

Emergency WASH for Children

Annex D – Resources

1.1 Unicef

The Compendium for WinS in Emergencies can be downloaded from sendspace:
<http://www.sendspace.com/file/3v2v83>

The links to the WASH for Schoolchildren in Emergencies, Teacher’s Guidebook and the flashcards are included below:

Teachers’ Guidebook:

http://www.unicef.org/wash/schools/files/WASH_in_Schools_in_Emergencies_Guidebook_for_teachers_.pdf

Flashcards (Afghanistan/Pakistan):

http://www.unicef.org/wash/schools/files/WinS_in_Emergencies_Flash_Cards_Afghanistan_Pakistan.pdf

Flashcards (Africa):

http://www.unicef.org/wash/schools/files/WinS_in_Emergencies_flashcards_Africa.pdf

Flashcards (Latin America):

http://www.unicef.org/wash/schools/files/WinS_in_Emergencies_flashcards_latin_America.pdf

1.2 WASH in Schools

Zomerplaag, J. and Mooijman, A. (2005). Child-Friendly Hygiene and Sanitation Facilities in Schools: Indispensable to effective hygiene education. Delft, The Netherlands, IRC International Water and Sanitation Centre.

www.schoolsanitation.org

www.washinschools.info

WASH in Schools (WiS) is a global partnership to improve WASH provision in schools. The website has pulled together WASH in Schools resources from different countries – these can be accessed through the following link:

<http://www.washinschoolsmapping.com/maps.html>

USAID /HIP (2010) Training Guide for Parents, Teachers and Student Leaders in WASH friendly schools AED Washington

<http://www.schoolsandhealth.org/Documents/WASH-Friendly%20Schools%20Training%20Guide%202010.pdf> last accessed 28.05.13

Government of Ethiopia Ministries of Health, Education and Water Resources in collaboration with UNICEF (2011) Design and Construction Manual for Water Supply and Sanitary Facilities in Primary Schools in Ethiopia. Ethiopia. Available from:

http://www.unicef.org/wash/schools/files/WASH_in_Schools_Design_Manual.pdf last accessed 30.05.13

1.3 Child to Child

www.child-to-child.org/resources/

This website has a variety of materials – many free to download including child to child, children living in camps, CTC in Natural disasters. CTC activity sheets are also available for purchase.

Arabic materials are available from <http://www.mawared.org/>

Child to Child Trust (2007) Child to Child: A resource book 3rd Edition, CTC Trust London

1.4 Oxfam

Oxfam (2013) Techniques used with children in Promoting Hygiene, First draft J. Silverman HSP

This manual provides an overview of HP with children and the approaches and methods that could be used with links to further information. It also contains a collection of HP activities that can be used with children.

Oxfam (2012) Working with children in Humanitarian WASH Programmes, briefing paper available from:

<http://policy-practice.oxfam.org.uk/publications/working-with-children-in-humanitarian-wash-programmes-298948>

1.5 Save the Children

Save the Children Sweden (2007) Training Manual: Child-Led Disaster Risk Reduction in Schools and Communities – developed in Thailand. Available from:

http://seap.savethechildren.se/South_East_Asia/Misc/Puffs/Training-Manual-Child-Led-Disaster-Risk-Reduction-in-Schools-and-Communities1/

Save the Children UK (2013) Guidelines on children's participation in humanitarian programming written by Claire O'Kane March 2013

Save the Children (2011) Psychological First Aid Toolkit and Manual. SCF Denmark available from:

<http://resourcecentre.savethechildren.se/child-protection/recommended-resources/newsletters/march-2011/psychological-first-aid-toolkit> last accessed 22.05.13

Save the Children (2013) Child focused approach to humanitarian programming and checklist draft January 2013 (unpublished internal document)

Save the Children (2013) Facilitators Guide for piloting a "CHILD SATISFACTION MEASUREMENT TOOL" in Save the Children's humanitarian programmes (unpublished internal document)

1.6 World Vision

World Vision (2006) Children in Emergencies Manual, available from

http://childprotection.wikischolars.columbia.edu/file/view/Children+in+Emergencies+Manual_World+Vision.pdf last accessed 16.2.13

1.7 UNHCR

UN High Commissioner for Refugees, *Listen and Learn: Participatory Assessment with Children and Adolescents*, July 2012, available at: <http://www.refworld.org/docid/4fffe4af2.html> [accessed 9 May 2013]

1.8 London School of Hygiene and Tropical Medicine

LSHTM/Hygiene Centre for Unilever PLC (2007) Getting Children to Handwash with Soap: A Guide for Conducting School-Based Handwashing Programmes. Available from:

<http://www.hygienecentral.org.uk/research-schools.htm> last accessed 21.02.13

1.9 Menstrual Hygiene Management (MHM)

Information books for schoolchildren on MHM and puberty from a variety of countries (Tanzania, Ghana, Ethiopia, Zimbabwe, Cambodia, India, Nepal and Uganda) available from:

<http://www.growandknow.org/books.html>

(Click on future expansion on programme page to see some of the publications developed by other organizations)

1.10 Visual Aids

WASH Cluster Visual Aids Library (2009) available from:

<http://onerresponse.info/GlobalClusters/Water%20Sanitation%20Hygiene/Pages/HygienePromotion.aspx>

1.11 Useful videos

http://www.youtube.com/watch?v=nUI7borbzJI&feature=player_embedded

Focuses on maintaining school water, sanitation and hygiene facilities and compares two schools where this has and has not been successful. This could be a useful discussion starter for use with teachers and PTA's. In English.

1.12 Disaster Risk Reduction

Save the Children (2007) Child-led Disaster Risk Reduction: A practical guide written by Lynne Benson and Jon Bugge available from: <http://www.preventionweb.net/english/professional/trainings-events/edu-materials/v.php?id=3820>, last accessed 21.02.13

2 Participatory Project Cycle Management for involving children in WASH Programmes (taken from Oxfam Briefing Paper Working with Children in Humanitarian WASH Programmes).

Project Cycle	Purpose	Examples of child focused programming	Tools
Assessment	To identify WASH needs (water, sanitation, safe disposal of faeces, solid waste, hygiene practices, health and hygiene knowledge and practice etc)	<ol style="list-style-type: none"> 1. Children are consulted on latrine or water point design. 2. Children map locations where open defecation occurs. 3. Focus group discussions with children using pictures to learn more about their position, gender roles, and responsibilities 4. Children carry out key informant interviews with classmates to determine school WASH priorities. 5. Gender analysis to identify stereotypes. 6. Stakeholder mapping to identify government departments or other NGOs implementing children's programming. 	Focus group discussions (FGD), Exploratory walks, Mapping, Observation, Community meetings, Key informant interviews, mini surveys
Planning Problem analysis Planning for solutions	<p>To exchange findings, give feedback and ascertain that target group understands the PH issues and are well informed to block disease transmission route.</p> <p>To help the target group formulate action plans around improving sanitation and hygiene practices, provision of water etc</p>	<ol style="list-style-type: none"> 1. WASH facility design revised based on children's input. 2. Children share results in community meetings with adults and community stakeholders. 3. Children develop messages and images to communicate risky hygiene practices to their peers, classmates or families. 4. Explore ways of integrating WASH information into existing health curriculum with teachers and government. 5. Train Oxfam PH team and external partners on child-focused methodologies. 6. In coordination with children and external partners, finalize monitoring framework, including orientation to formats and reporting frequency. 	<p>Community mapping, Community meetings with men and women, Discussions, Three-pile sorting, Disease transmission route.</p> <p>Community meetings with men and women, Blocking disease transmission route, Barrier charts, Gender role analysis, Voting exercises, Stakeholder analysis</p>
Implementation	To implement action plan e.g. construction of latrines with input from beneficiaries and support from Oxfam; covering of water storage containers by target group etc	<ol style="list-style-type: none"> 1. Launch behaviour change campaigns targeted at children and their carers 2. Construct child-friendly facilities 3. Implement the Child-to-Child approach in weekly sessions. 4. Assist teachers in implementing revised health curriculum to include 	Implementation poster, Observation, Community meetings/note taking of meetings, attendees and frequency of beneficiaries engagement in different activities etc

		<p>WASH information.</p> <p>5. Introduce messages and activities to challenge gender stereotypes.</p>	
Monitoring	<p>To support the community in determining whether the situation is improving/deteriorating and determining if actions are implemented and effective.</p>	<ol style="list-style-type: none"> 1. Children collect qualitative and quantitative data on a weekly/monthly basis to measure progress 2. Review data and discuss with children to ensure that activities are not putting them at increased risk, e.g. ask do you feel safe when collecting water, using the facilities etc. 3. Children monitor progress of their Child-to-Child activities. 4. Teachers, staff, community volunteers identify improvements in their approach to working with children. 5. Review epidemiological data for changes in morbidity and mortality among children. 6. Hold discussions with parents and community stakeholders on progress of intervention 7. Children are able to access accountability mechanism to register concerns or complaints. 8. Share monitoring findings internally and externally and revise approach based on findings. 	<p>Community monitoring checklist, Exploratory walk, participation Spider gram, FGD, Oxfam monitoring checklist, Observation, Monthly monitoring forms</p> <p>Design forms with pictures so illiterate children can collect monitoring data.</p>
Evaluation	<p>To support community to assess the project output/outcome, relevancy and check on unintended impacts of the project</p>	<ol style="list-style-type: none"> 1. Children evaluate the Child-to-Child approach, identify their successes and make recommendations for future activities. 2. Teachers, staff, community volunteers evaluate their performance and identify effective practices for working with children. 3. Internal or external evaluation of child-focused activities. 4. Lessons learned compiled and shared at country and regional level with other PH programmes. Regional and Oxford based advisors receive copy of final report and tools used. 	<p>Participatory evaluation, FGD, Interviews, Spider gram, Exploratory walks, Mapping, Observation, Stakeholder meeting</p>

3 Activities for use with children

The activities used in this research were adapted from **UNHCR (2012)** Listen and Learn Participatory assessment with children and adolescents and the pictures are taken from this publication.

1. Agree /disagree? An activity where you move and vote with your feet



- This activity was used with a group of about 8 -12 children to facilitate a discussion on different types of water carrying containers.
- Cards are placed on the ground with an agree card at one end and a disagree card at the other. In the middle is a 'don't know' card.
- The facilitator reads out different statements in relation to WASH facilities and asks the children to go and stand behind the card according to whether they agree, disagree (or don't know) with the statement. For example:
 - I always wash my hands with soap after using the toilet
 - I think the toilets are safe to use during the day/ during the night
 - I prefer to use a container of this size to collect water (use examples)
 - Etc.
- Try a practice run through until the group understands what they have to do and start with easy statements such as 'I like to play'
- Facilitate a discussion on the 'votes' chosen asking why they have chosen that position etc.
- It is possible to speed up or slow down the activity according to the mood of the group
- An alternative is to ask them to close their eyes and then do a 'thumbs up or thumbs down' according to their opinions about the statements. This can be used if they seem to simply be copying each other.

2. Drawings of WASH facilities



- Provide a group of children with coloured pens and paper
- They can do this activity individually, in pairs or in small groups
- Talk a little bit about the issue you want them to draw and ask them questions e.g. what do you think about the toilets – what are the good points, what are the bad points? Are they easy for children to use? What would you change if you could?
- Then ask them if they would like to draw a picture of the good and bad aspects of the current toilets or an ideal toilet

3. Getting everyone to speak



- Ask children to stand in a circle.

- Give each child a stone (or ball of paper, button, bean etc.)
- Ask each child in turn to throw their stone into the centre of the circle and to say one thing they like about the toilets/ pumps/ HP activity

If any children find it difficult to think of anything then say you will come back to them and move on. If they still can't think of anything then try not to make them feel uncomfortable and tell them they can always tell you later when they have thought of something.

4. In the river, on the bank



- Draw a line on the ground or place some coloured tape down
- Get the children to stand on one side of the tape and explain that they are on the riverbank
- Explain that you will call out 'in the river' or 'on the bank' and they must jump back and forth over the line. Change the order in which you call out which way they must jump.
- Do this a couple of times slowly and then speed up. Sooner or later someone will get it wrong and then that person is out.
- Continue until you have a winner
- Ask them all to line up again on the bank and give them a stone. Explain that they are going to throw all the good things about the WASH programme into the river one by one.
- Reverse this and ask them to throw their stone onto the bank for all the good things about the WASH programme.
- Facilitate a discussion about the things they don't like and try and obtain suggestions about what might change and how.

5. Unhappy, happy or neutral face

- Place 3 flipcharts on the ground with large faces
- Give each child a stone

- Ask them what they think of a) the toilets, b) the handpump c) the school hygiene club, d) the hygiene kit distribution etc.
- Facilitate a discussion on each question counting the votes for each face

4 Examples of good practice

Bangladesh emergency response

A variety of organizations in Bangladesh set up child friendly spaces as part of their emergency response for people displaced due to flooding, including Plan and Uttaran – a partner of Save the Children. These sheltered areas offer very practical support for parents struggling to manage following the disaster and also allow children to play in a supportive environment. Basic hygiene such as handwashing is an important lesson that they learn and clean water and child friendly toilets are also provided close by.

Oxfam also designed WASH emergency responses in Bangladesh with children in mind – seeing children as very effective change agents, and ACF has designed child friendly toilets as a part of their emergency response. The toilets are open and are brightly decorated inside. Muslim Aid has organized quizzes and essay writing competitions in Schools to raise awareness about hygiene.

ACF Child friendly latrines in Kutupalong Refugee Camp Cox's Bazaar, Bangladesh



Uttaran (SCUK Partner NGO) Child Friendly Spaces in Satkhira, Bangladesh



Children's latrines in health centres

Children's open defaecation around hospital compounds often becomes a problem and presents a hazard to the health of the patients. In one hospital in South Sudan the MSF engineer designed a solution by cutting out the bottom of plastic potties and cementing them on top of a latrine slab. The superstructure was kept half open to prevent adults from using it and to make it less foreboding for very young children. They were sited as close as possible to the paediatric ward and the TFC and were lit at night with kerosene lights.

Initially the paediatric ward and therapeutic feeding centre had used potties for children but they were not used very effectively and became quite unhygienic. Most children preferred to defaecate in the open outside.

Mothers were delighted with the new latrines for their children and they undertook to keep them clean and would admonish other mothers if they did not do so or if they let their children go on the floor outside. Mothers felt that it was a 'gift' for their children and a sign of respect and it made their job of looking after them a lot easier. New admissions would be introduced to the use of the latrines, showers and washing slab. The only drawback to the potties was that they did not have lids.

Source: Rink De Lange (MSF Holland)



Safety mapping in Somali refugee camps

The Women's refugee commission carried out some action research with adolescent girls in the Somali refugee camps in Ethiopia in August 2012. This was part of a global advocacy research project aimed at enhancing the safety and resilience of adolescent girls aged 10 to 16 years.

Focus group discussions and individual interviews were held with 86 adolescent girls, 24 boys and 25 refugee male and female community leaders. They found that few programmes addressed their need for protective social networks and that they were at extreme risk of sexual violence, exploitation and harmful traditional practices. The following girls were identified as being disproportionately at risk:

- Out of school
- Living alone
- Living with a 'foster family'
- Young mothers
- Girls with disabilities
- Domestic workers
- Those trafficked into domestic and other labour
- Those trafficked into sex work

A safety mapping exercise was carried out during the focus group discussions where smaller groups of 2-4 participants drew maps of the camp and pictures to illustrate what they did during the day. They used red marker pens and an x to indicate where they did not feel safe during the day and night and explained what made them feel unsafe.

"Girls consistently indicated in the safety mapping exercise that water points near mosques and on sports fields are concentrated sites of repeated harassment and abuse by men and boys who cluster in these areas."

They also indicated that the lack of lighting at night made them feel 'easy prey to anyone who wishes to do them harm'.

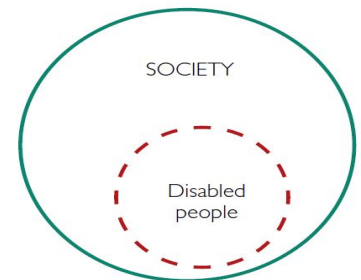
The group discussions gave the girls a safe space to discuss their fears and identified a variety of changes that could be made to make them feel safer.

WEDC accessibility audit

WEDC has developed tools that can be used to improve access to WASH facilities for groups that are often marginalized such as people with disabilities, older people, women and school children.

WEDC uses the 'social model of inclusion that sees difference as a normal part of society and requires that society adapt to and accept these differences rather than requiring the individual to adapt to society:

INCLUSIVE APPROACH



The idea of the 'audit' is to find out what the barriers are to using WASH facilities and then to identify what changes can be made to address these. The barriers can occur at the environmental or physical, institutional or policy or sociocultural and attitudinal levels. Change then will often also need to occur at all of these levels. For example if the WASH needs of children are to be met then there needs to be a change in the way we see children – they will be different ages, from different cultures and with different abilities, they are able to voice their concerns and participate in WASH programmes, if we enable them to do so and what is needed is both 'child friendly toilets', changes in policy and changes in attitudes by practitioners and communities.

Whilst the examples given by WEDC only focus on school children, the materials can be adapted for use with other children. One exercise could invite children to visit the existing toilets or water points with a facilitator and find out how they use the facilities and what physical barriers there are.

Programme for the promotion of Primary Health Care in Rural Areas (a Tearfund partner)

The following is extracted from Tearfund Footsteps number 83, page 4 and provides an example of how child-to-child was used to promote health and hygiene in schools in DRC

“Learning is a process. Through learning, children and adults discover new knowledge together. Since 2002, PPSSP (Programme for the Promotion of Primary Health Care in Rural Areas) has been working in the Eastern Democratic Republic of Congo (DRC). PPSSP helps to improve the quality of life of the population by:

- Promoting good public health practices
- Providing emergency disaster assistance
- Reducing the trauma caused by armed conflict, HIV, gender-based and sexual violence.

Despite being more vulnerable to diseases and victims of the most serious abuse in society, children can be very active health promoters and provide answers to the problems they face. Using the ‘child-to-child’ approach, PPSSP supported the formation of health clubs in schools, otherwise known as ‘School Brigades’. There are eight types of Brigades that oversee the following areas:

- Water
- Latrines
- Food
- Student welfare
- Playground and classrooms
- Green spaces
- Diseases and first-aid
- Smoking and alcoholism.

Each Brigade has ten members and there are around 80 children who have been trained as health promoters. The children in the Brigade train others in their school, children in other schools and children who do not go to school. They also train adults, including parents. Children trained in the child-to-child method in a primary school in Kotongo started a reforestation project. As a result, each household in the village of Kotongo has understood the importance of planting trees.”

Written by Deogratias Mwakamubaya Nasekwa

Government of Ethiopia Design and Construction Manual

The Ministries of Health, Education and Water Resources worked in collaboration with Unicef to compile a construction manual for School WASH. The manual introduction describes the current state of school toilets and says that 30% of the Schools in Ethiopia do not have water supply or toilets at all. Where the facilities exist they are 'poorly designed and constructed and may not have sufficient water for handwashing'. They also state that toilets are not well managed and are often 'filthy and unusable' and often the toilets are found to be locked and therefore cannot be used.

The manual outlines in detail what 'child friendly principles' are in construction terms and advocates for consultation with the users of the facilities. The following principles are seen to be central to the design and construction of School WASH facilities:

- **Assess gender related needs**
- **Adequate capacity and minimal waiting time**
- **Have appropriate dimensions and adjustments for children**
- **Physically separate facilities**
- **Use appropriate orientation of facilities**
- **Have appropriate location of toilets**
- **Appropriate designs for different age groups**
- **The facilities should encourage hygienic behaviour**
- **Address the needs for children with physical disabilities**
- **Do not harm the environment**
- **Look for low cost solutions without compromising quality**
- **Address the environmental, cultural, religious and socioeconomic factors**

“ In many cases the toilets are locked to avoid having to keep them clean”



Photo: Gov of Ethiopia /Unicef

For more information: Government of Ethiopia Ministries of Health, Education and Water Resources (2009) Design and Construction Manual for Water Supply and Sanitary Facilities in Primary Schools in Ethiopia. Produced in collaboration with UNICEF, Ethiopia. Available from:

http://www.unicef.org/wash/schools/files/WASH_in_Schools_Design_Manual.pdf last accessed 30.05.13

5 More Ideas for excreta management for children



Photo: Kerine Deniel



Peepoo Kiti



The children's suggestions

Some pointers for making any latrine child-friendly, whether at school or at home:

- Paint it!
- Plant flowers and trees around!
- Build a door or a wall to ensure privacy!
- Add a step to make a sit-down toilet safer for littler children!
- Clean it!
- Repair the floor with a little cement so that water and urine don't puddle and smell!
- Buy a new bucket to carry water for flushing!

For further information and designs of child-friendly latrines from Viet Nam, e-mail cbadloe@unicef.org.



Photo courtesy K. Gibbs, RedR. Taken from WASH Cluster Training

PLASTIC PANTS

Counselling Card

- Used to protect bedding and clothing from urine and feces.
- Made from medium weight plastic (like plastic sheets for delivery).
- ALWAYS put cotton cloth between patient's skin and plastic pants.

Making Plastic Pants

- 1** Cut plastic sheet into shape of a pant (that is opened up to lay flat). Cut a size appropriate for client.



- 2** Have local tailor sew gathers with an elastic band on inside of edges that go between the legs (to prevent gaps that can leak).

gathers
made by
tailor



- 3** Place a cotton cloth over plastic pant and put them on client making sure that only cotton cloth comes in contact with client's skin. Tie sides of pant to hold in place.



Locally made plastic pants, Uganda⁹

Plastic pants, which are worn over the top of underwear or cloth, can be made from a plastic bag.

The example of how to make these pants, shown left, was developed for the training of carers of people with HIV/AIDS in Uganda, as a protection for people with incontinence. They can also be used by bedridden women and girls who are menstruating.

The plastic pants shown above are made out of a plastic bag and were designed as an incontinence aid. However, they could also be used with cloth or nappies for babies and young children.

6 Ideas for Sustainable school handwashing facilities

These tin cans have holes drilled into the bottom and metal hooks are then attached to them so they can be hung up on a bar. After going to the toilet a child takes down the scoop and plunges it into a bucket of water and then hangs it up on a long bar so that she can rub both hands together under the water that drains from the holes in the bottom of the tin can. Several children can do this at the same time. These tins last for a long time. The main challenge is ensuring that soap and water are always available.

Photo: Jean La Pegue ACF France



7 Assessing hygiene in school

The box below shows some examples of qualitative methods for assessing and communicating hygiene in schools (adapted from LSHTM 2007 Getting Kids to Handwash).

PHYSICAL ENVIRONMENT AND HANDWASHING BEHAVIOUR	
Structured Observations	Watching what children do around toilets and handwashing to know exactly what is and isn't going on and to understand the environment within which handwashing should take place.
Behaviour Trials	A one-week 'experiment' where children in specific classes are enabled to wash their hands with soap because experiencing regular handwashing helps individuals learn the 'feel' of a specific behaviour so they can report on it in a more accurate and real way.
CHILDREN'S PSYCHOLOGY AND MEDIA INFLUENCES	
Handwash Detectives	Children 'spy' on other children's unsafe hand washing practices and report back through drawings (younger) or photos (older). This uncovers additional insight on behaviour plus on what understanding children have of what is adequate/inadequate hand hygiene.
Motivator Pictures	A focus group in which children explore their motivations for handwashing to help understand the fundamental motivators around hygiene; it provides deep insight into what is likely to shift children's behaviour.
In-depth Diaries	Structured 24-hour diaries are given out to understand what the children do and what media and influences they are exposed to outside as well as inside school.
What's New	'Junior researchers' must discover how the latest trends and fashions – in language, games, music, jokes, stories, etc – filter into the classroom or playground, through informal as well as formal channels to see what becomes popular and how, and to identify the channels used by students to learn about the world outside school.

POLICY ENVIRONMENT AND SCHOOL CULTURE

Moments that Matter	A group discussion with school leavers, reflecting on what stands out from their time at school to discover where and when handwashing messages and activities can most effectively be fit into the school calendar.
Who's the Boss?	Workshops designed to determine the power structure within a school and how its operating procedures might affect children's behaviour, because what children do in school is a function of their incentives, and their incentives, in turn, depend on who can tell them what to do and reward them for doing it.
School 360°	Interviews designed to elicit the barriers, motivators or opportunities that might influence the running of a handwashing programme in a school.

8 Excerpt from 'Getting Kids to Handwash' LSHTM (2007)

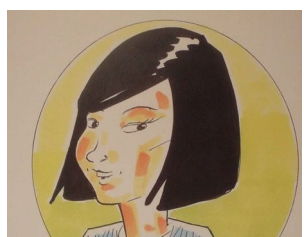
Children's Psycho-social Development

Because they are young (and hence inexperienced), children fulfill their jobs in school (as elsewhere) in a particular kind of way. They use a specific skill-set, determined by their developmental level, prior life experience, the training provided by the school, and aptitudes for learning new information and skills. It is difficult to tease these different influences apart empirically, but luckily that is not really necessary here. It is sufficient to recognize that 6 year-olds do not have the psychological or social resources of their older peers.

However, for the age group we are considering (6-12), most of the basic psychological and social skills have already been acquired, so we can largely ignore developmental issues. (Grusec and Lytton, 1988) Further, the major changes that occur with puberty follow after this period (to a large degree), so that their influence too on behaviour can generally be ignored in this age group. Nevertheless, within this age range there is a gradual shift in the relative importance of different social spheres on children: at the young end of our scale, children are more attentive to their home environment while the older children pay more attention to peer role models than parents. (Harris, 1998) This difference should be kept in mind when using these tools for any particular age group.



'Small' Kids (4-5): The parental influence (especially Mum) is key and the home still the key domain within which they operate, as they are still relatively dependent and vulnerable. They lack self – consciousness and as a result of thinking in relatively black and white terms typically innately honest. While their concentration may be limited imitating the behaviour of others is central to how they learn.



'Medium' Kids (6-9): While still influenced by parents and also siblings these children also have an existence and forming identity outside the home (typically in school) and are increasingly attentive to peers. Boys & girls are likely to have separated out at this age and gender differences to become more pronounced.



'Large' Kids (10-12): Peer influence is key here as is the need to 'fit in' and be part of something (a friendship, a club, a gang, a fashion, etc). As children's sexual identity begins to develop so does their need to separate themselves – emotionally and to an extent physically – from their parents and home, thus establishing their own identity and autonomy within the world. How this is expressed, however, (rebellion versus taking on responsibility versus physical removal etc) will depend on cultural norms.