Every Child Belongs: A Guidance for Disability-Inclusive Family and Community Care

August 2026

Lead author: Mahbub Kabir
Co-Authors: Vincent Ogutu, Fiona Beckerlegge, Dr. Tsitsi Chataika
Reviewer: Dr. Lilia Angelova-Mladenova

cbm global disability inclusion
inclusion advisory group

Table of Contents

Abbreviations 3

Executive Summary 4

About Misean Cara and Catholic Care for Children 5

Introduction 6

CHAPTER 1 - Understanding Families and the Challenges They Face 7

1.1 The Context 7

1.2 Understanding the Everyday Challenges of Families 7

1.3 Challenges for Children Already Living in Families 10

1.4 Children Returning from Residential or Centre-Based Settings 10

CHAPTER 2 - Identifying Needs: Practical Family and Community Assessments 12

2.1 Why Assessment Matters in Real-World Practice 12

2.2 Purpose of a Family and Community Assessment 12

2.3 What to Look for in a Simple, Practical Assessment 13

2.4. A Simple Five-Step Assessment Process 17

CHAPTER 3 - Strengthening Families: Practical Family Support Solutions That Work 19

3.1 Why Strengthening Families Matters 19

3.2 Core Principles of Effective Family Support 19

3.3 What Families Commonly Need Across the Three Contexts 19

3.4 Accessing Services, Social Protection and Government Support Systems 21

3.5 Practical Family Support Interventions That Work 26

CHAPTER 4 - Supporting Reintegration: Helping Children Return from Centre-Based Care to Their Families 31

4.1 Why Reintegration Support Matters 31

4.2 Common Challenges Children Face When Returning Home 31

4.3 The First 72 Hours: What Frontline Workers Can Do 34

4.4 Follow-up Schedule 34

4.5 Practical Tools for Reintegration 35

CHAPTER 5 - Building Community Support Systems Around Families 36

5.1 Why Community Support Matters 36

5.2 The Heart of Community Support: Belonging, Acceptance and Practical Help 36

5.3 Practical Steps for Building Strong Community Support Systems 37

5.4 Building Community Acceptance and Reducing Stigma 40

5.5 Practical Tool: Community Mapping Worksheet 41

5.6 Tips for Practitioners Working in Resource-Poor Communities 41

CHAPTER 6: Strengthening the Frontline Workers 42

6.1 Why Strengthening Frontline Worker Matters 42

6.2 Who Are the Frontline Workers? 42

6.3 Essential Skills for Supporting Families and Children with Disabilities 42
6.4 Strengthening the Workforce 44
6.5 Monitoring, Learning and Evidence Use 45
6.6 Monitoring Quality in Community-Based Care 46
6.7. Practical Tools for Workforce Strengthening 46
Acknowledgements **47**
Annexes **48**
Annex 1: Misean Cara Children with Disabilities Framework (Summary) 48
Annex 2: Safeguarding and Protection Red-Flag Tool 50
Annex 3: Frontline Guide: How to Ask Sensitive Questions Safely 52
Annex 4: Definition of Key Terms 54

Abbreviations

Acronym	Description
CBM	Christian Blind Mission
CCC	Catholic Care for Children
CRPD	Convention on the Rights of Persons with Disabilities
CHWs	Community Health Workers
OPD	Organisation of Persons with Disabilities
VSLA	Village Savings and Loans Association

Executive Summary

Children with disabilities in Kenya, Uganda and Zambia grow up in families who love them deeply, but many caregivers feel overwhelmed by poverty, stigma, emotional stress, limited services and concerns for their child's safety. In these moments, frontline workers - Sisters, Brothers, social workers, CHWs, teachers, therapists and volunteers - are the people families trust most.

This Guidance Document was created for those workers. It offers simple, practical and low-cost ways to strengthen families and build inclusive communities, even in places where formal services are few. It draws on stories and experiences from the three countries and is aligned with the Misean Cara Children with Disabilities Framework. Its core message is that small, steady actions - delivered with respect and consistency - can transform family life.

This guidance is informed by learning from Kenya, Uganda and Zambia and contributes to ongoing efforts to strengthen disability-inclusive family and community care. It draws on the experience of Misean Cara members, Catholic Care for Children (CCC) partners, caregivers, organisations of persons with disabilities, frontline workers and community actors supporting children with disabilities. The guidance aligns with broader care reform efforts that seek to strengthen families and communities as the best place for children to grow and thrive.

Catholic Care for Children (CCC) is a global Catholic movement that supports care reform and family-based care through collaboration with religious congregations, governments, civil society and communities. Misean Cara and CCC share a commitment to ensuring every child grows up in a safe, nurturing family environment.

The guidance begins by helping workers understand what families face and what strengths they already have: financial strain, emotional exhaustion, stigma, gendered care roles, but also supportive siblings, faith, creativity and determination. It then introduces easy-to-use assessment tools to help workers notice what matters most - how a child functions, how the caregiver is coping, what strengths can be built on, and when safeguarding action is needed.

From there, the guidance provides practical techniques for home visits and community work: safe feeding and positioning, calming routines, simple therapy exercises, communication tips, involving siblings, improving daily routines and reducing caregiver stress. It also explains how to link families to local support such as Village Saving and Loans Association (VSLAs), Organisations of Persons with Disabilities (OPDs), faith groups, Community Health Workers (CHWs), neighbours and schools, and how to build caregiver peer groups that reduce isolation and build confidence.

For children returning from centre-based care, the guidance shows how to prepare the family, the child, the community and the school so the transition feels safe and predictable. It outlines what to do in the first 72 hours and sets out a simple follow-up rhythm over 12 months.

Because families rely on relationships as much as services, the guidance also explains how to build a strong community support system - engaging faith leaders, mobilising neighbours, partnering with OPDs, creating referral networks and reducing stigma through dialogue and visibility. Tools like the MAP Method (Meet–Ask–Partner) help workers build on strengths that already exist in every community.

The guidance recognises that sustainable family care requires strong collaboration between families, communities, civil society organisations and government systems. It therefore highlights practical pathways for accessing social protection, health, education and welfare services, while promoting stronger coordination with government structures at local and national levels.

Finally, the guidance focuses on frontline workers themselves. It outlines essential skills, e.g., listening, disability awareness, coaching, safeguarding and cultural sensitivity - and offers practical tips on mentorship, supervision, preventing burnout and simple quality monitoring. When workers feel supported and confident, families feel accompanied, and children flourish.

The purpose of this Guidance Document is simple: to ensure every frontline worker can confidently deliver disability-inclusive, family-centred support so that children with disabilities grow up safe, included, supported - and never alone.

About Misean Cara and Catholic Care for Children

Misean Cara supports member organisations working to promote human dignity, inclusion and sustainable development across a wide range of sectors, including disability inclusion. Through its members, Misean Cara supports initiatives that strengthen families, improve access to services and promote the rights and participation of children with disabilities.

Catholic Care for Children (CCC) is a global initiative supporting care reform and the transition from residential care towards family and community-based care. CCC works with religious congregations, governments, civil society organisations and communities to strengthen family-based care systems and ensure every child grows up in a safe, nurturing family environment.

Together, Misean Cara and CCC recognise that children with disabilities have the same right as all children to belong, participate and thrive within families and communities.

Introduction

Children with disabilities in Kenya, Uganda, Zambia and similar resource-poor contexts often grow up amid overlapping challenges - poverty, stigma, limited access to services, and the heavy caregiving demands placed on families, particularly women. Yet even under these pressures, families consistently express deep love, hope, and prefer to care for their children at home when given the right support.

The fieldwork that informed this Guidance Document echoes a long-held African truth: *"It takes a village to raise a child."* In many communities, this proverb reflects more than cultural wisdom - it captures a practical necessity. Children thrive when their families are supported, when neighbours extend a hand, when churches open their doors, and when schools and local services include rather than exclude. For children with disabilities, these networks of support are not optional but essential.

This Guidance Document was developed specifically for Misean Cara members, Catholic Care for Children (CCC) networks, faith-based and community-embedded practitioners who accompany families every day. It recognises the crucial role of Sisters, social workers, OPDs, teachers, community health workers, parish groups, and volunteers - people who are not only service providers but trusted companions to families navigating complex realities.

Rather than focusing on policy frameworks or large-scale systems change, this document provides practical, hands-on guidance that can be applied immediately in low-resource contexts. The insights and tools presented here are drawn directly from lived experiences and learning across Kenya, Uganda, and Zambia. They emphasise simple, locally appropriate interventions that strengthen families, build community belonging, and support safe reintegration from institutional care when needed.

The Guidance Document is structured into six practical chapters, each designed to stand alone or be used together:

1. Understanding Families & the Challenges They Face
2. Identifying Needs: Practical Family & Community Assessments
3. Strengthening Families: Practical Family Support Solutions That Work
4. Supporting Reintegration: Helping Children Return from Centre-Based Care to Their Families
5. Building Community Support Systems Around Families
6. Strengthening the Frontline Workers

Together, these chapters present a roadmap for creating environments in which children with disabilities grow up with dignity, safety, and belonging - surrounded not only by their families, but by the community that supports them.

CHAPTER 1 - Understanding Families and the Challenges They Face

1.1 The Context

Across Kenya, Uganda and Zambia, Sisters, social workers and community volunteers repeatedly described the same challenges: families of children with disabilities are striving to provide the best care they can, often under immense pressure and with limited support. Caregivers show deep love, commitment and hope - yet they also face challenges that make daily caregiving overwhelming: poverty, stigma, emotional strain, gendered caregiving responsibilities, service gaps, and concerns for their child's safety.

This chapter brings those lived realities and challenges to light. It lays the foundation for the practical guidance that follows and helps practitioners recognise both the challenges families face and the strengths many families already hold.

Guiding questions:

- What is this family already doing well? What is making life difficult? And what practical support can we offer right now, in this context?

Programme-level reflection:

- What does this tell Misean Cara and CCC about where they are now - and where they can grow?

1.2 Understanding the Everyday Challenges of Families

Families experience a combination of economic, emotional, cultural and practical challenges. These are not abstract concepts - they shape daily decisions, limit opportunities, and influence how families navigate caregiving. This aligns with the Children with Disabilities Framework's focus on Direct Support in the Home (Dimension A) and Family Support (Dimension B).

1.2.1 Poverty Shapes Everything

For many families, poverty influences nearly every aspect of caregiving. Transport to clinics and therapy centres is often unaffordable. Caregivers - especially mothers - may leave paid work to care for a child full-time. Food insecurity affects health, and the cost of devices or school materials limits access to opportunity.

A mother in Uganda said: "I wanted to take him for therapy, but even the boda boda (motorcycle taxi) was too much. So, we stayed home."

For Misean Cara and CCC, economic strengthening is therefore not optional - it is essential to sustaining family-based care.

1.2.2 Community Stigma and Social Isolation

Caregivers described neighbours whispering, children being excluded from play, and families feeling judged in public spaces. These experiences deepen isolation and can prevent families from accessing services or participating in community life.

A father in Kenya shared: "People used to avoid my daughter. Even greetings were hard."

Similarly in Zambia, a caregiver explained to the researcher: "I feared bringing him outside. People would look at us."

Stigma is not only a social issue - it is a barrier to inclusion, confidence and child development. This speaks directly to the importance of Inclusive Communities

This speaks directly to the importance of Inclusive Communities (see Annex 1: Misean Cara Children with Disabilities Framework, Dimension E).

1.2.3 Psychosocial Stress and Caregiver Wellbeing

Caring for a child with disabilities can be deeply rewarding, but also physically and emotionally demanding. Across Kenya, Uganda and Zambia, caregivers described exhaustion, worry, grief, isolation and uncertainty about their child's future. Many carried these responsibilities with little opportunity for rest or support.

Some caregivers spoke about losing friendships, withdrawing from community activities or giving up employment opportunities because of their caregiving responsibilities. Others described feeling misunderstood or blamed because of harmful attitudes towards disability.

Without adequate psychosocial support, chronic stress can affect caregiver wellbeing, family relationships and the quality of support provided to children.

Frontline workers repeatedly emphasised that listening, encouragement, accompaniment, peer support and practical problem-solving are among the most valuable forms of support families receive.

Psychosocial wellbeing should therefore be understood as a core component of family strengthening rather than an additional service.

1.2.4 Limited Access to Services

Families frequently reported difficulties accessing disability-specific and mainstream services. Therapy may be distant or unaffordable. Rural areas lack inclusive teachers and trained therapists. Schools may hesitate to admit or support children with diverse needs.

A parent in Thigio told the researcher: "Before Kisima, we did not know where to go. No one could guide us."

This highlights the need for strengthened Inclusive Education (Dimension C of Misean Cara Children with Disabilities Framework) and Access to Services (Dimension D of Misean Cara Children with Disabilities Framework) through community-based, low-cost solutions.

1.2.5 Gendered Burden of Care – an opportunity to apply gender-transformative approach

Across all three countries, women - especially mothers, grandmothers and older sisters - carry most of the daily caregiving responsibilities. Many leave jobs, lose income, or sacrifice social participation. This is not simply a household preference - it is the result of deep gender norms that position care as "women's work."

A grandmother in Uganda explained: "With a child who needs help every minute, you cannot go to the market. You just stay."

A gender-transformative approach intentionally seeks to shift these norms, by:

- involving fathers and male relatives as active caregivers
- promoting shared caregiving through community and faith leaders
- reducing and redistributing unpaid care work
- supporting siblings of all genders to participate safely
- strengthening women's economic resilience

This approach aligns with the Children with Disabilities Framework's principles of equity, inclusion and belonging.

1.2.6 Safeguarding and Protection

Families described concerns about safety both inside and outside the home. Children with disabilities often face increased risks of abuse, neglect, exploitation, violence and exclusion due to stigma, social isolation, communication barriers and dependence on others for support.

Common risks identified across Kenya, Uganda and Zambia included:

- unsafe travel routes to school or health services
- violence, abuse or exploitation within homes or communities
- children wandering or becoming lost
- neglect due to caregiver stress or exhaustion
- increased protection risks for girls with disabilities
- children being left unsupervised when caregivers seek work or income

Safeguarding is not an additional activity but a fundamental responsibility within disability-inclusive family care. Every organisation working with children should have safeguarding policies, procedures and reporting mechanisms in place.

Frontline workers, volunteers, caregivers and organisations all have a responsibility to recognise concerns, take appropriate action and ensure children remain safe, respected and protected.

Practical safeguarding decision-making and referral guidance is provided in Chapter 2 and the Safeguarding Red-Flag Tool in Annex 2.

1.3 Challenges for Children Already Living in Families

Most children supported by Misean Cara and CCC partners already live with their families. Yet their experiences are shaped by stigma, distance, poverty, service gaps and safety concerns.

"My child was chased from school because the teacher said they can't handle 'such a child'. I cried that day". – a caregiver at Pabbo shared at the FGD

A parent in Zambia said: "My daughter wants to go to school, but the path is long and I cannot carry her every day."

A parent in Kenya shared: "He tries to play with the other children, but they run from him. He ends up sitting alone."

These patterns show that children at home still face isolation, limited participation, missed schooling and unmet developmental needs. They require as much focused attention as children returning from centre-based settings.

1.4 Children Returning from Residential or Centre-Based Settings

Although not in traditional institutions, some children have spent time in boarding schools, hostels or centre-based programmes. Returning home can be disorienting.

A father in Uganda described to the researcher: "When he first came home, he cried at everything. It was like he did not know us."

Peer support from caregivers who have experienced reintegration proved especially valuable. For Misean Cara and CCC, this highlights the importance of preparation, accompaniment and follow-up.

Story of Change: From Hidden to Included – Mary's Story

Mary, a nine-year-old girl with cerebral palsy from Kenya, spent much of her early childhood indoors because her mother feared neighbours' reactions.

"I thought they would laugh at us," her mother recalled.

A community volunteer encouraged her to attend a caregiver support group. At first, she hesitated but later joined. There, she heard stories like her own and learned simple exercises she could do at home.

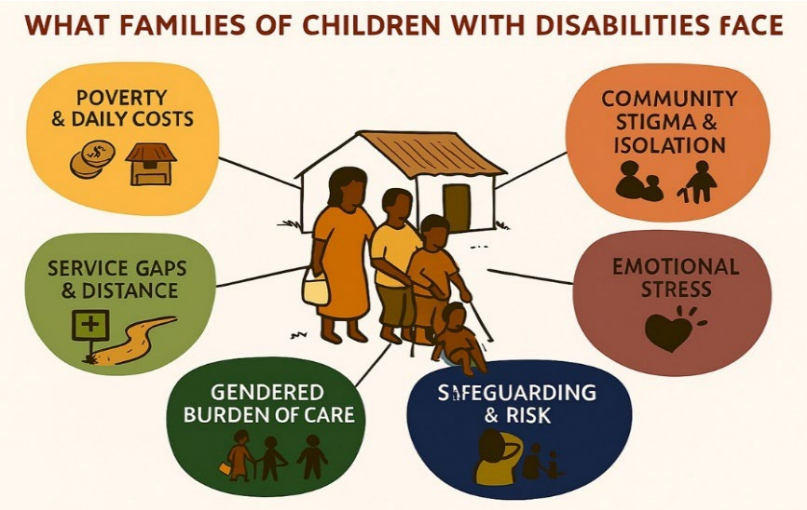
Within months, Mary began sitting outside with her siblings, attending church and making friends.

Her mother says:

"Now she sits outside, and they greet her. We feel part of the community again."

Mary's story illustrates how accompaniment, not complexity, creates change.

Diagram 1: What Families of Children with Disabilities Face



Family support is not optional - it is the cornerstone of inclusive, community-based care.

Practitioner Summary: What to Look for When Supporting Families

Listen for the challenges/pressures:

- Is the family struggling with poverty or transport?
- Do they describe stigma, exclusion or fear?
- Is one caregiver carrying most of the load?
- Are services too far, too costly or unavailable?
- Are there any safeguarding or safety concerns?
- Is

Look for the strengths:

- What is the family already doing well?
- How are siblings involved?
- What adaptations have they tried?
- Is there a supportive neighbour, church leader or volunteer?
- Has th

Act with practicality:

- Offer simple, realistic steps the family can take now.
- Strengthen connections — schools, clinics, OPDs, churches.
- Involve men and extended family in caregiving roles.
- Prioritise safety and emotional wellbeing.
- Build confidence through encouragement, not judgement.

Remember: Small, steady, respectful support transforms families - and helps every child belong.

CHAPTER 2 - Identifying Needs: Practical Family and Community Assessments

2.1 Why Assessment Matters in Real-World Practice

Frontline workers in Kenya, Uganda and Zambia meet families whose situations are shaped by a mix of poverty, stigma, limited services and heavy emotional demands. Yet these same families often hold significant strengths - routines, bonds, faith, and problem-solving capacities that may not be visible at first glance. A well-crafted assessment helps practitioners understand both sides: the challenges families face and the resilience they already use.

In low-resource contexts, assessments do not need to be technical or specialist-led. They need to be simple, respectful and practical, giving Sisters, community volunteers, social workers and parish teams a clear understanding of what support is realistic for a child and caregiver.

As one Ugandan social worker said: "The assessment helped me see the grandmother was doing everything alone. What she needed most was not a clinic, but someone to check on her every week."

For Misean Cara and CCC and partners, this reinforces an essential insight: good assessment is not paperwork - it is accompaniment. It is the foundation for family support, safeguarding, reintegration decisions, and identifying where families need immediate or long-term help.

2.2 Purpose of a Family and Community Assessment

A strong assessment does more than describe a family's situation. It helps frontline workers make practical decisions, such as:

- **What immediate support the family needs** (emotional, practical, or economic).
- **Whether the child is safe**, or whether there are safeguarding concerns that require urgent action.
- **What strengths the family already uses**, which can be built upon.
- **Which services or community actors can be mobilised** (school, OPD, church, CHW).
- **What should go into a simple family support plan** (Chapter 3).
- **Whether a child returning from a centre-based setting is ready for reintegration** and what preparation is needed (Chapter 4).
- **When specialist referral is required**, and when local solutions are sufficient.

Ultimately, assessments help Misean Cara, CCC and partners understand where families are coping, where they are struggling, and where the programme must grow its capacity.

2.3 What to Look for in a Simple, Practical Assessment

2.3.1 Understanding the Child's Daily Functioning

Assessments should focus on function, participation and safety, not diagnostic labels. A useful starting point is to observe how the child moves, communicates, learns, plays and interacts.

Guiding questions include:

- How does the child move around the home?
- Can they sit, eat or communicate safely and comfortably?
- How do they relate with siblings or neighbours?
- Are there signs of distress (withdrawal, fear, aggression, self-injury)?
- Do they attend school or early learning, and what is that experience like?
- Are there any signs of harm, neglect, injury patterns, or unexplained fear?

A mother in Kenya shared: *"Before Kisima came, he stayed in one corner. Now he moves, he plays."*

In Zambia, another caregiver explained: *"She wants to go to school but cannot walk the long distance."*

Such observations guide decisions on therapy, assistive devices, school support or home adaptations.

2.3.2 Understanding the Caregiver's Reality

Caregivers' experiences often reveal more than observation alone. Daily pressures may include emotional strain, loss of income, stigma, or overwhelm.

Key questions:

- Who provides daily care?
- How is caregiving affecting their wellbeing and income?
- Do they feel alone or supported?
- What is hardest right now?
- Do they feel confident in caring for the child?
- Are there signs of caregiver burnout, depression or possible neglect?
- What sources of emotional and psychosocial support does the caregiver currently have?
- Has the caregiver had any opportunity for rest, support from extended family or participation in peer groups?
- Is the caregiver safe?
- Are there risks of violence in the home?

"We didn't know how to handle the seizures. Now I feel I can manage him here at home." - Mother and Caregiver in Thigio shared with the researcher.

Introducing a simple seizure management plan brought her relief and confidence - reminding us that practical, tailored information often makes the biggest difference.

Assessments should consider not only practical caregiving challenges but also psychosocial wellbeing. Understanding how caregivers cope with stress, where they find support and what strengthens their resilience can help inform more effective family support plans.

2.3.3 Understanding Family Strengths

As highlighted in Chapter 1, strengths are not universal, but many families show important capacities: attachment, routine, creativity, faith, and supportive siblings.

Frontline workers can ask:

- What is already going well here?
- How does the family show love or resilience?
- Which routines help the child feel included?
- Who in the family provides emotional support?
- How does spirituality or faith sustain them?
- What problem-solving strategies do they already use?

"Before I thought he was not like others. But now I see he is smart, just different." - a parent in Thigio, Kenya

Strengths form the foundation for realistic support planning.

2.3.4 Understanding the Barriers Families Face

The research revealed recurring barriers across Kenya, Uganda and Zambia. These barriers are not "family problems," but contextual barriers families must navigate.

Helpful prompts include:

- What makes it difficult for the family to access services?
- How does poverty affect their decisions or routines?
- What beliefs, attitudes or stigma exist in the community?
- What information or skills are missing?
- Are there safe housing concerns?
- Does the family have documentation (birth certificate, disability card)?
- What stops the child from attending school?
- Are there signs of risk, abuse, exploitation, or unsafe supervision?

A barrier is not just something missing - it is something that can be addressed creatively and locally.

2.3.5 Understanding the Community Context

Families do not exist in isolation. The assessment should explore what community supports do - or could - exist.

Frontline workers may consider:

- How far is the nearest clinic, school or therapy service?
- What are community attitudes toward disability?
- Are OPDs, church groups, VSLAs or youth groups active here?
- How involved are faith leaders?
- Are there safety concerns in the neighbourhood?
- Which neighbours show kindness or willingness to help?

A fieldworker in Zambia noted: *"The church was the first place that accepted the child."*

These insights help workers map local supports and begin strengthening Inclusive Communities (Dimension E of Children with Disabilities Framework). See Annex 1: Misean Cara Children with Disabilities Framework (Summary).

Safeguarding Decision and Referral Pathway

(Please follow your own organisation's safeguarding policies and procedures)

Assessments should always consider safety, protection and wellbeing. Identifying risks is only the first step. Workers must understand who to contact, where to refer concerns and how to act in accordance with safeguarding procedures.

Frontline workers must **act immediately** if they observe or hear any of the following:

Signs of possible abuse

- Unexplained injuries or repeated bruises
- Child flinching, hiding, or showing sudden fear of a person
- Disclosure of violence or sexual abuse
- Caregiver using harsh or dangerous discipline

Signs of neglect

- Child left alone for long periods
- Severe malnutrition or untreated illness
- Lack of supervision for a child with high support needs
- Unsafe sleeping or feeding practices

Protection risks

- Risk of abduction, exploitation or trafficking
- Unsafe travel routes to school or clinic
- Threats from neighbours or family members
- Signs that caregiver's mental health poses a risk to the child

Immediate steps

- Ensure the child is safe
- Notify safeguarding focal points
- Refer to appropriate health, police or welfare actors
- Document the concern simply and promptly
- Follow up sensitively with the family

Possible Referral Actors

- Organisational safeguarding focal person
- Social welfare / child protection officers
- Health facilities
- Education authorities where appropriate
- Community protection structures
- Law enforcement where legally required

Safeguarding is everyone's responsibility.

2.4. A Simple Five-Step Assessment Process

The following process is easy for frontline workers to use during home visits or follow-ups. Please note that, some cases will need more detailed follow-up assessment or specialist input, but this process works for most families.

Step 1 - Meet the family where they are
Sit comfortably, build trust and let caregivers speak. *"Tell me about your child. What brings you joy? What worries you?"*

Step 2 - Observe the child's daily functioning
Notice how the child sits, moves, plays, communicates and interacts.

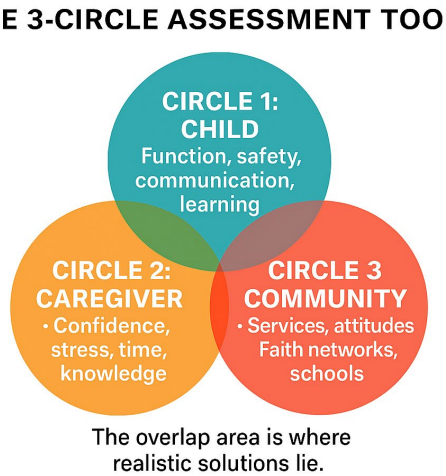
Step 3 - Understand the caregiver's experience
Ask reflective questions such as: *"What is hardest right now?" "What helps you cope?"*

Step 4 - Map supports and gaps
Identify strengths, protective relationships, service gaps and potential community allies.

Step 5 - Prioritise two or three realistic actions
Small actions matter most:

- link to a caregiver support group
- teach one simple home-based routine
- explain a seizure or behaviour management plan
- connect with a teacher or OPD
- help secure documentation
- Avoid overwhelming caregivers with long lists.

Diagram 2: The 3-Circles Assessment Tool



The overlap of child, caregiver, and community reveals the most practical support pathways.

Case Study — Uganda

A Simple Assessment Changed Everything

Sarah, a mother in Pabbo, cared for her eight-year-old son with autism who rarely left the house. During an assessment, the fieldworker learned that the child communicated through gestures and struggled with noise. The caregiver felt alone and unsure how to help. Yet nearby, the community church had a quiet children's corner, and a local teacher was willing to support inclusion. A volunteer visited the home to teach calming routines and communication strategies.

Within weeks, Sarah joined a parent group.

She said:

"He walks with me to the shop now. I can breathe again."

This assessment took under an hour - illustrating how good listening and small supports can transform daily life.

CHAPTER 3 - Strengthening Families: Practical Family Support Solutions That Work

3.1 Why Strengthening Families Matters

Across all the three countries, caregivers shared the same hope: *"We want to care for our children - we just need support."* Families caring for children with disabilities show extraordinary commitment, yet face daily challenges including poverty, stigma, exhaustion, gendered caregiving roles, and limited access to services. What families need most is consistent, respectful, practical support delivered close to home by people they trust - Sisters, social workers, community volunteers, teachers, OPDs and faith leaders.

This chapter focuses on realistic, low-cost, community-rooted approaches that strengthen families whether their child is already living at home or returning from a centre-based setting. The se supports directly align with the Family Support Dimension (B) of the Misean Cara Children with Disabilities Framework, which emphasises caregiver wellbeing, knowledge, emotional support, positive relationships, resilience and community connection.

3.2 Core Principles of Effective Family Support

Family support works best when it builds on what already exists. The Children with Disabilities Framework emphasises that support to the child (Dimension A) and support to the family (Dimension B) are interconnected. The most effective support follows six principles:

i. **Practical and simple:** Families learn best through small, doable actions that fit their daily routines.

ii. **Built on family strengths:** Families hold knowledge, resilience and relationships that programmes can reinforce.

iii. **Delivered through trust:** Home visits, respectful listening and accompaniment build confidence.

iv. **Community-rooted:** Churches, neighbours, OPDs and schools can reduce isolation and strengthen inclusion.

v. **Inclusive and empowering:** Families should feel supported, not judged.

vi. **Focused on both child and caregiver wellbeing:** Caregivers' emotional state and safety directly shape children's development.

3.3 What Families Commonly Need Across the Three Contexts

Field research across Kenya, Uganda and Zambia shows that families consistently need a mix of emotional, practical, social, informational and economic support. These needs reflect the core elements of the Family Support Dimension (B) of The Framework - strengthening caregiver capacity, confidence, wellbeing and connection.

3.3.1 Psychosocial Wellbeing, Emotional Support and Caregiver Resilience

Caring for a child with disabilities often requires considerable emotional, physical and social effort. Many caregivers described periods of loneliness, exhaustion, fear, uncertainty and social isolation before receiving support.

Evidence from Kenya, Uganda and Zambia suggests that caregivers rarely need counselling alone. What they often value most is a combination of emotional support, practical guidance, social connection and the reassurance that they are not facing challenges alone.

Psychosocial support can take many forms:

- active listening
- regular home visits
- caregiver peer groups
- practical coaching and problem-solving
- spiritual accompaniment where appropriate
- community support networks
- support from family members and neighbours
- opportunities for rest and respite

A caregiver in Uganda reflected:

"I cried every night until another parent told me she also cried. Then I felt human again."

Psychosocial wellbeing is therefore not an optional component of family support. It is a foundation for caregiver confidence, resilience and long-term family stability.

Frontline workers should be alert to signs that additional support may be needed, including persistent distress, withdrawal, hopelessness, overwhelming fatigue or difficulties coping with daily responsibilities.

(See Annex 1: Misean Cara Children with Disabilities Framework, Dimension B: Family Support)

3.3.2 Practical Care Skills

Most caregivers have never received guidance on daily care skills such as positioning, feeding, communication strategies, behaviour support or seizure management. Even very brief coaching can ease stress immediately and promote meaningful participation for the child.

Practical skills are a central part of caregiver capacity-building, helping families move from fear or confusion toward confident daily care.

3.4 Accessing Services, Social Protection and Government Support Systems

Families consistently reported that navigating services can be overwhelming. Across Kenya, Uganda and Zambia, caregivers described not knowing where to seek support, struggling to afford transport, facing long distances to services, or lacking information about available assistance. Accessing support often required more than information alone. Families benefited most when someone helped connect them to services, explained options, followed up referrals and accompanied them through the process.

Effective family support therefore includes helping families access health, education, social protection and community services while strengthening the systems around them.

3.4.1 Supporting Access to Disability-Inclusive Health Services (Therapy and Rehabilitation Services)

Families frequently identified physiotherapy, occupational therapy, speech therapy, assistive devices and specialist medical services as important but difficult to access. Service availability was often limited, especially in rural locations. Zambia reported shortages of speech therapists, psychologists and rehabilitation personnel, while Ugandan caregivers described transport barriers and long journeys to health facilities.

Frontline workers can strengthen access by:

- mapping available services
- supporting referrals
- accompanying families during initial visits
- coordinating with health providers
- providing home-based coaching where specialist services are unavailable
- facilitating access to assistive devices and rehabilitation support

Where specialist services are unavailable, workers can help identify practical community-based alternatives and strengthen family capacity through home-based support.

Rather than creating parallel systems, family support programmes should complement existing government structures and help families access available public services. This directly supports the Access to Services and Inclusive Education dimensions of the Misean Cara Children with Disabilities Framework.

(For more information, see Annex 1: Misean Cara Children with Disabilities Framework, Dimension C and D)

Good Practice Example: Kenya (Thigio)

The Kisima programme combines education, therapy, outreach and family support services within the community. Caregivers described how referrals, therapy services and family accompaniment helped them better support their children at home and connect to wider support systems.

3.4.2 Supporting Access to Government Services and Social Protection

Family support programmes should complement government systems rather than replace them.

Many families may be eligible for services but experience difficulties accessing them due to limited information, transport barriers, administrative requirements or lack of documentation.

Frontline workers can assist families to:

- secure birth certificates
- obtain national identity cards
- access disability registration
- apply for social welfare programmes
- connect with community development offices
- enrol in social protection schemes
- access inclusive education services

Particular attention should be paid to helping families obtain documentation because missing identity documents often prevent access to government services and entitlements.

Zambia Practice Example

Evidence from Zambia highlights the importance of linking families with community and government systems, including savings groups, social support mechanisms and care reform structures. Programmes recommended increased linkage of families to social protection and government support systems as part of sustainable family strengthening.

3.4.3 Building Effective Referral Networks and Service Pathways

Strong referral pathways emerged as one of the most significant enablers of family support across Kenya, Uganda and Zambia.

Families frequently described not knowing where to go, how to access services, or who could support them. Effective programmes did more than provide information. They accompanied families through referral processes, explained available options, followed up support requests and helped families navigate complex systems.

Referral pathways should therefore be viewed as a form of family support rather than simply an administrative process.

Why Referral Networks Matter

No single organisation can meet all the needs of children with disabilities and their families. Effective family-based care depends upon collaboration between families, communities, civil society organisations, faith-based actors and government services.

Well-functioning referral networks help ensure that families receive timely support while reducing duplication of effort and making the most effective use of available resources.

Common Referral Partners

Frontline workers should develop and regularly update relationships with:

- hospitals and health facilities
- physiotherapy and rehabilitation services
- social welfare departments
- community development offices
- disability focal persons
- education authorities and schools
- organisations of persons with disabilities (OPDs)
- safeguarding and child protection services
- community health workers
- livelihood initiatives and VSLAs
- faith-based support networks
- mental health and psychosocial support services where available

Practical Tips for Frontline Workers

Referral should not mean transferring responsibility to another service.

Whenever possible:

- explain the purpose of the referral
- help families understand what to expect
- assist with appointments and documentation
- accompany families during initial visits where needed
- follow up to confirm support was received
- help address barriers such as transport, communication or stigma

Good Practice Example: Accompanied Referrals in Kenya

Caregivers in Thigio consistently emphasised that referrals worked because they were accompanied through the process. Families were supported to access therapy services, assistive devices, health facilities and official documentation. Rather than simply being told where to go, they were guided through the process and supported to navigate unfamiliar systems.

One caregiver explained:

"Before Kisima, we didn't know where to go. Now we have people we can call, and they receive us."

Strengthening Government Service Pathways

Sustainable family care requires strong collaboration with government systems. Consistent with the Catholic Care for Children approach, family strengthening programmes should seek opportunities to strengthen collaboration with government structures at community, district and national levels.

Community-based programmes are most effective when they complement government responsibilities rather than create parallel systems.

Key government partners may include:

- social welfare departments
- community development departments
- health services
- education authorities
- disability focal persons
- child protection structures
- registration services responsible for birth certificates and identity documentation

Zambia Practice Example

Experience from Zambia highlights the importance of linking families with social welfare structures, community development departments, social protection programmes and local referral systems. Families benefited most when support from schools, congregations, communities and government services worked together as part of a coordinated care system.

Reflective Questions for Frontline Workers

Before closing a case or completing a family support plan, ask:

√ Does the family know what services are available?

√ Have possible government supports been explored?

√ Does the family have the documentation needed to access services?

√ Has the referral been completed successfully?

√ Has follow-up taken place?

√ Is the family connected to ongoing community support?

√ Who will continue supporting the family after programme involvement ends?

3.4.4 Documentation Matters

Families frequently reported difficulties accessing services because they lacked important documentation. Birth certificates, disability registration cards and national identity documents are often required to access social protection programmes, education support, healthcare services and other government assistance.

Helping families obtain these documents can be one of the most practical and sustainable forms of support that frontline workers provide.

A simple question during assessment can prevent significant barriers later:

"Does the child and family have the documentation needed to access available services and entitlements?"

3.4.5 Livelihoods, Economic Strengthening and Social Protection

Economic hardship was consistently identified as one of the most significant pressures affecting families caring for children with disabilities. Across all three countries, poverty affected transport, food security, school attendance, access to therapy and overall wellbeing.

Effective family support should therefore include helping families access:

- Village Savings and Loan Associations (VSLAs)
- parent savings groups
- vocational training
- business development support
- social protection programmes
- disability-related income support

Economic strengthening is most effective when household livelihoods, community support mechanisms and government social protection programmes work together.

Zambia Good Practice Example

> Parent savings groups in Mbala demonstrated significant impact. Caregivers reported using savings schemes to support transport, household needs and income-generating activities. Some described being able to improve housing conditions and strengthen family resilience through participation in savings groups

Economic pressure remains one of the most significant stressors for families. Transport costs, food insecurity and school materials frequently determine whether a child can attend therapy or school.

"They trained us in business and gave us machines. Now I can sew and earn something for my family." – a caregiver and parent shared with the researcher at Bauleni Special School.

A small grant in Uganda helped a mother start a vegetable stall: *"Now I can afford to take him to therapy."*

This highlights that without economic support, even the strongest families struggle to maintain consistent care. Economic strengthening helps stabilise families and reduces the risk of separation.

3.4.6 Reducing Stigma

Reducing stigma is not only a social goal; it is a protective and enabling strategy. Greater acceptance improves access to services, strengthens safety, increases participation and supports family wellbeing. Practical community strategies for reducing stigma are explored further in **Chapter 5**.

The following section outlines practical interventions that frontline workers can use to respond to these common family support needs.

3.5 Practical Family Support Interventions That Work

3.5.1 Home-based Therapy and Skills Coaching

Simple routines - stretching, positioning, feeding tips, sensory calming strategies, picture-based communication, creative mobility exercises - empower caregivers to support their children daily.

A caregiver in Thigio said: *"Before therapy, his legs were tight. Now he can stretch."*

This came from practical coaching, not specialised equipment.

3.5.2 Supporting Siblings

Siblings often care deeply but lack understanding or confidence. When supported, they become important allies.

Ways to support siblings include:

- involving them in simple routines
- teaching them about disability
- creating shared play routines
- checking in on their feelings

3.5.3 Strengthening Daily Routines

Families often benefit from practical advice on safe bathing, feeding positions, toilet adaptations, bedtime routines and predictable schedules. Improving even one routine can reduce stress dramatically.

3.5.4 Supporting Caregiver Wellbeing and Preventing Burnout

Many caregivers provide intensive support every day with few opportunities for rest. Over time, this can affect physical health, emotional wellbeing, family relationships and caregiving capacity.

Supporting caregiver wellbeing is therefore an important part of family strengthening.

Frontline workers can:

- encourage shared caregiving responsibilities
- involve fathers, siblings and extended family members
- connect caregivers with peer support groups
- strengthen informal support networks
- encourage appropriate rest and self-care
- identify signs of stress and burnout early
- refer for specialised psychosocial support where available

A volunteer in Uganda reflected:

"I simply listened. That was the first relief she had in years."

Sometimes the most important intervention is helping caregivers recognise that they do not need to carry the burden alone.

Good Practice Example: Respite and Shared Care

Families caring for children with high support needs often benefit from planned periods of respite. Respite allows caregivers time to rest, attend appointments, participate in livelihood activities or spend time with other family members.

As highlighted by experiences in Zambia, respite does not necessarily require specialised facilities. Practical options may include assistance from extended family members, trained community volunteers, parent support groups, faith communities or informal neighbourhood support arrangements.

Even short periods of relief can reduce caregiver stress, strengthen resilience and contribute to more sustainable family-based care.

3.5.5 Peer Support Groups as Psychosocial and Learning Intervention

Peer support groups are one of the most effective ways of strengthening psychosocial wellbeing and resilience among caregivers. Across Kenya, Uganda and Zambia, caregivers consistently described peer groups as spaces where they could share experiences, exchange practical advice, build confidence and reduce feelings of isolation.

By creating opportunities for mutual support, learning and problem-solving, peer groups help caregivers realise they are not alone and strengthen their capacity to care for their children over the long term.

A Parent in Kenya said: "When I came here, I was too sad… now I have other parents I talk to."

Another parent in Uganda shared: "I learned I am not alone. That was my healing."

How frontline workers can support peer groups:

Start small: Begin with 4–6 caregivers who know each other (neighbours, parish groups, parents at therapy sessions).

Choose a simple venue: A church veranda, home compound, school hall or OPD office.

Set a predictable rhythm: Weekly, bi-weekly or monthly meetings.

Use simple guided topics:

- √ Safe feeding,
- √ Behaviour calming,
- √ School inclusion,

- √ Navigating clinics,
- √ Faith and encouragement,
- √ Stigma and confidence,
- √ Home safety & safeguarding,
- √ Assistive device use,
- √ Parent wellbeing and coping

Encourage shared leadership: Rotate facilitation to build ownership and reduce dependency.

Integrate community actors: √Invite CHWs, √teachers, √OPDs or √faith leaders occasionally.

Keep groups safe: √Encourage confidentiality**,** √gently address harmful beliefs**,** √Link to safeguarding focal points when concerns arise

Celebrate small wins: Recognise progress in the child's participation or caregiver's confidence.

Peer groups strengthen the *relational fabric* of family support - reinforcing emotional wellbeing, practical problem-solving and belonging.

3.5.6 Engaging Faith Leaders and Communities

Faith leaders can reduce harmful beliefs, promote inclusion and mobilise community acceptance. Their influence often shifts attitudes quickly.

A caregiver in Kenya shared: *"Before they used to laugh… now the church even prays for the children."*

Zambia Case Study

"A Small Change Made the Whole Home Lighter"

In Luangwa, Grace's mother had been caring for her daughter almost entirely on her own. Grace needed help with eating and moving, and although her older brothers loved her, they did not know how to support her. The home often felt tense, with everyone unsure of their role.

During a home visit, a community volunteer sat with the family and listened. She showed them simple techniques—how to position Grace safely during meals, how the boys could help her sit upright, and small play routines that included her.

The change was immediate. The brothers began helping at mealtimes and involving Grace in their games. The house felt lighter, calmer, and more connected.

Grace's mother said:

"Now the brothers help her eat, and they play. It has made the whole house calmer."

This shift came not from specialised services, but from *practical guidance and shared responsibility*—a reminder of how powerful small interventions can be.

Quick "Do and Don't" Guide for Frontline Workers



Diagram 3: Family Support Pathway



A reminder that **progress, not perfection**, is the goal.

CHAPTER 4 - Supporting Reintegration: Helping Children Return from Centre-Based Care to Their Families

4.1 Why Reintegration Support Matters

Reintegration forms part of broader care reform efforts that seek to ensure children grow up within families wherever possible. Successful reintegration depends not only on preparation of the child and family but also on support from communities, services and government systems.

For many children in Kenya, Uganda and Zambia, returning home from a boarding school, hostel or other centre-based care setting is not a simple transition - it is a relearning of relationships and routines. Reintegration is a journey of helping a child rediscover their place within the family, rebuilding emotional connections and ensuring that the home environment feels secure and predictable.

Families often welcome the return with both joy and fear. Some have lived apart from their child for long periods and feel uncertain about managing new needs. One Kenyan caregiver described those first hours vividly:

"When he came home, he cried the whole night. He didn't know us. We didn't know what to do."

A Sister in Uganda added: *"The child was happy to leave the centre, but the family needed support - every day, in small ways."*

These stories remind us that reintegration requires careful planning, patient accompaniment and community involvement, all aligned with the Misean Cara Children with Disabilities Framework's focus on family support, inclusion, belonging and child wellbeing. For Misean Cara and CCC, this is an area where presence, listening and simple guidance can make a profound difference.

4.2 Common Challenges Children Face When Returning Home

Across all three countries, practitioners described similar "transition shock" among children returning from centre-based environments. Many children are used to predictable routines, regular meals, structured days and constant adult supervision. Returning home - with new sounds, smells and expectations - can feel overwhelming.

"Before we came to Kisima, he used to stay in the house alone. Now he plays with the siblings. They help him eat." - Mother of child a with cerebral palsy, Thigio

Children may struggle to recognise extended family members, adjust to more flexible routines, or cope emotionally with sensory changes. Some have unmet developmental needs due to limited stimulation or therapy. These realities highlight where Misean Cara and CCC can grow: stronger preparation for families and children, clearer guidance for frontline workers, and community awareness before reintegration occurs.

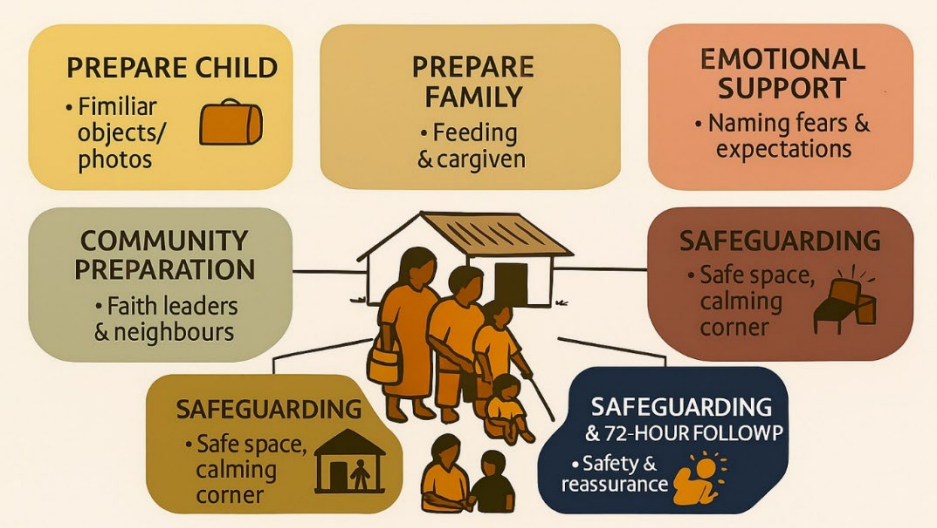


Diagram 4: Key Areas of Support During Reintegration

4.2.1 Preparing the Family

Families often feel excitement and apprehension in equal measure. Helping them prepare emotionally and practically is one of the most important roles of frontline workers.

Emotional preparation

Workers can invite caregivers to talk openly about their expectations, their worries, and how siblings and other family members feel about the return. Naming fears reduces their power. A Zambian caregiver explained:

"I love him, but I was scared. What if I cannot manage?"

These conversations help families understand that uncertainty is normal.

Practical preparation

Families benefit from learning simple, hands-on caregiving skills before the child returns, such as:

- feeding and positioning techniques
- communication approaches
- calming strategies
- mobility and safety routines
- seizure management
- sensory-friendly home setups

Even one or two well-practiced skills can bring enormous relief in the early days.

Preparing the home

Small changes can help the child adjust:

- a predictable sleeping area,
- a safe place to play,

- a quiet corner for calming,
- everyday objects adapted for therapy, and
- siblings given positive roles.

These preparations tell the child: *"You are welcome here; this home is ready for you."*

4.2.2 Preparing the Child

Children also need time and encouragement to understand they are going home.

Emotional preparation tools

Children respond well to gentle reminders: stories about home, photos of family members, familiar objects, and exposure to household sounds or routines. Short home visits or virtual calls (when feasible) help bridge the gap between the centre and home.

Health and therapy preparation

Before leaving the centre, ensure key supports are in place:

- a recent health review
- a medication schedule
- assistive devices ready
- therapy and functional routines explained to caregivers

A Ugandan practitioner noted: *"The child had never slept alone before. We prepared the family to stay close to him until he adjusted."*

This insight helped the family anticipate a difficult night and respond with patience rather than fear.

Case Study - Uganda:

"Learning Each Other Again"

When Samuel returned home to rural Uganda after several years in a centre-based boarding environment, everything felt unfamiliar — not only for him, but for his family as well. The first night, he cried continuously. The sounds of animals, the smell of the cooking fire, even the open sky outside seemed overwhelming. His mother later said:

"It was like he didn't know us, and we didn't know how to comfort him."

A trained community volunteer visited early the next morning. Rather than arriving with instructions, she observed quietly and then offered gentle, practical guidance: keeping Samuel close to his mother for reassurance, creating a simple quiet corner with a cloth and mat, and using a familiar object from the centre to help him settle.

She also took time to speak with Samuel's siblings, showing them small ways to reconnect — sitting near him while colouring, rolling a ball gently toward him, offering water with a smile.

By the third day, the house felt different. Samuel began following his mother around the compound, and his siblings proudly showed the volunteer how they had decorated his quiet corner.

His mother reflected:

"When she came those first days, my fear reduced. I felt I could manage. We were learning each other again."

Samuel's story shows that reintegration succeeds not through complex services, but through accompaniment, consistency, and simple, compassionate support.

4.2.3 Preparing the Community

Reintegration strengthens when the community understands and welcomes the child.

Engaging key community members

Faith leaders, neighbours, teachers, elders and youth groups need to be engaged early. Their attitudes shape the social environment the child returns to.

A Kenyan church member explained: *"After the Sisters talked to us, we welcomed the child. Now she plays outside without fear."*

Reducing stigma

Frontline workers can help communities challenge long-held beliefs by explaining that disability is not a curse, not a spiritual punishment, and not a reason to blame the family. This simple messaging reduces shame and increases acceptance.

2.4 Preparing the school

A successful return to school requires early dialogue about reasonable accommodations, classroom routines, communication supports and phased re-entry, such as beginning with half-days.

4.3 The First 72 Hours: What Frontline Workers Can Do

Families often say the first three days shape the entire reintegration process. Frontline workers can provide calmness and confidence.

Day 1:
Be available. Check emotional and physical safety. Encourage simple, comforting activities. Help begin gentle routines.

Day 2:
Visit the home. Observe interactions quietly. Support siblings. Reinforce simple caregiving routines.

Day 3:
Identify emerging challenges. Adjust the plan. Celebrate small steps.

One Kenyan caregiver said:

"When she helped me on the second day, my fear reduced. I felt I could do this."

These early gestures of support have long-lasting effects.

4.4 Follow-up Schedule

Reintegration is a long process, not a single event. A clear follow-up rhythm helps families feel supported:

- **2 weeks:** emotional check-in, school preparation, feeding support
- **1 month:** adjust routines, link to peer groups
- **3 months:** strengthen new patterns, problem-solve challenges
- **6 months:** reinforce community inclusion

- **12 months:** assess stability in school, home and wellbeing

This sequence mirrors the Children with Disabilities Framework's emphasis on continuity, inclusion and long-term stability.

4.5 Practical Tools for Reintegration

A simple checklist keeps preparation grounded:

- family and home assessed
- child emotionally prepared
- siblings included
- home safe and adapted
- school sensitised
- faith leader engaged
- health plan in place
- transport arranged
- follow-up schedule agreed

Frontline workers can also teach calming routines, picture schedules, safe feeding positions, playful bonding activities and simple mobility exercises.

CHAPTER 5 - Building Community Support Systems Around Families

5.1 Why Community Support Matters

Families caring for children with disabilities consistently shared that what sustained them was not only access to services, but also the people around them. A neighbour who carries water. A church that welcomes the child without hesitation. A teacher who adapts a lesson. A community volunteer who accompanies a caregiver on a long walk to the clinic. A parent group that says, *"You are not alone."*

In Zambia, one mother captured this beautifully:

"When the community accepted my son, my fear disappeared. I felt we belonged."

This reflects a key message of the Misean Cara Children with Disabilities Framework: children thrive when their families are connected to an inclusive and compassionate community ecosystem. For frontline workers, building this ecosystem does not require specialised services or formal structures - it requires relationships, respect, and mobilisation of the strengths already present in each community.

In contexts where services are limited and distances are long, community support becomes the most reliable source of belonging, protection and practical help.

5.2 The Heart of Community Support: Belonging, Acceptance and Practical Help

A strong community support system aims to do three things.

Reduce isolation - Families often feel judged, ashamed or alone. Community connection restores dignity and reduces emotional burden.

Build acceptance and belonging - Community attitudes determine whether a child is welcomed, included, or kept out of sight. Warm acceptance transforms the family experience.

Provide practical help - Sometimes the most powerful interventions are small: escorting a caregiver to a clinic, helping repair a device, adapting a lesson, or checking in weekly.

These supports do not depend on specialists. They are built through relationships, shared responsibility and local leadership.

Below is a simple visual showing faith leader, neighbours, schools, OPDs, CHWs, VSLAs, and extended family surrounding the caregiver and child.



Diagram 5: The Community Support Ecosystem

5.3 Practical Steps for Building Strong Community Support Systems

5.3.1 Mapping Local Resources - Even When There Are Few

Many communities lack formal disability services. Yet every community has assets: trusted faith leaders, compassionate neighbours, active OPDs, teachers willing to help, youth groups, VSLAs, CHWs.

Frontline workers can use the **MAP Method**:

- **Meet** people - faith leaders, neighbours, teachers, OPDs, volunteers.
- **Ask** what they can realistically contribute - escorting to the clinic, checking in weekly, helping with chores.
- **Partner** with those who show willingness - even two reliable allies make a big difference.

A Sister in Kenya recalled: *"Once we explained the child's condition, the neighbour became the strongest helper."*

The message for Misean Cara, CCC and partners: building support often begins with one conversation.

5.3.2 Working with Faith Leaders - Your Most Powerful Allies

Faith leaders shape beliefs, attitudes and behaviours more than many formal systems. Their support can open doors to inclusion.

Frontline workers can:

- Meet faith leaders and explain the child's needs
- Share simple disability messages (e.g., "disability is not a curse")
- Encourage inclusive worship practices
- Invite leaders to visit the family
- Involve them in welcoming the child home

A caregiver in Kenya explained the change that followed a single sermon:

"After the Father spoke in church, people stopped laughing. They greeted us."

Faith leaders are essential partners in the journey toward belonging.

5.3.3 Partnering with OPDs

OPDs bring lived experience, credibility and powerful advocacy. They can:

- Train caregivers and frontline staff
- Support assessments
- Lead community sensitisation
- Advocate with schools or health facilities
- Help families obtain documentation

In Uganda, an OPD representative spoke to a school that initially refused a child. After the conversation, the teacher agreed to try small accommodations.

OPD involvement strengthens the Voice and Lived Experience Principle of the Children with Disabilities Framework.

5.3.4 Creating a Local Support Referral Network

Even in resource-poor settings, families benefit from a simple, updated list of who can help with what. Useful connections may include:

- nearby clinics and health workers
- the disability focal person at the sub-county
- community volunteers
- OPDs
- welcoming schools
- church groups

- VSLAs or women's groups
- rehabilitation centres, even if distant

Frontline workers often laminate and share "community service maps" so that every family can access the same information.

5.3.5 Strengthening Collaboration with Government Structures

Sustainable family care requires strong collaboration between communities, civil society organisations and government systems. Consistent with the Catholic Care for Children approach, programmes should seek to strengthen collaboration with government structures at local, district and national levels.

Community-based programmes are most effective when they complement government responsibilities rather than duplicate them.

Key Government Partners include:

- Social welfare departments
- Community development departments
- Education authorities
- Health facilities
- Disability focal persons
- National registration services

Zambia Example

In Zambia, collaboration with social welfare and community development departments helped families access social cash transfers, referral services and community support programmes.

5.3.6 Mobilising VSLAs and Economic Support Structures

Poverty intensifies caregiver stress. VSLAs provide both material and emotional support. They help families save small amounts, take modest loans for transport or devices, restart small businesses, and feel less alone.

A parent in Chongwe, Zambia explained:

"Our VSLA helped pay for a wheelchair repair. It changed everything."

For Misean Cara and CCC, this shows the importance of linking disability support with livelihood and resilience structures already present in communities.

5.3.7 Engaging Schools and Teachers

Schools are often where inclusion becomes visible. A single welcoming teacher can shift a child's entire trajectory.

Frontline workers can:

- Visit the school beforehand
- Explain the child's needs simply
- Encourage small adjustments (front-row seating, extra time, peer buddy)

- Liaise with local education officials
- Support phased re-entry

A mother in Mukono described her son's gentle transition:

"The teacher agreed to let him come at break time first. Slowly he joined the class."

5.3.8 Working with Community Health Workers (CHWs)

CHWs often know families personally and can be invaluable allies. They can demonstrate basic therapy routines, monitor health or nutrition, support medication adherence and facilitate clinic access.

A CHW in Kenya said:

"I just showed her how to position him for feeding. It made feeding peaceful."

Their proximity and trustworthiness make them uniquely effective.

Zambia Case Study — Short Narrative

"The Community That Carried Us"

In a rural Zambian village, Anna's mother felt exhausted caring for her daughter alone. Anna had frequent seizures, and neighbours initially kept their distance. A community volunteer began visiting weekly, speaking first with the mother, then with neighbours, the church, and the local women's group. Slowly, perceptions shifted.

One neighbour began escorting the mother to the clinic. The church provided a quiet corner for Anna during services. The VSLA helped fund transport during a difficult month. A teacher agreed to try short, supervised school visits.

The mother later said:

"When the community accepted my daughter, everything changed. I felt we were carried."

This story illustrates a central message: community support is not a single intervention - it is a network of small acts that reduce fear and build belonging.

5.4 Building Community Acceptance and Reducing Stigma

Stigma remains one of the biggest barriers faced by families of children with disabilities. Harmful beliefs about curses, contagion or parental guilt isolate families. Effective strategies to reduce stigma include:

- small dialogue circles in homes or churches
- parents sharing personal testimonies
- increasing children's visibility through play, church, or events
- teachers modelling acceptance
- faith leaders offering public, inclusive messages

As one Kenyan caregiver said:

"When the priest spoke about love for all children, people changed. It was powerful."

Stigma reduction is central to **Inclusive Communities (Dimension E)** and a core area for programme growth.

5.5 Practical Tool: Community Mapping Worksheet

Frontline workers can use this worksheet during home visits or group meetings to identify who and what is available locally. Questions include:

- Who already knows the child?
- Who has shown kindness?
- Which faith leaders could be allies?
- Are there active OPDs nearby?
- Has any school supported children with disabilities before?
- Which VSLAs or women's groups operate locally?
- Who can provide transport or accompaniment?
- Are local government actors (e.g., disability officer) accessible?
- Are there safe public spaces where the child could participate?

The completed map helps identify people, places and pathways that can support the family.

5.6 Tips for Practitioners Working in Resource-Poor Communities

- Start small - one supportive neighbour can change a family's experience.
- Use what exists - OPDs, faith groups, schools, CHWs, VSLAs.
- Keep solutions low-cost and culturally grounded.
- Don't wait for formal services; build informal networks first.
- Engage extended family early.
- Reinforce positive behaviour from community members.
- Stay consistent - communities change through relationships, not one-off visits.

A Ugandan volunteer summarised it well:

"At first, they refused the child. After three visits, they softened. After six, they welcomed him."

CHAPTER 6: Strengthening the Frontline Workers

6.1 Why Strengthening Frontline Worker Matters[1]

Across Kenya, Uganda and Zambia, frontline workers share a common challenge: even when families are loving and communities are open, the quality of support depends on the skills, confidence and wellbeing of the people walking with them. Frontline workers, Sisters, community volunteers, teachers, and CHWs are often the first - and sometimes the only - people families turn to for guidance.

But many of these workers are overstretched, under-resourced or working alone in demanding environments. One Sister in Uganda described it simply: *"We had the heart, but not always the skills. The training helped us see what to do."*

A social worker in Kenya added: *"My caseload is huge. Simple tools make the work possible."*

This chapter highlights practical, low-cost ways to strengthen the workforce, so support remains consistent, safe, relational and inclusive, in line with the Misean Cara Children with Disabilities Framework.

6.2 Who Are the Frontline Workers?

In disability-inclusive, family-based care, the frontline workers include a diverse range of local actors who provide direct support or guidance to children with disabilities and their families:

- Sisters and congregation staff
- Social workers and para-social workers
- Community health workers (CHWs)
- Teachers and early childhood staff
- Community volunteers
- Peer parent mentors
- Local government child protection officers

Each contributes differently – through support, coaching, referral, community connection. Care is strongest when everyone is connected and working together, sharing responsibilities rather than carrying them alone.

6.3 Essential Skills for Supporting Families and Children with Disabilities

The study revealed a set of core skills frontline workers need. These are not technical competencies, but practical, learnable skills grounded in dignity, relationship and the social model of disability.

A caregiver in Zambia said: *"She listened - really listened. For the first time, I felt supported."*

[1] UNICEF's Front Line Workers training package is a generic but useful resource: Disability-inclusion – Frontline workers training | UNICEF may be useful for Misean Cara and CCC's partners frontline workers



Diagram 6: The Frontline Worker's Core Skills

6.3.1 Safeguarding Competencies

All frontline workers should understand their safeguarding responsibilities and know how to recognise and respond appropriately to concerns.

Core safeguarding competencies include:

- recognising signs of abuse, neglect and exploitation
- understanding organisational safeguarding procedures
- responding calmly and appropriately to disclosures
- documenting concerns accurately

- understanding referral pathways
- maintaining confidentiality and dignity
- applying a "do no harm" approach

Safeguarding training should form part of induction, refresher training and ongoing supervision for all staff and volunteers.

6.4 Strengthening the Workforce

Workforce strengthening does **not** require expensive training programmes. Short practical training, peer learning and regular reflection are often more useful than long one-off training sessions

6.4.1 Short, Practical Training Sessions

Short training modules - delivered in parish halls, community centres, schools or during team meetings - help workers learn practical skills without long, academic sessions. Topics may include feeding and positioning, communication tools, calming routines, seizure response, stigma reduction, making low-cost assistive devices, or identifying caregiver stress.

In Uganda, volunteers trained in calming and feeding routines saw immediate improvements in family confidence.

6.4.2 Peer mentorship

Parent-to-parent mentorship is one of the most powerful, low-cost approaches. Caregivers trust each other's experience.
A mentor parent in Kenya said: *"I show them what I learned. If I did it, they can too."*

6.4.3 Involving OPDs

OPDs bring lived experience, credibility and insight into inclusion. Communities listen differently when someone with disabilities speaks. OPDs can help train staff, support assessments, advocate with schools, and model inclusion.

6.4.4 Using faith networks

Faith networks provide legitimacy, spiritual support, meeting spaces and motivated volunteers. In many areas, faith leaders influence attitudes more than any policy.

6.4.5 Promoting Staff Wellbeing and Preventing Burnout

Frontline workers often support families experiencing significant challenges including poverty, safeguarding concerns, family conflict and social isolation. Over time, this emotional load can affect wellbeing and effectiveness.

Organisations should therefore promote staff wellbeing through:

- supportive supervision
- mentoring and peer support
- regular debriefing opportunities
- manageable caseloads

- access to psychosocial support where available
- opportunities for rest and reflection

Supporting the wellbeing of frontline workers ultimately strengthens support for children and families.

Case Study — Zambia

"When Staff Grow, Families Grow Too"

In a rural Zambian community, Mary — a young community volunteer — felt uncertain about supporting a family whose child had complex needs. She cared deeply but did not know how to help. During a short training led by an occupational therapist, she learned simple positioning techniques, how to recognise caregiver stress, and how to demonstrate a basic calming routine.

Mary visited the family the next week. She sat with the mother, listened first, then gently demonstrated what she had learned. The mother tried the new feeding position and immediately noticed her daughter swallowing more comfortably. Together they practised the calming routine for moments when the child became distressed.

A month later, Mary found the family more confident, the child more settled, and the mother less overwhelmed. The caregiver said: "When Mary learned what to do, it helped us all. She gave me confidence."

This small story reflects a larger truth: when frontline workers receive even simple training, families feel supported — and children benefit immediately.

6.5 Monitoring, Learning and Evidence Use

Monitoring is not only about reporting programme activities. It is also about understanding whether children and families are experiencing meaningful improvements in their daily lives. Regular review of data helps frontline teams identify gaps, strengthen interventions and demonstrate evidence of change. Some suggestive indicators include:

Child Outcomes

- school attendance
- participation in family and community life
- access to services
- safety and protection

Family Outcomes

- caregiver wellbeing
- economic resilience
- access to social protection
- use of referral services

System Outcomes

- referrals completed
- collaboration with government services
- safeguarding cases managed
- functioning community support structures

6.6 Monitoring Quality in Community-Based Care

Quality monitoring ensures children and caregivers receive safe, respectful and effective support - without relying on consultants or long reports.

Frontline teams can observe:

Child wellbeing

Participation in daily life, school attendance, safety, and health needs.

Family wellbeing

Caregiver stress, improved routines, confidence and sense of support.

Community inclusion

Attitudes, church participation, schooling, and peer interactions.

Workforce performance

Home visit consistency, follow-up, problem-solving and collaboration.

A simple home-visit checklist - observing, listening, identifying one challenge and reinforcing one strength - keeps quality monitoring practical and sustainable.

6.7. Practical Tools for Workforce Strengthening

Teams can use simple tools such as:

- **Skills self-assessment** (listening, safeguarding, caregiving coaching, follow-up)
- **Monthly team reflections** (what worked, challenges, families needing urgent support)
- **Referral directories** (clinics, CHWs, OPDs, schools, faith groups, social protection contacts)

These tools help teams stay accountable, reflective and connected - an essential part of sustained quality.

Acknowledgements

This Guidance Document was shaped by the collective efforts of many individuals and organisations.

We extend our deepest gratitude to the families, caregivers and young people with disabilities in Kenya, Uganda and Zambia whose experiences and insights sit at the heart of this work. We also warmly acknowledge the OPDs in all three countries, whose lived experience and local expertise brought clarity, context and a powerful rights-based lens to the process.

Our thanks go to the Misean Cara member organisations, Catholic Care for Children (CCC) networks and faith-based congregations whose long-standing presence in communities' grounds and enriches this work. We are equally grateful to the Sisters, social workers, community volunteers, teachers, health workers and local leaders who contributed field learning and practical wisdom.

We appreciate the Steering Group for ensuring this guidance remained practical, accessible and rooted in frontline realities. Finally, we thank the project teams, researchers and partners whose collaboration, commitment and review made this document possible.

Annexes

Annex 1: Misean Cara Children with Disabilities Framework (Summary)

The Misean Cara Children with Disabilities (CWD) Framework provides a practical approach for designing, reviewing and strengthening disability-inclusive programmes. It is based on international human rights standards, including the UN Convention on the Rights of Persons with Disabilities (CRPD) and the Convention on the Rights of the Child (CRC), and promotes a holistic approach to care, inclusion, participation and belonging for children with disabilities.

The framework recognises that children with disabilities thrive when support extends beyond the child to include families, services, communities and wider society. It is intended to be used alongside Community-Based Inclusive Development (CBID) approaches and can serve as a practical self-assessment tool for programmes seeking to identify strengths, gaps and opportunities for improvement.

The Six Dimensions of Inclusion and Belonging

The framework is organised around six interconnected dimensions grouped into three complementary pairs.

Child and Family

A. Direct Support for the Child in the Home Focuses on the safety, wellbeing, participation and development of the child. This may include child protection, assistive devices, therapy, communication, daily living skills, psychosocial support and opportunities for play and recreation.

B. Family Support Recognises the central role of families in caring for children with disabilities. Key areas include disability awareness, caregiving skills, safeguarding, peer support, psychosocial wellbeing, family relationships, livelihoods and economic resilience.

Education and Services

C. Inclusive Education Promotes access to quality learning opportunities appropriate to each child's needs, whether through mainstream, inclusive or specialised settings. This includes safeguarding, reasonable accommodation, participation, life skills, vocational training and preparation for adulthood.

D. Access to Services Highlights the importance of disability assessments, healthcare, rehabilitation, therapeutic services, early intervention, assistive devices, social protection and referral systems. It also emphasises support for adolescents and transitions into adulthood.

Community and Society

E. Inclusive Communities Focuses on reducing stigma, strengthening acceptance, safeguarding, participation, disability awareness, play and recreation, advocacy and community belonging.

F. Inclusive Societies Addresses broader systems change through collaboration, advocacy, networking, policy influence, engagement with Organisations of Persons with Disabilities (OPDs), research institutions, faith actors and government systems.

Core Principles

The framework is guided by nine core principles:

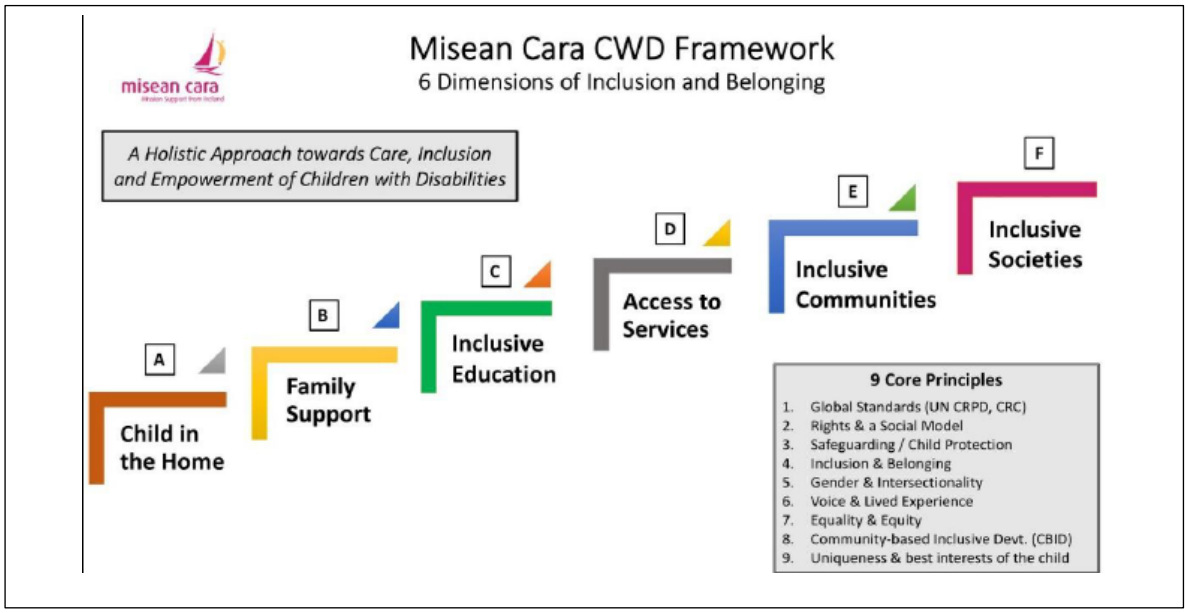
1. Global standards (CRPD and CRC)
2. Rights-based and social model approaches
3. Safeguarding and child protection
4. Inclusion and belonging
5. Gender and intersectionality
6. Voice and lived experience
7. Equality and equity
8. Community-Based Inclusive Development (CBID)
9. Uniqueness and best interests of the child

Using the Framework

The framework is not intended as a checklist of activities to be implemented all at once. Rather, it encourages programmes to:

- identify strengths and gaps;
- address safeguarding and exclusion risks as priorities;
- build on existing good practice;
- strengthen capacity, learning and partnerships;
- work incrementally towards a more holistic approach; and
- place children with disabilities, their families and their lived experiences at the centre of programme design and decision-making.

In summary, the Framework provides a practical roadmap for strengthening family-centred, community-based and disability-inclusive approaches that help children with disabilities grow up safe, included, supported and connected within their families and communities



Annex 2: Safeguarding and Protection Red-Flag Tool[2]

Purpose

To help frontline workers identify when immediate safeguarding action is required and what steps to take safely.

A. Possible Abuse

- Unexplained or repeated injuries
- Child avoids or fears a specific adult
- Sudden regression or extreme withdrawal
- Sexualised behaviour not appropriate for age
- Disclosure of harm or abuse
- Violent or degrading discipline

B. Neglect

- Child left unsupervised for long periods
- Malnutrition or untreated illness
- Unsafe sleeping or feeding arrangements
- Child appears unwashed or consistently uncared for
- Caregiver unable to supervise due to illness, substance use, or overwhelm

C. Caregiver Red Flags

- "I cannot manage anymore", "I might hurt the child"
- Visible exhaustion, panic or emotional collapse
- Domestic violence or high conflict in home
- Child shows fear of caregiver

D. Environmental / Community Risks

- Unsafe routes to school/clinic
- Known local perpetrators
- Community hostility toward disability
- Child regularly wanders unsupervised
- Risk of exploitation or trafficking

E. Immediate Steps for Frontline Workers

- Ensure child is physically safe
- Do not leave a child at immediate risk
- Contact your organisational safeguarding focal point

[2] This tool is intended to help frontline workers recognise possible safeguarding concerns and respond appropriately. It is not a substitute for organisational safeguarding policies, specialist assessment, or mandatory reporting procedures. Users should always follow their organisation's safeguarding protocols and local referral pathways.

- Refer to police, social welfare or health services where necessary
- Document only essential observations
- Follow up within 24–48 hours
- Maintain dignity, confidentiality and care

Safeguarding is the responsibility of every staff member and volunteer.

Annex 3: Frontline Guide: How to Ask Sensitive Questions Safely

Purpose

To support Sisters, CHWs, OPDs, social workers and volunteers in asking about safety, stress, stigma or abuse without causing harm.

1. Create Safety Before Asking Anything Sensitive

- Sit at eye level
- Ensure privacy (not in front of neighbours or suspected abusers)
- Use warm, non-judgmental tone
- Say: *"I ask these questions to understand how best to support you and your child."*

2. Use Gentle, Open-Ended Questions

Instead of "Why?", try:

For caregivers:

- "How are things at home these days?"
- "What has been hardest for you recently?"
- "When do you feel most worried about your child's safety?"
- "Is there anything happening that makes you uncomfortable or afraid?"

For children:

- "Who helps you when you need something?"
- "Is there any person or place you don't like to go to?"
- "What makes you feel safe?"

3. Observe as Much as You Ask

Notice:

- Body language and quiet cues
- Interaction between caregiver and child
- Safety of sleeping/eating/play environment
- Signs of fear, hiding, flinching
- Hazards within reach (fire, water, sharp tools)

4. Explore how families guide or calm their children with care

Ask:

"Families use different ways to guide or calm children. What do you usually do?"

If harsh discipline is described, avoid blame:

- Offer safer alternatives
- Explain impact simply

5. Normalise Feelings to Reduce Shame

Use statements like:

- "Many caregivers feel overwhelmed at times."
- "It's common to worry or feel unsure."
- "You are not alone - we can support you."

6. Know When to Stop and Refer

If a disclosure begins:

- Listen without interrupting
- Don't ask for detailed descriptions
- Don't promise secrecy
- Say: *"You did the right thing telling me. I will help you get support."*
- Initiate safeguarding protocol immediately

Annex 4: Definition of Key Terms

This glossary explains key terms in simple, practical language for frontline workers. It is designed to make disability-inclusive family and community care easier to understand and apply in daily work. Each definition focuses on what workers need to know when supporting children and families.

Terms	Definition
Accessibility	**Meaning:** Removing barriers so persons with disabilities can use buildings, transport, information, communication tools and public services like everyone else. **Think:** *"Can they get in? Can they understand? Can they use it?"*
Alternative Care	**Meaning:** When a child is cared for by someone other than their parents (e.g., kinship care, foster care, adoption). Institutional care should be a last resort and short-term only.
Assessment (Child and Family)	**Meaning:** A simple process to understand a child's needs, caregiver wellbeing, family strengths and community context. Helps decide what support is needed now.
Assistive Devices / Assistive Technology (AT)	**Meaning:** Tools that help a child do things more easily (e.g., wheelchairs, walkers, hearing aids, communication boards). *Anything that supports function and participation.*
Care Reform / De-institutionalisation	**Meaning: Moving away from residential institutions toward family-based care.** **Goal: every child grows up in a safe, nurturing family.**
Case Management	**Meaning:** A step-by-step process where a worker helps a child and family plan, access and follow up on needed support. *Assessment → plan → follow-up.*
Community-Based Inclusive Development (CBID)	**Meaning:** A community-driven approach ensuring persons with disabilities participate fully in community life. Focus on removing barriers and strengthening local systems.
Disability	**Meaning:** Disability happens when a person with an impairment meets barriers in the environment, attitudes or services. *The person is not the problem - the barriers are.*

Terms	Definition
Early Intervention	▧ **Meaning: Support given early in a child's life to strengthen development and prevent complications.** ▧ **Often simple routines taught to caregivers.**
Family Strengthening / Family Support	▨ **Meaning:** Services that help families care safely for their children - emotional support, coaching, economic help, peer groups and more. ▨ Builds confidence and stability.
Gatekeeping	▨ **Meaning:** Bringing the right people together to look at a child's situation and decide what support can keep them safely at home**.** ▨ Prevents unnecessary institutionalisation.
Impairment	▧ **Meaning: A long-term difficulty in how a person's body or mind works (moving, seeing, hearing, learning, communicating).** ▧ **The impairment isn't the issue - *barriers create disability.***
Inclusive Education	▧ **Meaning:** All children learn together in ordinary schools with the support and adaptations **they need.** ▧ Not integration; the school adapts to the child.
Individual Plan (IP)	▨ **Meaning:** A personalised plan showing a child's goals and the support needed at home, school and in the community. ▨ Developed with the family.
Institutional Care	▨ **Meaning:** Large residential facilities where many children live together with limited individual attention. ▨ Not suitable for children with disabilities; used only temporarily.
Livelihoods / Economic Strengthening	▨ **Meaning:** Support that helps families stay financially stable - VSLAs, grants, savings groups, small business support. ▨ Reduces stress and prevents separation.
Misean Cara Children with Disabilities Framework	▨ **Meaning:** The six-dimension framework guiding disability-inclusive family and community care: *Family Support, Child in the Home, Inclusive Education, Access to Services, Inclusive Communities, Inclusive Societies.*
OPD	▨ **Meaning:** Organisations led by persons with disabilities themselves. ▨ Provide lived experience, advocacy and community awareness.

Terms	Definition
Peer Support (Caregiver or Youth Groups)	**Meaning:** Groups where parents or youth share experiences, learn skills and support each other. Builds confidence and reduces isolation.
Persons with disabilities	**Meaning:** People with long-term impairments who face barriers that limit participation. Defined in the CRPD.
Reasonable accommodation	**Meaning:** Making fair and needed changes so a person with a disability can participate equally - unless the change creates an undue burden. *Example: flexible timing, seat changes, communication aids.*
Reintegration	**Meaning:** Supporting a child returning from an institution or centre to family or community care - ensuring everyone is prepared. Includes emotional, practical and community preparation.
Safeguarding	**Meaning:** Protecting children - especially children with disabilities - from abuse, neglect, exploitation or discrimination. Requires active vigilance and quick action.
Stigma	**Meaning:** Negative beliefs or attitudes that lead to exclusion or shame. Stigma is reduced through relationships, awareness and visibility.
Transition/Care Transitions	**Meaning:** The planned process of supporting a child, family and community when a child's care situation changes. Preparation, follow-up and monitoring are essential.