

Working with children in street situations

Training Manual 2: Prevention of Street Migration

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CREATE: Child Rights Evaluation, Advice & Training Exchange

for

EveryChild Kyrgyzstan

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Working for a world where children are safe and secure
Создадим надежный и безопасный мир для наших детей
Балдарыбызга коопсуз жана ишеничтүү дүйнө түзөлүү



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This training manual is the second in a series of 3, commissioned by EveryChild Kyrgyzstan to assist government and NGO personnel working on issues related to children in street situations. The 3 training manuals are:

1. Core knowledge, approaches and training techniques
2. Prevention of street migration
3. Outreach, drop-in centre work and family reunification

Manual 1 contains essential information which all personnel need to know in relation to working with children in street situations. Manuals 2 and 3 build on the core information contained in Manual 1 and should be used in conjunction with, not separate from, Manual 1. In addition Manual 1 contains training techniques to assist trainers, and trainers of trainers, to effectively deliver the material contained within the manuals.

These training manuals have been compiled by Marie Wernham, Child Rights Consultant, based on materials piloted in Bishkek and Osh with a range of government and NGO personnel over the course of April 2006 – April 2007. Materials are drawn from a wide range of sources as referenced throughout. Unreferenced materials and exercises are the author's own.

The consultant is particularly grateful to the staff of EveryChild Kyrgyzstan, Savina Geerinckx and to the participants of the 4 workshops in Bishkek and Osh where much of this material was field tested.

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Introduction

Why has this training manual been developed?

- This series of 3 training manuals has been produced by EveryChild Kyrgyzstan as part of its Street and Working Children Project in Osh, supported by the UK Department for International Development (DfID).
- During the second year of this 3-year project, from April 2006 – April 2007, a series of 3 'training of trainers' (TOT) sessions were held in Osh and Bishkek by an international consultant to promote cascade training on latest approaches to working with children in street situations to government and NGO personnel in Bishkek and throughout Osh Oblast.
- These 3 training manuals compile materials piloted during these TOTs along with additional inputs. They are based on international good practice in this field, adapted locally to the situation of Kyrgyzstan. It is hoped that they will be used to promote standardised, high quality training on issues concerning children in street situations throughout Kyrgyzstan and beyond. Where examples from Kyrgyzstan are given, these can be adapted as required to other country situations.

Who is this training manual for?

- Social work, police, NGO and other relevant trainers and individuals;
- Managers of social work, police and other relevant training courses and those with influence on relevant training curricula;
- Government ministries and others who develop policy and law in relation to child rights, child protection and children in street situations;
- Inter-governmental organisations and academic institutions with interest in issues concerning children in street situations;
- Donor governments and other funders of projects for children in street situations.

How can it be used?

- As a **training manual** for **basic sensitisation** and **skills development** for personnel in relation to children at risk of migrating to the streets;
- As **background reading material** on children at risk of migrating to the streets and good practices for working with them;
- As a **planning tool to develop an overall strategy** to improve policy, standards and practice in relation to children at risk of migrating to the streets. Please note, however, that the main focus of this manual is on prevention at community level rather than national level policy.

How does it work?

- **Adapt materials** as appropriate. A table is given in Appendix 1 prioritising exercises and outlining suggested training agendas depending on amount of time available. Trainers are expected to put together sessions by choosing the most useful / relevant activities and content for their specific context.
- All **handouts** for training sessions are included separately in the 'Handouts' section for ease of photocopying.
- **Each section includes:** objectives; core knowledge; ideas for training exercises to communicate this knowledge (aim, time, materials needed and the task); links to handouts for participants; summary.
- The **activities** are suggestions only and can be substituted with alternatives as deemed relevant by the trainer.

See Appendix 1 for suggested training agendas suitable for courses of ½ day, 1 day, 3 days and 5 days.

What to look out for



Warning or please note



Key learning points



See also



Handout



Remember!

This manual should be used in conjunction with Manual 1 which outlines core approaches to working with children and families. This Manual assumes that participants are already familiar with some of the key concepts outlined in Manual 1.

Section 1: Getting started¹

1.a Welcome, expectations and aims

Objectives for Section 1

By the end of this section the participants should be able to:

- Identify their fellow students and feel relaxed;
- Identify what they can contribute and what they want to get out of the training;
- Have a clear understanding of the aims of the training;
- Document their current level of knowledge and their attitudes and practice in relation to children at risk of migrating to the streets;
- Have a visible reminder of the focus of the workshop (children at risk of migrating to the streets) and question how this learning can benefit these children.

Welcome participants and explain that you will start the session with a quick game to get to know each other better.

Activity 1: Energiser – ‘Alien handshakes’²

Aim: To break the ice, encourage participants to get to know each other; to create a relaxed learning atmosphere.

Time: 15 minutes

Materials: None

Task: Explain that this is an inter-galactic workshop and that each participant is an alien from a different planet. Each alien (participant) has a different way of greeting according to their culture. “For example, on my planet we do this...” [demonstrate a silly, made-up greeting such as touching elbows with someone else whilst jumping up and down]. Encourage participants to think of their own greeting and to move around the room sharing it with the other participants.

Explain to participants that it is important that they take an active part in the training and that the information sharing should go in all directions. Everybody has something to contribute as well as something to learn. You will explore this quickly through ‘the Contribution and Expectation Tree.’



Activity 2: ‘The Contribution & Expectation Tree’

Aim: To make participants think about what they can bring to, and what they want to get out of, the training course; to encourage a participatory learning atmosphere.

Time: 10 minutes

Materials: Small pieces of paper in two different colours (post-it notes); outline drawing of a tree showing roots and branches on flipchart or board; sticky tape.

Task: Give each participant two pieces of paper – one of each colour (or more, depending on time available). Tell participants to write (or draw) one thing they can contribute to the training session on (e.g.) the pink piece of paper, and one thing they want to get out of the training session

¹ This section deliberately follows a similar format to Section 1 of Manual 1. The content of all activities except Activity 2 have been adapted to suit the subject material of Manual 2. If participants attended similar exercises from Manual 1 training then this section should be quick and smooth, but be sure to point out the slightly different content and focus – i.e. children at risk of migrating to the streets rather than children already in street situations.

² Original source unknown.

on (e.g.) the green piece of paper. Ask participants to stick their contributions (pink) on the 'roots' of the tree and their expectations (green) on the branches of the tree and read them out. Group similar contributions and expectations together. Highlight and put to one side issues which are not going to be dealt with in this course. Sum up. Explain that you will return to these at the end of the training to see if expectations have been met. Encourage participants to exchange experiences with each other in refreshment breaks to see if they can answer any issues that may not be covered in detail during the course. [Photo: 'The Contribution & Expectation Tree' used during Osh training April 2006]

Set out the aims of the training course. Have them written up in advance and display them at this point. Point out as briefly as possible which of the expectations raised in the previous activity will be covered by these aims and which are beyond the scope of this particular course. The following are suggested aims which can be adapted according to the specific audience and contents of the course.

- **Overall aim:** To equip participants with the necessary skills and knowledge on how to prevent children from leaving home to work and/or live on the streets.
- **Outputs:** By the end of the training, participants will:
 - Have a basic knowledge of why children go to live and work on the streets in tir country;
 - Understand what is meant by 'prevention' in relation to street migration and why it is so important;
 - Know how to identify and gain access to children and families at risk;
 - Know how to use tools such as problem trees and community mapping to better plan prevention interventions;
 - Be familiar with good practices in prevention work.

1.b Pre-training assessment: knowledge and attitudes in relation to children at risk of migrating to the streets

Activity 3: 'Baseline knowledge survey – children at risk of street migration'

Aim: To explore participants' knowledge of children at risk of street migration; to act as a baseline test to assess changes in knowledge as a result of the training.

Time: 5-10 minutes

Materials: Copy of the knowledge self-assessment grid for each participant, adapted to suit your specific training (Handout 1).



Task: Each participant fills out the left hand columns (knowledge before training) according to their honest personal opinion.

- The questionnaire should be completed individually / anonymously. Encourage participants to be very honest. Explain that this is not a test, that it is for their own personal benefit and that they do not have to show their answers to anyone else.
- At the end of the overall training session you are encouraged to ask participants to fill out the same questionnaires again (using a different coloured pen) to see if the training has succeeded in changing participants' knowledge and attitudes towards prevention of street migration.
- The examples here can be adapted or added to according to local needs / circumstances.
- As long as the answers are kept anonymous, the facilitator can collect in the worksheets at the end of the training for evaluation purposes. If you do this, make sure that participants know that their answers are anonymous and that this is only to help you improve training in the future. It will not reflect badly on them as individuals.

Activity 4: 'True or false? Attitudes and practice towards children and families at risk'

Aim: To explore participants' attitude and practice in relation to children and families at risk; to act as a baseline test to assess changes in knowledge as a result of the training.

Time: 15 minutes

Materials: Photocopy of the true or false questionnaire for each participant (Handout 2)



Task: To complete the true or false questionnaire in Handout 2. As with Activity 3, this is a personal, anonymous exercise which can be returned to at the end of the workshop to see if attitudes have changed as a result of the training.

The suggested answers for the true and false questionnaire provided here should *not* be shared with participants at this stage. [1F; 2F; 3T; 4F; 5T; 6?; 7F; 8T; 9T; 10?; 11F; 12T; 13T]

1.c Putting at-risk children at the centre of the training



Activity 5: Draw a picture of a "child in a high-risk family" you know

Aim: To encourage participants to visualise a particular "child in a high-risk family" they know in the context of their work and to appreciate their individuality; to consider the impact of this workshop on that individual child; to consider what this child would think of this workshop if they were personally present.

Time: 5-15 minutes (depending on whether time is given to pair work and plenary feedback)

Materials: 1 x small folded piece of paper / card per participant

Task:

- Ask workshop participants to think of a particular "child in a high-risk family" they know or have heard about in the context of their

work. This means a child who is still living in a family situation but who is at risk of leaving that family to go and live and/or work on the streets. If they do not know an individual child, ask them to imagine a 'typical' "child in a high-risk family". Encourage a few moments of personal reflection: Is it a girl or a boy? How old are they? What is their personality like? Their family situation? Why / how have you come into contact with them? What is their life story?

- Ask participants to draw a picture of this child on the front of their card. It can be a simple stick figure or face. The emphasis is on creating a visual reminder of that child – not on producing great art! Don't worry about drawing skills!
- In pairs, introduce your child to your partner. For child protection reasons, change names or do not use full names.
- If there is time, ask for a volunteer to present their child to the whole group.
- Ask participants: Are each of your children the same? [No – emphasise individuality, in spite of possible common characteristics].
- Ask participants to keep their child 'safe' and visible in front of them throughout the workshop as a reminder of what the workshop is all about, even if children in high risk families themselves are not physically present. We will come back to these pictures in different sessions. At various stages of the workshop, ask participants to reflect how the material in the workshop is relevant to this child / what impact it could have on this particular child.

[**Photo:** Osh training April 2006]

Summary of Section 1

Participants should now be familiar with the following:

- Their fellow students and the fact that they are free to contribute ideas and participate actively in the training;
- What they can contribute and what they expect to get from the training;
- The aims of the training;
- Their current level of knowledge and their attitudes and practice in relation to children at risk of migrating to the streets;
- The importance of remembering that this workshop is ultimately about children at risk of migrating to the streets and how this learning can benefit these children.

Section 2: The basics

Objectives for Section 2

By the end of this section the participants should be able to:

- Understand what is meant by 'prevention of street migration';
- Understand the difference between 'developmental' (general) and 'responsive' (specific) prevention;
- Understand why prevention is so important;
- Undertake, with key stakeholders, a 'problem and solution tree' analysis of specific issues to prevent at the level of individual children and families or communities as a whole.

2.a What is 'prevention of street migration'?

Activity 6: What do the terms 'prevention' and 'prevention of street migration' mean to you?

Aim: To elicit participants' ideas, to promote debate and to clarify a working definition of 'prevention of street migration'

Time: 15 minutes

Materials: Ball, flipchart [Handout 3 from Manual 1 (definitions) – optional]

Task:

- Brainstorm ideas with participants on "what does the term 'prevention' (in general) mean to you?" by throwing a ball around the group.
- Write up key points on a flipchart.
- Consolidate key ideas and compare them to the definition below.
- Repeat the brainstorm for the term 'prevention of street migration' and compare with the definition below. [If participants attended previous training from Manual 1, encourage them to think back to the definitions handout provided previously].
- Encourage as much discussion as time allows.
- [Optional: Provide participants with Handout 3 from Manual 1 for reference throughout the training which includes this and other definitions].



Definitions:

Prevention (in general):

A preventative approach is "marked by an attempt to anticipate risk and put in place actions considered likely to reduce the likelihood of the onset of difficulties, rather than respond to needs only when such difficulties have clearly arisen."³

Prevention of street migration: Preventing children from leaving home to go and live on the streets. This involves: identifying families that are at risk of breaking up (usually due to a combination of poverty, new marriages and physical, psychological and sexual violence in the home); working with these families and children to improve communication, eliminate violence and develop income generating opportunities. This may involve families still in villages as well as families of children who already work on the streets in the cities, but who still live with their families. Not all children who work on the streets are at risk of leaving home. Some of them have stable families, in spite of poverty. Another definition of 'prevention' is preventing children coming into conflict with the law. This is different to preventing children from leaving home.

³ Ager, A. (1994) *Mental Health Issues in Refugee Populations: A Review. Working Paper of the Harvard Center for the Study of Culture and Medicine*, p.17.

Activity 7: Understanding 'the car crash metaphor'

Aim: To explain the concept of 'prevention of street migration' in a visual and memorable way; to introduce the idea of the 2 types of prevention.

Time: Part 1 - 20 minutes; Part 2 - 10 minutes.

Materials: Flipchart and pens

Task:

- In advance of the training, draw the following picture on a flipchart. Be sure to include: driver of the car; child in the car; police officer; pedestrians; traffic lights; signpost; road markings.
- **Part 1: Roles and responsibilities for preventing street migration:**
Ask participants: Which is preferable - to prevent a car accident happening in the first place, or to pull bodies out of the wreckage after an accident? [To emphasise the importance of prevention].
- Ask: What responsibilities does the driver of the car have to prevent accidents? Brainstorm ideas and write them upon a flipchart. Continue with each of the following actors: child, pedestrians / community members, police officer and government (those who control the legislative framework, road maintenance, traffic lights and signposts etc.). Compare against the list below.
- Ask: Who has the greatest *everyday* responsibilities? [car driver, community, child] Who has the least? [police officer and government]
- Ask: In the prevention of children leaving home to live and work on the streets [indicate the child in the back of the car], who does the car driver represent? [parent, caregiver or family] Who do the pedestrians represent? [community members, neighbours, family friends etc.] Who does the police officer represent? [government workers, e.g. police and social workers] What does the system of traffic lights, road signs and rules represent? [legislation, regulations and policies relating to child protection].
- Conclude: In the prevention of street migration, it is not possible or desirable for social workers and the police to take sole responsibility for keeping children safe. Instead we need to look at ways to work with parents, community members and children themselves to empower them to take this responsibility themselves. Yes, it is very important to have an 'enabling environment' of good legislation, regulations and policies and it is essential to have government representatives like police and social workers to help implement them and ensure that they are not broken. But the day-to-day responsibilities must become embedded in the knowledge, attitudes and practice of the primary stakeholders themselves. This may entail a change of approach in countries which have, over many years, become reliant on outside, government intervention to 'solve problems' rather than communities taking the lead in identifying and solving problems themselves.



Part 2: Two levels of prevention

- Ask: Are some drivers more at risk of accidents than others? Why? [Lack of knowledge and experience; irresponsible attitude; failure to understand the importance of rules; addicted to alcohol or drugs which impairs their judgement and can make them more aggressive or sleepy].

- Should we therefore have a special focus on these at-risk children and families? [Yes] Does this mean we should ignore everyone else in our prevention efforts? [No]
- In order to work effectively, it is useful to distinguish between two levels of prevention: **'general prevention'** for everyone and **'specific prevention'** for children and families who are more at-risk. [In more technical terms these are referred to as **'developmental prevention'** and **'responsive prevention'**⁴. Developmental / general prevention creates favourable overall socio-economic and cultural conditions which improve the well-being of all children and families. Responsive / specific prevention identifies children and families at higher risk and develops programmes and interventions tailored specifically to their situations.
- Both are necessary. But as we will see later in the training, those most at risk are often those least likely to access services and interventions for their benefit. Therefore care must be taken that responsive / specific prevention programmes are not lost within developmental / general prevention efforts which are easier to implement.
- Ask participants to give ideas of what types of initiatives might be considered 'developmental / general' prevention at international, national and local levels. [e.g. international – macro-economic schemes, debt relief, international aid and trade agreements; national – free universal primary education, early child development programmes, child protection policies in all schools and institutions; local – micro-credit schemes, community centres].
- Ask participants to give ideas of what types of initiatives might be considered 'responsive / specific' prevention. [e.g. outreach work to first-time, young mothers; mutual-help and support groups for alcohol addiction; 'back-to-school' or vocational training schemes for school drop-outs].
- **Summary:** In the context of an overall enabling environment of good legislation and policies, prevention efforts need to be centred on working directly with children, families and communities to empower them to take the primary responsibility for keeping children safe and contributing positively to their development. There are two types of prevention – general (developmental) and specific (responsive). Children and families most at-risk are usually the least likely to access and take advantage of 'general' prevention programmes and services.

Roles and responsibilities of different actors to prevent car accidents (used as a metaphor for preventing street migration)⁵

Parents / family	Children
<ul style="list-style-type: none"> • Know the rules and obey them – e.g. stay within the speed limit! • Clear communication • Clear guidelines • Supervision • Training, skills & knowledge • Constant attention / be observant • Sense of responsibility • Awake / alert / good reactions • Sober! • Protect child in the back • Maintain / invest in vehicle • Choose a safe road 	<ul style="list-style-type: none"> • Have safety zones for them (pedestrian crossings) • Be well-disciplined – must <i>understand</i> reasons behind discipline so they can be partners in safety • Participate – help – give directions • Be observant – point out obstacles

⁴ 'Developmental' and 'responsive' prevention are terms coined by Tolfree, D. (1995) *Roofs and Roots: The Care of Separated Children in the Developing World*, cited by Angela Veale, *Resource Pack - Prevention of Street Migration*, Consortium for Street Children and University College Cork, 1999, p6.

⁵ Responses compiled from Prevention TOT training participants in Osh and Bishkek, January 2008.

<p>Community</p> <ul style="list-style-type: none"> • Know rules & obey them • Participate • Stop drivers driving drunk / intervene (if it is safe to do so) • Sober • Protect children • Be observant • Role model 	<p>Government</p> <ul style="list-style-type: none"> • Maintain overall systems • Monitor • Sanctions / punishment for infractions
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2.b Why is it important?

Activity 8: Why is prevention so important?

Aim: To remind participants of the fundamental importance and benefits of prevention.

Time: Part 1 - 5 minutes; Part 2 – 5 minutes.

Materials: Ball and flipchart; Handout 11 from Manual 1 (cycle of street migration and stages of intervention)

Task:

Part 1 – Brainstorm:

- Ask participants to think back to the 'car crash' metaphor. Throw a ball around the room to facilitate a brainstorm on why prevention is better than interventions after the crash. Compare answers with the list below and write up key points on a flipchart to refer to throughout the training:
 - "Prevention is **better than cure**"
 - More **effective** in the long term
 - Potential for **multi-generational impact**
 - Reach **more people** – bigger impact
 - **Cheaper** – better use of resources
 - **Less stressful** and **more ethical**

Part 2 – Cycle of street migration

- Draw participants' attention to Handout 11 from Manual 1 (cycle of street migration and stages of intervention) or draw the diagram on a flipchart.  Remind participants: this diagram represents the differences between street-working children who maintain contact with their families and children who have left home. It outlines the common stages at which we can intervene to assist children in street situations.
- [Indicate '**family / home**' on the diagram] By far the majority of children in most countries grow up in a home environment with either their nuclear or extended families. [Indicate '**prevention**' on the diagram] The most important stage of intervention is preventing children from leaving these homes and families. This applies to children who may or may not be already working on the streets.
- If we can intervene successfully here then the whole of the remaining diagram and costly, complex interventions that follow can be avoided. We can cut short the cycle of street migration and the negative consequences it usually entails. Of course this will not be possible in all cases, but the more effort we spend at the prevention stage, the less effort and expense will be needed later on.



See also: Manual 1, Section 3 for more details on the cycle of street migration.

2.c What exactly are we trying to prevent?

Activity 9: Causes of children migrating to the streets in Kyrgyzstan [adapt for your own country as appropriate]

Aim: To remind participants of the causes of children migrating to the streets in Kyrgyzstan / your country.

Time: 10 minutes

Materials: Ball and flipchart; Handouts 4 and 5 from Manual 1 (causes and consequences of children ending up in a street environment and profile of children in street situations in Kyrgyzstan)

Task:

- Brainstorm by throwing a ball around: why do children leave home in your country? Write up key points on a flipchart. Compare with those listed below (taken from Handout 5 from Manual 1)
 - Violence: step-fathers; parents fighting
 - Family problems: alcohol; re-constructed families - children from previous marriages ignored; children kicked out; children left in care of other relatives; too many children in one family
 - Poverty: need for income generation; urban migration - adults take out the stresses of urban living on children
 - Peer influence
 - Wish to be independent
- Optional: draw attention to the quotations from children in street situations below to help personalise the issues (taken from Handout 5 from Manual 1). You could have these written up large on flipcharts and displayed in the room.
- Refer participants to Handouts 4 and 5 from Manual 1 for further information (causes and consequences of children ending up in a street environment and profile of children in street situations in Kyrgyzstan).



"I already know all about what adults do; my mother's lover tried to rape me. I was lucky – he was drunk and I managed to get away."
(Girl aged 13 from Bishkek)

"If my mother did not drink, we would have a good life, but now she drinks away everything" (Boy from Bishkek)

Activity 10: Problem and solution tree

Aim: To show participants a useful tool to help accurately identify the root causes of problems and therefore where to intervene most effectively; to emphasise the importance of stakeholder participation in this exercise.

Time: 1 hour – 1.5 hours (depending on feedback and discussion time)

Materials: Flipcharts and pens; post-it notes; Handout 3 (sample problem and solution tree)

Task:

- Explain: If we are to effectively intervene to prevent children leaving home, we need to accurately identify the problems which they are facing. The following exercise is a tool which can be used *with the participation of children, families and communities*, to map out problems specific to a child, a family or a whole community. The following example is based on the quotation from the boy from Bishkek (see above).



- **Please note:** This is an artificial, hypothetical example. If we were doing it properly, this exercise would take place *before* the boy had left home and we would involve both him and his family in identifying the problems.
- **Demonstration [10 minutes]:** Draw a small picture of the child in question at the top of the flipchart. According to the boy's words, he identifies two main problems: his mother is alcoholic and the family has no money. Let's take these two problems and work backwards to find out the root causes. This is called a 'problem tree'. Elicit 2 sample reasons from participants why the boy's mother might be alcoholic. For each of these, elicit 2 further underlying causes. Repeat this process for the problem of poverty. Write these up on the flipchart as shown in Handout 3 (sample). Emphasise that this is an illustration only. In reality problems often overlap, with multiple causes of the same problem.
- **Group work - problems [20 minutes]:** In groups of 4-6, repeat this exercise using as a starting point one of the pictures of an at-risk child drawn in Activity 5. See how far they can get at identifying the root causes. Monitor groups carefully to make sure they have understood the task. Each arrow should indicate a 'chain' of causes, one thing leading to the next.
- **Group work - solutions [20 minutes]:** Hand each group some post-it notes and ask them to now identify a 'solution' to each of the problems they have identified. Stick it onto the problem tree at the correct point.
- [Optional: group feedback to plenary – 5 minutes per group, or groups can be encouraged to circulate and see other groups' diagrams]
- **Plenary discussion [10-20 minutes]:**
 - Where is the best place to intervene to prevent these problems from occurring in the first place? [As far 'down' the problem tree as possible; tackling the most deep-rooted causes will have a greater and longer-lasting impact than addressing more superficial problems].
 - Is it possible to intervene at this deep level? Is this beyond your mandate? (e.g. addressing cheap, imported alcohol from Russia) Is it too long term to have an immediate impact on the child and family in question? (e.g. addressing school curriculum changes) How can you work with others to balance immediate service delivery with longer-term advocacy and system change?
 - What might be the consequences of doing this analysis without involving the participation of the children and families in question? [You could end up identifying the wrong causes and spending a lot of time and energy on the wrong interventions; if you fail to involve the stakeholders in the process, they are less likely to take 'ownership' of the interventions which are therefore less likely to be successful or sustainable].
 - How could you run this as a group exercise to help community members identify overall problems in the community (as opposed to looking at problems specifically within one family?)
 - How can you help children, families and communities to identify and build on their existing strengths whilst considering 'solutions' to the problems?
- **Summary:** In order to engage in prevention work, we first need to accurately identify what it is that we are trying to prevent, either at community level or the level of an individual child or family. This can be done through a 'problem and solution tree'

analysis. This needs to be done in collaboration with the key stakeholders themselves to ensure accuracy and ownership. Try to help stakeholders focus on their existing strengths during this exercise so that it becomes a positive and empowering experience and not just a list of problems. Identify jointly where it is possible to intervene and how. Try to intervene as far down the 'root causes' as possible. Who else can you work with to help with other problems which are beyond your scope / mandate?



- Distribute Handout 3 (sample problem and solution tree) for reference.



Key learning points:

- 'Prevention of street migration' is about preventing children from leaving home to go and live on the streets. It involves the following 3 categories of children:
 1. Children currently living at home, not working on the streets, but who are at risk of leaving home (this could include middle-class or wealthy children who are being abused, as well as poor children). This group requires early identification and prevention work.
 2. Children currently living at home, working on the streets, but who are *not* at risk of leaving home. This group requires outreach and monitoring to ensure that home life remains stable.
 3. Children currently living at home, working on the streets, but who *are* at risk of leaving home. This group requires early identification, outreach and targeted prevention work to repair family relationships if possible and to address other push and pull factors in order to prevent the child from leaving home.
- Within an overall enabling environment of good legislation, regulations and policies, children, parents, caregivers, families, community members and government workers such as police, social workers, teachers and health professionals all have roles and responsibilities in keeping children safe and maximising opportunities for their healthy development. To maximise impact, children, families and communities must be empowered to take primary responsibility for this themselves, supported by the mandated government authorities. This will require a process of capacity building.
- There are two levels of prevention: general (developmental) and specific (responsive). Both levels are needed. Care must be taken to ensure that initiatives are reaching those most-at-risk.
- Prevention is important because: "Prevention is better than cure"; it is more effective in the long term; it has the potential for multi-generational impact; it reaches more people – bigger impact; it is cheaper – better use of resources; it is less stressful and more ethical.
- Kyrgyzstan currently has a relatively small number of homeless children but unless concerted prevention efforts are put in place, this number is likely to rise rapidly over the coming years. Once children have left home to live on the streets it becomes much harder and more resource-intensive to work with them.
- In order to properly plan prevention work, we first need to accurately identify what it is that we are trying to prevent, either at community level or the level of an individual child or family. This can be done through a 'problem and solution tree' analysis. This needs to be done in collaboration with the key stakeholders themselves to ensure accuracy and ownership. Try to help stakeholders focus on their existing strengths during this exercise so that it becomes a positive and empowering experience and not just a list of problems. Identify jointly where it is possible to intervene and how. Try to intervene as far down the 'root causes' as possible. Who else can you work with to help with other problems which are beyond your scope / mandate?

Summary of Section 2

Participants should now be familiar with the following:

- What is meant by 'prevention of street migration';
- The difference between 'developmental' (general) and 'responsive' (specific) prevention;
- Why prevention is so important / the importance of prioritising prevention and early intervention in order to break the cycle of street migration at the earliest possible opportunity;
- How to undertake, with key stakeholders, a 'problem and solution tree' analysis of specific issues to prevent at the level of individual children and families or communities as a whole.

Section 3: The current framework in your country

Objectives for Section 3

By the end of this section the participants should be able to:

- Understand the overall legislative and policy framework for the prevention of street migration;
- Map out existing prevention initiatives in place in their country (or local area) and analyse their strengths and weaknesses;
- Develop a list of recommendations and/or action plans to build on or improve this existing work.

3.a Legal and policy framework for prevention of street migration in your country

[Adapt according to country context.]

It is recommended to keep this section clear and simple. It could include:

- simple list of pertinent legislation and policies – focus on the most important;
- list of relevant state agencies at national and local levels or a diagram on how they relate to each other;
- criteria for 'at-risk' children / families]

3.b Existing initiatives and lessons learned

Activity 11: Existing prevention initiatives

Aim: To acknowledge the existing work being done on prevention in your country; to familiarise participants with this work; to assess the strengths and weaknesses of this existing work; and to develop action plans to improve on this existing work.

Time: Part 1 - 1.5 hours; Part 2 – 30 minutes

Materials: Flipcharts and pens; Handout 4 (action plan format) - optional

Task:

Part 1: Analysis of existing recommendations

- Divide participants into 5 groups [adapt as necessary] according to their areas of expertise or interest to discuss existing prevention initiatives with (e.g.):
 1. Parents and families
 2. Teachers and in schools
 3. Religious leaders and general community
 4. Police
 5. Medical practitioners
- Each group has 30 minutes to discuss and prepare a 5 minute presentation for the plenary based on the following four questions:
 1. What prevention work is currently going on in the country with this group?
 2. What are the strengths, weaknesses, opportunities and constraints of these existing initiatives?
 3. What recommendations or questions would you like to pose to the plenary group?
 4. Do these existing initiatives respond to the problems you revealed through the problem and solution tree exercise (Activity 10)? If not, what are the main gaps?
- Plenary feedback: 5 minutes per group [25-30 minutes total]
- Plenary discussion: 30 minutes.
- For interest / reference: see summary notes from this exercise below, based on participant input during Bishkek and Osh Prevention TOT sessions in January 2007.

Part 2: Recommendations and / or action planning [30 minutes]

- In the original groups, compile a list of recommendations to improve existing prevention initiatives. Make it clear who each recommendation is to. Try to be as specific as possible. The lists of recommendations should be handed to the facilitator. Identify, as a plenary group, how to present these recommendations to the decision-makers and stakeholders who have been identified as being in a position to make these improvements. Specific, named individuals should take responsibility for making sure that the recommendations are delivered to the appropriate target(s) with a covering letter explaining how they were arrived at.
- [Optional] If participants are in a position (based on mandate and authority) to address some of the shortcomings identified within Part 1, then the activity can be further extended to develop an action plan for improvement of existing initiatives based on the format provided in Handout 4.



Feedback from Prevention TOT workshops in Bishkek and Osh, January 2007

Group 1: Families / parents

1. **Existing initiatives:** Work going on in 4 areas:
 - **State sector** - benefits and allowances, legal provisions, access to medical care, education, employment, free training courses, unit on support of family and child
 - **NGO sector** – material and non-material assistance for parents – linked to education system
 - **Communities** – family environment material and non-material assistance, self-help groups
 - **Extended family** - psychological support impacting on families
2. **Strengths:** all measures available; wider network of NGOs targeting prevention; availability of traditions and mentality which prioritise the family
3. **Weaknesses:** very complicated socio-economic situation; no targeted government work on families; no coordination between social structures; passive attitude of parents / insufficient responsibility; low awareness; unequal distribution of resources; lack of staff
4. **Opportunities:** resources, though limited, are available; laws; contribution of mass media
5. **Other comments:** targeted government policy to family – should be one coordinating body and the development of social services to conduct more prevention work rather than relying on NGOs; need increased number of staff; need to increase parental responsibility
6. **Discussion:**
 - Should be more social workers; currently only 1200 for the whole country;
 - NGO sector is doing more targeted work;
 - Too many functionaries, but too few who work directly with children;
 - Family and Child Support Unit will be doing work – already identified in Children’s Code – level most close to high-risk categories.

Group 2: Teachers and schools

1. **Existing initiatives:** Educational process; social pedagogues; psychologists; Deputy Directors are responsible for this in schools; ‘manas’ schools to work with vulnerable children – used to be called ‘timur teams’ – older people; school parliaments.

2. **Strengths:** Establishment of private, specialised, technical schools; meals introduced to primary schools (no longer paid through national budget) – children can benefit from specialised schools leading to increased quality, choice & opportunities; parents no longer have to pay for schooling;
3. **Weaknesses:** Have to pay for text books; children spend much time in streets; lack of teachers – especially in rural schools; poor links between parents, teachers and children (better in rural schools); lack of extra-curricular activities; low salaries of teachers [disagreement amongst participants that all problems are due to low salaries]
4. **Opportunities:** Increased state funding – e.g. for school repairs; limited number of new schools constructed; assistance from local self-governing bodies – providing different furniture, equipment; opportunity to organise this better
5. **Other comments:** Increase salaries; more extra-curricular activities needed (e.g. sports clubs); provide parents with the possibility to leave work places to do work in schools - e.g. 1 day per month; increased / improved communication (schools can provide certificates to prove the parents were working there)
6. **Discussion:** What is the role of teachers in school governance? Don't forget participation of children – school governments. School is the first social environment outside the family [social pedagogue can train teachers]; leadership of schools – very narrow mindset; important role of socialisation – not just teaching. **Issues raised by Osh:** How to provide education to children already on the streets or about to go onto the streets? How to implement the law on education?

Group 3: Religious leaders & general community

1. **Existing initiatives:** TV and print media – general prevention; process of passing information to improve and prevent problems - both general and targeted; video shops; special articles; articles relating to school life, health issues; sport activities; government level information – schools, kindergartens, crèches; child to feel s/he is living in a happy family
2. **Strengths:** Much information, mass media, full coverage – whole population
3. **Weaknesses:** In spite of wide coverage, information is not applied in practice
4. **Opportunities:** possibility to prevent commission of crimes; opportunity to get more information from government; opportunity for more population involvement
5. **Other issues:** The system is like three different animals moving in different directions although carrying the same burden
6. **Discussion:** Poor relationships between different agencies working in community and with parents; poor motivation on part of the government; problem of national ideology – not a priority; good programmes can be developed, but without funding to implement them they will go nowhere; safety and support – children of social workers can also find themselves in this risk group. **Issues raised by Osh:** How to adapt methods to work with religious leaders?

Group 4: Police / IMA

1. **Existing initiatives:** IMA – prevention of violation of laws; identifying vulnerable families with help of conversation; also get referrals from schools and places where children accumulate (and through raids⁶); talk with families, parents; sent to CARM where they identify institutions or family reunification. [N.B. Ideally prevention would be taking place before children have left home].

⁶ It is important to note that police raids of children in street situations are not in the best interests of the. See Manual 1, Handout 9 (End 'round-ups' or 'raids' of children in street situations) for further information on this.

2. **Strengths:** Interaction with social workers, NGOs and Ministry of Health; lectures in schools, videos, sports, performances etc. on themes like robbery etc. followed by discussion with children; meet children at home; prevent recidivism
3. **Weaknesses:** Misunderstanding on the part of leadership - may be asked to participate in concerts and art shows; long working hours; not socially protected; low salaries; burden; other agencies not interested in working together; no coordinating body; absence of vehicles to transport children
4. **Opportunities:** Learning reasons / causes why children commit crimes; working with other agencies and departments
5. **Other issues:** Conduct trainings more often with foreign partners to learn from international experience; educate people who work in the inspectorate – good selection of staff; increase salaries (working with children is a key service!) – need to improve motivation; unified coordinating body needed under the government for prevention with permanent monitoring – so that we report to them, not to our own departments; database accessible to any social worker with a password – without this, it is a waste of time to clarify information – need one single information centre. [Already working on database; problem is that children may be coming from the streets with no documents – a centralised body could help with this]. Need first to establish a single body. Problem with documents also extends to parents and adults.
6. **Discussion:** Revise laws in relation to IMA who are currently being used everywhere for other purposes and being reduced in numbers; 1 police officer for 10,000 population (should be only 4,000); no time to cover all families; IMA should not be subordinate to Ministry of Internal Affairs but a different body. More involvement of parents in bringing up children – passes from one generation to another – lack of parenting classes in schools. **Issues raised in Osh:** Problem of rehabilitation of children in conflict with the law; how to raise family income levels?; family reunification; 'colonies' are equivalent to 'crime college'

Group 5: Medical practitioners

1. **Existing initiatives:** Free meals served to children from needy families; social workers can get information from paediatricians; response to physical abuse; hospital number 3 is rendering assistance.
2. **Strengths:** Medical assistance to street children; vaccination; diagnosis and treatment available
3. **Weaknesses:** Medical staff don't always inform the police; weak propaganda of healthy lifestyles at school; many migrants in Bishkek with no residence permits and therefore no proper medical care or vaccination for children; FGPs not always effective in their work
4. **Opportunities:** Still in the pilot stage, but there was a reform of the health sector so we now have FGPs and pre-school children can be treated free according to a recent decree
5. **Other:** Need better equipment for more accurate diagnosis; better information sharing; increase salaries; Family Group Practices are luring doctors with better salaries – not all groups of society can access medical help. **Issues raised in Osh:** No information-sharing network between professions; lack of public programmes to deal with alcoholism



Key learning points:

- There is a framework in place in many countries which mandates various authorities to work in prevention issues.
- There are often existing prevention initiatives already in place and working together we can build on the strengths of these existing initiatives and address their weaknesses through joint planning and advocacy.
- However, care must be taken that both existing and new initiatives:
 - a) Address the types of problems outlined in the 'problem and solution tree' exercises undertaken with families and communities (Activity 10) and...
 - b) Do not contradict, but are rather positively based on, the good practice principles for working with children and families which are set out in Manual 1, Section 5 (e.g. child rights, child protection, worker safety & support, participation, ownership, sustainability & creativity, and good case management - importance of progress & follow-up).



- **See also:** Manual 2, Section 4a (reminder of the 5 basic principles for working with children and families)

Summary of Section 3

Participants should now be familiar with the following:

- The overall legislative and policy framework for the prevention of street migration;
- Existing prevention initiatives in place in their country (or local area) and their strengths and weaknesses;
- Recommendations and/or action plans to build on or improve this existing work.

Section 4: How to do prevention work

Objectives for Section 4

By the end of this section the participants should be able to:

- Remember the 5 principles for working with children and families and understand how they apply to prevention work;
- Recognise formal and informal mechanisms to identify and gain access to children and families at risk;
- Recognise physical and emotional / behavioural indicators of abuse;
- Conduct a community mapping exercise to identify safe and unsafe places for children and places to access at-risk children and families.

4.a Reminder of the 5 basic principles for working with children and families

1. Child rights
2. Child protection
3. Your own safety & support
4. Participation, ownership, sustainability & creativity
5. Case management: importance of progress & follow-up

Activity 12: Reminder of the 5 basic principles

Aim: To remind participants of the 5 basic principles for working with children and families; to explore how the 5 basic principles apply to prevention work.

Time: 45 minutes [or 1.5 hours if participants are not familiar with the 5 principles]

Materials: 5 basic principles written on separate, large cards; sticky tape; Handout 19 from Manual 1 (5 basic principles)

Task:

- It is crucial that participants are familiar with the 5 basic principles. If they have not done Activity 25 from Section 5 of Manual 1 then they should do this now focusing on how the principles relate to prevention work[1.5 hours].
- If participants have already done Activity 25 from Manual 1 then proceed as follows:
- **Introduction [5 minutes]:** Stick the 5 cards on the wall, in order, but *facing away from participants so they cannot see what is written on them*. Remind participants that they were previously introduced to 5 basic principles for working with children and families. Can anyone remember what they were? If participants correctly guess, then turn around the relevant card. Prompt them until all of the cards are turned over.
- **Group work [15 minutes]:** Divide participants into 5 groups and hand each group one of the cards and a copy of Handout 19 from Manual 1 for reference. Give them 15 minutes to prepare a 5 minute presentation on how this principle is relevant to prevention work.
- **Plenary feedback [25 minutes]:** Each group has 5 minutes to present their discussions.
- Optional: Additional plenary discussion time can be added if necessary / if participants need further clarification.



4.b How to identify and gain access to children and/or families at risk

Activity 13: How to identify children and/or families at risk – formal and informal mechanisms

Aim: To identify formal and informal mechanisms whereby we can find out about children and families at risk.

Time: 1 hour

Materials: 3 different children drawn onto flipcharts in advance; flipchart and pens; Handout 5 (how to identify and gain access to children and/or families at risk)

Task:

- In advance, draw 3 different types of children who might be at risk of leaving home to live on the streets (sample drawings are shown below).
- Introduce participants to the first drawing (e.g. boy in the market). Explain that he works in the market but he still lives at home. However, he might be at risk of leaving home. Ask participants to give him a name (*not* the name of anyone in the room) and an age and to imagine his family background. Prompt if necessary. Make notes on the flipchart. [See examples below]
- Ask participants: is Akyl at risk of leaving home? Why? [strong role models of older brother and best friend stealing; lack of family affection; lack of education; 'pull' factor of money]
- Ask participants: how would we find about Akyl in the first place in order to know that he is at risk? Brainstorm ideas by throwing a ball around. Write answers on two flipchart sheets – one listing informal mechanisms of identification and one listing formal mechanisms.
- Repeat the exercise with the remaining two pictures and keep adding to the lists of formal and informal mechanisms which help us to identify at-risk children. Compare with the sample lists below.
- **Plenary group discussion [30 minutes]:** Are you already in contact with these mechanisms? If not, how can you make contact with them? It is very often the case that those most at risk are the least able or willing to access prevention services and programmes. This may be due to: social isolation; shame; pride; fear of stigma; lack of education; discrimination; lack of awareness of programmes; depression; alcohol dependence. How can we make sure that those most in need do not slip through the net?
- **Summary:** There are a range of formal and informal mechanisms through which we can identify children and families at risk. Early identification of problems and good networking amongst these mechanisms is essential if prevention is to be effective. This needs to be supported through awareness-raising, training and capacity building. For example, if Asiel's teacher is not able to recognise that her behaviour is symptomatic of deeper problems, then she may punish Asiel for her 'naughtiness'. This may be the final straw which pushes Asiel on to the streets. Give participants Handout 5 for reference (how to identify and gain access to children and/or families at risk).
- **[Photos:** Bishkek and Osh Prevention TOT training, January 2007]





Example #1: Akyl is aged 13. His parents fight a lot and do not express affection to their 5 children. Akyl is the middle child and does not go to school. His is close to his older brother, who used to help him study, but his older brother is now in jail for stealing. Akyl dreams of making more money. His friend at the market, Bakit, is the same age but is a bad influence on Akyl, encouraging him to steal things to get money. However, Bakit has a better education than Akyl and sometimes helps him to read comics which Akyl enjoys.

Example #2: Asiel is 12 and comes from a middle class family. Her mother has remarried. She is the oldest child and the only child from the first marriage. She has two younger half-brothers. She has started causing problems at school, falling behind in her studies and bullying other children which is unlike her normal behaviour. Is she at risk of leaving home? [Yes. She is being sexually abused by her step-father]





Example #3: Jainash is 30. Her husband abandoned her shortly before the birth of their fourth child – the baby in the picture. She has limited education. She is dependent on alcohol and suffering from post-natal depression. Are the children, including the baby at risk? [Yes. She is frequently beating the older children, spending what little money they have on alcohol, and she is neglecting the baby. The oldest child, aged 11, wants to leave home but he is afraid for the baby.]

Formal and informal mechanisms to identify and gain access to children and families at risk

Informal	Formal
<ul style="list-style-type: none"> • Observation, discussions, interactions, contact • NGOs / centres (outreach and self-referral) • [Media – to gain general information] • Community <ul style="list-style-type: none"> ○ Neighbours ○ Friends ○ Relatives ○ Older women ○ Village Administration Head ○ Village elders ○ Village secretary ○ Women’s council ○ Religious leaders ○ Undertakers / burial people ○ Cooks at funerals ○ Alcohol sellers ○ Public food places ○ Tea drinking stands 	<ul style="list-style-type: none"> • Outreach – case management • Teachers [Please note: there is no official referral mechanism between teachers and social workers; teachers may visit parents of their own accord, but they may also lack the skills to deal with sensitive issues] • School psychologists (in some schools) • Inspectors in schools (but mainly only deal with crime prevention, not other types of problems) • Police • Village census – can cross-reference statistics of children in the village with school enrolment records • Statistics bureaux • Medical practitioners • Medical Social Expert Committee (at ministerial level) – identifies disabilities(?) • Self-referral: for social passports or Mayor’s hardship fund • Alcoholic centres • Regional & district social departments and social security departments • Migration departments (to come into effect in 2007) • NGOs • Public foundations • Building representatives who monitor residents • Registry of births, deaths and marriages

Activity 14: How to identify children and/or families at risk – recognising indicators of abuse⁷

Aim: To clarify the 4 categories of abuse and to identify physical and emotional / behavioural indicators of this abuse.

Time: 45 minutes plus 15 minute summary

Materials: Handout 6 (recognising signs of abuse) & Handout 7 (the problem of child abuse: some key points)

Task:

- Elicit from participants the 4 categories of child abuse (physical, emotional, sexual and neglect). [If participants raise the issue of 'spiritual abuse' please note that this is not a fifth category of abuse: the abuse will still be physical, emotional or sexual even if the context in which it occurs is spiritual. In most religions, faith leaders are invested with significant power. Child abuse always occurs in a context of abuse of power].
- Divide participants into 4 groups accordingly, each with one flipchart to note: a. What types of behaviour would lead to this abuse? b. What are the physical and behavioural / emotional indicators of this type of abuse? [20-30 minutes]
- Display flipcharts on the wall and encourage participants to review the work of the other groups. Plenary feedback: Does anything strike you as particularly new or interesting? Is there anything missing? Who needs to be sensitised on these indicators of abuse and how to interpret them? [Refer back to the lists of formal and informal identification mechanisms] 
- Summarise based on the key points in Handout 7. Give participants Handouts 6 and 7 for reference.

4.c Community mapping: strengths and weaknesses

Activity 15: Community mapping

Aim: To introduce participants to a tool they can use with communities, including children themselves, to map out the risk and protective factors within the community.

Time: 1 – 1.5 hours depending on discussion time

Materials: Handout 8 (community mapping); flipcharts and different coloured pens

Task:

- Divide participants into groups according to which communities they know best. Give them Handout 8 (community mapping) and a flipchart sheet per group. Get them to follow the 'exercise' instructions on Handout 8 [30 minutes]. 
- Small or plenary group discussion: Facilitate a general discussion based on the discussion questions listed on Handout 8.
- [See sample photographs below of what the maps might look like. **Photos:** Bishkek and Osh Prevention TOT training, January 2007]

⁷ Adapted from Activity 35 'Categories of abuse and indicators' from *Child Protection Training Pack, Level 1-Core Training*, by Marie Wernham, CREATE: Child Rights Evaluation, Advice & Training Exchange, for Plan International, 2007.

Summary of Section 4

Participants should now be familiar with the following:

- The 5 principles for working with children and families and how they apply to prevention work;
- Formal and informal mechanisms to identify and gain access to children and families at risk;
- Physical and emotional / behavioural indicators of abuse;
- How to conduct a community mapping exercise to identify safe and unsafe places for children and places to access at-risk children and families.

Section 5: How to work with different stakeholders

Objectives for Section 5

By the end of this section the participants should be able to:

- Conduct a stakeholder analysis for prevention work with individual children and families as well as for communities as a whole;
- Understand roles, responsibilities and power relationships within families and communities and how these may affect prevention work;
- Explore ideas and approaches for working with different types of stakeholders;
- Analyse a model of multi-agency cooperation in a community prevention programme and assess its relevance for your country context.

5.a Stakeholder analysis

Activity 16: Stakeholder analysis

Aim: To introduce participants to stakeholder mapping tools which can be used with children and other community members in order to help plan prevention initiatives.

Time: 1 hour including discussion time

Materials: Handout 9 (stakeholder analysis); flipcharts and pens

Task:

- A stakeholder analysis can be done to plan prevention initiatives at two levels:
 1. For an individual child or family
 2. For a whole community
- In groups of 4-6, following the exercise instructions in Handout 9. Encourage half the groups to do an individual child / family stakeholder analysis and the other half to do a community stakeholder analysis [30 minutes].
- Select one of each type of group (individual case and community) to do a 5 minute presentation to the plenary [10 minutes].
- Plenary discussion on general issues arising [15-20 minutes]
- **Summary:** Stakeholder mapping, either for individual or community prevention initiatives, can help identify who needs to be involved and whose participation needs to be prioritised (either because they exert a strong positive or negative influence over the situation). Be sure to involve stakeholders themselves, including children, in this analysis process to ensure accuracy and ownership.



5.b Understanding families and 'communities'

Activity 17: Roles, responsibilities and power relationships within families and 'communities':

Aim: To explore the multiple roles and responsibilities that members of a family or household or community hold; to understand how this relates to power relationships with families and communities; to assess how these roles, responsibilities and power relationships relate to prevention work.

Time: Part 1 – 50 minutes; Part 2 – 40 minutes; optional extension activity – 30 minutes

Materials: Pre-prepared cards listing common family responsibilities (see list below – adapted as relevant to your particular training context); Handout 10 (understanding communities); flipcharts and pens

Task: Part 1 – Family roles and responsibilities:

- In groups of 4-6, on a flipchart, quickly draw a 'typical' family in your community. (This can be based on your own family if you are comfortable with this or a family you know well) [5 minutes].
- Label each person according to the roles they hold within the context of the household you have drawn. For example, a woman might be a mother, wife, daughter-in-law and sister all at the same time, whilst a boy may be a son, brother, nephew and grandson etc. [5 minutes].
- Give each group a set of cards listing the responsibilities below, including some blank cards. Groups should place the cards next to the appropriate person who has these responsibilities within the family. Write out any additional roles and responsibilities not included here, or copies of cards if they apply to more than one person. [10 minutes]

Small group or plenary discussion [30 minutes]:

- Are there any general patterns based on age and gender?
- Are these responsibilities chosen by the individual concerned or assigned by someone else?
- Is the distribution of responsibilities equal? If not who has the most / least and why?
- Which responsibilities are allocated according to individual capacities and which are allocated according to societal, community or cultural 'norms' and expectations?

- Caring for children
- Earning money
- Giving advice
- Listening to advice
- Disciplining children
- Fetching water
- Studying
- Cooking
- Buying food and other household necessities
- Making repairs to the house
- Caring for the elderly or sick
- Caring for crops / plants / vegetables
- Helping children with homework
- Cleaning the house
- Making people laugh
- Maintaining traditions
- Telling stories
- Singing songs / playing music
- Leading religious prayers or ceremonies
- Making important decisions
- Learning through play
- Washing and repairing clothes
- Protecting children
- Managing the household budget

Part 2 – Power relationships within families:

- Continuing in the same small groups, using 5 different colours or symbols, mark each responsibility according to the type of power it confers on the person doing this role: **economic, social, spiritual, political, or cultural**. (This can be further extended by ranking the *amount* of power, e.g. 3 red stars indicates maximum economic power; 1 blue star indicates minimal social power etc.) [10 minutes]
- **Small group or plenary discussion [30 minutes]:**
 1. Based on this analysis, who has the greatest economic, social, spiritual, political and cultural power in the family?
 2. What implications does this have for family relationships if: a) The people with power exercise it fairly and responsibly, in the best interests of the whole family? b) The people with power abuse that power or use it irresponsibly to manipulate, control and cause harm to the family or individual members within the family?
 3. What can be done to address inequalities and unfair distribution of responsibilities and power (especially gender-based discrimination) at family level? Community level? Societal level?
 4. What implications does this analysis of roles and responsibilities and power relationships have for interventions with children and families at risk?
- **Summary:** We need to understand family relationships if we are to: a) gain access to families and communicate safely and appropriately with them; b) gain the trust of families; c) understand the underlying causes of problems within families and develop accurate action plans with participation of the family; d) strengthen positive relationships and transform or minimise negative relationships in the best interests of the child and family.
- **Optional extension activity:** A similar responsibilities / power analysis can be done for a community, leading on naturally from the community mapping in Activity 15 and the community stakeholder analysis in Activity 16. Discuss: Who has power in the 'community'? What kind of power (economic, social, spiritual, political, cultural) and why? Older or younger people? Men or women? Boys or girls? Richer or poorer people? Educated or less-educated? Majority or minority religious or ethnic groups? Non-disabled or disabled people? Etc. What are the implications of this for community and family interventions?
- Give participants Handout 10 (understanding communities) for reference.



5.c Working with particular stakeholders

Activity 18: Working with particular stakeholders

Aim: To consolidate ideas on working with particular groups of stakeholders and different approaches needed; to introduce participants to some specific programme ideas for working with children and with the media.

Time: 15 – 30 minutes depending on discussion time

Materials: Handout 11 (child-to-child approach) and Handout 12 (role of the media and awareness-raising)

Task:

- Explain: By now you should have a good idea of who you will need to engage in prevention initiatives and you should have started thinking about how to do this.
- Refer back to Activity 11 (existing initiatives) as a reminder of prevention initiatives already underway with particular stakeholders (families and caregivers, teachers / in

schools, religious and community leaders, police and IMA, medical practitioners) and recommendations for improving this work. See summary table below as a reminder.

- Give participants Handout 11 for an example of how to involve children in community development through the 'child-to-child' approach and Handout 12 on how to develop a media strategy and an example of a prevention media campaign.
- Plenary discussion: Are there any significant differences in the ways that we need to work with these different stakeholders? E.g. in terms of approaches, working methodologies and types of programmes?



Summary of existing prevention work or opportunities (based on participants' input from Osh and Bishkek prevention TOTs, January 2007)

Please note that the majority of examples given are for 'general' prevention work. It must be considered very carefully how these efforts can be specifically targeted to reach children and families most at risk of leaving home. [Refer back to Activity 7, Part 2 for a reminder on the differences between general and specific prevention].

	General	Specific
Child	Peer education Child-to-child projects	
Parents / family	Financial assistance Job creation Media – disseminate best practices on parenting, communication with children – publications, importance of early intervention – e.g. when women are pregnant	
Teachers / schools	Parenting classes Extra-curricular activities Curriculum review to improve socialisation Peer education Parents – teacher – student committees	
Religious community	Media [N.B. note of caution – some participants expressed fear that religious groups will use additional power to convert; rise in powerful religious sects preying on the vulnerable]	
Police / IMA	Schools Home visits Events	
Medical practitioners	Increased awareness Better networking Primary health care (prevention)	
General community	Media State programmes Self-help groups	Mutual help groups for specific problems

5.d Multi-agency cooperation in community prevention

Activity 19: Working together at community level

Aim: To give participants the opportunity to examine in detail what a cooperative, multi-agency prevention programme would look like in practice; to assess the feasibility of such a pilot programme in your country context

Time: 1- 1.5 hours

Materials: Handout 13 (multi-agency cooperation); Handout 4 (action plan format) - optional

Task:

- Explain: So far with the community mapping and stakeholder analysis we have been looking at working with particular groups of stakeholders separately. However, as indicated previously, for prevention to be successful, all stakeholders need to collaborate closely. This activity examines a model for multi-agency cooperation for community-based prevention.
- In groups of 4-6, allow 15 minutes reading time for participants to absorb the information contained in Handout 13 (multi-agency collaboration). Each group should then discuss for 30 minutes:
 1. Is there an existing initiative anywhere in your country which resembles this model?
 2. What are the strengths and weaknesses of such a model?
 3. Would such a prevention model be feasible in your country? Why / why not?
 4. If so, what adjustments would need to be made to it / how would it look in reality?
 5. What would be the process involved in developing a such a pilot scheme based?
- Plenary feedback and general discussion [15-45 minutes].



Key learning points:

- Stakeholder mapping, either for individual or community prevention initiatives, can help identify who needs to be involved and whose participation needs to be prioritised (either because they exert a strong positive or negative influence over the situation). Be sure to involve stakeholders themselves, including children, in this analysis process to ensure accuracy and ownership.
- We need to understand family and community relationships if we are to: a) gain access to families and communities and communicate safely and appropriately with them; b) gain the trust of families and communities; c) understand the underlying causes of problems within families and communities and develop accurate action plans with participation of the family and community; d) strengthen positive relationships and transform or minimise negative relationships in the best interests of the child, family and community.
- We may need to adopt slightly different approaches depending on which group of stakeholders we are working with and there may well be some stakeholder-specific prevention initiatives that need to be improved or developed. However, we must not forget the importance of multi-agency collaboration to ensure holistic prevention at community level. One model for this is a multi-agency 'Prevention Programme Team' to coordinate different initiatives and to ensure professional case management and referrals in individual cases.

Summary of Section 5

Participants should now be familiar with the following:

- How to conduct a stakeholder analysis for prevention work with individual children and families as well as for communities as a whole;
- Roles, responsibilities and power relationships within families and communities and how these may affect prevention work;
- Ideas and approaches for working with different types of stakeholders;
- A model of multi-agency cooperation in a community prevention programme and its potential relevance for their country context.

Section 6: How to work on particular issues

Objectives for Section 6

By the end of this section the participants should be able to:

- Examine a sample parenting programme and adapt it to become relevant for your country;
- Explore concepts of positive discipline and think about how they might facilitate such discussions with communities;
- Explore ideas for community projects to address alcoholism;
- Discuss the relevance of various community poverty alleviation strategies for your country context.



Please note: The following sections are not intended to be comprehensive guides to the topics selected. Each of the issues in this section is extremely complex and needs careful consideration as to how it can best be addressed in the context of prevention work. It is hoped, however, that the activities and project examples here will stimulate further inter-agency discussion within your country.

6.a Improving family relationships

Introduction:

- As we have already seen, in preventing children leaving home, a lot of work needs to be done at the family level, particularly with regard to parenting, child-rearing and improving family communication and relationships in general. This section explores some key aspects of this work.
- Unfortunately, due to constraints of time and space, it does not include specific information on adult partner violence (usually perpetrated by men against women) within the family although this is a huge area of concern and needs urgent attention within many countries. It is universally acknowledged in international human rights circles that children witnessing domestic violence constitutes a form of emotional violence against children in and of itself, even if the child him/herself is not physically harmed.
- Violence against women in the home, in addition to being a violation of women's rights and human rights, impacts significantly on children's emotional and physical well-being. In addition to the psychological impact (feelings of fear, helplessness, anger, negative male role models, abuse of power, teaching children violence etc.) it can negatively affect the emotional availability of a mother to her children.
- Gender-based violence studies around the world are increasingly paying attention to the links between domestic / partner violence and child abuse in order to explore this further.

Activity 20: Sample parenting programme

Aim: To examine a sample parenting programme and adapt it to the country context.

Time: 1 hour

Materials: Handout 14 (sample parenting programme); flipchart and pens

Task:

- **Group discussion [30 minutes]:** In groups of 4-6, examine the sample parenting programme in Handout 14 and discuss how this could be adapted for use in your country context, both in terms of content and process.

- **Plenary feedback [30 minutes].**
- **Summary:** There is a lot of information and examples of parenting programmes available internationally and many have had excellent success with improving family communications and reducing violence.

Activity 21: Positive discipline and alternatives to violence⁸

Aim: To give participants the opportunity to explore concepts of positive discipline with a view to eventually facilitating such discussions at community level.

Time: 1 – 1.5 hours depending on discussion time

Materials: Handout 15 (positive discipline); Handout 16 (top tips for challenging cultural practices)

Task:

- **Introduction:** A major component of parenting programmes is the use of 'positive discipline' techniques.
 - **Group discussions [30 minutes]:** In groups of 4-6, taking into account the 'useful advice' given at the end of Handout 15, what advice would you give to parents in the following circumstances on non-violent ways to deal with these situations? Would your advice be different depending on whether the child is a boy or a girl? 
1. 11-month-old baby is teething and screaming constantly. The mother is in danger of shaking the baby to keep him/her quiet.
 2. A 2.5-year-old child keeps running into the road / doesn't listen to his/her parents at all. The parents are worried for the child's safety.
 3. A 6-year-old child keeps deliberately doing the opposite of what the parents ask.
 4. An 11-year-old is bullying other children at school.
 5. A 14-year-old keeps going out late with friends; parents are worried about him/her coming back late at night.
 6. A 16-year-old has stolen something from his/her parents in order to sell externally.
- **Plenary feedback [30+ minutes]:** Each group should take it in turns to present ideas for the scenarios. See suggested answers below for reference.
 - **Summary:** There is a wide range of alternatives to violent or humiliating discipline of children which can reduce child abuse, stress levels and can improve family communication in general. However, the topic needs to be handled very sensitively as many people can be reluctant to take on new ideas which they see as being 'alien' or 'interfering'. See Handout 6 for tips on how to approach this topic with cultural sensitivity. 

Possible responses to scenarios (feedback from Plan Togo training, September 2006):

1. 11-month-old baby is teething / screaming. The mother is in danger of shaking the baby to keep him/her quiet.

- Explain the negative consequences of shaking the baby to the mother
- Offer breast or dummy to baby
- Put baby on your back
- Rock & soothe the baby
- Consult a doctor
- Give toys appropriate to the baby's age
- Listen to calming music / sing to baby
- Stay calm & speak in a soothing voice
- Make sure mother understands that the baby can't help it
- Give the mother sympathy
- Ask other mothers in the community for suggestions

⁸ 'Alternatives to Violence', Child Protection Training, Marie Wernham, CREATE, October 2006.

- Get others to help by taking the baby for a while in order to give the mother a break
- Give the mother coping / calming strategies (e.g. count to 10, deep breaths, put the baby down and walk away for a few minutes)

2. A 6-year-old child keeps deliberately doing the opposite of what the parents ask.

- Maybe the child doesn't understand what is being asked
- Psychological problems
- Volume and frequency of being yelled at – is the child 'tuning out' instructions?
- Is the adult being clear in his/her instructions? Are they appropriate to the developmental age / language of the child?
- Communicate with the child
- Parents should address their own behaviour as role models
- Child might have a physical hearing problem
- Give love and affection
- Child might be being maltreated
- Concentrate on the positive and ignore the minor negative things (behaviour modification)
- Take the child by the hand, lower yourself to their eye level / maintain eye contact and explain why it is important that the child do as you say
- Do things *with* the child

3. A 14-year-old keeps going out late with friends; parents are worried about him/her coming back late at night.

- Communicate with child to find out the reasons
- Investigate why
- Find solutions together with the child: e.g. parents must always know *where* the child is for safety reasons; negotiate limits; expand limits as child gets older
- Gain child's trust
- Support parents throughout the process
- Invite child's friends around and get to know them
- Understand that it is a natural time for adolescents to be exploring their independence / testing boundaries
- Communicate to child that you are worried about his/her safety / that you love him/her – you are not just 'nagging' for the sake of it
- Equip the child with analytical / decision-making life skills and information about sexual and reproductive health and rights; drugs etc.: harm reduction; self-protection – advantages and disadvantages of different choices
- If school work is suffering, give the child responsibility
- Make it clear that you are there for the child

4. 16-year-old has stolen something from his/her parents in order to sell externally.

- Understand the situation
- Listen to the child and create space
- Listen to parents and point out impact of child's actions on the parents [victim offender mediation] Get child to accept responsibility for his/her actions
- Jointly negotiate reparation, e.g. apology 'plus' something else to make up for the damage
- Reparation must have a limited time period and not go on indefinitely. Don't punish the child forever.
- Reaffirm trust in the child
- Don't humiliate the child
- "We all make mistakes" – point out pros and cons / consequences of such behaviour
- Take into account any negative peer influence

6.b Alcoholism and drug abuse

Activity 22: Design a community project to combat alcoholism

Aim: To give participants the opportunity to share creative ideas on ways to address alcoholism.

Time: 2 hours

Materials: Handout 12 (media and awareness-raising); Handout 17 (screening test); Handout 18 (treatment options); Handout 7 from Manual 1 (Children in street situations and substance abuse)

Task:

- Divide participants into 3 groups and allocate one of the following to each. You have 45 minutes to plan an intervention to combat alcoholism in 'District X' which has been identified as having major problems in this area. After 30 minutes you will have 5 minutes to present your ideas to the plenary plus 5 minutes to answer any questions. At the end there will be a debate in the plenary as to which initiatives should receive government funding. [Imagine that there are only enough resources to implement 2 of the 3 programmes: you will have to fight to keep yours!]
- 1. **Media and awareness-raising:** What is your key message? How will you disseminate it at district and village level? How will you monitor the impact? [Use the media strategy guide to help you – Handout 12]
- 2. **Mutual-help groups at village level:** [Based on the 'Alcoholics Anonymous model']. These are groups of alcoholics who meet regularly for mutual support. They do not necessarily have any professional input. The idea is peer psychosocial support not 'treatment'. Attendance can be voluntary or mandated by the authorities as part of sanctions for alcohol-related crimes or violence. They have been very successful across a wide range of cultures, in many countries, at helping alcoholics stay sober or at least starting them on the process of addressing their problems. But the idea is new in Kyrgyzstan. You are implementing a pilot project in a particular area of the district. How will you do this? How many villages? How will you approach this sensitive area? Only alcoholics are allowed to attend meetings so non-alcoholics will not be able to facilitate meetings. Think through the steps involved. See Handout 17 (alcoholism screening test).
- 3. **Medical treatment programmes:** Based on the information in Handout 18 (treatment options), design a medical treatment programme for District X. What components will it have? Who will deliver the programme? How will it be monitored? Who will have access to it? What are the criteria for admission? Voluntary or mandatory? How will it be administered and financed? Remember that alcoholism is an addiction with very strong physical and psychological causes and symptoms. Experience shows a high failure / relapse rate from short-term medical treatment interventions: how will you overcome this with follow-up for each client?
- **Presentation to plenary [5 mins] and questions from the audience [5 minutes].**
- **Plenary debate [30 minutes]:** Only 2 of the 3 programmes can be funded by the limited resources of the government. Take it in turns to argue why your initiative should be included! Hold a vote at the end (you are not allowed to vote for your own programme!)
- Give all participants Handouts 17 (screening test) and 18 (treatment options) for reference.
-  **Warning!** It may be that there are some alcoholics amongst the participants or their friends or relatives. This might therefore be a very sensitive subject, especially when distributing the screening test: it may be that some people become aware of the extent of the alcohol problem for the first time. *Do not get participants to actually do the screening test themselves during the training and do not allow groups to do this 'as a joke'.* Do not draw attention to any particular individuals. Do not joke about



alcoholism – it is a serious disease and, as facilitator, you should be emphasising this. Adopt a non-judgemental attitude: alcoholics need help, not condemnation, which is likely to make the problem worse.



See also: Handout 7 from Manual 1 (Children in street situations and substance abuse) for further detailed information on substance abuse.



6.c Income poverty

Activity 23: Community poverty alleviation strategies

Aim: To give participants the opportunity to discuss the relevance of various community poverty alleviation strategies for the country context.

Time: 45 minutes

Materials: Handout 19 (strategies for addressing poverty)

Task:

- Each group of 4-6 is allocated two of the poverty alleviation strategies listed in the table in Handout 19. You have 20 minutes to prepare brief answers to the following questions:
 1. Do you know of examples of this type of scheme in your country?
 2. If so, give brief details and any experience / lessons learned that you know of from this initiative.
 3. If not, do you think this type of initiative would be appropriate to your country context? How would it need to be adapted? What problems / risks might it face?
- Plenary feedback and general discussion.



Key learning points:

- Addressing gender-based violence in families and communities is an essential element of community development. Violence in the home, whether experienced physically or witnessed, has a direct impact on child protection and street migration.
- There is a lot of information and examples of parenting programmes available internationally and many have had excellent success with improving family communications and reducing violence.
- There is a wide range of alternatives to violent or humiliating discipline of children which can reduce child abuse, stress levels and can improve family communication in general.
- Alcoholism is a complex topic which needs to be tackled through a range of complementary interventions such as media and awareness campaigns, mutual-help groups and medical treatment programmes. This is a critical area for intervention in many countries.
- A wide range of models for poverty alleviation at community level exist but care must be taken to adapt them appropriately for the country context, taking into account international lessons learned. Poverty alleviation alone will not prevent children migrating to the streets.

Summary of Section 6

Participants should now be familiar with the following:

- A sample parenting programme and how it can be adapted to become relevant for your country;
- Concepts of positive discipline and how they might facilitate such discussions with communities;
- Ideas for community projects to address alcoholism;
- The relevance of various community poverty alleviation strategies for your country context.

Section 7: Overcoming obstacles

Objectives for Section 7

By the end of this section the participants should be able to:

- Approach solutions to obstacles and challenges with a positive attitude;
- Explore solutions to obstacles and challenges likely to be faced in prevention work.

Activity 24: Overview: importance of a positive attitude⁹

Aim: To set a positive tone for dealing with potential prevention obstacles and challenges.

Time: 5-10 minutes

Materials: Ball

Task:

- Explain to participants that before tackling obstacles and challenges to prevention it is important to have the right attitude. We acknowledge that prevention is a complex and sensitive issue. However, we must also acknowledge how far we have already come [refer to Activity 11 – existing prevention initiatives. You could elicit examples from participants by throwing a ball around, asking: what do we already do well?]
- If we are already convinced at the '**HEAD**' and '**HEART**' levels of the benefits of prevention then our commitment and passion will ensure that we find resources and overcome challenges at the '**HANDS**' level.
- So please try to approach the following activity with a positive attitude and an open mind. Thank you!

Activity 25: 'Bursting balloons!'¹⁰

Aim: To identify solutions to common obstacles and challenges to prevention work.

Time: 45 minutes – 1 hour

Materials: Balloons

Task:

Each group of 4-6 people identifies up to 5 common obstacles or challenges to prevention work (15 minutes). You can either give groups a free choice of topics, or you can allocate particular themes to each group – e.g. Resources (may be sub-divided into financial, human and time); attitude; knowledge and expertise; organisational priorities; external context etc.

Plenary version: Take one issue per group at a time, blow up a balloon and (carefully!) write the issue on the balloon in marker pen. The balloon gets batted around the room. If you catch the balloon you should try to give a solution to the obstacle. If you cannot think of a solution, bat the balloon to someone else. Keep batting the balloon around until the participants feel they have discussed enough solutions to burst the balloon / obstacle then move onto the next issue.

Group work version: Give each group a supply of balloons and explain the exercise as above. They should come up with solutions within their group (rather than in plenary) and then report back to the plenary after 20 minutes.

Compare feedback with recommendations discussed by Bishkek and Osh training participants.

⁹ Adapted from Activity 43, *Child Protection Training Pack, Level 1- Core Training*, by Marie Wernham, CREATE: Child Rights Evaluation, Advice & Training Exchange, for Plan International, 2007.

¹⁰ Ibid, Activity 44.



Warning! Some people have a phobia about balloons and may not like this exercise! An alternative is simply to brainstorm obstacles and solutions in groups.



See also: Handout 20 (lessons learned from prevention programmes)



Key obstacles in relation to prevention work

- Evaluation: lack of statistics and difficulty in proving that you have prevented something from happening
- Political agendas which favour short-term, highly visible campaigns rather than longer term investment needed for prevention work
- Extensive inter-agency cooperation and collaboration
- Shifting urban communities
- Targeting the most at-risk children and families
- Need for much greater involvement of children and young people themselves
- Resources

Recommendations from participants of Bishkek and Osh prevention TOT in January 2007:

1. Bureaucracy

- Need reduction in excessive structures; the less paper, the more time spent on actually working with families and children;
- Selection of personnel – should be hired on a competitive basis regardless of rank;
- Salary should be based on results, not for passing paper around. Increase personal responsibility. Avoid passing the buck in team work – allocate individual responsibility;
- Reporting to the constituency: functionary should be accountable and report to the people, not just to his/her boss. Disgruntled people can take reprisals against people who make complaints;
- Get bureaucrats personally involved in the issues so that they become champions for children.

2. Lack of resources: money and trained personnel

- Ministry of Education: re-training courses for teachers and pedagogues through local administrations; send children from rayons to higher education institutions and they have to come back to rayons for 2 years in return for sponsorship;
- Decentralisation: should devise segmented budgets including a budget line for prevention. Head of these authorities should be elected so they don't distribute money to their relatives;
- Activities must be planned. Make sure resources are genuinely targeting need – not just spent on re-equipping their own offices.
- Difficult to get teachers for free to work with street children: need to shift responsibility back to City Education Dept; need to implement the Education Code in order to provide education to street children; retired teachers? Student teachers on teaching practice (but what about quality?); peer education? How to deal with monitoring and evaluation?; evening classes needed for street children to level up their knowledge.
- Social workers need more training: social workers to call community meetings and call other social workers from the district to pass on training.

3. Mentality of target population ('suspicious and closed-minded')

- Targeted programmes for key populations and promoting positive ideology – should improve value of family in society;
- Working directly with families – individual basis and encouraging participation – self-help groups and mutual-help groups.

4. Legal frameworks: bodies mandated to carry out prevention work lack authority and responsibility

- Legislative aspect – need to improve legislation relating to prevention outlining aims and objectives, forms and methods of prevention (need to outlaw raids and update our methods); clarify roles and responsibilities and competencies of bodies involved so they know their mandates and limits;
- Law enforcement: annual planning activities accompanied by instructive acts;
- Monitoring and control over activities: we have tools and bodies to monitor – ombudspeople, oversight committees etc. – but they need to be motivated and applied in practice.

5. Lack of coordination between agencies

- With the new Children's Code structure we're supposed to have a coordinating body for child protection and child rights; also there is the ombudsman and Family and Child Support units; family centres; inspectors from interiors should have special department on minors so they do prevention together with other structures;
- Laws and legal acts – make sure they are in conformity with each other and there should be annual joint planning between structures and quarterly reporting system to people and government;
- Hiring of staff on competitive basis. Needs adequate financing.

6. School boys visiting prostitutes [Osh]

- 'Guest house' is in part of a public building – children are breaking windows and renting rooms by the hour: contact city council; local newspaper; information to imams; explanatory work in schools and medical centres; work with all 6 organisations that work in the building; write a letter to the Mayor who lets the building (but this is not tackling the root cause!) - *need to conduct a problem tree analysis with participation of all stakeholders.*



Key learning points:¹¹

- If the understanding (HEAD) and right attitude (HEART) are in place, then finding solutions to implementation challenges (HANDS) becomes much easier.
- Suggested solutions to common obstacles are included above but the key to overcoming difficulties is to have a positive attitude and to work together.

Summary of Section 7

Participants should now be familiar with the following:

- The need for a positive attitude when trying to find solutions to prevention obstacles and challenges;
- Solutions to obstacles and challenges likely to be faced in prevention initiatives.

¹¹ Adapted from Key Learning Points, Section 7, *Child Protection Training Pack, Level 1- Core Training*, by Marie Wernham, CREATE: Child Rights Evaluation, Advice & Training Exchange, for Plan International, 2007.

Section 8: Summary

Objectives for Section 8

By the end of this section the participants should be able to:

- Revise what they have learned during the training course;
- See any changes in their knowledge, attitudes and practices which have occurred as a result of the training;
- Assess to what extent the training met their original expectations and give detailed evaluation feedback;
- Document 3 things they will do to put their learning into practice.

8.a Team quiz – revision

Activity 26: 'Team quiz – revision game'¹²

Aim: To see how much participants have learned and how much they can remember from the training course in a fun, light-hearted way.

Time: 45 minutes–1 hour

Materials: Pen and paper for each team; flipchart and pen; sweets / prize for winning team

Task:

Tell participants: Now that we are coming to the end of the training, it is time to see how much you have learned and how much you can remember! Divide into teams of approximately 5-6 people. [Try to ensure that there is a good mix of abilities in each team]. Give your team a name. [Facilitator should write the team names on the board so that final scores can be written up]. Choose one person in your team to write down the answers to the quiz questions. You can confer with each other, but you are *not* allowed to look answers up in any written materials. Points will be deducted from teams that cheat! [Read out the questions (adapt them to fit the contents of your course), give them time a limited time to discuss and write down the answers, collect in the answer sheets at the end and mark them according to the suggested score given, or alternatively get the teams to mark each others' answer sheets, going through the answers as a whole group. The winning team receives a prize such as a jar of sweets].

Sample quiz questions

1. Give a definition of 'prevention of street migration' (1 point)
2. Give three reasons why prevention work is so important (3 points)
3. Who holds the greatest *everyday* responsibilities for preventing street migration? (2 points)
4. Give 3 reasons *cited by children themselves* why they left home (3 points)
5. What is the name of the tool that can help us to analysis the root causes of why children end up on the streets? (1 point)
6. Give 2 examples of existing prevention initiatives in your country (2 points)
7. What are the 5 basic principles for working with children and families? (5 points)
8. Give 3 formal and 3 informal mechanisms through which we can identify and gain access to children and families at risk (3 points total – 0.5 per correct answer)
9. Name 2 possible *emotional / behaviour* (not physical) indicators of sexual abuse (2 points)
10. Give 2 reasons why it might be useful to do a community mapping exercise. (2 points)
11. Why is it useful to understand family and community power relations (2 reasons) (2 points)

¹² Adapted from *Police Training on Child Rights and Child Protection: Lessons Learned and Manual*, Marie Wernham with Savina Geerinckx and Elanor Jackson, Consortium for Street Children, March 2005, Section 10.

12. What country was the sample parenting programme from? (**1 point**)
13. Give one positive discipline idea for a 14-year-old child who has stolen some money from his mother's purse (**2 point**)
14. Name 3 possible community interventions to help address alcoholism (**3 points**)
15. Give 3 examples of community poverty alleviation schemes (**3 points**)

[35 points in total]

8.b Post-training assessment to measure changes in knowledge, attitudes and practice

Activity 27: 'Post-training assessment – children at risk of street migration'

Aim: To see – and to demonstrate to participants - any changes in knowledge that have occurred as a result of the training.

Time: 5-10 minutes

Materials: Copy of Handout 1 which each participant filled out during Activity 3 in Section 1.



Task:

- Ask participants to fill out the right hand columns (knowledge after training) according to their honest personal opinion.
- Get participants to reflect individually on whether or not their knowledge has improved, which areas improved more than others and any areas that they feel they are still having difficulties with. [Plenary discussion on this is optional]. Refer participants to the handouts for further reading and to consolidate learning.
- As long as the answers are kept anonymous, the facilitator can collect in the worksheets at the end of the training for evaluation purposes. If you do this, make sure that participants know that their answers are anonymous and that this is only to help you improve training in the future. It will not reflect badly on them as individuals.

Activity 28: 'True or false? Attitudes and practice towards children at risk of street migration - revisited'

Aim: To see – and to demonstrate to participants - any changes in attitude and practice that have occurred as a result of the training.

Time: 15 minutes

Materials: Copy of Handout 2 which each participant filled out during Activity 4 in Section 1; a different coloured pen for each participant to show changes in answers



Task: To complete the true or false questionnaire in Handout 2 *again, with a different colour pen to show any changes over the course of the training*. Get participants to reflect individually on whether or not there are any changes in their attitude or future practice based on the training course. The suggested answers can be shared with participants at this stage as a basis for plenary discussion. [1F; 2F; 3T; 4F; 5T; 6?; 7F; 8T; 9T; 10?; 11F; 12T; 13T]

Activity 29: 'Returning to the contributions and expectations tree'

Aim: To assess whether participants' contributions and expectations were fulfilled in the training course; to gather overall reflections on the course.

Time: 15 minutes

Materials: Flipchart 'contribution and expectations tree' from Activity 2 in Section 1; ball

Task:

- Remind participants of the types of activities and topics covered so far in the training and summarise how these have, or have not, met with participants' expectations according to the original tree from Activity 2.
- Promote a general discussion about how the participants feel about the course. This can be done by throwing a ball around and asking each participant the single most important thing they learned on the course. For evaluation purposes, and in addition to the formal evaluation questionnaire included below, make a note of any particular comments which come out of this discussion which might be useful for adapting future training sessions.

Activity 30: 'End of training evaluation'

Aim: To gather formal feedback from participants on the training course to act as a basis for ongoing improvements for future courses.

Time: 15 minutes

Materials: Copy of evaluation form per participant (see Appendix 3 for a sample evaluation form)

Task: Participants complete the evaluation form anonymously and return it to the facilitator. Make sure you allow enough time for this so that feedback is not rushed. Emphasise that the feedback is very important so that future course can be improved.

8.c Making a commitment

Activity 31: Making a commitment to children at risk of street migration: 3 personal action points

Aim: To draw participants' attention back to the individuality of each child at risk of street migration; to document the personal commitment that participants will make towards implementing in practice what they have learned from the training.

Time: 10 minutes

Materials: Drawings of a child at risk of street migration from Activity 5

Task:

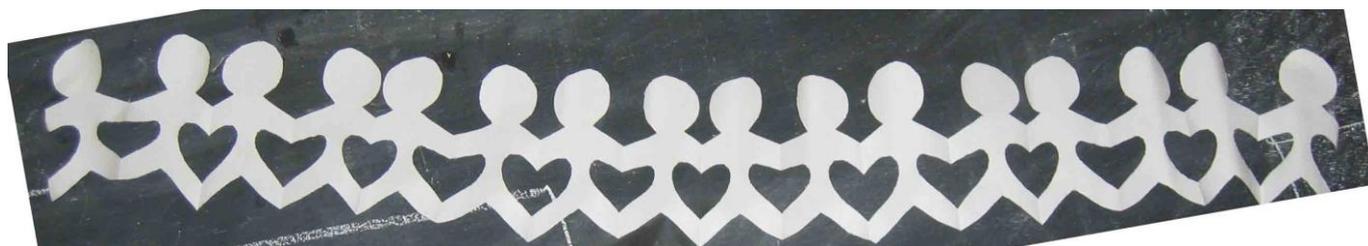
- Ask participants to take a moment to look at the picture of a child at risk of street migration which they drew in Activity 5. Encourage them to reflect silently if they now look at this child in a different way as a result of the training.
- Explain that it is not enough to have participated in this course and gained new knowledge. If we really want to change to happen then we need to make it happen not just in our **heads**, but in our **hearts** and **hands** as well. **Knowledge** is the first step, **attitude** is the second and translating this into good **practice** is the third step.
- On the inside right hand side of the card, note 3 things you will do as a result of this training to improve your work with children at risk of street migration. These are personal action points to yourself. You are making a personal commitment to the child on the front of the card. They can be small things or big things. They can include deadlines or not. This is up to you. But please don't let this training course go to waste. Take the card with you and display it on your desk, or keep it in your wallet as a reminder of the children we are working with and your personal commitment to them.
- [**Optional / additional activity:** depending on the context, a more formal action plan can also be completed, but it is still useful to personalise action points in the card to encourage individual commitment and responsibility.]

8.d Concluding message¹³

There is still a lot of work to be done to implement good practice in our work on prevention. The obstacles are great and some of them may be too complex for us to deal with on our own. However, working together with each other and in collaboration with other actors in the system, change is possible.

Even if we manage to help just one child, the impact they will have on their friends, family, community and eventually their own children will be huge [demonstrate by cutting out a 'paperchain' of children – note the love hearts in between; you can also plant pre-prepared paperchains with various participants in the audience and ask them to come forward to see the even greater impact when we work together with others].

Thank you for your participation and good luck!



Summary of Section 8

Participants should now be familiar with the following:

- How much and what sort of things they have learned during the training course;
- The changes in their knowledge, attitudes and practices which have occurred as a result of the training;
- The extent to which the training met their original expectations;
- 3 things have promised to do to put their learning into practice.

¹³ First documented for Section 9 of *Child Protection Training Pack, Level 1- Core Training*, by Marie Wernham, CREATE: Child Rights Evaluation, Advice & Training Exchange, for Plan International, 2007

Handouts

This section contains photocopyable handouts to accompany this training manual.

Contents

- Handout 1:** Baseline / end of workshop knowledge assessment
- Handout 2:** Working with children at risk of street migration: attitude and practice
- Handout 3:** Sample problem and solution tree
- Handout 4:** Action plan format
- Handout 5:** How to identify and gain access to children and/or families at risk
- Handout 6:** Recognising signs of abuse
- Handout 7:** The problem of child abuse: some key points
- Handout 8:** Community mapping
- Handout 9:** Stakeholder analysis
- Handout 10:** Understanding 'communities'
- Handout 11:** Child participation in community development: The Child-to-Child approach
- Handout 12:** Role of the media and awareness-raising
- Handout 13:** Multi-agency cooperation
- Handout 14:** Sample parenting programme
- Handout 15:** Moving away from corporal punishment towards positive discipline
- Handout 16:** Top tips for challenging cultural practices
- Handout 17:** The Michigan Alcoholism Screening Test (MAST)
- Handout 18:** Treatment options for alcohol and other drug problems
- Handout 19:** Strategies for addressing poverty at community level
- Handout 20:** Lessons learned from prevention programmes

Handout 1: How much do I know about children at risk of street migration?

Baseline / end of workshop knowledge assessment

Do you agree or disagree with the following statements? Tick the relevant box. Please be very honest! This is an anonymous questionnaire which will help us to evaluate the training.

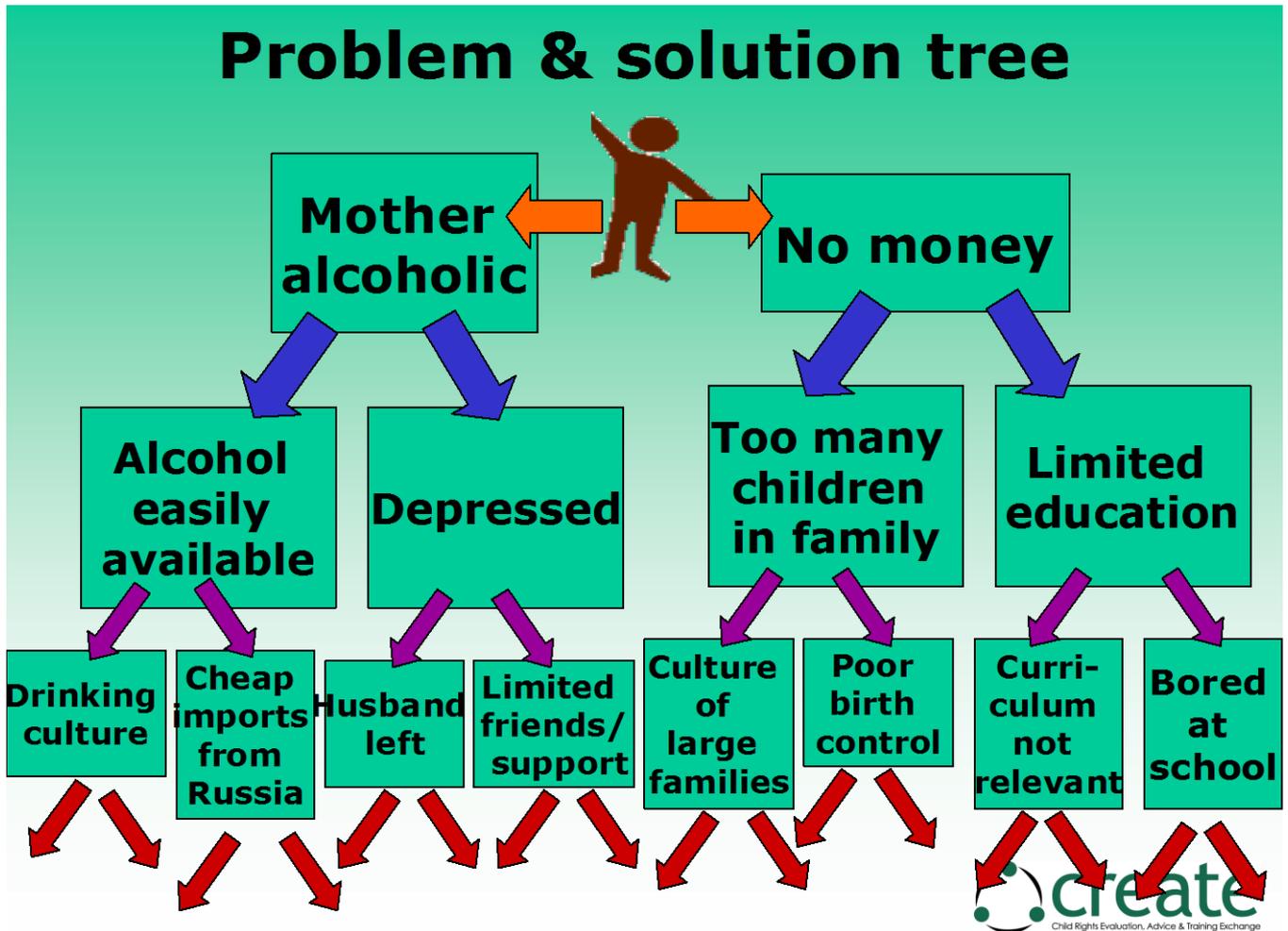
		BEFORE TOT					AFTER TOT				
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
1	I have a clear understanding of what is involved in preventing children from leaving home to live and/or work on the streets and why it is important										
2	I know why children live and work on the streets in my country and local area										
3	I am familiar with the existing legal, policy and social work frameworks in place in my country in relation to prevention work										
4	I am clear about the principles I should base my prevention work on: e.g. child rights, child protection, my own safety, participation, ownership, sustainability and creativity and case management										
5	I know how to identify and gain access to children and families at risk of breaking up										
6	I know how to map out the risk and protective factors present in a community										
7	I understand the importance of community participation in prevention work										
8	I am confident to work with children and families on prevention of street migration										
9	I am confident to work with teachers and medical practitioners on prevention of street migration										
10	I am confident to work with religious and community leaders on prevention of street migration										
11	I am confident to work with IMA and police on prevention of street migration										
12	I understand alcoholism and how to take steps to address it in communities										
13	I understand how I can raise awareness of prevention issues										
14	I am confident in my ability to transmit knowledge and skills to others										

Handout 2: Working with children and families at risk: attitude and practice

In your opinion, do you think the following statements are true or false?

			T	F	Don't know
ATTITUDE	1	Addressing rural poverty in my country will prevent children leaving home to go and live on the streets			
	2	Children and families who need help are usually able to ask for it			
	3	Violence against women in the home has a direct negative impact on children			
	4	Most families share roles and responsibilities equally between them			
	5	Many children in street situations have run away from home because they were abused or neglected at home			
	6	Children of religious, ethnic or linguistic minorities are more likely to leave home			
	7	Prevention activities targeted at the general community level will automatically reach those who are most at risk			
	8	Children and young people have a huge role to play in prevention initiatives			
PRACTICE	9	Alternatives are available to corporal punishment of children			
	10	International parenting programmes do not apply to my country context			
	11	It is not essential to collaborate with other departments and NGOs on prevention work			
	12	The best way to combat alcoholism is through a combination of medical and psychosocial support interventions, backed up by legislation, policies and widespread media and awareness-raising campaigns			
	13	The UN Convention on the Rights of the Child provides a useful framework for prevention work			

Handout 3: Sample problem and solution tree

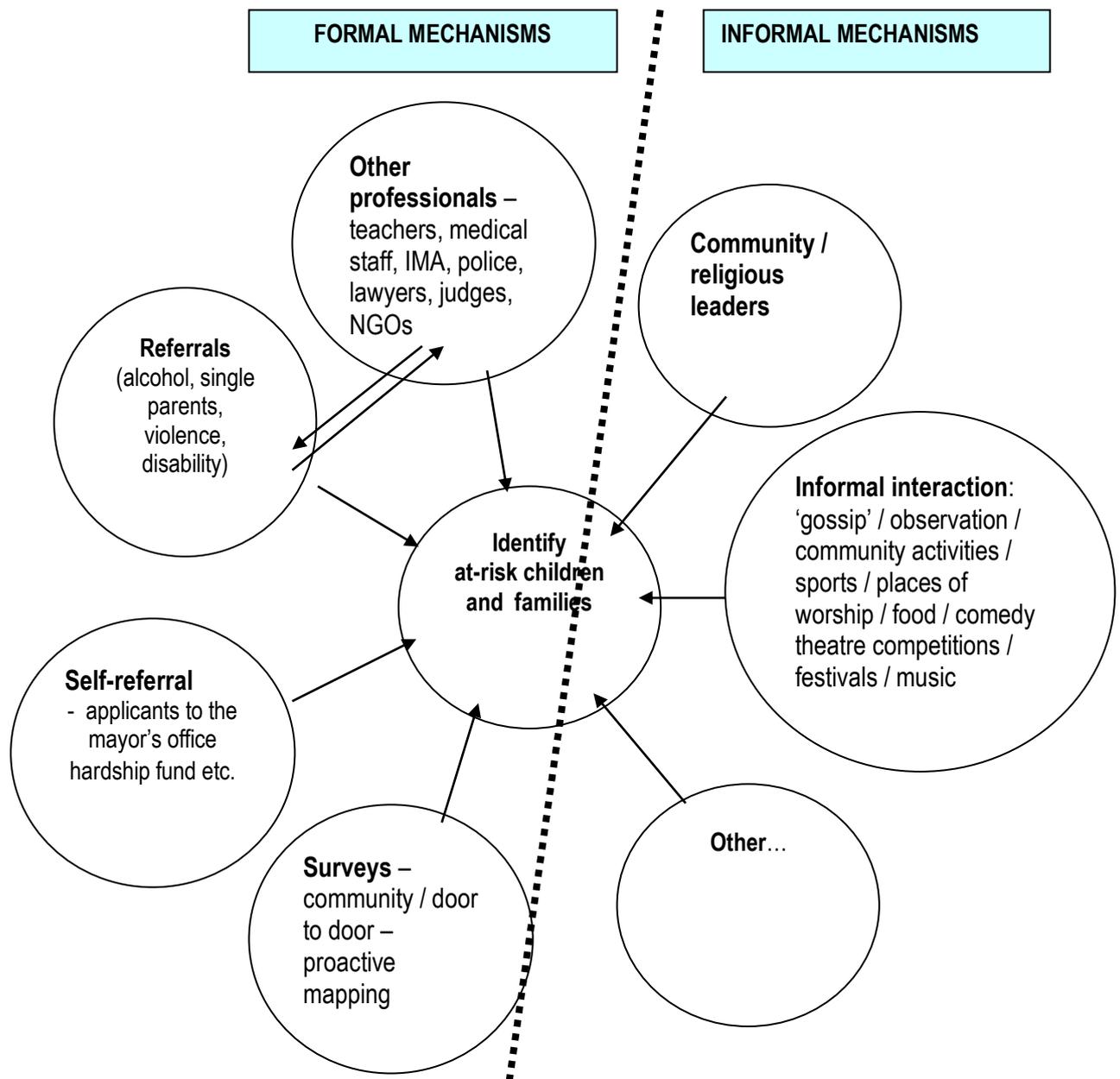


- This shows a brainstorm of problems.
- This exercise should be done in collaboration with key stakeholders themselves to ensure accuracy and ownership.
- After identifying deep-rooted causes of problems, work together to identify solutions for each of the problems by focusing on existing strengths. This will make the exercise empowering for stakeholders, rather than coming across as a negative list of problems.
- This exercise can be done with individual children and families, or with larger community groups to focus on solutions to community problems as a whole.
- Where possible, plan interventions to address the problems at the deepest possible level in order to have more sustainable, longer-lasting change. However, this longer-term advocacy will need to be balanced with shorter-term service delivery to benefit the child and family more immediately.
- Identify who else you can work with to address longer term change if this is beyond your capacity or mandate.

Handout 4: Action plan format

					○ <i>Monitoring and Evaluation</i>		
Action	By whom?	In consultation with whom?	By when?	Materials needed and methodology to be used	Who will check it's been done?	How will you check it's been done well (evidence)?	How will you improve the action ? / What will you do differently next time?

Handout 5: How to identify and gain access to children and/or families at risk



Actions needed:

1. Mapping of community structures - strengths, weaknesses, formal and informal mechanisms of referral and identification.
2. Sensitise professionals such as teachers, medical staff, IMA / police on 'warning signs' – e.g. signs of abuse, poor or erratic school attendance, poor social skills.
3. Improve inter-disciplinary cooperation / exchange of information between different professions (social workers, IMA, police, teachers, medical practitioners, lawyers, judges).

Points to consider:

1. Are there particular geographical areas with a high density of children and families at risk?
2. How can we include the most marginalised children and families?
3. How can we monitor children during particular crisis points such as puberty, leaving or changing schools, during parental separation / divorce, bereavement etc.?

Handout 6: Recognising signs of abuse¹⁴

Recognising signs of potential abuse is complex. There is no simple checklist. The potential warning signs below should be observed and assessed with care. Don't automatically assume that abuse is occurring. Talking to the child may reveal something quite innocent. Children naturally go through phases of different types of behaviour and this is a normal part of growing up. Also, each child is different. For example, some are naturally more quiet than others. It is important, however, not to dismiss significant changes in behaviour, fears, worries, and physical indicators a child is exhibiting.

<p>Possible signs of physical abuse:</p> <ul style="list-style-type: none"> • Bruises, burns, sprains, dislocations, bites, cuts • Improbable excuses given to explain injuries • Injuries which have not received medical attention • Injuries which occur to the body in places which are not normally exposed to falls, rough games, etc. • Repeated urinary infections or unexplained tummy pains • Refusal to discuss injuries • Withdrawal from physical contact • Arms and legs kept covered in hot weather • Fear of returning home or of parents being contacted • Showing wariness or distrust of adults • Self-destructive tendencies • Being aggressive towards others • Being very passive and compliant • Chronic running away 	<p>Possible signs of neglect:</p> <ul style="list-style-type: none"> • Frequent hunger • Failure to grow • Stealing or gorging food • Poor personal hygiene • Constant tiredness • Inappropriate clothing, e.g. summer clothes in winter • Frequent lateness or non-attendance at school • Untreated medical problems • Low self-esteem • Poor social relationships • Compulsive stealing • Drug or alcohol abuse
<p>Possible signs of emotional abuse:</p> <ul style="list-style-type: none"> • Physical, mental and emotional development is delayed • Highly anxious • Showing delayed speech or sudden speech disorder • Fear of new situations • Low self-esteem • Inappropriate emotional responses to painful situations • Extremes of passivity or aggression • Drug or alcohol abuse • Chronic running away • Compulsive stealing • Obsessions or phobias • Sudden under-achievement or lack of concentration • Attention seeking behaviour • Persistent tiredness • Lying 	<p>Possible signs of sexual abuse:</p> <ul style="list-style-type: none"> • Age inappropriate sexualised behaviour • Physical indicators (general and in genital and anal areas) • Behavioural indicators (general and sexual) which must be interpreted with regard to the individual child's level of functioning and development stage

¹⁴ Jackson, E. and Wernham, M., *Child Protection Policies and Procedures Toolkit: How to Create a Child-Safe Organisation*, p.116, based on information compiled from Sense International Child Protection Policy, section 5.2. and ECPAT Australia, *Choose with Care*, pp.34-35 and materials from the Methodist Church, Churches' Child Protection Advisory Service – Guidance to Churches, July 2003.

Handout 7: The problem of child abuse - some key points¹⁵

Child abuse: what we know:

- Abuse is not a new problem
- Abuse is a global problem
- All children are vulnerable – issue of power
- Some children are more at risk
- Committed by people children know
- Youngest and most defenceless can be most at risk
- 26% of rape victims are children
- At least 50% of abuse undisclosed
- Usually known about/suspected
- Can have devastating effects

Things to remember about child abuse:

- Signs/indicators may be due to other factors
- Multiple forms of abuse experienced simultaneously
- There are different types of abusers
- There are some types of behaviour to watch out for
- Beware of checklists which might draw attention away from less obvious signs/suspects
- Consider child's perception of abuse
- Importance of capacity building of children themselves in self and peer protection

Perspectives on abuse:

- Significant harm
- Severity
- Frequency
- Context – other experiences of child, normative behaviours

People who sexually abuse children may:

- be from any culture, faith, religion, race, age, sexuality and gender, and be married
- be skilled at gaining the trust of adults and children
- seek work in agencies that come into contact with children
- be skilled at identifying the children who are less resilient and more vulnerable
- use their professional position to exploit the dependency of women and children by providing food or financial reward.

What causes domestic abuse? Social, psychological, economic & environmental factors, especially:

- Relationship problems
- Mental health problems
- Previous abuse
- Drug/alcohol problems
- Living conditions

Impact of abuse: Can have major long-term effects on all aspects of a child's health, development and well-being including:

- Death
- Severe impairment
- Impaired development
- Other difficulties and disorders

Handout 8: Community mapping

Exercise

- 1. Draw a picture or a map of your community.** Include key structures like: schools, houses, medical centres, places of worship, markets & shopping areas, transport hubs, offices / main places of work, main places of leisure / recreation, cultural centres, police station, main roads, NGOs and sources of material and psychosocial support, and any other things or people you feel are important.
- 2. Map risk and protective factors for children in the community:**
 - a. In red, mark on the map the places where children spend time and the people they spend time with. Number these places and people according to how much time they spend (e.g. '1' = the most time).
 - b. If you think these places and people are safe or positive for children, draw a smiley face by them ☺. If you think they are unsafe or negative for children, draw an unhappy face by them ☹.
 - c. Are there other places or people that are safe or positive for children, even if they don't currently spend time there / with them? If so, mark them with a smiley face ☺.
 - d. Are these places different for boys and girls? For different ethnic groups? For disabled children?
- 3. Map where to identify children and families at risk:** In green, mark on the map places and people where you can get information about children and families at risk – e.g. from teachers, doctors and nurses, funeral directors (who will know of children whose parents or relatives have recently died), market-place gossip, bars etc.
- 4. Map where to access children and families at risk:** In blue, mark on the map places where you can get access to children and families at risk – e.g. schools, social places, places of worship, police stations etc.

Discuss

1. How accurate do you think your map is? How would it compare to a map drawn by a boy or a girl in school / working on the streets / living on the streets?
2. Are children in your community spending more time in safe / positive environments or in unsafe / negative environments?
3. What can be done, working with children and other community members, to reduce risk factors and increase protective factors in children's environments?
4. Are you already in contact with the people and places to help you to identify children and families at risk? If not, how can you develop these contacts?
5. Are you already able to gain access to children and families at risk? If not, how can you gain access?
6. What cultural and social strengths exist in your community which you can build on?
7. Who do you need to target for awareness-raising? Where are the best places to display messages / speak to people?
8. Does your map really include the most marginalised children and families in your community? Those who lack the social skills and economic means to participate in mainstream economic, social, political and cultural activities?
9. Did you find this exercise useful? Would you be able to facilitate this exercise with community members? If not, why not?

Handout 9: Stakeholder analysis

Background¹⁶

A stakeholder analysis is a technique used to identify and assess the importance of key people, groups of people, or institutions that may significantly influence the success of your activity or project.

It is important to know who has an interest and can contribute to the discussion around an issue. Equally, it may be just as important to know who does *not* support your plans or project (ie. who is opposed or resistant to it) and to think about if, and how, their interests need to be managed. It is often those who do not support your proposals that need most management.

An analysis of stakeholders is generally undertaken to:

- Identify those people, groups or organisations who have an interest in a project or planned action either positively or negatively
- Identify the form of their interest
- Identify those who should be involved in the project at different stages in the project cycle
- Identify those who are powerful actors in ensuring the project's success or failure
- Identify whether and how you need to do something about them and include it in the project design

Exercise:

Option A: Individual child / family stakeholder analysis

1. Imagine a particular child as a case study example. This could be the 'problem and solution tree' child from Activity 10, or a different 'child at risk' from Activity 5, or a child who is known to someone in the group (although be careful not to use real names).
2. Draw the child in the centre of a flipchart, surrounded by 3 concentric circles. The inner circle is the child's family, the middle circle is the community and the outer circle represents wider societal influence of the child. Draw a line vertically down the middle. On the left draw a happy face and on the right a sad face. Starting in the centre and moving outwards, list all of the individuals and organizations who impact on the child's life either positively (on the left) or negatively (on the right)¹⁷. Refer back to the list of formal and informal mechanisms from Activity 13 or the community mapping from Activity 15 for inspiration if necessary.
3. With a different coloured pen, number the stakeholders on each side according to the strength of influence they have over the child: number 1 = strongest influence; number 5 = weakest influence.
4. Discuss: How will you engage the 'top 3' actors on each side, both positive and negative, in your prevention initiatives with this particular child?

Option B: Community stakeholder analysis

1. Continue with the community mapping exercise from Activity 15. From the information you have already compiled, make a list of the 'top 10' stakeholders in the community who need to be engaged in prevention activities: number 1 = most important; number 10 = less important. This prioritization can be linked to where children are spending most time in the community or who has the strongest influence over them.

¹⁶ Jackson, E. and Wernham, M., *Child Protection Policies and Procedures Toolkit: How to Create a Child-Safe Organisation*, ChildHope, March 2005, p. 65.

¹⁷ This exercise is similar to Activity 17 from Manual 1 but slightly more structured and it is only looking at external actors.

2. Complete the table below. Of your 'top 10' stakeholders, which do you think are - or would be - keen to get involved in prevention activities? (place these in the 😊 column); Which are - or would be - undecided? (place these in the 😐 column); Which are - or would be - hostile to working on prevention? (place these in the ☹️ column).

😊	😐	☹️

3. Discuss how you would engage each of these stakeholders.

Handout 10: Understanding 'communities'¹⁸

What is a 'community'?

- A community is a group of people living and working together where people know each other and have some type of relation with each other, e.g. social, economic, political, cultural, spiritual. Within communities there is mutual benefit which involves giving and receiving.
- **Individuals** make up a **family** (regardless of the exact structure of the family) and are expected to conform to certain standards of family behaviour.
- **Families** make up **communities** and are expected to conform to certain standards of community behaviour.
- **Communities** make up wider **society** and are expected to conform to certain standards of societal behaviour which is in turn shaped by culture, history economic and social patterns, traditions etc.
- **Individuals, families, communities and societies all interact on each other.** They are not static. They are all subject to either rapid or slow change which can either be positive or negative.
- Individuals can be **born into** or **marry into** or be **adopted (formally or informally) into** particular families and communities. This may affect: their status within a family or community; their sense of belonging or their isolation from a family or community – whether these feelings are self-imposed or the result of particular treatment by others.
- **Interventions with children, families, communities and societies should use a 'strengths-based approach'**: help stakeholders to identify and strengthen their own positive aspects - as individuals, families, communities and societies and help them try to minimise, eliminate or at least control the negative aspects as much as possible to ensure that change is positive, not negative.

Defining a specific 'community'

- **May be difficult** where local government administrative units overlap or enclose different local groupings (e.g. specific religious or ethnic sub-communities within a particular geographical area).
- **May be subject to constant disruption**: conflict, natural disasters and rural-urban migration can cause communities to be divided, fragmented and frequently changing.

Well-being of individuals, families and communities

- **Personal well-being**: self-respect and self-reliance; sense of meaning and purpose; respect strengthens identity as an individual and as a member of a group.
- **Material well-being**: food, shelter, health, money, land, transport, communication to make a living, work.
- **Social well-being**: belonging to community; participating and belonging to a group; solidarity; autonomy for family; equity.

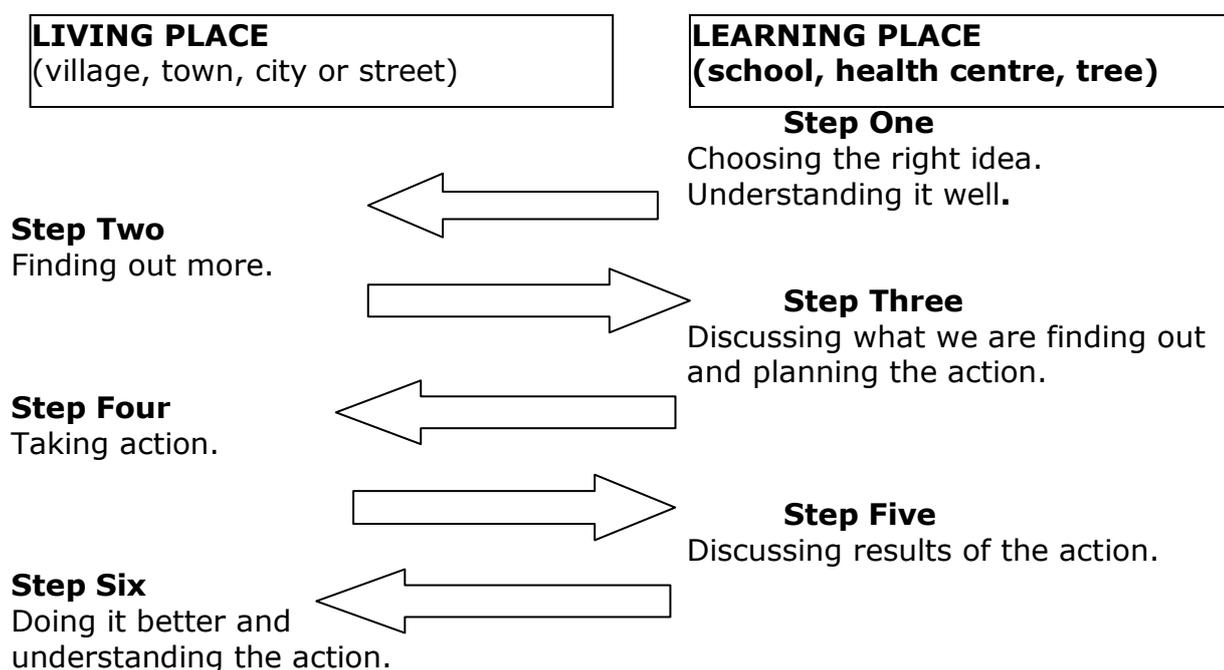
¹⁸ Adapted from Everychild Kyrgyzstan training materials. Original source unknown.

Handout 11: Child participation in community development - The Child-to-Child approach¹⁹

The approach is different from good quality, classroom-based health education teaching in several respects:

1. It demands that children participate in leading the development and design of the activities;
2. It links what children are learning with actual problems they face and invites them to contribute to solving these specific problems in the home or in the community;
3. It is not bound by a set amount of time; and
4. It requires the involvement of people outside the 'learning-place.'

Over the years a model of how best to implement Child-to-Child programmes has been developed. This model is described as 'the six step approach' and is summarised by the diagram below.



Needs analysis - example

People at a Child-to-Child training workshop in Colombia were asked to select three of the most serious health and related problems for children in the community in which they worked. The participants then facilitated a similar exercise with children. It was interesting to compare the results! Children often identify broader social problems (poverty, alcoholism) and have interesting insights as to why these problems exist and what can be done to help.

Problem	How Serious (number/5)	How Common (number/5)	How much can children do (number/5)	Importance to the CTC programme
* Gangs	+++++	+++++	+++++	15
* Being left alone at home	+++++	+++++	+++++	15

Key: the number of points allocated varies on a scale of 1 (+) meaning 'a little' to 5 (+++++) meaning 'a lot'.

¹⁹ Adapted from Clare Hanbury, 'Child-to-Child and children who live or work on the streets: preventative strategies', in *Resource Pack: Prevention of Street Migration*, Consortium for Street Children and University College Cork, Ireland, 1999, pp.56-64.

Using this table helped participants identify a range of common problems and gave them a mechanism to prioritise problems.

Once an issue is identified, it is also useful to hold a meeting for parents and interested community members to raise awareness about the Child-to-Child activities. The more that families and communities are involved the stronger and more sustainable the programme becomes.

1. The **first step** in the Child-to-Child approach is for the children to understand the selected issue well. Activities might include reading, writing, discussions, role plays etc. Community members might be involved at this step. They may be invited to talk with the children, tell stories or initiate discussions on a certain topic. This step is often undertaken in the classroom setting.
2. At the **second step** children gather information about the selected issue. They make the topic 'theirs'. This might be done by conducting a small survey; by having a discussion with friends, relatives or key community members; or by observation.
3. At the **third step**, children bring the information they have gathered together with others and they discuss the issue as it affects them, their families and their community. The children discuss ways in which they might be able to address problems perhaps as individuals, in small groups or as a larger group. It is important that the facilitator working with the children helps them look at information gathered with respect and critically, and helps them to design solutions that are manageable and which communicates clearly and accurately to others.
4. At the **fourth step** children take action at school and also in their families and communities. They may be communicating information to others, demonstrating skills to others, working with other children or leading by example.

Children can take action in different places		
At school...	At home...	In the community...
<p>children can:</p> <ul style="list-style-type: none"> * learn together actively * help and teach their friends * help and protect younger children * help to make their surroundings healthy 	<p>children can:</p> <ul style="list-style-type: none"> * describe and demonstrate what they learn * help their families with good health practices * teach and help younger brothers and sisters * play with children who do not go to school * keep the home surroundings healthy 	<p>children can:</p> <ul style="list-style-type: none"> * pass on messages through plays and songs * act as messengers and helpers * participate in health campaign

Because this type of active learning helps children to remember what they have learned , it is important that the messages are accurate.

5. **Step five** is about helping the children to evaluate the effects of their work on others and on themselves and identify if there are ways they can improve their activities.
6. **Step six** is the chance for the children to make messages clearer, to reach other people and generally, to improve upon what has gone before so that desirable changes made as a result of the project become a way of life. It is also the step at which new ideas for new issues to explore further may become apparent.

Impact of the programme - views from teachers and parents in Uganda and Zanzibar where Child-to-Child is well established:

Uganda

- "Child-to-Child combines theory and practice. It helps with real situations in life."
- "Child-to-Child is a bridge which joins parents to teachers to pupils."
- "In Child-to-Child is about two -way action; between the teacher and the child."
- "Children are becoming confident and they are helping each other at home and at school."
- "We have thrown away our sticks. We no longer shout at children."
- "We have developed new methods for handling children. If a child is late for school we find out the reason and try to advise the child on the problem. We have stopped corporal punishment...there is tremendous change."

Zanzibar

- "The parents are coming to the school asking questions."
- "There is a close relationship between the children, the teachers and the parents (all are represented in the Child-to-Child committee)."
- "There is a low drop out rate."

As the children move between where they live and where they learn, Child-to-Child activities help to strengthen links between the school, the home and the community. In undertaking Child-to-Child activities, children feel a sense of purpose and responsibility.

Handout 12: Role of the media and awareness-raising: tips for an effective strategy

What is an awareness-raising strategy?

An awareness-raising or media strategy is a "plan of action" used to achieve your awareness-raising objectives. However, be careful not to get caught up in using media for its own sake: media is only a means to an end – it is a tool to assist you in achieving your overall aims.

Process of developing a strategy

When developing your media strategy it is important to involve as many stakeholders as possible, including children themselves. This will lead to your awareness-raising being more accurately targeted and effective. It is also important to think through the following steps *in this order*²⁰:

1. What are you trying to change? (Aims)
2. Who can make that change happen? (Targets)
3. How can you influence them to make that change? (Key messages, tools & timing)
4. What obstacles might you face?
5. How can you overcome these obstacles?
6. How can you prove that you had an impact? (Monitoring and evaluation)

Do not be tempted to work backwards by thinking "Oh! Let's print lots of posters! What message shall we put on them?" Instead you should be thinking: "Our priority is to influence parents in socially excluded families, encouraging them to communicate better with their children; our primary target is therefore parents in socially excluded families; they are most likely to be influenced by sellers of alcohol as this drinking is their main social activity; they rarely bother to read posters; therefore, let's see if we can persuade alcohol sellers to hand out beer mats with positive parenting messages on – i.e. not posters at all!... etc.

Developing key messages

A "message" is a concise and persuasive statement that captures what you want to achieve, why and how. The "message" should also include the specific action you would like the audience to take.

5 key elements of messages:

1. The content and ideas
2. The language
3. The source of "messenger"
4. The format
5. The time and place of delivery

The elements of message content:

1. What you want to achieve
2. Why you want to achieve it
3. How you propose to achieve it
4. What action you want the audience to take

3 tips for message development:

1. Deliver a consistent message to an audience through a variety of channels over an extended period of time.
2. Make sure that your message is being delivered by a source that the audience finds credible.
3. Create a message that the audience will understand.

WARNING!

Child protection must be prioritised in the media strategy: do not exploit children's images or stories for your purpose – instead, work with children to obtain their informed consent on how their images and stories should be used. Protect children's identities and respect their privacy.

²⁰ The 6 steps are taken from Marie Wernham / CREATE materials on advocacy training, 2005.

Role of the media and awareness-raising: sample prevention project which made good use of the media

Family Structure Problems, Child Mistreatment, Street children and Drug Use: A Community-Based Approach - Dr. Dwight Ordoñez Bustamante, IPEC, Peru²¹

"In 1992, we started a child mistreatment prevention and intervention programme in Lima. Existing grassroots organisations in each community were linked to **child mistreatment networks** which, supported by our trained community workers, **developed awareness campaigns** among the local population and detected cases of child mistreatment and / or sexual abuse for referral to the programme's office/staff in each of the 22 locations.

'School for parents' courses were developed in each community; **leaflets and other material were distributed and a hotline was established** for neighbours or relatives to support child abuse (Bracamonte, 1994).

With the backing of the Juvenile Justice system, family therapy and legal counselling were offered to families which had serious problems of this kind. In the first year of the programme, our 8-member intervention team took on 502 cases.

It was obvious that by this time the child-battering phenomenon was larger and affected far more than street children, and that having touched the problem of Peruvian culture patterns of child raising it deserved attention itself. **By 1995 the programme had implemented a mass media strategy (TV, radio, written press) and developed links with the Ministries of Education and of Health.** It was also developing similar preventive networks at public schools, with the help of teachers, and was contributing to the establishment of a child mistreatment and abuse surveillance system for a network of public hospitals and health centres.

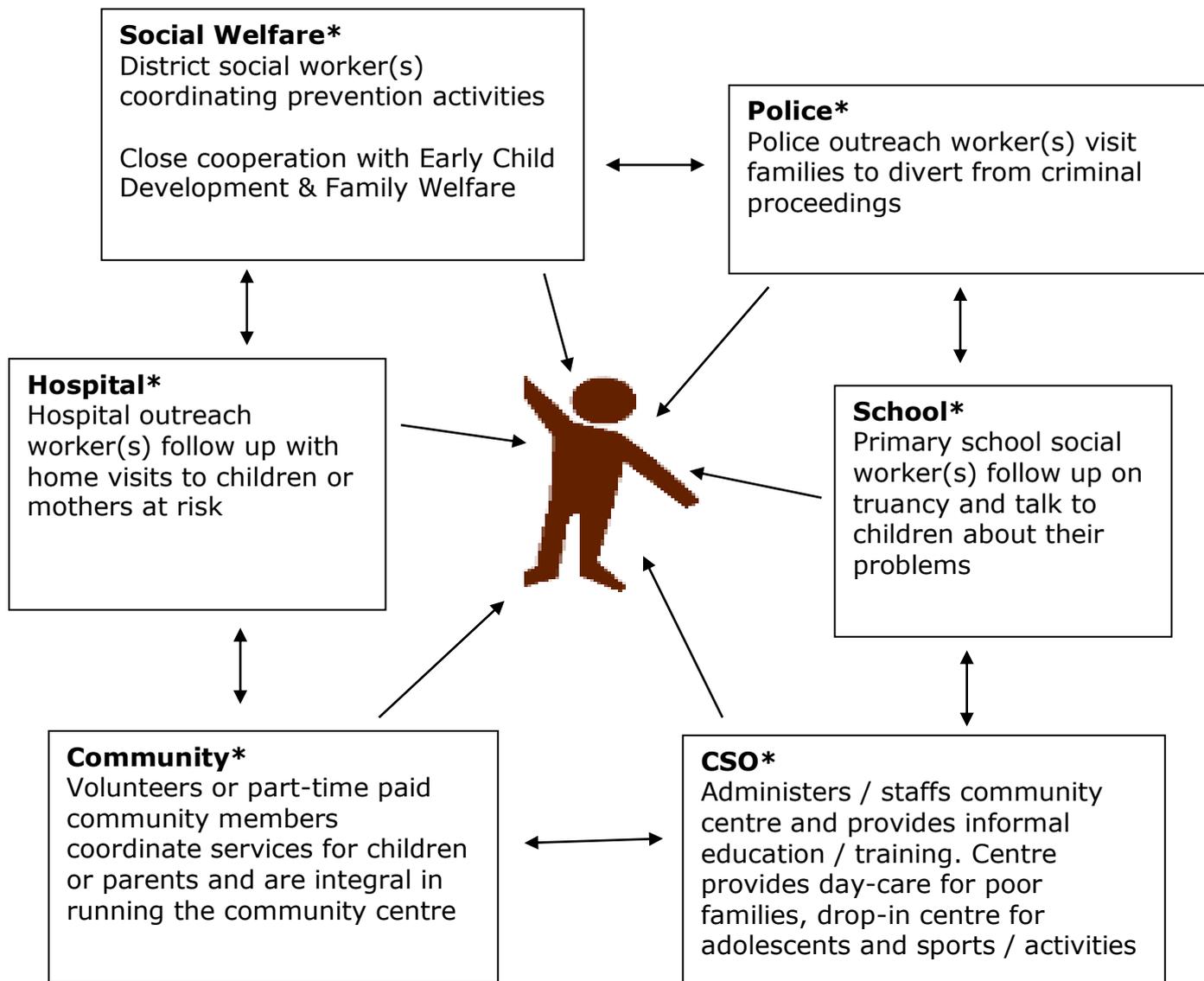
By the middle of 1995, the programme was being replicated at 6 other Peruvian cities, while the "From Piranha to Dolphin" programme [street children rehabilitation project] was being replicated in 3 other cities and its principles were gradually being adopted by government facilities for juvenile delinquents."

"Although no causal link may be clearly established between one set of activities and the latter problem, there is strong circumstantial evidence that the number of monthly newcomers into street life (monitored weekly) descended to half (from 27 - 35 kids per month to 12-18 per month) between 1992 and 1994."

²¹ In *Resource Pack: Prevention of Street Migration*, Consortium for Street Children and University College Cork, Ireland, 1999, pp.32-33.

Handout 13: Multi-agency cooperation²²

Agents involved in a cooperative prevention programme



All agencies are interlinked.

***Representatives from each agency form the Prevention Programme Team**

²² Diagram from *Prevention Programmes for Children and Families at Risk*, ECPAT International, Bangkok, Thailand; compiled by Colin Cotteril and Guy Thompstone [no date]. Table based on information from the same source. Text summarised, paraphrased and adapted from the same source.

Agency roles and responsibilities in a cooperative community prevention programme

Agency	Roles & responsibilities	Comments
Social Welfare Department	District Social Welfare Department: Overall responsibility for child protection	
	Lead Officer: <ul style="list-style-type: none"> • Oversee and coordinate pilot project; • Promote networks; • Organise training; • Arrange case conferences; • Monitor progress of individual children. • Oversee work of Outreach Social Worker (supervision and counselling support) 	
	Outreach Social Worker: <ul style="list-style-type: none"> • Other SWs / agencies refer cases to Outreach SW. • Family visits. • 'Drop-in surgery' for appointments – source of advice. • Raise awareness of services available locally. • Report concerns to Lead Officer • Present cases at case conferences • Communicate all information to family • Ensure that views of family members, <i>including children themselves</i>, are sought and represented in case conferences. 	<ul style="list-style-type: none"> • Requires at least 1 full-time SW for prevention outreach in the community. • Must be visible & trusted in community. • Must be perceived as a positive, not interfering role. • Trained to recognise and act on CP issues.
	Trainee social workers: <ul style="list-style-type: none"> • Should be encouraged to work as volunteers in local NGOs or to take placements in community. 	<ul style="list-style-type: none"> • Will help familiarise them with community issues and importance of multi-agency approaches
Education	Pre-school: <ol style="list-style-type: none"> a) Provide pre-school education free of charge to low-income families or... b) Structure primary education system to allow slower children access to specialised classes or staff who can work with them at their own pace 	<ul style="list-style-type: none"> • Discrepancies between children who have access to pre-school and those who don't, can cause inequalities from first year of primary school which can rapidly escalate out of control eventually leading to drop-out. • Need cooperation between pre-school and primary school / CSO and Govt initiatives to ensure smooth transition to primary school.

	<p>School staff:</p> <ul style="list-style-type: none"> Teachers need CP awareness training, including indicators of abuse and how to contextualise them on an individual basis. Need a named person responsible for child welfare in each school (preferably a school counsellor / mentor) – to talk to children and carers; network and share concerns with Outreach Social Worker; cooperate with Police Outreach Worker & Community Volunteers to locate and counsel truant children. 	<ul style="list-style-type: none"> Awareness & early intervention are key. If outreach workers not possible in every school, then District Ed Dept would have counsellor(s) / outreach workers to follow-up concerns.
	<p>Curriculum:</p> <ul style="list-style-type: none"> Raise age of compulsory schooling to 16 – scholarship system sponsored by Ed Dept, NGOs or local businesses(?) Curriculum needs to be relevant, quality and include life skills (inc. communication and leadership), creative & sporting opportunities, child rights & responsibilities; sexual & reproductive health and rights. 	<ul style="list-style-type: none"> Experience shows link between children staying in school until at least 14/15 with higher resilience / reduced vulnerability to exploitation inc. CSEC. Life skills etc. should be integral part of official curriculum, not additional to it.
Health	<p>Hospital Outreach Worker:</p> <ul style="list-style-type: none"> Need CP awareness training, including indicators of abuse and how to respond. Will receive referrals from other medical staff. Visit families and build up a relationship / visit regularly. Monitor development of the child. Coordinate and run training activities at community centres on health matters together with CSOs (e.g. sexual health, alcohol and drugs, vaccination programmes). 	<ul style="list-style-type: none"> Could be a hospital or medical social worker or a nurse or health visitor trained in CP. Would work full time on prevention, spending most time in the community. Position should not be given on a part-time basis to someone who already has a full work load. Approach must be not be accusatorial.
	<p>All doctors, nurses & midwives:</p> <ul style="list-style-type: none"> Need CP awareness training, including indicators of abuse and how to contextualise them on an individual basis, including indicators of delayed development and 'failure to thrive'. Refer cases to Hospital Outreach Worker. 	<ul style="list-style-type: none"> Midwives and health visitors are in a strong position to identify risk situations.
	<p>Community health education:</p> <ul style="list-style-type: none"> Educate parents and carers about health matters. 	
Police	<p>Police Outreach Worker:</p> <ul style="list-style-type: none"> Need CP awareness training, including indicators of abuse, how to contextualise them on an individual basis and how to respond. Would not be assigned to any criminal cases but would be committed full time to prevention. Work with families and children to reduce vulnerability. Network closely with other agencies. Support other Prevention Programme Team representatives when visiting potentially dangerous family situations. Support families through provision 	<ul style="list-style-type: none"> Registered officer who has received additional training on CP, child psychology, counselling, social welfare, family development, risk assessment and prevention techniques. Would generally not wear a uniform in the community so as not to appear threatening. Police Boys Clubs in Australian inner cities: police officers participate in youth and sports activities in troubled communities; helps officers to understand the problems faced by children

	<p>of information, whilst not turning a blind eye to criminal activity.</p> <ul style="list-style-type: none"> • Inform children and families of the legal consequences of their actions. • Employ principles of restorative justice. • Be involved in community activities such as youth sports clubs to break down traditional barriers and mistrust of the police. • Crime prevention / alcohol and drugs awareness raising in schools. 	<p>and young people, to offer positive role models, and render children / community members more likely to contact them in times of need / abuse.</p>
	<p>All police officers:</p> <ul style="list-style-type: none"> • Need CP awareness training, including indicators of abuse, and identifying risk situations when involved with families and children in their everyday work, e.g. noting living conditions and family relationships. • Refer cases to Police Outreach Worker. 	
<p>Civil society organisations,</p>	<ul style="list-style-type: none"> • Maintain contact with donors. • Be familiar with strengths and weaknesses of communities / issues affecting them. • Supplement government services, especially out of hours / at weekends. • Maintain good cooperation with government mandated authorities (should receive government funding and infrastructure support). • Must gain trust of the community, working together with them rather than imposing 'outside' ideas: consultation, participation, ownership and capacity building are key, working from a strengths-based approach. 	<ul style="list-style-type: none"> • CSOs should supplement and work closely together with government services, not replace them. • Governments should not abrogate their overall responsibility for child protection.
<p>Community</p>	<p>Community Volunteers:</p> <ul style="list-style-type: none"> • Network of CVs who are well-supported by either the government or CSOs. • Must be carefully selected, screened and supervised as they will have close contact with vulnerable children and families. • Levels of confidentiality need to be agreed. • Staff need CP awareness training, including indicators of abuse, how to contextualise them on an individual basis and how to refer cases to the Outreach Social Worker. • Maintain positive relationships with families and maintain the trust if the community in general. • Communicate information about children not in pre-school to Outreach Social Worker. • Take part in case conferences and with outreach workers and recommend courses of action to help children and families at risk. • Follow-up particular issues / families as identified by the Prevention Programme Team in a non-threatening / non-intrusive way. 	
<p>Community</p>	<p>Youth / community centre:</p> <ul style="list-style-type: none"> • Either community or NGO-run. • All decisions need to be based on consultation, participation and 	<ul style="list-style-type: none"> • Prevention programmes can be integrated into existing centres. • Is the centre accessible to all children / young

<p>community ownership, working from a strengths-based approach.</p> <ul style="list-style-type: none"> • Pay attention not to discriminate against certain children / young people. • Involve children and young people in the establishment, running and monitoring of the centre's activities (in an ethical and meaningful way); consider involving children on the management board; explore peer counselling / education etc. • Could include: <ul style="list-style-type: none"> a. child-care / early child development activities during the day (for low-income families such as single parents attending vocational training or employment during the day); b. activities for children and adolescents during the evening and at weekends, e.g. literacy classes, vocational training, information and awareness raising, life skills, sports, recreation, drama, arts in a pleasant and safe environment. • Staff should be carefully selected, screened and supervised. • Staff need CP awareness training, including indicators of abuse, how to contextualise them on an individual basis and how to refer cases to the Outreach Social Worker. • Liaise with local businesses to attract funding and employment opportunities for young people. • Centre should operate a comprehensive Child Protection Policy including mutually agreed codes of conduct for both adults and children. 	<p>people? Are the activities / services reaching those most at risk and therefore least likely to be voluntarily accessing them?</p> <ul style="list-style-type: none"> • Is there stigma attached to attending the centre? • Ideally should be located within walking distance from the homes of the majority of children taking part. • Admission criteria for day-care eligibility would need to be carefully considered. • Activities for children and young people should not compete with school time. • Different models exist regarding focus populations: the centre can either focus deliberately on the most at-risk children and families or it can be inclusive for all, so as not to stigmatise and further isolate vulnerable groups.
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Prevention Programme Team

- Named liaison person from each of the agencies.
- Lead Officer (senior Child Protection Social Worker): to oversee and coordinate pilot project; promote networks; organise training; arrange case conferences; monitor progress of individual children.
- May be stationed together in the same office.
- Develop flowcharts and procedures for action to be taken in case of concern about a child, clearly showing lines of accountability and responsibility; promote information sharing.
- Each individual must know clearly what is expected from them and have the support / mandate from their respective agency.

Training

- Appropriate, quality, practical training needs to be made available in-service and pre-service for relevant professionals.
- Such training should be based on experiential learning.

- Professionals should be committed to ongoing learning in the field of child protection to ensure their skills are kept up to date.
- Both centre-based and distance learning modules / courses should be considered.
- Courses should preferably have formal accreditation with an academic or professional body to encourage respect for workers and for the child care professions in general, to assist individuals with their own career development and to ensure quality control of the content and delivery of courses.
- Basic training should include: risk assessment, outreach techniques, child rights, basic child development and child psychology, networking and counselling.

Information and networking

- All members of the Prevention Programme Team will need to keep records and case files of the families and children they work with (to enable case monitoring, increase accountability and reduce duplication of services).
- The team must agree on levels of confidentiality (crucial to ensure trust of children, families and communities).
- Information may only be exchanged to other members of the team or within the agency they represent.
- The team should undergo sensitisation on the serious consequences of failing to maintain confidentiality.
- Confidentiality applies to verbal exchanges and written records, whether paper or electronic.
- Cross-agency networking and information sharing about relevant programmes and initiatives is key to the success of the programme, including sharing lessons learned (e.g. between Police Outreach Workers and Hospital Outreach Workers who may both be involved in awareness-rising programmes in the same community).

Case conferences

- May be convened by any member of the Prevention Programme Team in relation to serious concerns about the welfare of a child.
- May be in response to a particular incident or longer-term deterioration in a child's well-being.
- Will be attended by all involved in the Prevention Programme Team (including CSOs and Community Volunteers).
- Concerns are presented by all actors involved help to construct a clearer picture.
- The child and parents are informed of the meeting and invited to attend where appropriate.
- The views of the child must be sought beforehand and presented accurately at the case conference.
- Recommendations and a course of preventative action will be agreed.
- It is vital at this stage to assign clear responsibility for following up these actions.
- The social worker with lead responsibility for the case will take the recommendations back to the family and child if they are not present.
- Implementation plan is carried out and carefully monitored, with regular progress reviews where the plan can be adapted taking into account successes and failures so far.

Ideas for community prevention schemes

Free telephone hotline: to offer immediately emotional and possibly practical support to children and families in distress; to report child protection concerns. The number must be free to call. For in-depth information on how to establish such helplines, see: www.childhelpineinternational.org

Home visiting scheme: aims to support new mothers in their own homes, particularly first time and/or single mothers; mothers experiencing postnatal depression or isolation; mothers who do not wish to use the community centre; mothers who are ostracised from the community – such as sex workers. Home visiting support offered by women volunteers (preferably mothers) from the community for a minimum of one year. Can offer both practical advice and emotional support. Can help reduce isolation and assist with mother-child bonding. This is an additional layer of informal support to supplement that of the family social worker. Fathers would also benefit from peer support in an appropriate form.

Good parenting programme: Ideally should begin at school for both boys and girls, highlighting the responsibilities involved in parenting enabling them to make informed decisions about parenting. Age-appropriate information can even be given at primary level (especially important where the school system experiences high drop-out rate at secondary school). Pre and post-natal parenting classes for new parents: can include child rights, child development, education, physical protection, gender roles, nutrition and positive discipline; could take place at the community centre; encourages peer networking and support for new parents; is most effective when fathers also take part.

Children and youth groups: Should be recreational, creative and fun as well as educational; emphasis on life skills; preferably developed, managed and monitored by children and young people themselves, facilitated by a responsible adult; should have mutually agreed Child Protection Policies including codes of conduct for both adults and children; topics can include age-appropriate sessions on body safety, relationships, assertiveness and 'talking to someone'.

Young people's befriending scheme: Needs careful screening, training and supervision with strict adherence to child protection policies; can be between adult community member 'mentors' and children or between older and younger children. Consists of regular meetings of informal time spent together – e.g. recreation, sport or just talking and being available as and when need arises. In the case of peer support, young people must not be expected to shoulder too much responsibility; levels of confidentiality need to be agreed in advance; the child should not be allowed to become too dependent on their mentor. See www.bigbrotherbigsister.org

Handout 14: Sample parenting programme - "Pathways to Parenting": Parenting Education Programme - Save the Children UK, Jamaica²³

Project background

- A **training manual** for community based facilitators of parent groups was developed, which included one volume on general skills in working with parent groups, and a second volume with step by step exercises for teaching parents to deal with a range of child rearing issues common to most parents. Particular emphasis was given to the social/emotional aspect of child development.
- A **research component** was introduced into the process to evaluate the impact and effectiveness of the parenting education approach.
- A partner organisation offered to develop a **television series** of the parenting workshops. The television series would also be a training tool, using an activity format similar to that used in the community workshops. This maximised the audience that could benefit from exposure to parenting education skills.
- The project **targeted families at risk** through the probation service – i.e. families where children had been in conflict with the law or who had come to the attention of the police. Probation officers were trained as parenting facilitators. The programme was publicised as a national initiative to avoid targeted families feeling stigmatised and singled out.

Content of the workshop sessions

The community workshops covered a wide range of topics including getting parents to look at their own parenting models, promoting self-esteem and self-discipline in children, and using reinforcement rather than punishment as discipline. The manual was structured to explore the following issues:

- **"Families have many faces"**. Training began by assisting participants to recognise the central importance of the family in the healthy development of the child, and to understand that there is no single "ideal" family structure. It is what family members do (or do not do) for each other that is important, not the structure of the household; if household members work together consistently and lovingly, it is effective as a family.
- **"How we learn as parents"**. Participants were encouraged to reflect on their own habits and skills as parents, examine what effective and ineffective parenting habits they learnt in their own childhoods, and select one or two skills to work on.
- **"Stages of development"**. Participants learnt about the critical issues in development at different ages.
- **"Understanding more about disabilities in children"**. Disabled children are a particularly vulnerable group in society. Facilitators focused on examining personal attitudes about disabilities, the need to recognise that the basic needs and rights of disabled children are the same for all children, and measures to prevent disabling conditions.
- **"Promoting self esteem in children"**. How to foster healthy self esteem in a family

²³ Programme example outlined by Angela Veale, 'Developmental and Responsive Prevention', in *Resource Pack: Prevention of Street Migration*, Consortium for Street Children and University College Cork, Ireland, 1999, p.11.

- **“Discipline - reinforcing the behaviour we want”** by examining the ways the negative and positive behaviour are reinforced.
- **“Communicating with children”**. Exploring effective and ineffective communication.
- **“Preparing children for school and working with the school”**. These sessions involved getting participants to recognise their own role as their children’s most important teacher, and the role of their involvement in play in assisting children to learn. Parents’ role as advocates for their children within the school system, and their role in strengthening the school environment were explored.
- **“Handling anger and conflict in the family”**. Participants were assisted to understand that angry feelings are natural, all families experience conflict, but there are successful and unsuccessful ways that parents and children handle angry feelings and negotiate conflicts. Participants examined their own family patterns of conflict management, and set personal goals for instigating improvements.
- **“How children develop moral values ...decision making and learning responsibility”**. Participants were exposed to methods that are most effective in developing moral judgement and moral action in children, and to discover how children learn decision making and responsible behaviour.
- **“Men and women, sons and daughters: gender issues in families.”** Participants were encouraged to examine their own attitudes about male and female behaviour in adults and children, and reflect on how gender socialisation affects their expectations of their children positively and negatively.
- **“Dealing with your children’s sexuality”**. The session focused on examining attitudes to human sexuality, reducing myths and misinformation, identifying blocks in communicating with children about sexual matters, and discussing strategies for responding to children’s sexual questions, concerns and behaviour.
- **“Preventing child abuse”**. Participants examined what they can do to reduce the incidence of abuse of children, and to be aware of the potential in all persons to be abusive, and to confront and curb any tendency in themselves to be abusive to their children.
- **“Issues of parent absence”** and **“When parents need extra help with children’s behaviour”**. Participants discuss the effects on children of prolonged parent absence and how to reduce some of the negative effects for children, and learn some community sources for parents who feel they need extra help with their children’s behaviour.

The overall aim of the training was to develop positive, open, communicative relationships within the family. ²⁴

²⁴ Taken from Save the Children UK (1993) “Pathways to Parenting: A Caribbean Approach - A facilitator’s manual for parenting groups.”

Handout 15: Moving away from corporal punishment towards positive discipline

The context²⁵

- **It is not easy to raise a child.** We receive no real training. We are likely to either copy or reject and do the opposite of the methods our parents used to raise us. It is difficult to criticise someone else's child-rearing as the issue is so personal. We are all influenced by our culture / cultural norms.
- **Children need discipline:** positive discipline in a loving, caring and protective environment shows children that they are loved and valued. It shows that adults care enough about children to try and keep them safe and show them correct behaviour. 'Positive discipline' and alternatives to violence are not about letting children run wild without boundaries. Children *need* clear boundaries in order to feel safe and for their healthy social and emotional development. However, unfortunately, too many children in too many countries grow up in fear and confusion where discipline is concerned. Often they do not understand why their behaviour is being punished, and they may rarely receive any positive encouragement for good behaviour.
- **From negative to positive child-rearing:** this topic is not just about 'not hitting' children. It is a *positive* message about *communicating* with children. It is not just 'disciplining' or 'punishing' children, but about setting a good example, 'loving discipline' and motivating them to behave in a positive way, in an overall context of warmth and love: "I love you, but I don't love your behaviour right now."
- **Child's perspective:** Children are not only concerned about physical violence. They often perceive psychological violence and humiliation to be worse (although this is not an excuse to condone corporal punishment!). Make sure you do not replace one form of violence with another!
- **What is meant by effective discipline?**²⁶ There is no universal recipe for effective parenting. Different methods will work better with different behaviours, different children, in different families, and in different cultural contexts. It is also unrealistic to expect that a single disciplinary act will have an effect immediately. Discipline is a process which takes time – there are no instant effects, especially with younger children. Discipline is part of children's life experiences and its effectiveness is influenced by children's relationships, interactions and experiences within the family, and by the wider context of families.
- **Influencing parents**²⁷: There is no one model that is the best for influencing all parents. Models which are based on the realities of family lives, treat parents as equals and partners, and recognize the strengths and skills that families have, rather than trying to 'fix' what is wrong with them, are more likely to be more effective. Programmes based on a 'top-down' expert-to-parent approach, which are targeted at 'problem' families, or which ignore the cultural values and beliefs of families, are least likely to be effective.

²⁵ Adapted from 'Alternatives to Violence', Child Protection Training, Marie Wernham, CREATE, October 2006.

²⁶ *The Discipline and Guidance of Children: A Summary of Research*, Anne B. Smith, Megan M. Gollop, Nicola J. Taylor, Kate A. Marshall, Children's Issues Centre, University of Otago, and Office of the Children's Commissioner (NZ), June 2004, http://www.occ.org.nz/childcomm/resources_links/reports_publications, p.18.

²⁷ Smith et al, p.27.

* Research from New Zealand and Scotland in Smith et al., p.29.

What children say about corporal punishment*

- "It doesn't sort anything!"(Girl aged 9)
- "A big person should not hit a small person." (Girl aged 9)
- "Adults would not like being hit so why do they do it to children?" (Boy aged 10)
- "It's not nice to hurt little children."(Aged 5)

What is the problem with physical punishment?²⁸

- Physical punishment results in short-term compliance only.
- Hitting children is often the result of parental frustration, stress or anger. It is often done when parents are 'out of control'. In this situation, there is always the possibility that a 'mild' slap can escalate into something harder. Either that or the adult is not aware of how much force they are using in the first place.
- While the use of physical punishment does not guarantee a negative outcome, it is definitely a risk factor for the development of problem behaviour.
- Physical punishment can have unintended effects:
 - teaching children to avoid being caught
 - endorsing giving pain to change other people's behaviour
 - reducing the possibility of influencing children through example or discussion
 - making the forbidden more attractive
 - teaching children to be egocentric (because they learn through avoiding pain)

What is positive discipline?²⁹

- Positive discipline normally involves helping children to understand why certain behaviour is unacceptable and other behaviour is acceptable.
- Negative discipline focuses on doing what you are told in order to avoid being hurt.

Useful advice³⁰

- **3-stage choice process:**
 - a. **Understand** the choices, limited or 'non-choices' as to why a parent or carer is using violence against a child;
 - b. **Expand** the parenting choices available to parents / carers;
 - c. **Empower & support** parents / carers to follow through on positive choices.
- **Understand the motivations of the child:** is s/he seeking attention; being naughty; pushing boundaries; doesn't understand something; being expected to behave in a way which is too sophisticated for his/her developmental age etc.?
- **Explain** to the child wherever possible the consequences of his/her actions on others, why you are asking him/her to behave in a particular way, and why he/she is being disciplined.
- **Give clear instructions and set clear boundaries and rules, with explanations,** which the child understands. Facial expressions (smiling, eye contact or even frowning), being in close proximity to the child, giving verbal or non verbal encouragement or prompting, can help communicate what you want.
- **Don't replace one form of violence with another!**

²⁸ Adapted from Smith et al., pages 10 and 15.

²⁹Smith et al, p.10.

³⁰ Adapted from 'Alternatives to Violence', Child Protection Training, Marie Wernham, CREATE, October 2006.

- Most of all, a child wants **attention** from his/her parents: spend quality time together; ignore minor bad behaviour as much as possible so that it doesn't develop into attention-seeking behaviour.
- **Be positive: praise good behaviour.**
- Understand the need for **reliability & consistency** (don't make empty threats; different adults / parents must back each other up – don't give mixed messages).
- Children need **positive role models**: set a good example of the behaviour you expect.
- Disciplinary measures must be **proportionate** to the act.
- Children have a strong sense of **justice**: e.g. make sure the right child is being disciplined for an offence; give the same degree of discipline for every child (don't show favouritism); if in a group no child owns up to an offence, ask the children what they think you should do. Communicate with them & give them a sense of responsibility.

Handout 16: Top tips for challenging cultural practices³¹

1. **Think carefully about who is facilitating the discussion:** It can be more effective to have someone from within the local culture to do this, but it can equally be useful to have an outsider. What would work best in your particular situation? Be aware of how age, gender, language and other issues might impact on the relationship between facilitator and audience.
2. **Acknowledge that this is a sensitive topic.** We all have experience of child-rearing – as children and possibly also as adults.
3. **Start with the positive:** These discussions are not about criticising people but celebrating what we do well to protect our children and looking for ways to make this even better.
4. **Do not judge or criticise:** lead the discussion from positive practices to those which 'could be improved' to enhance child protection or those which 'we need to think about how they impact on our children'.
5. **Try to avoid labelling some practices as 'negative'.**
6. **Avoid putting distance between yourself and the audience.** In general it is more effective to talking about 'we', 'our children' and 'our communities' etc. rather than 'you' and 'your children'.
7. **However, sometimes it can be easier to distance discussions.** For example, 'I heard that in a village in another part of the country / in a different country the practice is to.....' 'After listening to the children, the villagers there decided after discussions amongst themselves that they could change the way they do this...'
8. If culturally appropriate, and if you feel personally confident to do so, it can be effective to **give personal, self-critical examples.** For example: 'I used to regularly beat my daughter when she disobeyed me but now I am trying some alternatives which, although difficult to start with, are proving much more effective with her now'.
9. **Emphasise that we are all in a constant process of learning** from others and that it is healthy to discuss different ideas for the benefit of our children.
10. Ask **"What do we mean by 'culture'? Whose culture?** In the space of one generation my mother's culture is completely different to mine. As a woman my culture and experience is very different to that of my brother. The culture of girls and of boys can be very different to that of their parents and grandparents"...etc. [If appropriate you can discuss power structures based on age, gender, race, wealth etc.]
11. **Bring in children's perspectives:** It can be very effective to share what children themselves think of certain practices but make sure that this type of child participation – either through direct or indirect contact with adults - does not put children at risk of harm such as reprisals for having spoken out.

³¹ Originally compiled for Handout 18 of *Child Protection Training Pack, Level 1- Core Training*, by Marie Wernham, CREATE: Child Rights Evaluation, Advice & Training Exchange, for Plan International, 2007.

12. **Acknowledge that culture is not static.** It changes. Cite an example of something that used to be commonplace within your culture some years ago but which has since changed for the better and the previous practice is now considered to be old-fashioned.
13. **Think about creative materials to use** – e.g. Pictures of children in different situations, testimonies of children (written or recorded, including the Keeping Children Safe DVD), newspaper headlines etc.
14. **Cite national, regional and international child rights agreements** that your country has ratified (e.g. Children's Code, CRC) and the obligations this places on us all, but be careful that this does not alienate your audience.
15. **End on a positive note:** Let's keep what is good and positive for the protection and development of children in our culture but challenge and change what can be improved.

Handout 17: The Michigan Alcoholism Screening Test (MAST)³²

Circle the response 'yes' or 'no' depending on whether the statement says something true or not true about you. Please answer all the questions. The test can be scored to let you know where you lie on a scale from social drinker to addictive drinker.

0	Do you enjoy a drink now and then?	Yes	No
1	Do you feel you are a normal drinker?	Yes	No
2	Have you ever awakened the morning after some drinking the night before and found that you could not remember part of the evening?	Yes	No
3	Does your wife, husband, a parent, or other near relative ever worry or complain about your drinking?	Yes	No
4	Can you stop drinking without a struggle after one or two drinks?	Yes	No
5	Do you ever feel guilty about your drinking?	Yes	No
6	Do friends or relatives think you are a normal drinker?	Yes	No
7	Are you able to stop drinking when you want to?	Yes	No
8	Have you ever attended a meeting of Alcoholics Anonymous?	Yes	No
9	Have you gotten into physical fights when drinking?	Yes	No
10	Has your drinking ever created problems between you and your wife or husband? A parent or other relative?	Yes	No
11	Has your wife, husband, or other family members every gone for help about your drinking?	Yes	No
12	Have you ever lost friends because of your drinking?	Yes	No
13	Have you ever gotten into trouble at work or school because of your drinking?	Yes	No
14	Have you ever lost your job because of your drinking?	Yes	No
15	Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	Yes	No
16	Do you drink before noon fairly often?	Yes	No
17	Have you ever been told you have liver trouble? Cirrhosis?	Yes	No
18	After heavy drinking have you ever had delirium tremens (DTs) or severe shaking or heard voices or seen things that really were not there?	Yes	No
19	Have you ever gone to anyone for help about your drinking?	Yes	No
20	Have you ever been in a hospital because of your drinking?	Yes	No
21	Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalisation?	Yes	No
22	Have you ever been seen at a psychiatric or mental health clinic or gone to a doctor, social worker, or clergyman for help with any emotional problems in which drinking played a part?	Yes	No
23	Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? (If so, how many times?_____)	Yes	No
24	Have you ever been arrested or taken into custody, even for a few hours, because of drunk behaviour? (If yes, how many times?_____)	Yes	No

Your score is _____.

3 or less

Not alcoholic

4

Suggests alcoholism

5 or more

Alcoholism

³² Appendix 2, Handbook for Child Protection Practice, Edited by Howard Dubowitz and Diane DePanfilis, Sage Publications, 2000.

Master key

0	Yes	No	0	
1	Yes	No	2	
2	Yes	No	2	
3	Yes	No	1	
4	Yes	No	2	
5	Yes	No	1	
6	Yes	No	2	
7	Yes	No	2	
8	Yes	No	5	
9	Yes	No	1	
10	Yes	No	2	
11	Yes	No	2	
12	Yes	No	2	
13	Yes	No	2	
14	Yes	No	2	
15	Yes	No	2	
16	Yes	No	1	
17	Yes	No	2	
18	Yes	No	2	If DTs are reported, score is 5; for any other positive response, score 2
19	Yes	No	5	
20	Yes	No	5	
21	Yes	No	2	
22	Yes	No	2	
23	Yes	No	2	Each arrest x 2 points
24	Yes	No	2	Each arrest x 2 points

Handout 18: Treatment options for alcohol or other drug problems³³

Addiction treatment has four main goals:

1. To educate the addict or alcoholic about the nature and dynamics of addiction: This replaces the addict's myths and misconceptions about addiction with accurate information.
2. To encourage self-diagnosis as an addicted person: Once the addict views him- or herself as sick and in need of treatment, motivation and compliance increase.
3. To involve the addict in an ongoing programme of treatment and self-help: Addiction is chronic and requires continued supervision and relapse prevention.
4. To encourage the recovering addict to assume personal responsibility for his or her recovery: Addicts must renounce their long-standing practice of blaming outside forces or circumstances for their drug use.

Treatment modalities for addictions include the following:

- **Detoxification** involves medical care during the period of acute withdrawal. Depending on the severity of withdrawal, detoxification may occur in a hospital, in a community clinic or residential setting, or on an out-patient basis under a physician's supervision. Detoxification may be a short-term process (e.g. for alcohol) or an extended one (e.g. for methadone).
- **Inpatient rehabilitation**: Once the staple of addiction treatment, extended inpatient rehabilitation stays have been dramatically reduced by managed care. Currently, such stays are ordinarily confined to cases with complicating factors, such as comorbid severe psychiatric disorders.
- **Intensive outpatient** involves structured, multiple-hour therapy sessions, usually several evenings per week, for a month or longer.
- **Partial hospitalisation or day treatment** are alternatives to inpatient rehabilitation that require daily attendance for a variety of therapeutic activities until the [adult] is stable enough to enter outpatient counselling.
- **Outpatient counselling** involves ongoing treatment, usually weekly, for an hour or more.
- **Long-term residential programmes** are or those requiring continued structure and supervision to maintain recovery.

Treatment modalities for addictions include medical care, psychoeducation, individual counselling, addictions case management, group therapy, discharge planning, family education, relapse prevention education, and exposure to self-help fellowships. Most addiction clinicians prefer a cognitive-behavioural approach based on the premise that addiction is a chronic and progressive disorder requiring prompt intervention and ongoing treatment.

³³ Taken directly from Ronald Rogers and Chandler Scott McMillin, 'What are the treatment options for parents with alcohol or other drug problems?' in *Handbook for Child Protection Practice*, Edited by Howard Dubowitz and Diane DePanfilis, Sage Publications, 2000, pp.474-475.

Handout 19: Strategies for addressing poverty at community level³⁴

Please note: these strategies alone will not prevent children migrating to the streets. Not all poor children become street children. Poverty is only one of the 'push' factors. It needs to be tackled in conjunction with other approaches on family communication, reducing violence and alcoholism in the family, improving educational opportunities etc.

Strategy	Comments
Micro-credit schemes and income generation activities for parents for parents and families	<ul style="list-style-type: none"> • Internationally there are examples of very successful micro-credit schemes. • However, by itself, this strategy does not necessarily lead to prevention of street migration. In some cases (e.g. in Ethiopia) it even led to an increased burden on children who had to take on extra work to support the parents' new business venture. • It is difficult to implement: in places with mobile populations; where communities are geographically dispersed; where there is a lot of occupational diversity; in economies subject to hyper-inflation or which are very economically unstable. • If parental income is very low, there is a tendency to offer only very small loans which can be paid back more realistically. However, this can mean that the loan is too small to do anything useful with.
Income generation activities for children	<ul style="list-style-type: none"> • Children may still want to continue working, in spite of educational and other alternatives offered. • In this case, we need to examine: how to make work less of a burden in terms of their time; try to prevent the drift into the centre of town, away from social support networks; how their work can be used to help provide them with skills that will be useful in later life.
Savings schemes for families and street children	<ul style="list-style-type: none"> • Requires stable, non-mobile populations and a level of trust between members of the savings scheme. • There are very successful examples of 'street banking' projects for street children, run by the children themselves.
Small business advice	<ul style="list-style-type: none"> • Can be used to support income generation activities and micro-credit schemes. • Advisers offer initial training on budgeting and marketing etc. and sometimes a weekly 'surgery' for clients to attend if they are experiencing particular problems.
Vocational training – for adults and children	<ul style="list-style-type: none"> • This is often done badly. To be successful, there needs to be very good market research to identify the exact type of skills that are needed in the market place. • Be careful not to flood the market with lots of carpenters, for example. • Trainers must be highly skilled and committed to completing high quality courses that actually leave trainees with the skills they need to earn a living at the end of the process. • Graduation from a course often needs to be supported by a start-up loan or a gift of tools or materials to get started in business. • Vocational training can be gender-biased: women and girls are trained in traditionally lower-paid skills whilst men and boys get training for higher-paid skills.
Access to land/agricultural inputs	<ul style="list-style-type: none"> • This can have an impact in areas where land rights are limited or where subsistence agriculture or investment in cash crops would provide a reasonable income.
One off support for a capital item that would assist the family to re-establish a previous economic activity	<ul style="list-style-type: none"> • Clear criteria need to be developed for which families would be eligible for such assistance, up to what amount etc. • Community involvement / explanations to the community would be needed to avoid creating tension between those families which receive support and those which don't.
Short term welfare to cover a period of sickness or medical assistance	<ul style="list-style-type: none"> • Is the source of this funding sustainable? • Can families be encouraged to pay back money at a later date if they are able? How would you monitor this?
Job service - building up networks of contacts with employers and assisting unemployed carers to find work	<ul style="list-style-type: none"> • This might be unrealistic as most low skilled jobs are taken by people with contacts but it could be possible in individual cases.

³⁴ Compiled from various sources in *Resource Pack: Prevention of Street Migration*, Consortium for Street Children and University College Cork, Ireland, 1999.

Handout 20: Lessons learned from prevention programmes³⁵

- **Objectives:** The objectives of prevention programmes need to be explored carefully and made very specific. What is the prevention programme trying to 'prevent'? Is the focus 'developmental' (broad-based community development) or 'responsive' (targeting specific high risk situations)?
- **Attitude:** We must not simplistically assume that parents are "incompetent" or that children are "victims", "villains" or "heroes". Instead, we need to understand that households and children within them are struggling to adapt to a rapidly changing economic and social environment, within the limits of the choices available to them, in order to survive and develop.
- **Targeting:** How will beneficiaries be targeted?
 - Targeting specific families for engagement in a programme may be stigmatising to them. Alternatively, highly motivated families may be proactive in getting involved, but these are unlikely to be the families at highest risk. Families motivated to co-operate in expectation of receiving material aid from the project, might engage in socially desirable behaviour in the presence of project staff without initiating any qualitative change in their home or community environment.
 - The distinction between those that are at greatest risk of taking to street life and those who live in poverty is central to effective prevention strategies. Targeted strategies should complement well-directed general community development work, which aims to alleviate poverty in the community as a whole.
 - The younger siblings of children already involved in either living or working on the street may be at particularly 'high risk' because, in addition to living in poverty, they come from homes in which the street is accepted as a strategy for survival and they also have the powerful example of an elder sibling(s) in street life.
 - Street children and their families may not participate much in the life of their local community and so it may not be possible to effectively contact them through existing community services such as schools, community centres, clubs etc.
- **Early intervention:** The earlier the intervention the better. By the time responsive prevention is necessary, the family and child is already in crisis. Ideally, developmental prevention should begin targeting families and communities from the moment of the child's birth.
- **Methodology:** If help is to be effective, it must be offered through services flexible enough to be personalised and to respond to the individual needs of each child and her or his individual family members. The problems of low self-esteem, poor communication skills, inertia etc. that prevent the most vulnerable and excluded from accessing educational and employment opportunities in the community, keeping them on the margins of society, will also prevent them from successfully integrating into a group - even if the group plans to tackle those very same problems. Systematic, intensive and personalised attention is needed to empower them to build the emotional strength and the cognitive and communication skills necessary first to be able to identify new opportunities for themselves and go on to take these up successfully.
- **Benefits of child participation / Child-to-Child programmes:** Children are secured by relationships they have at home, at school and also in the community. Incorporating

³⁵ Compiled and adapted from Angela Veale pp.16-17, Alison Lane pp.21-24, Clare Moberly pp.47-48, Clare Hanbury pp.62-63 in *Resource Pack: Prevention of Street Migration*, Consortium for Street Children and University College Cork, Ireland, 1999. These lessons are drawn from project examples in Mexico, Angola, Ethiopia, Jamaica, Uganda and Zanzibar.

Child-to-Child activities at school has had the effect of transforming and improving relationships between schools and families; teachers and children; parents and their children; children and their communities; and between children and other children.

- **Schools and families** – increased consultation and participation of parents and leading community members; they participate in workshops and help teachers conduct community- based activities; they are often represented on school health committees. Parents with specific problems often use schools where Child-to-Child is active as places where they can come for advice and support.
 - **Teachers and children** – improved respect of teachers for children’s abilities; improved communication between teachers and children; increased involvement and self-esteem of less academically able children; increased support for vulnerable children and their families; increased peer support among families.
 - **Parents and children** - Parents report that Child-to-Child activities make children ‘more cooperative’. The children help at home with new enthusiasm and understanding. Children talk to their families more about issues of concern to them.
 - **Communities and children** - Child-to-Child activities make children’s presence felt in the community. People become aware of the potential for self-help and the part that children can play in this. Through campaigns, marches and entertainment children spread information to the community about problems for example: drugs, HIV/AIDS, smoking and bullying in schools.
 - **Children and children** - Children communicate best with other children. A ‘health messenger’ in Romania, commented that he did not think adults could do much for street children: ‘They don’t trust adults any more. Only us children can help.’ Children can provide vulnerable children such as those who are unhappy or disabled, with friendship and support. Child-to-Child activities provide opportunities to develop understanding, support and encouragement of children towards other children they may previously have thought of as outsiders or as ‘different’. Children in danger of dropping out of school and becoming further excluded can be wrapped in the support and encouragement of friends and their school.
- **Income generation activities:** Support income generation strategies of parents is a frequent response. However, there is a likelihood this may increase child participation in income generation activities.
 - **“Community”** - There is a need to broaden our concept of “community” to one that could include groups which are not necessarily defined by a shared residential area. It may be easier to mobilise people around the issue of children as they are a common concern. Care, however, needs to be taken not to create artificial groupings or to expect people to be more “community minded” than they are in reality.
 - **Undesired impacts:** Be careful that responses don’t create new problems: for example, the establishment of reception centres for children at times of severe social disruption may lead to their long-term institutionalisation rather than reintegration.
 - **Evaluation:** There is a lack of long term evaluation mechanisms in place in prevention work. Given the complexity and importance of prevention work, projects should seek to build in long term evaluation indicators to form a learning experience for all.

Appendices

Contents

Appendix 1: Adapting the materials to suit your needs

Appendix 2: Sample 3-day training agenda

Appendix 3: Sample evaluation form

Appendix 4: Index of training activities

Appendix 1³⁶: Adapting the materials to fit your needs

When selecting activities and material from this manual to suit the length of your training course, focus very carefully on:

- **The 'training rocket'³⁷:** Be realistic about what you want to achieve with the given audience within the time available. Be clear about your aims. What is it most important that participants remember at the end of the session? There is a limited amount of information that a person can take in, understand and actively remember within a short space of time.
- **The existing knowledge and attitudes of participants who will attend the training:** How much do they already know? Where is the greatest need for improvement in knowledge and skills? What is the best selection of activities to get this information across in the time available? What is the level of their 'head' (knowledge), 'heart' (attitude) and 'hands' (practice)? Which areas need more work?
- **How you can adapt the material in this manual:** Use your common sense. If you like an activity but think it will take too long, how can you adapt it? For example, an activity that has participants writing their thoughts on cards can be speeded up by turning it into a 'brainstorm' instead. Use the 'key learning points' for each section in order to summarise material.
- **The ways people learn best:** If you have limited time available, avoid falling into the trap of thinking that it is better to cram in lots of information or 'presentations' at the expense of dropping or cutting short activities. People, especially adults, learn – *and remember* – through 'doing.' It is better to get across one point which participants will remember forever and which they will implement every time they deal with children, than to talk about lots of points which will be forgotten within a few days or weeks. If an activity at first glance seems 'frivolous' or a 'waste of time', check again what it is aiming to do. Each activity in this manual (apart from some energisers) is designed to get across, or reinforce, learning. Remember: the more fun or interesting it is, the more it will be taken on board and remembered in the long term.

Table of training materials priority:

1. Time indications in brackets refer to the specific activities listed, not to general presentations of key learning points and handouts.
2. Note materials marked *: if there is not enough time to do full exercises, handouts and key learning points can be presented to participants as background reading. However, it might be better to drop the topic altogether rather than trying to cram it in without an explanatory activity.

	High priority	Medium priority	Lower priority
Section 1: Getting started	<ul style="list-style-type: none"> • Activity 1: Warm-up (or similar introductory game) [15 mins] • Present training aims [5 mins] • Activity 5: Draw picture of a child [5-15 mins] 	<ul style="list-style-type: none"> • Activity 3 & Handout 1: Baseline knowledge survey [10 mins] • Activity 4 & Handout 2: Attitudes and practice questionnaire [15 mins] <p>[Both of these can be done by participants in advance of the training]</p>	<ul style="list-style-type: none"> • Activity 2: Tree of contributions and expectations [10 mins] <p>[Expectations can be elicited via pre-training questionnaire instead]</p>
Section 2: The basics	<ul style="list-style-type: none"> • Activity 6: Definitions [15 mins] • Activity 7: Understanding 'the car' 	<ul style="list-style-type: none"> • Activity 10 & Handout 3: Problem and solution tree 	

³⁶ Adapted from Manual 1, Appendix 1

³⁷ See Manual 1, TOT Section 7, 'How to plan sessions'

	<ul style="list-style-type: none"> crash metaphor' [30 mins] Activity 8: Why is prevention so important? [10 mins] Activity 9: Causes of children migrating to the streets in country context[10 mins] Key Learning Points 	[1-1.5 hours]	
Section 3: The current framework in your country	<ul style="list-style-type: none"> Key points: Legal and policy framework for prevention of street migration in your country Activity 11, Part 1: Existing prevention initiatives – analysis of existing recommendations [1-1.5 hours] Key learning points 	<ul style="list-style-type: none"> Full presentation: Legal and policy framework for prevention of street migration in you country Activity 11, Part 2: Existing prevention initiatives – action planning [30 mins] 	[Depending on the specific audience these topics may be a lower priority]
Section 4: How to do prevention work	<ul style="list-style-type: none"> *Activity 12 & Handout 19 from Manual 1: Reminder of the 5 basic principles [45 mins] *Handout 5 *Handout 6 & Handout 7 *Handout 8 Key learning points 	<ul style="list-style-type: none"> Activity 13: How to identify children and/or families at risk – formal and informal mechanisms [1 hour] Activity 14: How to identify children and/or families at risk – recognising indicators of abuse [1 hour] Activity 15: Community mapping [1-1.5 hours] 	
Section 5: How to work with different stakeholders	<ul style="list-style-type: none"> Activity 16 & Handout 9: Stakeholder analysis [1 hour] *Handout 10 Activity 19 & Handout 13: Working together at community level [1-1.5 hours] Key learning points 	<ul style="list-style-type: none"> Activity 17: Roles, responsibilities and power relationships within families and 'communities', Parts 1 & 2 [1.5 hours] *Handouts 11 & 12 	<ul style="list-style-type: none"> Activity 17, optional extension activity [30 mins] Activity 18: Working with particular stakeholders [30 mins]
Section 6: How to work on particular issues	<ul style="list-style-type: none"> *Handout 14 Activity 21 & Handouts 15 & 16: Positive discipline and alternatives to violence [1-1.5 hours] *Handouts 17 & 18 *Handout 19 Key learning points 	<ul style="list-style-type: none"> Activity 20: Sample parenting programme [1 hour] Activity 22: Design a community project to combat alcoholism [2 hours] Activity 23: Community poverty alleviation strategies [45 mins] 	<ul style="list-style-type: none"> Handout 7 from Manual 1 (substance abuse)
Section 7: Overcoming obstacles	<ul style="list-style-type: none"> Activity 24: Overview: importance of a positive attitude [10 mins] Handout 20 Key learning points 	<ul style="list-style-type: none"> Activity 25: 'Bursting balloons!' [or similar exercise] [1 hour] 	
Section 8: Summary	<ul style="list-style-type: none"> Activity 27: knowledge assessment[5-10 mins] – assuming this was done at the beginning of training Activity 30: evaluation form [15 mins] Activity 31: 3 personal action points[10 mins] Concluding message (Section 8.d) 	<ul style="list-style-type: none"> Activity 26: team quiz [45-60 mins] Activity 28: attitudes and practices revisited [15 mins] 	<ul style="list-style-type: none"> Activity 29: return to contributions and expectations tree [15 mins]

Training of trainers (TOT) materials (Manual 1)

	High priority	Medium priority	Lower priority
Training	1. Overview	5. Creating a positive	11. How to facilitate group

techniques	<p>2. Training methodology and adult learners [10 mins]</p> <p>3. What makes a good trainer / facilitator? Presentation and body language [10 mins]</p> <p>4. General training techniques [5-30 mins]</p> <p>6. Training needs assessment [45 mins]</p> <p>7. How to plan sessions [45 mins]</p> <p>12. Monitoring and evaluation of training [30 mins]</p> <p>13. Training practice: How to give constructive criticism to peers [if in a TOT format] [5 mins]</p>	<p>learning environment [30 mins]</p> <p>8. Training action plan [45 mins]</p> <p>9. Logistics</p> <p>10. Training tools [75-105 mins]</p>	work [65 mins]
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Suggested contents of training sessions

Length of session	Training only	TOT only ³⁸	Combined training and TOT
½ day	<ul style="list-style-type: none"> Activity 1 Present training aims Activity 6 Activity 7 Activity 8 Activity 9 Key points of country framework Activity 11, Part 1 Activity 30 Concluding message Section 8d 	All material in 'high priority' column can be done as a straightforward presentation, but with no opportunity for peer training practice [therefore TOT Section 13 can be dropped].	N/A
1 day	<p>Same as ½ day <i>plus</i>:</p> <ul style="list-style-type: none"> Activity 12 Handouts 5, 6, 7, 8 Activity 16 Handout 10 Activity 19 Key learning points 	All material in 'high priority' and 'medium priority' columns can be done as a straightforward presentation, but with no opportunity for peer training practice [therefore TOT Section 13 can be dropped]. If time is short, also drop TOT Section 5 (give handout only) and choose short versions of activities. Alternatively, concentrate on 'high priority' column material in more detail.	N/A
3 days	All material / as much as possible from the two columns of 'high priority' and 'medium priority'. Shorter versions of all activities to be used.	All material can be covered with ample time for peer training practice based on session developed in TOT Section 7.	Content of 1 day training and of 1 day TOT sessions with time given for peer group training practice.
5 days	All material / as much as possible. If cuts need to be made, take out activities listed as 'lower priority' in the table above. The longer the training session, the more time participants will need for reflection and revision of material covered.	All material can be covered with ample time for peer training practice based on session developed in TOT Section 7.	<p>Option 1: If overall emphasis is on transfer of core knowledge: Content of 3 day training plus content of 1 day TOT with time for peer group training practice.</p> <p>Option 2: If overall emphasis is on improvement of training skills: Content of 1 day training plus content of 3 day TOT with time for peer group training practice.</p>

³⁸ Please note: Training of trainers (TOT) sessions refer to TOT material in Manual 1.

Appendix 2: Sample 3-day training agenda

TIME	DAY 1	DAY 2	DAY 3
09.00-09.15	Section 1: Getting started <ul style="list-style-type: none"> Welcome Warm-up: Activity 1 (or similar introductory game) 	Warm-up Re-cap of Day 1	Warm-up Re-cap of Days 1 & 2
09.15-10.00	<ul style="list-style-type: none"> Present training aims Baseline knowledge survey: Activity 3 & Handout 1 Attitudes and practice questionnaire: Activity 4 & Handout 2 Draw picture of a child: Activity 5 Section 1: Key learning points 	Section 4 continued <ul style="list-style-type: none"> Activity 13 	Section 6: How to work on particular issues <ul style="list-style-type: none"> Activity 20
10.00-10.45	Section 2: The basics <ul style="list-style-type: none"> What is 'prevention'? Activity 6 & 7 	<ul style="list-style-type: none"> Activity 14 	<ul style="list-style-type: none"> Activity 21
10.45-11.00	BREAK		
11.00-12.30	<ul style="list-style-type: none"> Why is prevention so important? Activity 8 What exactly are we trying to prevent? Activity 9 & 10 Section 2: Key learning points 	<ul style="list-style-type: none"> Activity 15 Section 4: Key learning points 	<ul style="list-style-type: none"> Handouts 17, 18, 19 & discussion on alcoholism & poverty Section 6: Key learning points
12.30-13.30	LUNCH		
13.30-14.15	Section 3: The current framework in the country <ul style="list-style-type: none"> Presentation: key points – legal & policy framework 	Section 5: How to work with different stakeholders <ul style="list-style-type: none"> Activity 16 	Section 7: Overcoming obstacles <ul style="list-style-type: none"> Activity 24 Activity 25 Handout 20 Section 7: Key learning points
14.15-15.00	<ul style="list-style-type: none"> Activity 11 	<ul style="list-style-type: none"> Activity 17, Part 1 	
BREAK			
15.15-16.00	<ul style="list-style-type: none"> Activity 11 continued Section 3: Key learning points 	<ul style="list-style-type: none"> Activity 17, Part 2 	Section 8: Summary <ul style="list-style-type: none"> Activity 26: team quiz
16.00-16.45	Section 4: How to do prevention work <ul style="list-style-type: none"> Activity 12 	<ul style="list-style-type: none"> Activity 19 Section 5: Key learning points 	<ul style="list-style-type: none"> Activity 27 Activity 28 Activity 30 Activity 31
16.45-17.00	Q&A / RE-CAP WRAP-UP	Q&A / RE-CAP WRAP-UP	WRAP-UP, certificates & concluding message (Section 8.d)

Appendix 4: Index of training activities

Main section	Sub-section	Activity number	Activity title	Page
1. Getting started	1a. Welcome, expectations and aims	1	Energiser – ‘Alien handshakes’	8
		2	The Contribution & Expectation Tree	8
	1b. Pre-training assessment: knowledge & attitudes in relation to children at risk of migrating to the streets	3	Baseline knowledge survey – children at risk of street migration	9
		4	True or false? Attitudes and practice towards children and families at risk	10
	1c. Putting at-risk children at the centre of the training	5	Draw a picture of a ‘child in a high-risk family’ you know	10
2. The Basics	2a. What is ‘prevention of street migration’?	6	What do the terms ‘prevention’ and ‘prevention of street migration’ mean to you?	12
		7	Understanding ‘the car crash metaphor’	13
	2b. Why is it important?	8	Why is prevention so important?	15
	2c. What exactly are we trying to prevent?	9	Causes of children migrating to the streets in your country	16
		10	Problem and solution tree	16
3. The current framework in your country	3a. Legal and policy framework			
	3b. Existing initiatives and lessons learned	11	Existing prevention initiatives	20
4. How to do prevention work	4a. Reminder of the 5 basic principles for working with children and families	12	Reminder of the 5 basic principles	25
	4b. How to identify and gain access to children and/or families at risk	13	How to identify children and/or families at risk – formal and informal mechanisms	26
		14	How to identify children and/or families at risk – recognising indicators of abuse	29
	4c. Community mapping: strengths and weaknesses	15	Community mapping	29
5. How to work with different stakeholders	5a. Stakeholder analysis	16	Stakeholder analysis	32
	5b. Understanding families and ‘communities’	17	Roles, responsibilities and power relationships within families and ‘communities’	32
	5c. Working with particular stakeholders	18	Working with particular stakeholders	34
	5d. Multi-agency cooperation in community prevention	19	Working together at community level	35
6. How to work on particular issues	6a. Improving family relationships	20	Sample parenting programme	37
		21	Positive discipline and alternatives to violence	38
	6b. Alcoholism and drug abuse	22	Design a community project to combat alcoholism	40

	6c. Income poverty	23	Community poverty alleviation strategies	41
7. Overcoming obstacles		24	Overview: importance of a positive attitude	42
		25	Bursting balloons!	42
8. Summary	8a. Team quiz – revision	26	Team quiz – revision game	45
	8b. Post-training assessment to measure changes in knowledge, attitudes and practice	27	Post-training assessment – children at risk of street migration	46
		28	True or false? Attitudes and practice towards children at risk of street migration - revisited	46
		29	'Returning to the contributions and expectations tree'	46
		30	End of training evaluation	47
	8c. Making a commitment	31	Making a commitment to children at risk of street migration: 3 personal action points	47
8d. Concluding message				

This training manual is the second in a series of 3, commissioned by EveryChild Kyrgyzstan to assist government and NGO personnel working on issues related to children in street situations. The 3 training manuals are:

1. Core knowledge, approaches and training techniques
2. Prevention of street migration
3. Outreach, drop-in centre work and family reunification

Manual 1 contains essential information which all personnel need to know in relation to working with children in street situations. Manuals 2 and 3 build on the core information contained in Manual 1 and should be used in conjunction with, not separate from, Manual 1. In addition Manual 1 contains training techniques to assist trainers, and trainers of trainers, to effectively deliver the material contained within the manuals.



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