

Stepping Stones with Children



IMPACT BRIEF 2017

★ Why we created *Stepping Stones with Children*

Salamander Trust's *Stepping Stones* training package for younger and older adults has been proven to help participants with regard to gender issues, HIV, communication and relationship skills and is one of the few community-based programmes recognised globally to reduce intimate partner violence. We wanted to see if the same approach could be used to empower children directly affected by HIV and their caregivers and the special issues that they face. For example, many caregivers find it difficult to share sensitive information with children, and to treat orphans equally; it is therefore common for orphans to be unaware of their HIV status, and to experience discrimination inside and outside of their homes. Our aim in creating *Stepping Stones with Children* was to provide a structure by which caregivers and children affected by HIV can learn, explore norms, discover their abilities, develop skills, and build their relationships for better health and well being.

★ How we did it

In 2011 we formed a partnership with PASADA, a Tanzanian NGO that provides holistic care and support services for people living with HIV. We began by reviewing global knowledge about the issues faced by children affected by HIV. Next a team, led by Gill Gordon, worked with child clients of PASADA and

their caregivers to explore how we might develop the programme content and the learning activities. **The participation of the children and their caregivers throughout the development process was key.** Gill then researched and wrote the materials. In 2013, PASADA and staff from Kimara Peer Educators and Health Promoters trained facilitators and piloted the materials with three communities in Tanzania; we then used what we learned from their feedback to revise and improve them. We also developed our monitoring and evaluation tools. After a detailed process of editing, translation, layout and publishing, PASADA used the finished materials with four communities during 2015, and conducted follow-up activities during 2016. PASADA also trained its counsellors in order to improve their practice when working with child clients and their caregivers.

★ What does it involve?

Participants of *Stepping Stones with Children* workshops go through the activities under the guidance of trained facilitators. They mostly work in three separate peer groups of younger children (5-8 year olds), older children (9-14 year olds) and caregivers. Sometimes each peer group works in gendered-sub groups. The three peer groups occasionally work together, or come together to share what they have learned and to negotiate new ways of relating to one another.

2011	2012	2013	2014	2015	2016
<ul style="list-style-type: none"> Formed partnership with PASADA Applied for funding 	<ul style="list-style-type: none"> Secured funding from Comic Relief Held stakeholder workshops to develop materials 	<ul style="list-style-type: none"> Trained facilitators to run the workshops Pilot tested materials in workshops with three communities 	<ul style="list-style-type: none"> Trained some participants to make their own films about <i>Stepping Stones with Children</i> Wrote <i>Stepping Stones with Children Counselling Guide</i> 	<ul style="list-style-type: none"> Ran workshops in four communities Trained PASADA counsellors to improve their practice with child clients 	<ul style="list-style-type: none"> Published the manual, counselling guide and films Trained 60 people from east and southern Africa as <i>Stepping Stones with Children</i> trainers Ran 6 month follow up activities in the four communities Reviewed clinical data from child participants and control group



Research, writing and translation of materials

Revising, editing, translation and publishing

Part 1 of the manual contains 15 sessions, to be used in sequence, like a journey. In Sessions 1 to 11 the participants learn about virtues (such as love and self-compassion), how our brains work, gender and rights, how to cope with loss and death, and positive ways of bringing out the best in one another. Sessions 12 to 15 address concerns about HIV, including how to protect each other from HIV, talking about having HIV, living positively with HIV, using HIV services, and taking treatment.

Part 2 contains 14 sessions on specific issues; groups may choose to use them in the suggested sequence, or select priority issues. Sessions 16 to 18 explore friendship and going to school, and how the use of alcohol and drugs is related to friendship groups and ways of coping with stress. Sessions 19 to 25 explore sexual well being, while sexual abuse of children is addressed in Sessions 26 and 27. Poverty is a root cause of many of the problems faced by children and caregivers, and Sessions 28 and 29 address the value of work and build caregivers' and children's visions for safe and meaningful work now and in the future.

★ What did we set out to learn and what did we discover?

1. Can we meaningfully involve children as young as five years old, who are ignored by most interventions around HIV and sexual health?

Yes. In general the young children were able to participate and enjoy the workshop sessions, and benefited in many ways. We tailored the learning activities for each peer group, so that sometimes the youngest children would do simpler things, or do fewer steps and have time for play. We also encouraged the facilitators to adapt the method as required; for example, if the activity described using role play but the children preferred drawing.

However, facilitators reported that the young children struggled to maintain concentration when doing the evaluation questionnaires (which were read out loud, with participants physically signalling their answers). They suggested that a Likert scale of five categories of answers was too complex for the young children, and that three might have been better, as well as fewer questions.

2. Will all parties, including facilitators, agree to the children participating in activities about sensitive topics? For example, sexual behaviour, condoms, sexual abuse, and alcohol and drug use.

Yes. To enable this we first supported facilitators to explore their own fears and reservations about talking about sex with children, during the training of facilitators. We also explored children's vulnerability (e.g. to rape, early marriage) and why it is important to address these sensitive issues. By going through the exercises they could appreciate how the topics are dealt with carefully, and adapted to make them appropriate to the age of the children, with the aim of empowering

them to develop skills and support to make healthy choices.

Within the workshops, caregivers and children were generally supportive of the content. Both caregivers and facilitators were at times surprised at the children's pre-existing knowledge of sex, mainly learned through seeing pornography. Indeed, the materials include a session on pornography because it was identified by caregivers at the pilot workshops as a topic that they wanted to have included.

One issue that sometimes caused resistance among caregivers was their fear that the children would be told their HIV status in the sessions. Facilitators had to reassure them at the first session that this would not happen. Indeed, we had deliberately not made 'disclosure' an indicator of the project, as we did not want to create any expectation that it should happen.

Stepping Stones with Children principles



The content of the *Stepping Stones with Children* materials is based on the following principles:

- recognising and affirming child rights and gender-based rights in a holistic, human-rights framework
- appreciating our abilities rather than focusing on problems
- noticing and affirming the use of virtues (these are timeless and universal, such as courage)
- exploring participants' own issues and experiences
- sharing information tailored to participants' lives
- supporting participants to develop their own solutions and responses to the issues they face
- developing skills in critical literacy, communication and building relationships
- practising these skills through role-plays: "rehearsing for reality"
- promoting positive discipline instead of punishment and violence against children
- using a range of participatory learning methods, to give variety and suit different learning styles
- protecting participants' well being in the workshops through careful facilitation, confidentiality and support
- asking challenging questions about gender and child rights when necessary

★ Results

We tracked changes in social norms through three oral questionnaires (baseline before the workshops began, midline after Part 1, and endline after Part 2). We also undertook follow-up research in the communities, six months after the workshops had finished, and compared standard clinical biodata (weight and CD4 count) from the children who took part with those of a control group of PASADA child clients who did not participate.

Better management of living with HIV

Increasing the proportion of children who know their HIV status was not an aim of the project, but it did happen.

At baseline, over 90% of caregivers reportedly knew their child's HIV status, but less than 30% had told the child; at end line all reported knowing the status and over 90% had shared it with the child.

This is because the sessions enabled children and carers to understand HIV more, to learn about how to manage it, and to improve their communication skills and trust in and affection for each other.

Importantly, the participants also had better health outcomes, when compared to a control group of PASADA clients who did not take part in *Stepping Stones with Children* workshops. **The differences between the two groups were statistically significant**, with the participants benefiting on average from much larger improvements in their CD4 counts compared to the control group.¹



I had lots of rashes, I was taken to hospital ... right now I'm able to go to school comfortably, before other pupils would scorn at me, and avoid me ... I used to

loathe the medicines! I'd put the tablets in my pocket, then I'd throw them away ... but now I'm comfortable with the medicine ... once I started liking them, I started looking good. (Boy, 5-8s)



Before the Stepping Stones programme I never knew the advantages and disadvantages of using the ARVs ... then I started giving the child her dose as

required. Some of the recurrent ailments then started to disappear. Her health then improved. Since the child didn't belong to my family by birth, there was a sense of discrimination because she looked weak, she had a poor state of health, but after taking the dose as prescribed, her health improved. The larger part of the family started to embrace her. Also when her health had deteriorated I would spend much of my time nursing her. Eventually I became financially unstable. But after her health improved also my financial status improved ... and she also continued with her studies. (Female caregiver)

Improved household relationships and reduced violence against children

Children and caregivers felt strongly that the workshop had helped their relationship, with more respect and more love shown between them, and children more likely to tell their caregivers if something is worrying them. The children also reported reductions in the frequency with which they are physically punished.

How many times has your caregiver physically punished you in the past week?	Baseline	Endline
5-8s	2.5 times	1.0 times
9-14s	3.0 times	0.7 times



Before I used to be a bitter person ... But after undergoing the Stepping Stones training, I no longer hate my son, nor do I punish him to the point of biting him.

We've become great friends. We also remind each other when to take the medicine. (Female caregiver)



I live with my grandma together with my aunt ... I'm always perceived as the troublemaker. [My aunt] would come and insult me and then she would start beating me ... I'm grateful to the Stepping Stones programme, after we came around for the training, at least things have changed: for now I'm no longer scorned at, I can relate to others peacefully, if things go wrong we sit down and solve it amicably and ask each other's forgiveness. (Girl, 9-14s)



You know, when we joined the project, we all acquired new names, 'praise names'. These were descriptive nouns that begin with the first letter of your real name.

This was the beginning of breaking the silence at home. Initially, before the project, my home was a dead home: total silence, tears and suspicion; there were no discussions at all. Nowadays, imagine I can call my father by his praise name and we laugh ... our neighbours really find us funny but we find peace and happiness in that. (Boy, 9-14s)



Before the training I used to beat my children. Now I don't do it anymore and I feel happy. (Female caregiver)



1. We plan to publish details of this research in a peer-review journal soon.

Greater confidence among caregivers

The caregivers appreciated practising new skills in the workshops to help them raise their children; they reported greater confidence in supporting them to deal with issues, and more willingness to engage with them when upset and to share difficult information such as the death of a loved one.



Now you've a problem at home ... what am I meant to do? ... if you can find a workshop like this one, where you get taught to do A,B,C,D ... I get instructed what to do 'deal with her like this and that' ... maybe before we were heading in different directions. I've learnt a lot since I came here ... we are walking together on the same track, I always listen to her, if I see something is amiss I try to solve it, I don't leave it. (Male caregiver)

Better service provision and willingness to use those services

Following their training to use the accompanying *Stepping Stones with Children Counselling Guide*, PASADA's professional counsellors reported better skills to do their work with children and caregivers and changed attitudes. Caregivers and children also reported improved ratings for the staff and clinics.



I have changed the sitting arrangement, in the past I used to sit on the chair but now I sit on the mat with the children.

I used to believe that children had nothing to talk about in a counselling session. They should be silent recipients.

It was very hard for me to talk about body parts (sexual organs) with children and even adults but now I can happily talk about those parts without feeling ashamed.

Children now see me as a friend. The friendliness that I can attribute to the training made a child who is two and half years old share with me an event which happened to her recently whereby she was sodomised. I am still counselling the traumatised child and her guardian as well as making referral for legal assistance.

Improved networks of community-level support

Caregivers and children reported a greater sense of belonging to their community, and more strongly agreed that they have people they can rely on to help them. In some communities the participants continue to meet regularly, and many of the children have started attending PASADA's support clubs.



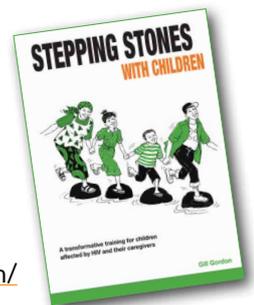
I have mobilised my fellow peers to form a very strong support group. We meet every month at the clinic during our clinic days. From the action of this project, we are fully accepted in the community; no function can go on without one of us being asked to speak on behalf of the affected. (Female caregiver)

★ What next?

- *Stepping Stones with Children* trainers are forming national networks and having regular international webinars to share experiences and support each other;
- Salamander Trust is distributing free copies of the materials to organisations with limited funding, and supporting strategic partners to apply for funding to translate, adapt and use the materials;
- Salamander Trust is seeking to support further research into the effectiveness of the materials.

★ What can you do?

- **Learn** more about *Stepping Stones with Children* and **download** free additional materials from our website <http://steppingstonesfeedback.org/resources/stepping-stones-children/>
- **Watch** the films made by the child and adult participants and a short documentary <http://tinyurl.com/StStwCDar>
- **Buy** the materials (e-copies and paper copies) from Practical Action Publishing or from a local distributor: <http://developmentbookshop.com/stepping-stones-with-children-training>
- **Request** free hard copies of the materials (Training Manual, DVD, Counselling Guide) through our website (above).
- **Train** facilitators to use the materials; we can put you in contact with trained trainers and we have written a training guide to help you.
- **Ask** us for technical support.
- **Run** workshops, and enable children and caregivers affected by HIV to live happier and healthier lives!



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