they are **believed**. Children **rarely lie** about being abused. Caseworkers should **encourage** children to share their experiences.

**Healing statements** are essential to communicate at the outset of disclosure and throughout **case management (Refer to Annexure 2, page no. 78 Case management stages)**. Find opportunities to tell children that they are brave for talking about the abuse and that they are not to blame for what they have experienced. Tell children that they are not responsible for the abuse and emphasize that you are there to help them begin a process of change.

- *"I believe you"* which builds trust
- *"I am glad that you told me"*, which builds a relationship with the child
- *"I am sorry this happened to you"*, which expresses empathy
- *"This is not your fault"*, which is non-blaming
- *"You are very brave to talk with me and we will try to help you"*, reassuring and not making promises

Say that you accept that their feelings (anger, fear, anxiety...) are natural in the situation.<sup>1</sup>

- *"These are difficult things you are telling me"*, or
- *"Many children feel upset after a thing like that happens"*

### 3) Do NO Harm: Be Careful Not to Distress the Child Further

**Try to limit any interactions that might distress the child. Do not:**

- Become angry with a child
- Force a child to answer a question that he or she is not ready to answer
- Force a child to speak about the situation before he/she is ready

<sup>1</sup> Source: Communicating with Children: Helping Children in Distress (2000) Save the Children

- Have the child repeat the story of abuse multiple times to different people (follow-up conversations with children who become distressed are not considered “multiple interviews”)

#### 4) Speak So Children Understand

Information must be presented to children in ways and language that they understand, based on their age and developmental stage.

#### 5) Help Children Feel Safe

During Registration and/or Assessment, children often like to have trusted adult present, especially young children and those who are scared. **Always offer** children the choice to have a trusted adult present, or not. **Do not force** a child to speak to/in front of someone they appear not to trust. **Do not include** the person suspected of the abuse in the interview.

There may be times when it is appropriate to talk to children and parents separately as children may hesitate to speak in front of caregivers. Tell the **truth** - even when it is difficult. If you don't know the answer, tell the child, “I don't know.” **Honesty and openness** develop trust and help children feel safe.

#### 6) Tell Children Why You Are Talking with Them:

Every time you communicate with a child take the time to **explain** to the child **the purpose** of the meeting. It is important to explain **why** you want to speak with them, and **what they will be asked** and what will be asked to his/her caregiver. At every step of the process, **explain** to children **what is happening**.

#### 7) Use Appropriate People:

In principle, only female service providers and interpreters should speak with girls about sexual abuse. Boys should be offered the choice. If this is not possible use a more open space or have someone the child chooses to be present. The best practice is to ask the child if he or she would prefer.

#### 8) Pay Attention to Non-Verbal Communication:

It is important to pay attention to both the child's and your own **non-verbal communication** during any interaction.

#### 9) Respect Children's Opinions, Beliefs and Thoughts – Right to Participate

Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. The child should be free to answer “I don't know” or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.



## Communication throughout identification and referral stage Dos and Don'ts

### Respect is the key to proper communication

All persons involved in the referral process/ Front-liners should treat children and their families with respect and consider their wishes regarding the referral or reporting of a case. They should treat all children and their caregivers with dignity and accept them without judgments. It is important that you respect the wishes, the rights and the dignity of a child, consider his/her best interests, when making any decision on the most appropriate course of action to prevent or respond to violence, abuse, exploitation or neglect. Respecting beneficiaries in terms of referrals includes:

### Using Respectful Communication Techniques

- Discussing potential referrals in private settings (including outside of a home when others are present, asking beneficiaries if they would prefer to speak alone, etc.)
- Using language that the beneficiary can understand (i.e. speaking in the same dialect as the beneficiary; not using technical terms; in the case of a child, using simple language suitable to their age and developmental stage)
- Use appropriate communication techniques and body language, e.g. to demonstrate that we are interested in what they are saying and appreciate the trust they put in us, use the right tone of voice, do not interrupt, sit at the same level, etc.
- Asking the beneficiary only relevant questions required to facilitate a referral (do not investigate yourself)
- Using non-blaming language – never express judgment of the beneficiary, their families, parents or partners/ husbands, even when the latter may be implicated in abuse
- Use reassuring and validating language and demonstrate empathy towards the beneficiary
- Never forcing a child to answer a question
- Avoid requiring a child to repeat the story in multiple interviews

### Involve the Child in Decision-Making

Children have the right to participate in decisions that have implications in their lives. This can be achieved during the referral process by taking the following actions:

- Communicating in simple, clear language appropriate to the child's age
- Asking children if they would like their family members (like caregivers or siblings) to be present during discussions
- Asking the child what they would like to happen next

- In cases where a child's wishes cannot be prioritized, the reasons should be explained to the child

### **Not Raising Expectations**

- Never promising an outcome or that a service will meet all of a beneficiary's needs

### **Do's**

- Find a quiet place to talk to the child
- Believe the child and take his/her fears seriously
- Use familiar expressions for children. Speak in a language the child understands
- Reassure the child that he/she has done the right thing by coming to you
- Listen carefully and try to understand what is happening
- Assure the child of privacy. You want to ask someone for help
- Be patient, and let the child tell you his/her story in a way that is comfortable for him/her
- Validate the child's feelings and use expressions such as:
  - » This is not your fault
  - » Sorry that it happened to you
  - » I believe you
  - » That must be difficult/hard
- Tell the child about the next step

### **Don'ts**

- Do not discuss sensitive matters with the group or in a place where others hear
- Don't ask embarrassing questions
- Do not behave too officially or use complex expressions
- Do not judge the child or family member
- Don't ask too many questions. Don't make the child repeat what happened
- Do not force the child to share the abuse with his or her parents or caregivers
- Do not force the child to answer questions that he/she does not want to answer
- Don't ask the child why. Don't judge this talk as a child's fault
- Promises do not give children that their problems will be solved

## Case Study 1 for Health Front-liners

### Role of the Staff Member

A health worker in a Centre has been seeing a child in the area; (His name is Dorji, he is 12 years old), working everyday in carrying and loading rice bags. The health worker is worried because Dorji is often working long hours and sometimes he looks exhausted and can barely walk. The health worker shared this information with his supervisor and they decided to talk to Dorji.

### Role of Child

Your name is Dorji. You are 12 years old

You live with your parents; your family works in rice field; your father obliges you to carry and load the rice in order to sell in the market. He also obliged you to quit school because he says that you are fool and will end up with nothing but failure in school.

You feel very tired; you have back pain; and you work on this duty from 8 am to 4 pm. You are afraid to say no as you did this before and your father beats you whenever you say anything he does not like.



## ANNEXURE 2

### Informed Consent

#### For children under 10:

Part of my job is to make sure the children I work with are safe. I care about you and what happened to you, and I want to keep you safe. What you tell me is between you and me only, unless there is something that you tell me that worries me or if you need help that I cannot give you. If I am worried about your safety, I may need to talk to someone who can help you.

From what you have told me today, it sounds like you need help to stay safe and healthy. There are people at another organization who work to help keep children safe, and I would like to contact them to ask if they can help. They will keep information about you secret and won't tell other people without your permission. Is it okay if I contact these other people?

#### For children 11 and above:

Part of my job is to make sure that children I work with are safe and get help when they need it. Although most of what we talk about is between you and me, there may be some problems you might tell me about that we would have to talk about with other people.

There is another organization {insert name of appropriate agency} that has people who work with individual children to help keep them safe and healthy. Based on what you told me today, I think this organization may be able to help you.

I would like to share with them your name, location and how to contact you or someone you trust. The people at [name of organization] will not contact your family, neighbors or friends without your permission. Would it be okay if I contacted {insert name of appropriate agency} to ask them to help?

**For adults:**

Based on the information you have given me today, I think your child might benefit from individual assistance from [name of CP agency]. This organization works with individual children and their families to help ensure children are safe and healthy. They will assign one person to work with you and that person might refer you or your child to other services. If you wish, I can refer your child today to my colleagues at [Name of CP Agency] and ask them to get in touch with you to better explain the kind of support they offer. You will then be able to decide whether you are interested in accessing additional services or not.

The only information I will share with my colleagues are your name, location and best way to contact you (e.g. phone number, time to call, etc.). They will only use this information to contact you and will not share it with anyone else without your consent. We will not contact your family, neighbours or friends. Your name and personal details will always be kept private. Participation in services they offer is always voluntary – it's up to you. You can ask questions at any time today or in the future. You can also decide at any time to stop receiving services, and there will be no negative consequences for you or your family

Do you have any questions about the referral process?

Do you agree to allow me to make a referral to [Name of CP Agency]for further assistance? [Yes or No]

## Risk level Guide

### Definitions:

**High Risk (level 1):** Child significantly harmed or at immediate, serious risk of harm; Urgent response and frequent follow up required within 24 hours.

**Medium Risk (level 2):** Child harmed or at risk of serious future harm; Response and follow up required within 2-3 days

**Low Risk (Level 3):** Child at risk of harm; monitoring required or child no longer a level 2 but monitoring required ensuring harm removed follow up within 5-7 days

Type of Risk	High Risk	Medium Risk	Low Risk	No Risk
<b>Violence (physical abuse)</b>	<ul style="list-style-type: none"> <li>- Serious injury</li> <li>- Infant or toddler injured in Domestic Violence (DV) incident</li> <li>- Child attempted to suicide</li> </ul>	<ul style="list-style-type: none"> <li>- Excessive corporal punishment</li> <li>- Threats to injure</li> <li>- Dangerous and reckless behavior</li> <li>- Child is self- harming</li> </ul>	<ul style="list-style-type: none"> <li>- Threats to injure</li> <li>- Non injurious, occasional corporal punishment</li> </ul>	<ul style="list-style-type: none"> <li>- No violence present (factors causing the harm have been addressed or removed)</li> <li>- Person causing harm no longer has contact with the child</li> </ul>
<b>Abuse (sexual and emotional abuse)</b>	<ul style="list-style-type: none"> <li>- Any sexual contact between a child and an adult (where person causing harm has access to the child)</li> <li>- Child is being persistently belittled, isolated, or humiliated by a significant caregiver</li> <li>- Child is promised to be married in the following days or child promised to married and will move out of the area (e.g. back to Syria) in the following days</li> </ul>	<ul style="list-style-type: none"> <li>- Child is promised to be married in the future</li> <li>- The child has been sexually violated in the past and not received any support</li> <li>- Significant parent/ caregiver's approach to the child is harmful (occasional belittling, isolation or humiliation)</li> </ul>	<ul style="list-style-type: none"> <li>- Child is treated differently than other siblings and parent/ caregiver or other relevant person is negative towards the child</li> </ul>	<ul style="list-style-type: none"> <li>- The child and family have received support and there are no sexual harm factors present</li> <li>- Factors causing the emotional harm have been addressed (parent received support)</li> <li>- Person causing harm no longer has contact with the child</li> </ul>

<b>Neglect</b>	<ul style="list-style-type: none"> <li>- Serious injury or illness due to neglect (malnutrition with no apparent causal factors)</li> </ul>	<ul style="list-style-type: none"> <li>- Lack of supervision</li> <li>- Inadequate basic care</li> <li>- Failure to protect</li> <li>- The child is often left to look after themselves, or is undertaking tasks beyond his/her developmental capacity</li> </ul>	<ul style="list-style-type: none"> <li>- Caregivers are emotionally distant</li> </ul>	<ul style="list-style-type: none"> <li>- The child's basic needs are being met and the caregiver</li> </ul>
<b>Exploitation</b>	<ul style="list-style-type: none"> <li>- Child involved in worst forms of child labor, including sexual exploitation or child associated with armed groups and forces</li> </ul>	<ul style="list-style-type: none"> <li>- Child under 14 forced to work</li> <li>- Child over 14 forced to work in dangerous or harmful circumstances</li> </ul>	<ul style="list-style-type: none"> <li>- Parents are threatening to send the child to work</li> <li>- Child over 14 is working in a safe environment with little exposure to harm</li> </ul>	<ul style="list-style-type: none"> <li>- The child is no longer working, supports have been put in place to ensure the child does not return to work</li> </ul>
<b>Psychosocial distress</b> (parent/ caregiver's not coping, or not protective and/ or no services involved)	<ul style="list-style-type: none"> <li>- The child has attempted suicide</li> <li>- The child is engaging in very risky behaviors</li> <li>- Child has stopped communicating/ speaking</li> <li>- The child's sense of reality is affected</li> <li>- The child has intense violent behaviors</li> </ul>	<ul style="list-style-type: none"> <li>- The child's social skills, ability to self-care and retain school attendance is significantly impaired</li> <li>- The child is using drugs and/or alcohol</li> <li>- The child becomes frequently absent minded</li> <li>- The child has distressing flash-backs</li> <li>- The child is bed-wetting</li> <li>- The child is often crying and/or sad</li> <li>- The child has unexpected and intense fears, phobias and anxiety</li> <li>- The child has sleeping and concentration problems</li> <li>- The child is suddenly behaving much younger than his/her age</li> <li>- The child is self-harming</li> </ul>	<ul style="list-style-type: none"> <li>- The child is sad and withdrawn</li> <li>- The child is displaying anger</li> </ul>	<ul style="list-style-type: none"> <li>- The child's psychosocial wellbeing is restored; the child is engaged in a range of activities and is not displaying behaviors of concern</li> </ul>

<p><b>Domestic violence present in the home</b></p>	<ul style="list-style-type: none"> <li>- Child under 5</li> <li>- Child is witnessing domestic violence and there are level 2 harm factors</li> <li>- Significant injuries to the parent suffering the violence</li> </ul>	<ul style="list-style-type: none"> <li>- Child is displaying emotional distress and difficulties learning and socializing</li> </ul>	<ul style="list-style-type: none"> <li>- There has been sporadic disputes and violence, but the child is over 15 and has support networks</li> </ul>	<ul style="list-style-type: none"> <li>- No violence present (factors causing the harm have been addressed or removed)</li> <li>- Person causing harm no longer has contact with the child</li> </ul>
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## Case Study 2 Front-liners

You are conducting an educational class with children and notice a young girl who does not have many friends. Her name is Maya and she is 8 years old. A few days ago Maya came to the class with a bruise on her eye and she had bruises on her arm as well. Today, Maya came to the class again with the left side of the face completely bruised and her left arm broken. Maya told the teacher that she has been abused for two years by her mother and could not manage any longer. She wanted to be safe. She was very frightened and did not want to go back home. She thought her mother could kill her if she learnt that she had told anyone about the situation.

### Role of Child

You are eight years old and in the third year of primary school. Your name is Maya. You live with your mother and your four year old brother. Your father left to work on the other side of the country two years ago and rarely comes to see you. You miss him a lot but know he could not cope with your mother's situation.

Your mother suffers from depression for which she has been receiving treatment for some years. Since your father left home to work far away, your parents had lot of problems and your mother's illness has got worse again.

From the time when your father left your mother abuses you constantly, but she does not abuse your younger brother. She actually takes better care of him. Yesterday you and your mother got into a fight. You fell onto the table and broke your arm. You are in a lot of pain. When you ask your mother why she abuses you she calls you "daddy's favourite".

You don't like talking to people about these things which is why you haven't come for help before but your teacher is so nice and makes you feel safe. You don't really trust other people though.

## Early Identification Referral Form

Referral By: <input style="width: 90%;" type="text"/>	Referred To: <input style="width: 90%;" type="text"/>	Date of Referral:
Name of Agency/organization: <input style="width: 90%;" type="text"/>	Name of Agency/ organization: <input style="width: 90%;" type="text"/>	Level of Risk: <input type="checkbox"/> High (follow up within 24 hours) <input type="checkbox"/> Medium (follow up within 2-3 days) <input type="checkbox"/> Low (follow up within 5-7 days)
Name of staff/ Individual: <input style="width: 90%;" type="text"/>	Name of focal person: <input style="width: 90%;" type="text"/>	
Address: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>	
Phone number: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>	
Email: <input style="width: 90%;" type="text"/>	Email: <input style="width: 90%;" type="text"/>	
Child Information: <input style="width: 90%;" type="text"/>	Caregiver information in case of a child: <input style="width: 90%;" type="text"/>	
Name: <input style="width: 90%;" type="text"/>	Name of caregiver: <input style="width: 90%;" type="text"/>	
Date of Birth: <input style="width: 90%;" type="text"/>	Relation to child: <input style="width: 90%;" type="text"/>	
Address: <input style="width: 90%;" type="text"/>	Address: <input style="width: 90%;" type="text"/>	
Nationality: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Caregiver gave consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No if No explain why?	
Child gave consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No If No explain why? _____ _____		

Type of case:	
<p><b>Child in difficult circumstances:</b></p> <p><b>Specify:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is found without having any home or settled place</li> <li><input type="checkbox"/> Incapacitated parent or guardian to take care and control</li> <li><input type="checkbox"/> Associate a person who leads to immoral life</li> <li><input type="checkbox"/> Being exploited for immoral, illegal purpose</li> <li><input type="checkbox"/> Victim at the hands of individuals, families or the community.</li> <li><input type="checkbox"/> Exposure to physical abuse</li> <li><input type="checkbox"/> Exposure to emotional and verbal abuse</li> <li><input type="checkbox"/> Exposure to sexual abuse, harassment</li> <li><input type="checkbox"/> Exposure to neglect</li> <li><input type="checkbox"/> Child labor</li> <li><input type="checkbox"/> Worst forms of child labour</li> <li><input type="checkbox"/> Witness of domestic violence</li> <li>Others - please specify:                      _____                      _____</li> </ul>	<p><b>Child in conflict with the Law:</b></p> <p><b>Specify:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> child committed an offence; please specify:                      _____                      _____</li> </ul>

**Health Condition:**

**Disability**

- Deafness/Hard of Hearing (Mild/Moderate/Severe)
- Blindness/Low Vision (Mild/Moderate/Severe)
- Physical Disability (Mild/Moderate/Severe)
- Intellectual Disability (Mild/Moderate/Severe)

Others - please specify:  
 .....  
 .....

**Medical condition**

- Addiction
- Chronic Illness
- Mental Illness
- Pregnant
- Child in need for forensic medical examination (evidence should be collected by forensic services in 72 hours).
- Life threatening medical condition requiring immediate intervention and treatment
- Injuries

Others - please specify:  
 .....

**Services required**

- Case management services (protection)
- Physical Health
- Mental Health
- Shelter

Others please specify

Explanation: \_\_\_\_\_

**Previous Services provided if any:**

Agency: _____	Type of service: _____	Date: _____
Agency: _____	Type of service: _____	Date: _____
Agency: _____	Type of service: _____	Date: _____

**Description of the case (Problem)**

**Consent for referral: (Optional)**

I..... [Person of concern name], understand that the purpose of the referral and of disclosing this information to ..... [referral agency]) is to ensure the safety and continuity of care from service providers seeking to serve this family. The service provider, ..... [referring agency], has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party: .....

Parent/Caregiver/Guardian: ..... Date: .....

Receiving agency	
Referral received by: _____	Response provided to referred agency by: _____
Date: _____	Date: _____

**Guiding notes:**

- This referral form is to be used by any front-liner who contacts children, women, and elderly on regular basis and suspects abuse, or received a report regarding abuse.
- This referral form should be used to refer cases.
- The consent of Parent/Caregiver and child is required, however, if for any reason consent was not able to be taken from a Parent/Caregiver the best interest of the child should be sought and a referral should be done.
- A front-liner should not carry any investigation or assessment as this might cause more harm; therefore, it is recommended to carry the referral on just need to know basis (only main information about abuse or basic need)
- Only, in urgent cases, Front-liner can take the child for emergency services but after informing the CP agency.
- If any person is of the opinion that a child is apparently a child in difficult circumstances as mentioned in Section 59, such person shall in accordance to the CCPA of Bhutan:
  - Inform the police or child welfare officer (Protection Officer or NCWC)
  - Whenever the information has been given to the police, the police shall inform the child welfare officer (Protection Officer or NCWC)

## Interagency Information Sharing Protocol

### Objective

Information sharing is the key to improving outcomes for children and is essential to enable early intervention and preventative work for safeguarding children. In many cases, it is only when information is brought together from a variety of sources that it is identified that a child is seen to be vulnerable in need or at risk of harm. The appropriate sharing of information between agencies and workers is therefore crucial for the early identification and safe referral of children and families who may be in need of support and services before the problems become serious /severe, and also assists in the process of assessing the levels of concern and potential risk. In many instances failure to pass on information that might have prevented a child suffering harm, can be far more serious and dangerous than an incident of unjustified disclosure. Fear about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children, therefore it is important that information sharing is carried out appropriately and that worker and partner agencies are all aware of and confident in their information sharing responsibilities and duties. The National Commission of women and Children (NCWC) as the competent authority in Bhutan shall take the responsibility of the administrative circulation of the “**interagency information sharing protocol**” with all governmental and nongovernmental agencies that intervene in child protection in Bhutan; the agencies shall sign, follow and implement the protocol accordingly.

This protocol shall ensure the following:

- 1) The highest possible confidentiality standards and therefore safety for the children and parents/ caregivers
- 2) Best practice around the sharing of information among various agencies that reinforces the security and safety of children and caregivers in the light of the need to know, participation, and best interest principles.

### Need to Know Principle

The term “need-to-know” describes the limited circulation of information that is considered sensitive, and the sharing of such information only with those individuals for whom the information is necessary in order to provide a specific service or other form of protection to the Beneficiary. Any sensitive and identifying information collected on children and families should only be shared on a need-to-know basis **with as few individuals as possible** and only for the purpose of providing services to the child based on their informed consent; **Different types of service providers have different needs for information**

Moreover, the term ‘need to know’ is used when determining if sharing the information collected on a particular child or children is necessary for the conduct of one’s official duties; i.e. without this information the person would be unable to do his/her job properly. It aims to minimize the chances of abuse of information by

limiting access to the child's information to only those who "need" (not "want") the information to best assist the child.

### **Confidentiality Principle**

"Confidentiality" requires service providers to protect information gathered about beneficiaries and to ensure it is accessible only with a client's explicit permission. For agencies involved in child protection, it means collecting, keeping and sharing information on individual cases in a safe way and according to agreed-upon data protection policies. Case workers/officials should not reveal children's names or any identifying information to anyone not directly involved in the care of the child. When information is shared, it should be limited to only the information necessary to enable better protection of the child.

Information can be stored or transmitted verbally, on paper, or electronically. In all circumstances confidentiality must be maintained and the beneficiary's choices / informed consent about who the information can be shared with adhered to. All information sharing between agencies on individual beneficiary can only occur when the beneficiary has given informed consent.

### **Participation Principle**

"Participation Principle" emphasis the child's right to be heard and participates in the decision that affects their life. Confidentiality is central to the principles 'participation' for children.<sup>1</sup> As such, it is important to ensure that the child actively participates in decisions that are made affecting their life for their general understanding, well-being and recovery from traumatic incidents. However, the extent to which their opinions are taken into account will depend on their age and maturity and what is in their best interests.

There is no legal age where a child becomes able to consent for information-sharing on their own / without their parent / caregiver's consent. It is general practice to look at the evolving capacity of the child to determine if they are capable of making decisions and taking action where they could understand the implications of their participation. However, staff must respect and recognize that parents / caregivers are often the most important source of security and protection for children and ultimately responsible for their welfare. The only exception to this rule would be if informing or seeking permission from the parents/caregivers can actually endanger the child further. It is important to discuss this possibility with the child.

### **Best Interest Principle**

"Best Interest Principle" in this context means if a child's safety or well-being is in severe danger, or where the child is a risk to himself / herself, case workers have a responsibility to refer or pass information on to others. When you start working with a child who is old enough to understand this potential exception to confidentiality, they should be informed about it from the beginning. This is difficult as the child may choose not to tell you anything; however, the loss of trust

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<sup>1</sup> These principles are outlined in the United Nations Convention on the Rights of the Child

that comes from sharing information without the child's knowledge will be very damaging, and in most cases a careful explanation on the limits of who would need to be informed and the reasons for this will reassure the child.

If the child does not give permission for you to share information, you will have to consider the child's ability to understand the consequences of that decision. If you determine that sharing the information is in the best interest of the child (i.e. if you believe the consequences of failing to refer would be serious) you may have to share the information against the wishes of the child. If the parent / caregiver refuse permission to share information, then the same considerations would apply.

## Ground Rules

**Identifying information (e.g. case history, bio-data) for a child should only be shared with staff of other agencies if they meet the following criteria:**

- There is a clear need to do so (see "need to know Principle") and
- The beneficiary has agreed to identifying information being shared with this particular service provider in their Consent Form and
- The person with whom the information is to be shared with belongs to an agency that has signed the Inter-Agency Information Sharing Protocol and
- The person requesting the identifying information, or to who the information is to be sent, is in a position within their agency that is responsible for this kind of case
- Electronic documents with identifying information must be password protected using passwords pre-agreed between the agencies and stored in a secure place.
- Paper files with identifying information on them must be kept in a lockable cabinet by the agency in possession of them.
- Information shared verbally should be transmitted in a confidential place.

**List of Governmental and nongovernmental agencies to sign the information sharing protocol document:**

**NCWC**

**Title of staff:**

**Signature:**

## Post Test

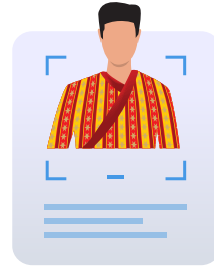
Name:

Occupation:

Organization:

Training Location:

Date:



- 1** What are the child protection relevant laws and regulations in Bhutan? Mention at least one?

.....  
.....

- 2** How would you define child protection?

- a) The actions taken to secure all children's rights
- b) The response to abuse, exploitation and violence against children
- c) The prevention of and response to abuse, neglect, exploitation and violence against children

- 3** Circle the guiding principles of a safe referral for child protection cases:

Non discrimination	Confidentiality	Humanity	Empathy
Best interest of the child	Case management	Interviewing the child	Do no harm
Consent	Referral	Child Protection	Informed Consent

- 4** Match each story with the correspondent type of abuse:

A 12 year old kid came back from school with bad grades. He didn't eat all day, and nobody cared.

The doctor took a picture of a 13 year old girl naked when she went to the clinic for skin rashes on her arms.

A 7 year old boy's father asked him to stand up in the street in front of his friends and to repeat "I'm an idiot" 10 times because he broke a valuable vase.

A 13 year old boy is off loading flour and rice out of the truck every day.

- Physical Abuse
- Emotional Abuse
- Sexual Abuse
- Neglect
- Exploitation



- 5 What does informed consent means?**
- a) Caregivers/parents and children are 'informed' of the services that NCWC and/or other CP agencies provide and accept these services.
  - b) During the registration process the case worker has provided caregiver/parent and child with information on the services, case management process as well as clear information on what information will be stored on the family and the potential risks involved.
  - c) Children are informed of the case management process and provide their consent.

**6 List three things you “should do” and three things you “shouldn’t do” when communicating with kids?**

Three things you should do:

- 1 - .....
- 2 - .....
- 3 - .....

Three things you shouldn't do:

- 1 - .....
- 2 - .....
- 3 - .....

**7 You received a report from a community member that they knew of a specific child being abused by his parents, what would you do?**

- a) Tell the community member that the child needs to come to you by himself.
- b) Speak to the community member in a private place, try to understand what happened, and inform your supervisor of the suspected case.
- c) Give the community member the phone number of NCWC or a child protection agency to call.
- d) Visit the child's home to better understand what is happening, then call a child protection agency to respond.

**8 If you had concerns that a child you work with was being abused, how would you respond?**

- a) Speak to the child immediately, tell them you are concerned for their wellbeing and suspect that they are being abused.
- b) Contact your supervisor to inform them that you suspect there is a case of child abuse.
- c) Visit the Childs home to assess the situation and confirm whether there is abuse taking place, then if needed make a referral.
- d) Immediately fill in the referral form and send it to NCWC

**9** What does confidentiality mean?

- a) Reveal personal information to anyone whether involved or not involved in the case.
- b) Not sharing information about the case with anyone, plus collecting and keeping files regarding referrals safely protected.
- c) Copy multiple people with the emails sent about the case.
- d) Only share information about the informed consent/ assent of the child and parents/ caregivers with your colleagues.

**10** Mention 2 important phrases you should say to the child after disclosing an abuse? And why?

.....

.....

.....

.....

## Case Management Stages

The diagram below describes the 6 stages of case management throughout the child protection process:

- 1) The identification stage** (it is the subject of our training) in this stage all identified cases shall be referred by using the interagency referral form. At this stage the risk level can be determined initially and included in the referral form (use of risk level guide).

**High Risk:** meet with the child (and family, where appropriate) in person within **24 hours**

**Medium Risk:** meet with the child (and family, where appropriate) in person within **2-3 days**

**Low Risk:** meet with the child (and family, where appropriate) in person within **5-7 days**

Consent form should be signed by the beneficiary throughout this stage

- 2) The assessment stage**, comes immediately after the referral is received: An assessment gathers and analyses information about a child (and their family/ caregiver's) situation, considering the protection risks/ concerns involved as well as strengths, resources and protective factors of the child, their family and community. Caseworkers should conduct an initial assessment to identify immediate needs and risks as well as strengths and resources. This initial assessment should prioritise the child's immediate physical protection and safety and basic needs such as food, shelter and medical care

Throughout this stage, the case worker should reassess the risk level that was mentioned in the referral; make sure it is correct according to the risk level guide.

### **Comprehensive assessment**

In high and medium risk cases, a comprehensive assessment is necessary to further understand the child's situation. Caseworkers and supervisors should take the decision to carry out a comprehensive assessment together. Caseworkers should complete a comprehensive assessment within two weeks of registration and consider the child's developmental needs, the parent/ caregiver's capacity, social and cultural context, and community/ wider family influences. Caseworkers should be careful to ensure that the child and their parents or caregivers, as appropriate, have the opportunity to participate in the assessment and that their opinions and priorities are considered. **The comprehensive assessment must be documented.** The comprehensive assessment is not usually completed in one meeting with the child and family; it will require conducting a home visit and meeting with the child and family on a number of occasions to obtain all the information necessary.

### 3) Case Plan Stage

After the assessment has been made, the caseworker should discuss the case with their supervisor and develop a written case plan within three weeks. The case plan must be based on the needs and priorities identified in the assessment, and include specific, time-bound objectives and a list of services/ action points necessary to meeting the child's needs. Caseworkers should leverage both the services provided by their agency and the services and resources available from other agencies and the community. Importantly, **all case plans should include direct services/ support from the caseworker as well as responsibilities and actions for the child and family to carry out.** Supervisors are responsible for reviewing the plan, ensuring it is in the best interest of the child, and verifying that it is realistic and achievable within the timeframe given. An initial case plan can be modified at a later stage if the situation of the child and family changes or if the services provided are deemed inappropriate. A case plan is not a fixed plan. All changes to the case plan should be discussed with and approved by the child and family.

### 4) Implementation stage

Once the case plan has been developed and agreed upon with supervisors and most importantly with the child and family; the caseworker can then begin working with the child and their family to implement the plan. This will involve providing services directly and, with the permission of the child and family, linking them with other services through inter-agency referrals.

Importantly, while another agency may be responsible for providing a specific service, **the caseworker is always responsible for the case,** for ensuring that all agreed upon services are provided and that the needs of the child are being met on an on-going basis.

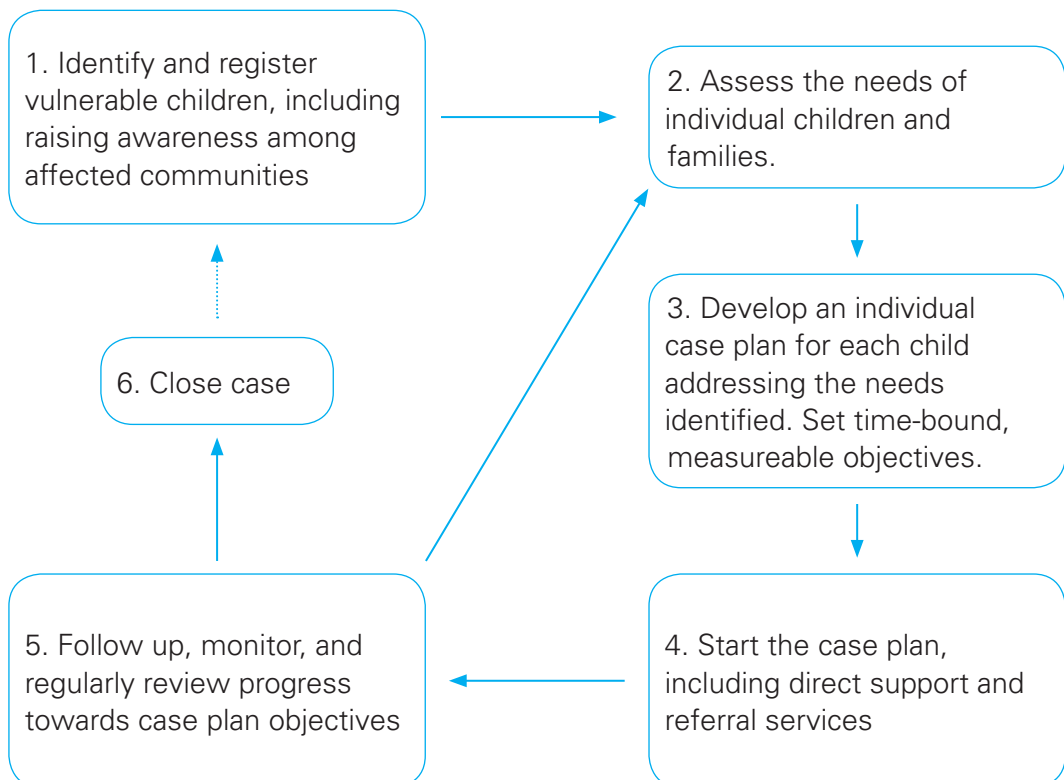
### 5) Follow up Stage

Throughout case management, caseworkers and their supervisors are responsible for follow up, monitoring and review of the child's case. These processes can be just as important as the services provided as they ensure an on-going relationship with the child and family. **Caseworkers have primary responsibility for follow up and/or monitoring** (regardless of whether services are provided directly or through referrals) **according to the guidelines on timing and frequency in the risk level guide (i.e. at least twice a week for high risk cases, twice a month for medium risk, once a month for low risk).** Supervisors and caseworkers should agree on appropriate steps for following up and monitoring a case. During follow up and monitoring, caseworkers should seek information on how the services impacted the child and how the child is progressing and if needed adjust the plan according to the new developments. In most cases, the child and the family should be informed on the time frame for the next follow up or monitoring visit.

## 6) Case closure Stage

Case closure is the final step in the case management process and is usually reached when the goals of the child's case plan have been met. Specific criteria for case closure are as follows:

- Objectives of the case have been met
- No significant harm or risk of harm remains
- Child and family are able to address on-going challenges themselves
- Cases may also be closed due to a child's relocation outside of our areas of operation,
- when a child turns 18, or in the case of a child's death. If the child turns 18, the case will not be closed abruptly. The case worker will work with the child and family to develop a transition plan and refer the child to another agency if necessary.
- A case will also be closed if the case is transferred to another location, and the child is being followed up by another agency or another field base.



# DAY 3

Day 3



**8:30-9:00**

**Session 1**

## Pre-test for TOT

Name :  
Occupation :  
Organization :  
Training Location :  
Date :



**1** What is a Front-liner?

.....  
.....  
.....  
.....

**2** Mention 2 roles and responsibilities of a front-liner and of a specialized Child Protection staff

.....  
.....  
.....  
.....

**3** What do we mean by active learning?

.....  
.....  
.....

**4** Answer by true or false:

- a) Learning by doing is the most effective way of learning new skills .....
- b) There are many different learning options to suit differing learning needs .....
- c) Icebreakers are used in some of the training sessions, there is no specific goal for using them .....
- d) Energizers are simple games introduced when the energy levels of the participants is high .....
- e) It is the participants' job to create and design the learning atmosphere .....
- f) It is okay if your voice is not loud, as they say humility is judged by a soft voice .....
- g) Do not use simple language when delivering the training. Simple language means simple concepts .....

**5**

List three things a coach needs to consider when conducting exercises during trainings?

- 1) .....
- 2) .....
- 3) .....

**6**

List four training tools and techniques that could be used when delivering a training session.

.....  
.....  
.....  
.....

**7**

How should a coach behave when delivering Safe Identification & Referral training?

- a) The coach should move a lot in the room so s/he keeps participants alert.
- b) The coach should stare at the participants while delivering his session.
- c) It is important for the coach to be enthusiastic, friendly and warm.
- d) The coach should be mindful for the needs and expectations of the participants.
- e) It is okay if the coach sometimes skips breaks when delivering his sessions



**8** List some of the things you would adapt in the Safe Identification & Referral Training if your participants are teachers:

.....  
.....  
.....  
.....

**9** How should a coach give feedback to participants?

- a) The coach should not use generalization when giving his feedback.
- b) It is better for the coach to give alternatives or ideas in a different way when giving the feedback.
- c) Participants have no choice; they should take into consideration the coach's feedback.
- d) It is better for the coach to use the feedback sandwich.

**10** When planning for the Safe Identification & Referral training:

- a) It is better to have a support group that will help the coach to plan for his training.
- b) Whoever the Frontliners participating in the Safe Identification and referral training are, the coach always should follow all the steps conducted in the training with no adaptation.
- c) It is okay sometimes not to include practical exercises, especially if there is lots of information to be shared



9:00-9:30

Session 2

## Introduction

### Materials Needed



Coaching Diaries



Flipcharts,

## Introduction



Welcome to Day 3 of the training; in the past 2 days we have finalized the EISR package that you are going to deliver to front-liners in your areas.

### Coaching Diary:



- I am going to give you another opportunity to reflect on your learning. Please pull out your diaries and take 15 minutes to reflect:
- What are some key techniques that the trainer utilized that you would like to apply as a trainer?
- What are concerns that you have about delivering 2 days of training?
- What components of the training do you feel confident about delivering?
- Questions that you need answered in order to be prepared to be a Safe Identification and Referral Coach?



Now that you have participated in the full EISR training, today and tomorrow, we will be focusing on preparing you to become Master trainers. As you think about preparing yourself to deliver the training, what are some key steps that you need to put in order?



Takes the responses from the participants and put them on the flip chart.



There are two key subjects that we will be focusing on today in order to prepare you to deliver the training.

- a) Facilitation Skills for the EISR Training
- b) Planning and Administration for the EISR Training



We will be discussing these subjects in detail to help you to be fully prepared



Our objectives today are: **(Show slide 3 PPT)**

### Objectives

- Be able to apply the experiential approach to learning in training
- Know different participatory training techniques
- Be able to address with issues that may arise during training
- Develop plans for delivering the EISR training



9:30-10:30

Session 3

## Adult Learning Styles/Active Learning Techniques



Prior to facilitating the EISR training, it is important to prepare yourself for working with Front-liners who you will be training.



Most adults do not remember what they have been told if they are only passively involved in learning. Listening to the trainer,. Active learning helps participants remember and use what they have learned. This involves interaction and participation as well as time to reflect on and repeat what one has learned. **(Show slide 5 PPT)**

### Adult Learning Styles

- Learning is a voluntary process
- Learning builds on existing knowledge
- Learning moves from simple to complicated
- Everyone learns at their own pace and in their own style
- Adults learn best by doing
- Time for reflection and feedback is necessary
- Respect is key **(See Annexure 1, page no. - 102 Icebreakers and energizers)**



In order to respond to the needs of adult learners, we use a variety of techniques through the training. What we know from Educational Psychology is that adults learn best by being active in the learning process. **(Show slide 6 PPT)**

### Active Learning

**Active learning requires participants to be involved:**

- Tell me and I will forget
- Show me and perhaps I will remember
- Involve me and I will understand (learn by doing)



Research in the field of educational psychology shows that we remember: **(Show slide 7 PPT)**

**Research in educational psychology shows that adults remember:**

- 10% of what we **read**
- 20% of what we **hear**
- 30% of what we **see**
- 50% of what we **see** and **hear** together
- 80% of what we **say**
- 90% of what we **say** while we **do** it

It is essential therefore for the facilitator in training to create a learning environment where the participants are able to both **practice** and **describe** the new skills that they are learning.



Writes the following questions on flip chart:



Think about an activity / exercise from this or a previous training you have participated in or facilitated:

- 1 example of an activity / exercise where the learning was active;
  - » Which stages of learning went on?
- 1 example of an activity / exercise where the learning was passive;
  - » Which stages of learning went on?



**Asks** participants to discuss the questions on flip chart in pairs.



Share the discussions that went on in pairs and gaining examples of active learning and stages of learning.



Training should be active, but it should also be experiential – this means that participants should experience something practical in a participatory way before theorizing the experiencing and applying the learning.



11:00-11:30

Session 4

## Training Tools and Techniques



Now we will take some time to explore further the exercises and techniques that are used in order to encourage active learning in the Safe Identification and Referral Training.



Since we understand that adults learn best through being participants in their learning, we use a series of techniques in the Safe Identification and Referral training including: **(Show Slide 10 PPT)**

### EISR Training Tools and Techniques

#### Introduction exercises and energizers

*"Icebreakers are activities, games or exercises that are used to break the ice on the level of the relation between participants, and on the level of the new information shared and learned in the training."*

- Small group discussions
- Case Studies
- Role Plays
- Presentations
- Plenary discussions (Brainstorming)



#### Tools and Techniques Exercise:



#### Why each technique is important in the training?

We are now going to break-up into five groups to focus on some of the most important of these techniques. Each group will be responsible for creating a small presentation on each technique to answer the following question **(Show Slide 11 PPT)**

#### Group activity

**Why each technique is important in the training?**



Break up the participants into 5 groups:

1. Small group discussions
2. Case Studies
3. Role Plays
4. Presentations
5. Plenary discussions (Brainstorming)



11:30-12:30

Session 5

## Facilitation Skills and Behavior of Successful Trainers



As Master trainers, you will all bring your own personality to the training session, yet it is our role to make Front-liners benefit from their learning experience by gaining knowledge and skills to safe identify and refer children at risk. We are going to spend some time in this session to help you achieve the following objectives: **(Show slide 13 PPT)**

### Build your confidence as facilitators.

- Improve your interaction with training participants- in giving and receiving feedback
- Deal with your anxieties and to deal with the unexpected.

**See Annexure 1, page no. 106 Facilitator's skills and Behaviour\_CF and Annexure 1, page no. 110 Key skills for failitators**



Summarize for participants the following key concepts from the Slides



When facilitating Safe Identification and Referral always keep in mind to: **(Show slide 14 PPT)**

### Group Activity

1. Personal manner/ eye contact/ voice and movement
2. Considering the timing of the session
3. Consider the content of the training
4. Be prepared to the unexpected
5. Dealing with your own anxieties
6. Providing Feedback to Participants

### Personal Manner

- Be warm, welcoming, and most important humble.
- Be respectful for the participants experience and age
- Learn the names of the participants, use a name tag.
- Listen to what participants need to say, and be genuine.



### Eye contact:

- Remember not to stare, a frequent eye contact will do the job.
- Be aware to stand next to participants when talking

### Speech:

- Be clear when speaking, do not rush, and speak with expressions.
- Remember to avoid monotonous speech.
- Use the language your participants are familiar with.
- Make sure your voice is loud and everyone can hear you.
- Paraphrasing is a powerful tool, use it.
- Ask open ended questions to encourage participation.

### Posture:

- Do not move a lot, but move for a reason.
- Make sure that the participants are introduced to one another.

### Time:

- Consider the timing of a session, and keep in mind not to talk more than 20 minutes, participants will lose interest.



When Facilitating trainings sometimes unexpected issues will pop out, we will be learning some ways forward to **handle the unexpected**.



### Exercise



Divide participants into four groups for small discussions. Each group has 15 minutes to answer the following questions of how to respond as a Facilitator when:

1. Training participants ask to leave the training early because of weather/ traffic?
2. A participant responds incorrectly or does poorly in a role-play
3. You run out of training materials?
4. A participant begins crying?
5. You are feeling very anxious?



Giving feedback: It is common for all facilitators to give feedback, however you should always be aware how to address your feedback **(Show slide 17 PPT)** we will be practicing on this part more tomorrow while practicing.

- Start with being positive and constructive, Feedback sandwich positive → constructive → positive.

- Be clear and avoid generalization, you can say “the way you delivered the session was good for you used a loud voice.
- Select the feedback that you want to pass.
- Avoid being judgmental.
- Leave the participant with choice, to process your feedback, take it or leave it.
- Allow the person to provide feedback first.
- Be very careful with advice. **(See Annexure 1, page no. 111 Facilitator’s Feedback)**

### Consider the timing of the session

- People do not concentrate well for long periods of time.
- The length of a session will have a crucial effect on the participants’ ability to concentrate and learn.
- The more participatory and engaged activity, the longer the participants will be able to concentrate.
- When giving a presentation or a lecture, maximum time should be 20 minutes
- Do not talk for longer than you said that you would.

### How to deal with your own anxiety as a trainer: (Show slide 18 PPT)

- The time of day also has a big impact on how well people respond to different learning approaches. In the morning, people are generally more alert. After a meal, when stomachs are full, facilitators have to face what is sometimes called the ‘graveyard session’. This is **not** the time for a long lecture!
- Use an energizer after the lunch break, and use this time for an interactive activity, the more participation the better!
- Breaks are very important.
- Remember that the average adult attention span is about forty five minutes. This does not mean that you need a break every forty five minutes but you do need a change of activity.
- Breaks should be at least twenty minutes. Participants need this time to mentally regroup and probably to discuss issues that have arisen during the presentations.



It is expected that all facilitators feel nervous before trainings, no matter how long they have been conducting training!



You might be using your diaries, you might reflect or share your experience with some friends, it is useful to follow the following tips too: Think of ways you managed anxiety during other times in your life and try to adapt some useful techniques

- Analyze your anxiety, be aware and think of ways forward.
- Have a note book where you can write things that might not go well in the workshop, and think of two different solutions. This should make you feel more confident.
- No one is perfect, accept this fact, and believe that every training session is a chance for you to develop your skills.
- After the training event, record things that did not go well, and think how to deal with the in the future.



12:30-01:00

Session 5

## Training Planning (Continue Session 5)



On day one we asked you to think about potential participants to target for your EISR training. I am going to give you five minutes to discuss with the person sitting next to you some potential Front-liners you think would be good targets for your training.



Gather responses from participants about potential Front-liners to train and write them on the flip chart.



As we clarified earlier, Front-liners could be teachers, nurses, doctors, your colleagues who work in child protection organizations who conduct certain activities with children.



Discussion: Identifying potential participants is just the first step of a long process. There are many other considerations that need to be made when preparing for a training. What do you think some of them might be? Allow inputs from participants and summarize: **(Show slide 20 PPT)**

### Be prepared to the unexpected

- If a plenary session is not working, break into smaller groups.
- If a practical exercise is not working, change it to a demonstration.
- If a thinking session is not working, move on to a practical activity
- If a facilitator's example is not appropriate, seek out a participant's example.
- If participants are becoming disengaged from the content, divide them into smaller groups and ask them to apply the material to situations from their own experience.

## Considerations:

- Who are your targeted Front-liners?
- How many Front-liners should you be targeting?
- Are the participants own agency staff, government officials, NGO partners, community representatives, school teachers, working in health sectors other staff? (it is preferred to be a cohesive group to maximize learning.)
- What is their educational, professional background?
- What are the likely attitudes, knowledge and skill levels that they will bring to the subject area?
- How are you going to target them?
- What are some special considerations to keep in mind?
- How are you going to adapt your training according to your participants?



The EISR training should be delivered over the course of 2 full days (10 hours) and with approximately 20 participants (a larger number makes managing the group very difficult).



Since there are so many things to take into account, we recommend that you establish a “Planning Group,” who are a limited number of people who have a good understanding of the local area and the targeted training group to support the facilitator.

For example, if your Front-liners are teachers, who might be in your **“planning group”**?

If participants struggle, some recommendations include:

- *School Principal/ head teacher*
- *School social worker*
- *Logistics staff*
- *Finance staff*



The Planning Group has the responsibility to ensure that the minimum standards for training are met (number of hours, training objectives), according to the reality of the Front-liners day-to – day work.



Each targeted Front-liners represent a specific population that requires the planning group to take some special considerations, for example, if the Front-liners are teachers, what should we take into consideration?

- **Timing** of the training or **Days** of the training, for example, if it is hard for the teachers to attend full 2 days training we can divide the training into four days covering 3 hours in each day.

- The teachers are masters when it comes to dealing with children; here we could go through the part of dos and donts when communicating with children quickly, to give more time to other subjects like Best Practice for responding and referral.
- Location: we can arrange the training in the school so it won't be hard on them to arrive to the training venue.
- We can adapt the case studies that we used in the second day of this TOT, to write some case studies including teachers and students and you can go to your planning group to provide you with some useful case studies.



Share sample case studies that have been used for different target groups. **(Show slide 21 PPT)**

- If you are unsure what to do next, announce a short break (for refreshments, if there are any) to give yourself more time to think.
- If there seems to be resistance, call for a round where participants express how they are feeling.
- If the present session is not working, move to the next part of the program
- If you are running out of material, end the session early rather than create fillers
- If the group is becoming fragmented, bring participants back together and ask them to work on clarifying the purpose of their work together.



Wrap up the session with **(Show slide 22 PPT)**

### **Dealing with your own anxieties:**

- Utilize coping skills that have been helpful with stress at earlier times in your life.
- Analyze your anxiety.
- Be aware and think of ways forward.
- Have a notebook where you can write things that might not go well in the workshop, and think of two different solutions.
- No one is perfect, accept this fact.
- Every training session is a chance for you to develop your skills.



02:00-02:30



**Exercise:** Planning for your EISR. Use Coaches Action Plan

## Coaches' Plan for Child Protection for Early Identification and Safe Referral Trainings

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

	<b>Needed Action</b>	<b>Responsibility</b>	<b>Due Date</b>	<b>Comments on Progress Made (dated)</b>
Establish a Planning Group				
Identify and Invite Potential Front-liners				
Consider Necessary Adaptations				
Select the Date, Location and Timing for the Training				
Necessary Administrative/ Logistics Considerations				
Other				



02:30-03:00

Session 6

## Administration and Logistics



At this point, your group has been selected, participants have been notified, and case studies have been adapted. However, there are still some considerations that can “make or break” the success of your training



When training is planned, Logistics should not be missed, for Logistics play a vital role in the success or the failure of a training session. **(Show slide 24, 25 PPT)**

### Considerations that might affect Training Plan:

- How many Front-liners should you be targeting?
- Are the participants your agency’s staff, government employees, NGO partners, community representatives, school teachers, or working in the health sector? (it is preferred to be a cohesive group to maximize learning.)
- What is their educational, professional background?
- What are the likely attitudes, knowledge and skill levels that they will bring to the subject area?
- How are you going to target them?
- What are some special considerations to keep in mind?
- How are you going to adapt your training according to your participants?

Always be aware of three main aspects:

- 1) Training venue.
- 2) Training materials and equipment.
- 3) Coordination for training.
  - Share the EISR Training’s Agenda.
  - Share the EISR Training’s Objectives.
  - Set the Ground rules before you start.
  - Include practical exercises when planning for a training session (We will be going more in this part during Training Tools and Techniques)
  - Administration and logistics including the training room, training materials, who to organize a training session, sending invitations.





### **Trainer explains:**

- Training venue could be set with the planning group, and according to the Front-liners, For example, the venue could be a class room if the front-liners are teachers.
- Ensure you have enough chairs for everyone to sit on.
- Ensure you have enough space for posting flipcharts.
- Have enough electrical outlets, or extension cords to run audiovisual equipment
- Ensure that all participants can see the board or audiovisual aids that you are using



### **Keep in mind to:**

- Have the training materials prepared (like folders for Front-liners, name budgets, markers, pens, flipcharts.. etc)
- Send training invitations through your planning group, in case your Front-liners are teachers make sure that the principal had notified the participants.
- Make sure to get the front-liners mailing lists and send the invitations., follow up with participants by calling them
- Do not forget about the refreshments, and lunch



03:00-03:30

Session 7

## Evaluation and reporting on a training



Can you recall the last stage of the learning cycle?  
*Observation and reflection*



Why do you think that this stage is important?



Observation and evaluation helps you keep track of your performance as a coach, and to prepare better training sessions for the future



We have multiple methods to measure our success as trainers, including the pre and post-tests that you took during Day 1 & 2. We also have a training evaluation form for participants to complete.



Share training Evaluation Handout and read through it with participants. Explain that you will be expecting them to use it as facilitators. **(See annexure 1, page no.112)**



We will have an opportunity to practice using this form tomorrow during practical exercise.

Finally, we also have shared with you a reporting template for the Safe Identification and Referral Training. We recommend that you use this reporting template in order to evaluate the success of the training, and also to inform your supervisor, the Planning Group and your donor of the training.



Share Training Report Template Handout



Ask if anyone has a question, and thank participants for attending.



Tomorrow we will have an opportunity to practice in order to ensure you are prepared.



# ANNEXURE 1

## Icebreakers and Energizers

### Icebreakers

**Definition:** *Icebreakers are activities, games or exercises that are used to break the ice on the level of the relation between participants, and on the level of the new information shared and learned in the training.*

#### **Types:**

#### **Icebreakers could be divided into two types:**

- 1) **Introductory and Team Building:** where participants get to know each other, the main goal is to create a safe space, and a sense of trust for the participants to share their knowledge, experiences and stories. It is so important to note that Icebreakers constitute the main part of Team Building workshops.
- 2) **Topical:** when icebreakers are used as a gate to the session's topic.

#### **Sample Icebreakers:**

#### **Getting to know you:**

#### **Fact or Fiction**

Ask everyone to write on a piece of paper THREE things about themselves which may not be known to the others in the group. Two are true and one is not. Taking turns they read out the three 'facts' about themselves and the rest of the group

votes which are true and false. There are always surprises. This simple activity is always fun, and helps the group and leaders get to know more about each other.

### **Interview**

Divide the young people into pairs. Ask them to take three minutes to interview each other. Each interviewer has to find 3 interesting facts about their partner. Bring everyone back to together and ask everyone to present 3 facts about their partner to the rest of the group. Watch the time on this one, keep it moving along.

### **My name is**

Go around the group and ask each person to state his/her name and attach an adjective that not only describes a dominant characteristic, but also starts with the same letter of his name e.g. generous Grahame, dynamic Dave. Write them down and refer to them by this for the rest of the evening.

### **Conversations**

Each person is given a sheet of paper with a series of instructions to follow. This is a good mixing game and conversation starter as each person must speak to everyone else. For example:

- Count the number of brown eyed boys in the room.
- Find out who has made the longest journey.
- Who has the most unusual hobby?
- Find the weirdest thing anyone has eaten.
- Find out who is wearing a watch.
- How many participants are wearing red shirts... etc?

### **Group Builders**

#### **Around the world**

The leader begins by saying the name of any country, city, river, ocean or mountain that can be found in an atlas. The participant next to her/him must then say another name that begins with the last letter of the word just given. Each person has a definite time limit (e.g. three seconds) and no names can be repeated. For example first person: Londonn, the other says Niagara Falls

#### **Supermarket**

The first player says: "I went to the supermarket to buy and Apple (or any other object you can buy in a supermarket that begins with an A). The next player repeats the sentence, including the "A" word and adds a "B" word.

Each successive player recites the sentence with all the alphabet items, adding one of his own. For example; 'I went to the supermarket and bought and Apple, Banana, CD, dog food, envelopes, frozen fish'. It's not too hard to reach the end of the alphabet, usually with a little help!

## Energizers

**Definition:** *Energizers are simple games introduced when the energy levels of the participants are low, so the goal of the energizers is to boost the energy levels of the participants, also energizers could be used at any point that the facilitator thinks the group needs to change focus, to refocus, or to be reacquainted if there has been a break in between sessions.*

### **Sample energizers:**

#### **What We Have In Common**

The facilitator calls out a characteristic of people in the group, such as 'having children'. All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as 'likes football', who had breakfast in the morning, people with more energy levels, people excited to learn more, participants who feel the mentioned sentences apply on them, should move to the indicated space.

#### **Who Is The Leader?**

Participants sit in a circle. One person volunteers to leave the room. After he/she leaves, the rest of the group chooses a 'leader'. The leader must perform a series of actions, such as clapping, tapping a foot, etc, that are copied by the whole group. The volunteer comes back into the room, stands in the middle and tries to guess who is leading the actions. The group protects the leader by not looking at him/her. The leader must change the actions at a regular interval, without getting caught. When the volunteer spots the leader, he/she joins the circle, and the person who was the leader leaves the room to allow the group to choose a new leader.

#### **Group Statues**

Ask the group to move around the room, loosely swinging their arms and gently relaxing their heads and necks. After a short while, shout out a word. The group must form themselves into statues that describe the word. For example, the facilitator shouts "peace". All the participants have to instantly adopt, without talking, poses that show what 'peace' means to them. Repeat the exercise several times, using different words.

#### **Who Am I?**

Pin the name of a different famous person to each participant's back, so that they cannot see it. Then ask participants to walk around the room, asking each other questions about the identity of their famous person. The questions can only be answered by "yes" or "no". The game continues until everyone has figured out who they are.

## Move to the Spot

Ask everyone to choose a particular spot in the room. They start the game by standing on their 'spot'. Instruct people to walk around the room and carry out a particular action, for example, hopping, saying hello to everyone wearing blue or walking backwards, etc. When the facilitator says "Stop", everyone must run to his or her original spots. The person who reaches his or her place first is the next leader and can instruct the group to do what he or she wishes, keeping in mind to traditions, respect and non violence.

## Fruit Salad

The facilitator divides the participants into an equal number of three to four fruits, such as oranges and bananas. Participants then sit on chairs in a circle. One person must stand in the centre of the circle of chairs. The facilitator shouts out the name of one of the fruits, such as 'oranges', and all of the oranges must change places with one another. The person who is standing in the middle tries to take one of their places as they move, leaving another person in the middle without a chair. The new person in the middle shouts another fruit and the game continues. A call of 'fruit salad' means that everyone has to change seats, when applying this game take into consideration the physical status of each person whether there is a participant who suffers from a certain injury, or a pregnant women, so the participant can choose to either participate in the game or not, and in case he/she participated remind the group to take care of him/her.

## Blindfold Pairs

An obstacle course is set out on the floor for everyone to look at. Participants split into pairs. One of the pair puts a scarf around their eyes, or closes their eyes tightly so they cannot see. The obstacles are quietly removed. The other member of the pair now gives advice and direction to their partner to help them safely negotiate what are now imaginary obstacles.

- When using any icebreaker or energizer, it is so important to take into consideration, the gender, traditions, age and check whether any one of the participants has any kind of a physical injury, so he/she will have the choice either not to participate in the exercise, or to participate in this case participants should be aware of this injury and thus take care of him/her.
- **Further websites:**
  - » [www.nwlink.com/~donclark/leader/icebreak.html](http://www.nwlink.com/~donclark/leader/icebreak.html)
  - » [www.cornell.edu/Admin/TNET/Icebreakers/Icebreakers.html](http://www.cornell.edu/Admin/TNET/Icebreakers/Icebreakers.html)
  - » [www.ort.org/anjy/gamebook](http://www.ort.org/anjy/gamebook)

## Facilitator's Skills and Behaviour

Whatever your style is, the following guidelines should be followed in all facilitation:

### Personal manner:

- Be warm, friendly and enthusiastic. If you enjoy yourself, the participants probably will as well.
- It is your job to create an atmosphere where people are willing and able to learn. Never set yourself up as the '*master*' as you will only tempt participants to '*catch you out*'.
- Your participants are adult learners and deserve the respect of their age and experience.
- Learn the names of as many participants as you can (or have them make name badges). Use individuals' names; not just to ask questions, but if you refer to a point made by a participant, acknowledge it by naming the person.
- Be genuinely interested in what your participants have to say. If you need clarification or more explanation ask for it, gently and with a smile. Remember you are not an examiner.
- Listen to what participants say, really listen! Don't stop listening part way through to formulate your response. Nobody minds if you think for a few moments before
- Listen also when participants talk to each other. Many people feel too shy to speak from their heart to a facilitator/trainer, but they will to their colleagues.

### Eye contact and voice:

- Make frequent eye contact, not staring (which intimidates participants) but look at **all** the participants.
- Use your peripheral vision (looking out of the corner of your eye) so you notice the person to your side especially if they want to speak.
- When you move around the room stand beside people you wish to speak to, not in front of them as this may be seen as very aggressive (especially if you lean over the desk/table).
- Speak clearly and not too fast, but with expression (a monotone will put your participants to sleep).
- Use the level of language your participants need. This is not the time to prove how clever you are. Simple language does not mean simple concepts. It is in fact more difficult to do.
- Make sure your voice is loud enough for all participants to hear you. Humility is not judged by a soft voice.

### Posture:

- Stand straight. Slumping makes you look tired, as if you would rather not be there.
- Move for a reason, to make a point, to talk to a particular group, to check if people need your help.

### There are several types of trainers that you do not want to be like:

- **The walker:** is the trainer who walks ceaselessly up and down; participants become mesmerized by the pacing to and fro and fail to listen to what is being said.
- **The swayer:** is similar, but they move only on the spot, backwards and forwards or
- From side to side like a metronome, tick, tock, tick, tock
- **The wanderer:** also walks but all over the room, talking to the backs of people as S/he walks around the room, talking all the time
- **The statue:** is perfectly still, no movement at all
- **The waver:** waves their hands around continually not to illustrate a point, just Waving, this also distracts the participants.

### Ensure that you understand the participants' backgrounds and needs:

The learning environment also depends on the participants. The planning group will know how many participants have been invited to attend the training but it is also important to know and understand:

- Why they are attending.
- Their hopes and expectations.
- Their fears and concerns.
- Their range of experience, discipline, age, gender and status.
- Make sure that participants know each other and that they feel psychologically comfortable in each other's company.
- Never make a fool of a participant; if it should happen unintentionally, apologies.
- Make sure you are courteous and your participants will also be courteous.

### Consider the timing of sessions:

- People do not concentrate well for long periods of time.
- The length of a session will have a crucial effect on the participants' ability to concentrate and learn.
- The more participatory and varied the activity, the longer the participants will be able to concentrate.
- When giving a presentation or a lecture, **maximum time should be 20 minutes**
- Do not talk for longer than you said that you would.



- The time of day also has a big impact on how well people respond to different learning approaches. In the morning, people are generally more alert. After a meal, when stomachs are full, facilitators have to face what is sometimes called the '*graveyard session*'. This is **not** the time for a long lecture!
- Use an energizer after the lunch break, and use this time for an interactive activity, the more participation the better!
- Breaks are very important.
- Remember that the average adult attention span is about forty five minutes. This does not mean that you need a break every forty five minutes but you do need a change of activity.
- Breaks should be at least twenty minutes. Participants need this time to mentally regroup and probably to discuss issues that have arisen during the presentations.

### Carefully consider the pace and content of the training:

- It is important to structure each session carefully. In designing each session, the facilitator will have already worked out what the participants must know, should know and could know.
- Structure sessions around the few key points that you think the participants **must know** by the end of the session. Repetition reinforces memory.
- Although it may seem unnecessary, always repeat the central ideas or key points of a session and keep the most important points until last.
- Everyone loves a story! A good facilitator makes jokes or remarks during the course of the training event which may appear unrehearsed but which may have been prepared.
- A good, relevant story at the right moment will often reinforce a learning point. Plan in some lighter moments to a presentation and other parts of the training event.

### Be prepared to deal with the unexpected:

- If a plenary session is not working, break into smaller groups.
- If a practical exercise is not working, change it to a demonstration.
- If a thinking session is not working, move on to a practical activity
- If a facilitator's example is not appropriate, seek out a participant's example.

Another way of planning contingencies is to develop a series of simple exercises or activities which can be relied upon to assist in resolving the most common problems encountered in any group. These can be used as necessary when the problem arises. For example:

- If participants are becoming disengaged from the content, divide them into smaller groups and ask them to apply the material to situations from their own experience.

- If you are unsure what to do next, announce a short break (for refreshments, if there are any) to give yourself more time to think.
- If there seems to be resistance, call for a round where participants express how they are feeling.
- If the present session is not working, move to the next part of the program
- If you are running out of material, end the session early rather than create fillers
- If the group is becoming fragmented, bring participants back together and ask them to work on clarifying the purpose of their work together.

### Dealing with your own anxieties:

Even the most experienced facilitators and trainers experience preworkshop anxieties. There are two useful ways of dealing with them, and it is really worth spending time reflecting about which ways suit your own personality.

- Analyze your anxieties and think about how to deal with them.
- Make a note of the worst things that you think might happen during the workshop, then for each item on the list note down two ways in which you could deal with that situation. This should make you feel more confident.
- Accept that you won't be able to cope with everything perfectly. You don't have to be perfect. If you feel stressed by the thought of potential crises, or by real training problems, the concept of a '*good enough*' trainer may be helpful. You are developing your training skills and knowledge every time you facilitate a training session. If the participants seem to be learning something, you are probably doing fine!
- After the training event (as soon as possible), make a note of the things that you did not do so well, and consider how you might handle them differently if they arise again. This exercise will contribute to your own learning process.

## Key Skills For Facilitators

Skill	Description
<b>Giving full attention</b>	<ul style="list-style-type: none"> <li>Using body language and small verbal encouragement</li> <li>Physical actions are as important as words. They give a <i>'nonverbal'</i> message.</li> </ul>
<b>Paraphrasing</b>	<ul style="list-style-type: none"> <li>The skill of putting into a few words the content of what someone has said.</li> <li>Brief and concise, and contains both facts and feelings.</li> <li>Describes in your own words an accurate understanding of another person's thoughts and feelings.</li> </ul>
<b>Open ended questions</b>	<ul style="list-style-type: none"> <li>Questions which encourage another person to speak freely and openly about their experience.</li> <li>Invite people to talk about something. Some examples: <i>'Can you tell me about.....?'</i> <i>'What courses of action have you thought about?'</i> <i>'How did you react to.....?'</i></li> </ul>
<b>Probing questions</b>	<ul style="list-style-type: none"> <li>Questions which prompt more specific responses, by inviting the other person to explain or to clarify something. <i>'You said earlier that.....what are you saying now?'</i> <i>'Could you say more about that?'</i></li> <li>For example: <i>'What's happening makes me angry.'</i></li> <li><b>Probing question:</b> <i>'What exactly is it that makes you angry?'</i></li> </ul>
<b>Summarizing</b>	<ul style="list-style-type: none"> <li>Overview of all the key elements from what someone has said.</li> <li>Demonstrates that you have understood the whole story, not just parts of the story well.</li> <li>Contains what another person has told you about their experiences, their behavior and their feelings.</li> <li>A good summary helps the other person to make sense of what they have been talking about, and can help them to have insights they had not realized before.</li> </ul>

## Facilitator's Feedback

In all training situations, but especially trainings with much and active contributions by the participants, facilitators are required to provide feedback to their participants about their contributions. The way in which this feedback is delivered can serve to either enhance the participants learning or, if delivered insensitively, can humiliate and demotivate the learner. It is important therefore to follow these guidelines when giving feedback.

- **Use the 'feedback sandwich'** positive → constructive → positive.
- **Be specific and clear** Avoid general comments such as 'You are excellent' or '*It wasn't very good*'. Instead '*you were excellent because you had prepared well and you used straight forward language with no jargon*'
- **Don't make generalizations** Avoid using '*always*', '*never*', '*all*'. Put your specific feedback into the specific context.
- **Be selective** People find it difficult to work on more than one or two areas of development/change at once so don't overload them with points to work on.
- **Offer alternatives** When you offer criticism, suggest something the person could do differently. '*It was difficult to follow the last session as I could not read what you had written on the flipchart. You could write using bigger handwriting and putting it into two sheets of flip chart.*'
- **Own the feedback and be descriptive not judgmental** Start the feedback with '*I*' or '*In my opinion*', and describe the effect something had on you. For example, "*When you said 'you don't have any questions, do you?'. It gave me the impression that you did not actually want me to ask any questions*
- **Leave the recipient with a choice** Skilled feedback leaves the person with a choice about whether they act on it or not.
- **Give feedback as soon as possible after the event** It is important to give feedback as soon as possible and feasible after the event, otherwise the comments may not be relevant to the receiver anymore.
- **Allow the person to feedback first** In certain circumstances, it's good to let the person make comments on their performance before you do. This gives them the chance to indicate that they recognize areas where they can develop. For example, '*I think I started gabbling at the end and probably confused everyone.*'
- **Be very careful with advice** People rarely struggle with an issue because of the lack of specific piece of information. The best help is often to help the person to come to a better understanding of their issue, how it developed, and how they can identify possible actions to help them address the issue more effectively.

## Training Evaluation

Ratings should be provided on a scale of 1-5:

1	2	3	4	5
Does not meet expectations	Mostly meets expectations	Successfully meets expectations	Exceeds expectations	Outstanding

Training Category	Specifics	Rating	Comments
<b>Training Preparation and Logistics</b> <i>*Refer to handouts</i>	Room well organized and sufficient space for small-group activities	1 2 3 4 5	
	Adequate materials for participants (folders, pens, handouts, etc.)	1 2 3 4 5	
	Facilitation tools prepared (laptop, projector, flip charts, handouts)	1 2 3 4 5	
	Well organized training plan according to learning objectives	1 2 3 4 5	
<b>Training Delivery</b>	Welcome, Ground rules, Objectives	1 2 3 4 5	
	Child Rights and Child Protection Defining Abuse, Neglect and Exploitation	1 2 3 4 5	
	Identifying Abuse /Signs of Abuse, Neglect and Exploitation	1 2 3 4 5	
	Psychosocial Distress: Signs and Definitions	1 2 3 4 5	
	Guiding Principles for Responding to CP Concerns	1 2 3 4 5	
	Child Friendly Communication Skills with Children At-Risk	1 2 3 4 5	
	Best Practice for Responding and Referrals	1 2 3 4 5	

<b>Facilitation skills</b>	Interaction with participants	1 2 3 4 5	
	Eye contact, body language, confidence	1 2 3 4 5	
	Use of paraphrasing and summarizing	1 2 3 4 5	
	Listening and responding to questions and comments of participants	1 2 3 4 5	
	Mastery of content	1 2 3 4 5	
	Use of energizers and icebreakers	1 2 3 4 5	
	Providing feedback to participants	1 2 3 4 5	
	Use of role plays, Case study, small group discussions, plenary discussions, icebreakers, energizers, etc.	1 2 3 4 5	
	Timing and pace of the training	1 2 3 4 5	
	Management of challenging situations	1 2 3 4 5	

- 1 To what extent do **you** feel prepared to perform job tasks related to training Front-liners?  
Not At All          Somewhat      Well  
Prepared          Prepared      Prepared
  
- 2 If you do NOT feel prepared to perform job tasks related to training Front-liners, please explain briefly why you do not.
  
- 3 If you do NOT feel prepared to train other nurses on job tasks related to HIV care, please explain briefly why you do not.
  
- 4 What were your favorite parts of the training?

- 5 What were your least favorite parts of the training?
- 6 How could the training be improved?
- 7 Please describe one thing from the training that will help you in your work.
- 8 Any other comments for the trainer:

# DAY 4





## Session 1



**Trainer** separates participants into groups in order to practice on facilitating various parts of the first 2 days of EISR training



**Trainer** gives needed feedback to participants on facilitation skills



**Trainer** distributes post-tests of TOT

## Checklist of materials that will be needed on training

### Checklist of materials that will be needed on training

Equipment	Stationery	Other materials
<ul style="list-style-type: none"> <li>• 1 laser printer (or good access to)</li> <li>• 1 PowerPoint Projector (if possible)</li> <li>• PowerPoint Projector screen</li> <li>• Flipchart stand</li> <li>• Whiteboard</li> <li>• Laptop</li> <li>• USB</li> </ul>	<ul style="list-style-type: none"> <li>• Heavy-duty Hole punch</li> <li>• Staplers and staples</li> <li>• Calculators with memory buttons</li> <li>• Masking tape</li> <li>• Flip chart pens</li> <li>• White board markers</li> <li>• Pins for pin board</li> <li>• Blu tac</li> <li>• Sharpeners</li> <li>• Flip chart markers</li> <li>• Sticky notes</li> <li>• Flip chart papers</li> <li>• A4 papers</li> <li>• Pens</li> <li>• Folders</li> <li>• Printed pictures for ground rules</li> <li>• Card boards</li> <li>• Name tags</li> <li>• Colored A4 papers</li> <li>• Coloring pencils</li> <li>• Pencils</li> <li>• Others</li> </ul>	<ul style="list-style-type: none"> <li>• Training agenda</li> <li>• Attendance sheets for each day&amp; date</li> <li>• Handouts</li> <li>• Pre/Post tests (if available)</li> <li>• Feedback forms (if available)</li> <li>• Certificates</li> </ul>

## Guidance for Preparing to Deliver a Training

- **The training room**

*Facilitators may not be able to choose either the venue or the room that they are to train in, but they should be aware of how these might affect participants' ability to learn.*

*If possible, a visit to the venue before the training event will give the facilitator an opportunity to make the best possible use of the given space:*

- » Organize the seating so that there is no barrier between you and the participants.
  - » Never sit behind a desk.
  - » If there are desks or tables for the participants, then stand up during your training (unless you are having an open discussion).
  - » Frequently used seating arrangements are the horseshoe or Hollow Square.
  - » The small tables mean that generally your groups are already formed (by table) and
    - » this may be appropriate for some situations.
  - » Ensure that, whatever arrangement you choose, you (and the participants) can move freely around the room.
- 
- **Equipment**
    - » If using a flipchart or whiteboard, make sure that your writing is clear, large enough to be read and straight.
    - » If the board is long (horizontally) divide it into sections. Know what you are going to
      - » write and where you will place it before writing anything.
    - » All board work should summarize what you are saying or have said.
    - » Drawings and graphic representations can be used to great effect, particularly if your audience is not literate.
    - » Ensure that all participants can see the board or audiovisual aids that you are using.
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- **Checklist for training room**
    - » Take an inventory well in advance and make sure that:
      - » Sufficient chairs are available.
      - » There are sufficient tables for participants and for holding resource materials.
      - » Space is available either within the large room, or outside the large room for small groups to meet without disturbing each other.
      - » There are enough electrical outlets (or extension cords available) to run audiovisual equipment.
      - » You are familiar with the audiovisual equipment (and have spare bulbs on hand if you are using projectors).

- » There is adequate lighting and ventilation in the rooms (fans and/or air conditioners if required).
- » There is adequate wall space for posting flipcharts.

**The following checklist is a simple way of ensuring that all aspects are taken care of:**

- » Has the venue/facility been booked?
- » What resources are needed and have they been booked? (flipcharts, projector, etc.)
- » What support staff are required?
- » What handouts are required and are they organized?
- » What equipment is needed and has it been booked?
- » Have participants been notified? (via email/ phone call)
- » Have participants' managers been notified?
- » Have refreshments been confirmed?
- » Has a welcome for participants been organized?
- » What methods of evaluation are being used and are they prepared?
- » Has evaluation material been collected?
- » Have payments been made?
- » Have equipment and materials been returned?



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