

Safe Families Safe Children

BREAKING THE CYCLE OF VIOLENCE - BUILDING A FUTURE FOR THE MOST EXCLUDED



SafeFamilies
SafeChildren



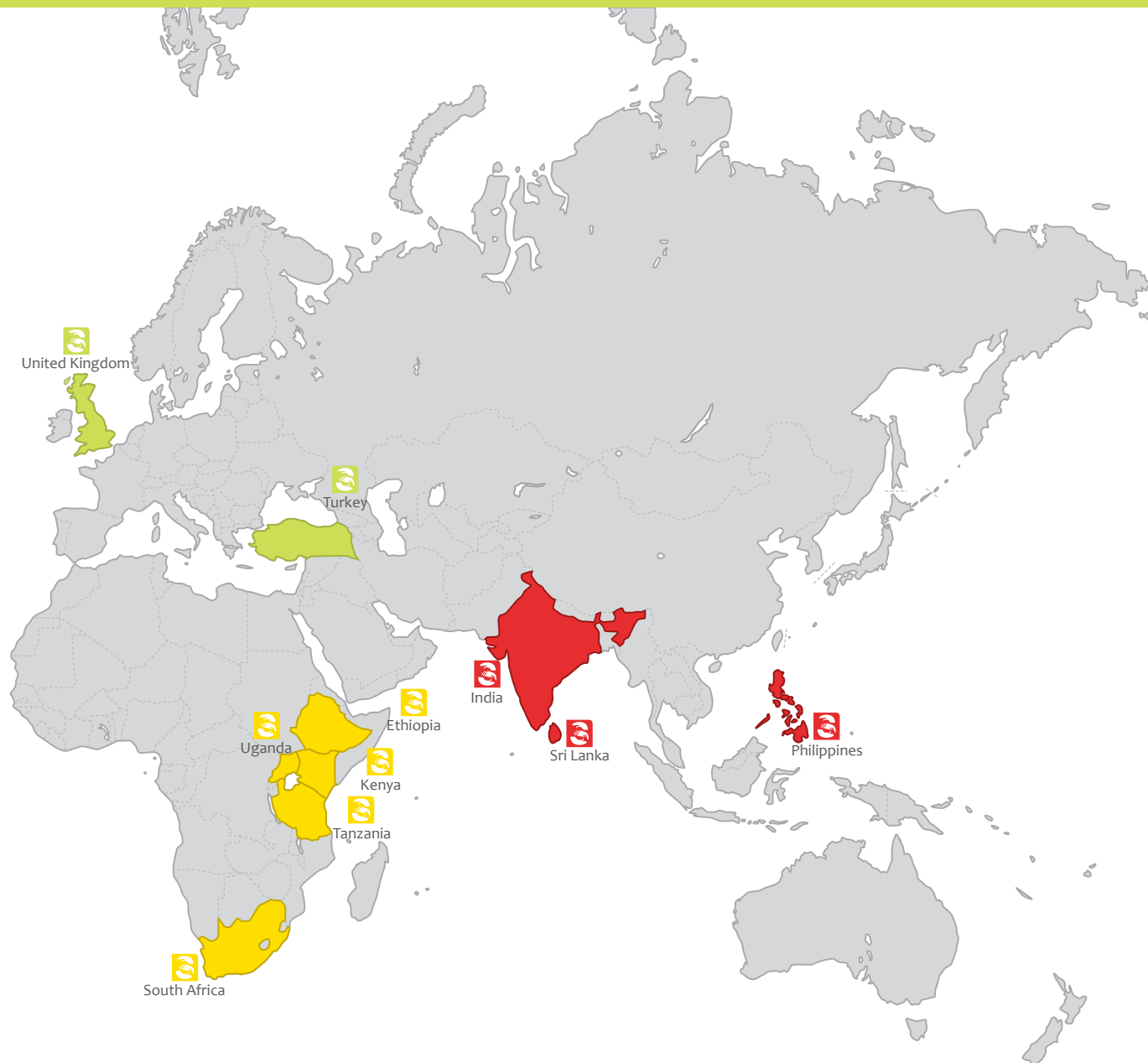


SFSC Member Organisations

AROUND THE WORLD

*Safe*Families
*Safe*Children







Context

- 08** The Safe Families, Safe Children Coalition
- 10** The Most Excluded Children from Violent Families
- 12** Reaching the Most Excluded
- 14** Why is Working with These Children so Important?

Framework

- 20** Theoretical Principles
- 22** Overall Framework for Working with Highly Excluded Children from Violent Families
- 23** Prevention
- 26** **INDIVIDUAL WORK**
 - Entry to the Programme
 - Attachment
 - Processing
 - Applying Learning
- 38** **FAMILY WORK**
 - Attachment
 - Processing
 - Applying Learning
 - Graduating from the Programme



Gerrie Smit



Daniela Plaza



Florian Kopp

Programme Characteristics

- 50** Key Characteristics of Programmes Using the SFSC Strategy
- 52** Characteristics of Key Workers Using the SFSC Strategy
- 54** Recommended Actions to Support this Work

Contact & References

- 60** Contacts
- 62** References & Bibliography

Context

“

For over 20 years, SFSC members have been working with highly excluded children: children who drop out of, or are missed by, existing government and NGO service provision.

”





Marcus Lyon

Safe Families Safe Children

COALITION



Chloe Dewe Mathews

The Safe Families Safe Children (SFSC) Coalition is an international group of renowned organisations working globally to research, develop and implement effective methodologies to enable the most excluded children to gain sustainable access to their rights and have their developmental needs met appropriately, including those emotional and relational needs which most affect their future resilience and life outcomes.

Our member organisations are:



Brazil
Represented by Jonathan Hannay



Uruguay
Represented by Mariela Solari



Ecuador
Represented by Sylvia Reyes



Mexico
Represented by Alison Lane



Turkey
Represented by Ozden Bademci



South Africa
Represented by Gerrie Smit



UK, India, Kenya, Tanzania
Represented by Andy McCullough



Brazil
Represented by Yusaku Soussumi
and Flavio Stadnik



Uganda, Ethiopia, Kenya
Represented by Diarmuid O'Neill



Ecuador, India, Mexico, Philippines, South
Africa, Sri Lanka
Represented by Amber Wilson

The SFSC members implement a range of programmes for street-involved and highly excluded children, including educational and therapeutic activities, community centres, residential facilities, street outreach, home visits and community liaison. Although our programmes and activities vary, there are shared principles and a shared intentionality to our work which we set out in this booklet.

This booklet is designed to give an overview of a strategy for working with excluded children and families affected by violence in the home. It is not intended to be comprehensive in its reach, and neither is it meant to be an operational manual.

We hope it will give a flavour of what this strategy looks like in practice, and promote thinking and discussion around the critical issues of how to achieve inclusion for highly excluded children and solve the intergenerational transmission of family violence.

Acknowledgements:

The content of this booklet has been developed by the SFSC members. We would like to express our acknowledgement and thanks to all the members of our respective organizations for their hard work and wisdom which has formed the basis of this work. We are extremely grateful to Peter Fraenkel

for his feedback on an early draft of the key ideas presented here. The JUCONIs would like to thank the following people who have been instrumental to their methodological development over the years: Dr. Gianna Williams, Dr. Janine Roberts, Dr. Eliana Gil and Dr. Sandra Bloom MD.

We would also like to thank Helena Wygard, without whose coordination and facilitating skills, this would not have been possible, Alex Pearce for her patience and skill in collating the information and writing it up, and David Luhnnow for his careful editing.

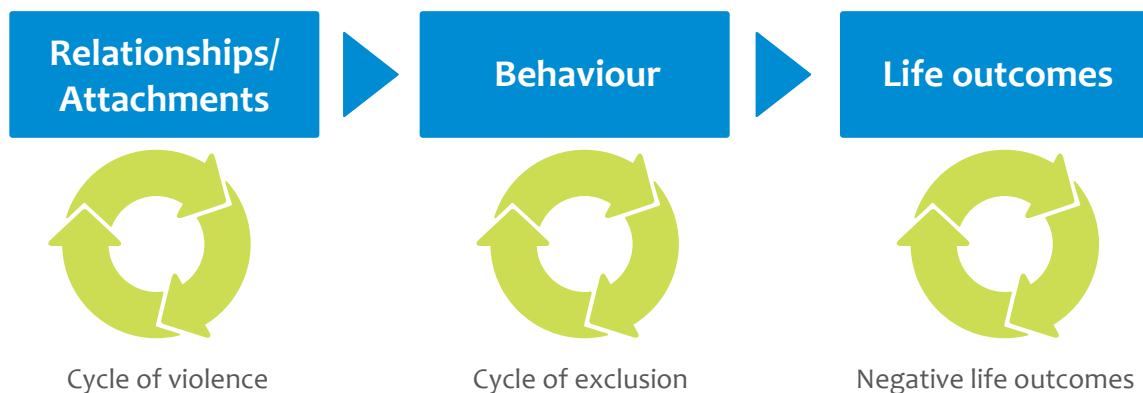
This publication has been produced with the assistance of the European Union.

The most excluded children

FROM VIOLENT FAMILIES

Why do these children and families not benefit from existing service provision?

For more than 20 years, SFSC has been working with highly excluded children: children who drop out of, or are missed by, existing government and NGO service provision. While the majority of us work primarily with children who live or work on the street (street-involved children), our experience shows that a violent family life so frequently contributes to children being on the streets that we define the population addressed by this booklet as the most excluded children from violent families.



Those children who have early relationships characterised by violence often develop dysfunctional coping behaviours. Such behaviours may provoke repeated exclusion from group activities, including school. This experience of exclusion in turn may lead to negative life outcomes such as substance abuse or gang involvement. Poverty may further exacerbate experiences of exclusion and limit possibilities to change life outcomes. Thus, these children must struggle with three downward, mutually-reinforcing spirals.

Case Study:



Ricardo's parents died in separate violent incidents, his father when he was 18 months old and his mother a year later. He and his two brothers, aged one and six, moved to live with their grandparents and an aunt in a remote village.

He began school aged six, and his teacher, who remembers him, said he seemed like any other boy. The following year, however, his aunt married and moved away, taking his younger brother and leaving Ricardo and his older brother with their elderly grandparents. Soon, his teacher noticed changes. Ricardo was sad and withdrawn and became increasingly unresponsive. When she wanted him to improve his progress he would fly into a rage. He made no progress at school and began to stay away. Ricardo started hanging around the village in spite of the severe beatings he suffered at home for not going to school. By the time Ricardo was nine, he stopped going home and was living on the street, moving between local villages. In one village, he was taken in by the local baker, who described him as polite and even charming. But the baker said there was something evasive about him, too. The baker and his wife could not seem to make any real contact with him. They began to receive complaints from shopkeepers that he was stealing, and when he stole from them, too, they turned him out.

By the time an SFSC member organisation made contact with Ricardo, age 11, he was indifferent to himself and others, emotionally unreachable and prone to violent outbursts, sometimes physically attacking those who tried to get close.

Violence: These children and families are caught up in cycles of violence - where the traumatic experience of violence (physical, emotional and sexual, including extreme neglect) leads to both negative life results and to behaviours that make violence more likely in the future. Neuroscience studies demonstrate that child abuse and neglect affects cognitive and emotional development, leading to behaviours which make positive social interaction difficult to sustain. It is well-documented that violence in the home may be transmitted across generations, whereby children who grew up in a violent family often recreate a violent home for their children. The experience of abuse in childhood has also been strongly linked with later involvement in violence outside the home.

Exclusion: These children also become trapped in cycles of social exclusion, whereby they repeatedly drop out or are expelled from service provision and employment, increasing their vulnerability and further reducing their capacity to make positive long-term choices. While there are many causes of social exclusion, including factors like gender and ethnicity, this group of children become excluded due to their behaviour – and their experience of a violent home contributes to learning difficulties and dysfunctional coping behaviours such as aggression, criminal or delinquent activity, sexual promiscuity or withdrawal. This in turn limits their

ability to access available support and frequently ends in negative life results such as street involvement, participation in gangs and criminality.

Poverty: We focus on children living in extreme poverty, a condition widely seen to exacerbate violence in the home and inhibit families' capacity to access support. As highlighted above, the behaviours developed in order to cope with violent experiences in their family relationships make their sustained participation in mainstream society difficult, curtailing their opportunities to access positive life experiences such as education or safe employment and thus contributing to perpetuating cycles of poverty.



Most excluded children
from violent families

Reaching

THE MOST EXCLUDED



"The child's work is to find the courage to return to the painful thoughts and images of the trauma and to explore them in a safe environment where there is a greater sense of control. The child then needs to acquire the skills to develop into a healthier adult."

Karp, C. L. & Butler¹

Marcus Lyon

The strategy presented in this booklet is based on two elements essential to reach the most excluded children from violent families and help them escape cycles of violence, exclusion and poverty.

1. Sustained Therapeutic Support

It is vital to address emotional as well as all other developmental needs. For the purpose of this booklet, we refer to emotional needs as those which relate to a person's sense of who they are and their relatedness to others. Basic emotional needs include those associated with having a long-term loving relationship, being cared about as well as cared for, and having someone who is able to help the child manage his/her feelings and impulses at a level appropriate to his/her stage of development. This document distinguishes between meeting these emotional needs, and predominantly physical needs (shelter, nutrition, healthcare and poverty alleviation or developmental needs associated with learning). In our experience, there is considerable focus in work with highly excluded children on physical and learning needs but limited attention given to meeting emotional needs.

Children who live in violent families require attention to their emotional needs, both to help their emotional recovery and to build the internal resilience and capacity to manage relationships differently in the future. In addition to putting a stop to violent interactions, it is also necessary to heal the damage caused by such violence, since the traumatic effects of experiencing violence usually last far longer than the violent events themselves. Creating a foundation of emotional well-being, for both children and parents, is a critical element in achieving lasting and significant change for those children whose personal experiences have interfered with a healthy emotional development.

Therefore, there must be a therapeutic intent to services delivered for these children. By “therapeutic” we mean interventions, responses or strategies which specifically aim to help children and parents gain insights into their experiences, develop self-esteem and emotional well-being, and build healthy relationships, enabling them to readjust their responses to stress and replace damaging coping strategies with more effective choices.

2. Family-based work

“If a society values its children it must cherish their parents” J.Bowlby²

To create sustainable changes, a functional and positive support network needs to be developed around the child. This network, which includes but is not exclusively comprised of the family, must provide the child with experiences and responses that support the development of personal resilience and help to ensure sustainable positive change. In cases where a child has no family, this support can be provided by another adult able to provide support over a sustained period. When a positive family environment is created where relationships are nurturing and protective, the impact is dramatic and powerful.

For highly excluded children and families, home-based services are the most effective delivery strategy for achieving a positive result as they overcome barriers to service access (vital to reach the most excluded), and intervene with a problem where it occurs. Home visitation programmes have also been shown to be highly effective in reducing violence in the home.³ Investing in the whole family to resolve violence, rather than only working with a child, is the key to permanently breaking intergenerational cycles of family violence.

“Supporting families and communities so that they can look after their children themselves might seem more complicated in the short term. But in the long term, it pays enormous dividends. Not only are individual children more likely to thrive and go on to be better parents, they are more likely to contribute to their communities and to their country's development.” Save the Children UK.⁴

Why is working with these children SO IMPORTANT?

1. Potential impact of not working with these children and families

It is essential that governments and donors invest in these hardest-to-reach children. Although it may seem complex to intervene in solving the problems these children face, the exponential damage caused by leaving them trapped in cycles of violence, exclusion and poverty makes it not only a moral but also a social and economic imperative to create the solutions they require.

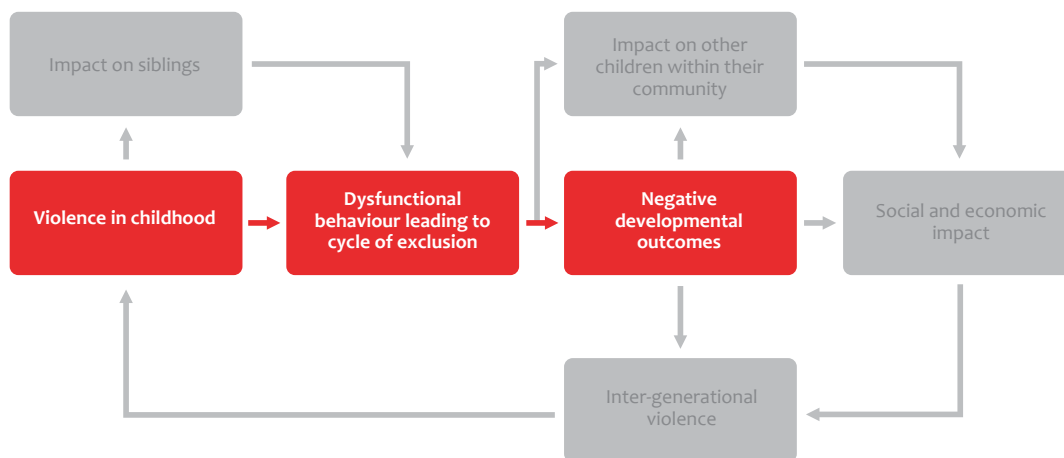
On an individual level, the link between violence in childhood and negative developmental outcomes is now irrefutable. The Adverse Childhood Experiences (ACE) Study⁵ found a compelling link between adverse experiences in childhood (including physical, emotional or sexual abuse and living in households with domestic violence), and a range of physical, emotional and social problems, including heart disease, obesity, depression, alcoholism, sexual promiscuity, substance abuse, teenage pregnancy, rape, and poor job performance. The study concluded that traumatic life experiences during childhood determine the likelihood of the 10 most common causes of death in the US. A study in West Africa found that repeated exposure to severe violence in the home led to high risk behaviour such as involvement in street life, transactional sex or child trafficking.⁶

On a societal level, the link between violence in the home and violence in society is clear. The traumatic experience of violence in the home can lead children to create a barrier against their feelings of pain, fear and helplessness – which may emerge as a tough-

aggressive front, an inability to care for themselves or numerous other dysfunctional behaviours. These behaviours lead to exclusion from school, recreational facilities and other community activities. Children may then seek to meet their need to belong in those spaces and activities which remain available to them such as gang involvement, promiscuity, drug abuse or crime. In this way, violence is transmitted from the home to the community. The implications for social stability of children growing up as dysfunctional, aggressive adults are clear: a UK study found that 72% of children who have killed or committed serious, usually violent crime, experienced abuse.⁷ In the US, the annual direct and indirect costs associated with child maltreatment were estimated at \$94 billion, of which the largest single element was adult criminality related to experience of abuse in childhood.⁸

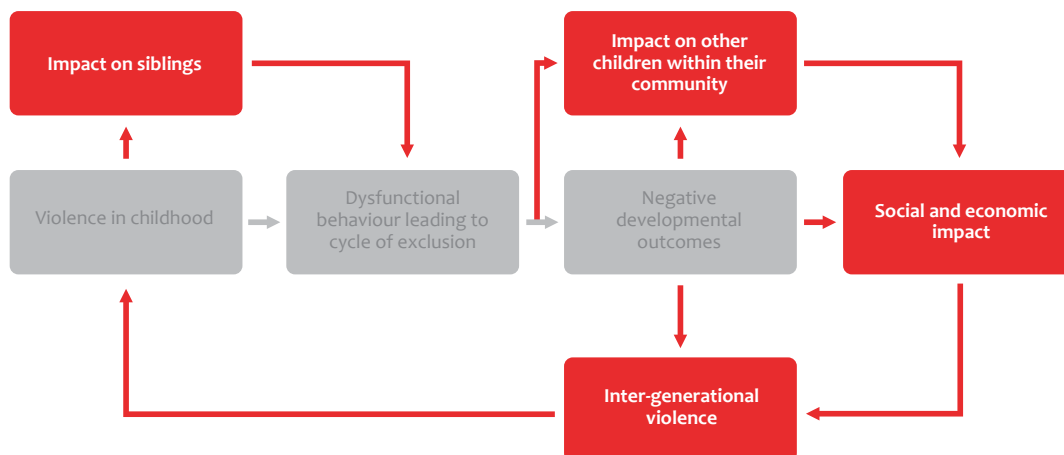
2. Intergenerational effects

In addition to the exponential negative impact of not supporting these children, the exponential positive impact of investing in them should also be considered. Given the intergenerational nature of violence in the home, longer-term, smarter investment in resolving violence and its impact in the current generation is a highly effective and cost-efficient means of ensuring that future generations of the same family will participate constructively in their communities. As such, the multiplier benefit of investing in a family *now* is immense.



The situation for the child:

The experience of violence in close family relationships during childhood can lead to tough, aggressive and other dysfunctional, defensive behaviours which make it harder to sustain participation in group activities. As children are repeatedly excluded, they are pushed towards negative life choices. The Adverse Childhood Experiences (ACE) Study illustrates this through the clear link found between adverse experiences in childhood and physical and mental health issues, sexual promiscuity, substance abuse, teenage pregnancy, rape, and poor job performance.



The impact for others:

The impact of not helping a child in this situation can be exponential:

- Siblings are likely to be facing the same risks
- Other children participating in group activities, for example in schools, are impacted by the participation of children whose behaviour is dysfunctional
- When these children have their own families (often at a young age), there is an increased likelihood that they will repeat violent behaviours with their own children
- Violence in childhood has a high social and economic impact - the cost of child maltreatment in the US was estimated at USD 94 billion/year

Why is working with these children SO IMPORTANT?

The ACE Study⁹, conducted in the USA with more than 16,000 people, is the largest scientific research study of its kind analysing the relationship between multiple categories of childhood trauma (ACEs) and health and behavioural outcomes later in life.

Experience of any of the following conditions prior to age 18 constitutes an adverse experience:

ACE Study categories of adverse experience

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

In the study, exposure to any ACE category (1- 9 listed) counted as one “point” on the score; the number of categories of adverse experience were then added. The ACE Score therefore ranged from 0 to 9. The study demonstrated a correlation between adverse experiences in childhood and the risk of health problems in later life such as alcoholism, depression, illicit drug use, adolescent

pregnancy, heart and liver disease among others. The study also showed a cumulative impact to multiple exposures; the higher the ACE score the higher the risk of health problems, and the level of physical and social risk from adolescence to adulthood.

Compared to a person with a zero ACE score, a person with an ACE score of 4 had a 4 to 12 fold increased risk for the problems mentioned above and was specifically:

- 260% more likely to contract a major disease such as Chronic Obstructive Pulmonary Disease
- 250% more likely to contract a sexually transmitted disease
- 460% more likely to suffer from depression
- 1,220% more likely to attempt suicide

In comparison to a man with a zero ACE score, a man with an ACE score of 6 had a 4,600% increase in likelihood of becoming an IV drug user.

The presence of a single ACE indicated there was an 87% probability of another being present.

The similarity of the estimates from the ACE Study to those of population-based studies has led ACE researchers to conclude that their findings would be applicable in other settings. The experience of SFSC members concurs with this.

[illegible]

This genogram has been pared down to highlight the adverse experiences repeated from generation to generation in this family. It takes the categories used in the Adverse Childhood Experiences Study (ACE Study), given opposite, to show the types of violence experienced by different family members and the risk factors typically present across generations. The different categories of adverse experience are listed in the box next to each person, with their “ACE score” added at the end of this list.

Framework

“

The two-triangle diagram (see page 24) that we have used as a framework for this booklet was developed by JUCONI Ecuador based on the experience of working with street-involved children and their families in Guayaquil since 1995 and has been applied by both JUCONI Ecuador and JUCONI Mexico according to their local contexts.

”





Gerrie Smit

Theoretical

PRINCIPLES¹⁰



Alejandra Dávila y Rocío Jaramillo

“Secure attachments are a primary defence against the development of severe psychopathology associated with adversity and trauma”

Levy and Orlans¹¹

“Children need consistent, sensitive and responsive loving care – something that is as important as the need for nutrition. So, while vast funds are needed to address children’s needs for food, shelter, and immunisations against the threat of disease, funds and resources must also be invested in educating parents, teachers and public policy officials about the immediate and long-term importance of meeting young children’s urgent wishes for attachment security in their relationships with parents or parent substitutes.”¹²

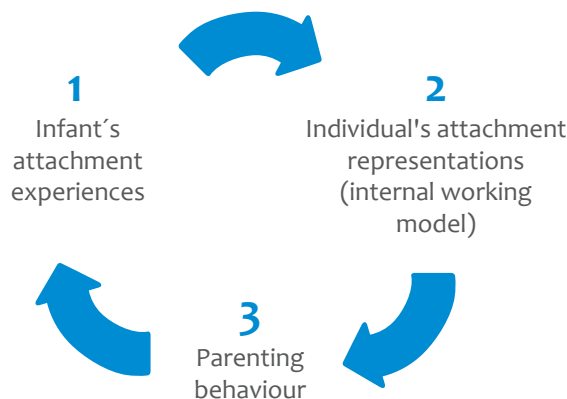
SFSC methodology is informed and supported by Attachment Theory, which focuses on helping children and families form relationships that help them develop personal resilience and achieve positive goals.

Within Attachment Theory, the word “attachment” refers to the relationship between two people which endures and joins them emotionally. If the attachment is secure, then it serves as the basis for an inner sense of security which helps a person establish long-lasting positive relationships. It enables individuals to become independent in their life choices, as their inner security gives them the self-confidence and judgement to make positive independent decisions. It also gives them greater emotional resilience to withstand stressful or adverse experiences later in adult life.

Not all attachments, however, are positive. Attachments that are not wholly positive are characterised as ‘insecure’, and commonly classified into three types: ‘ambivalent’, ‘avoidant’ or ‘disorganised’ - depending upon the quality of the relationship between parent and child.

A disorganised attachment contributes to a compromised capacity for forming positive and affirming relationships and a greater difficulty in developing independent, functional decision-making skills.

First posited by John Bowlby in the 1950s, Attachment Theory has been developed, modified and validated to provide a framework to understand child development. Research informed by Attachment Theory has shown the impact which the quality of attachment has upon neuropsychological, emotional, cognitive and social development in children and throughout adulthood.



Within Attachment Theory, the quality of relationships that parents provide their children is central. The nature of a child's interactions with their parent and the sense the child makes of these experiences leads to the development of an internal working model which the child uses to understand social situations and relate to the outside world.

In short, the kind of parenting children have received will determine the way they relate to others and how they perceive others to be relating to them.

In the case of a disorganized parent-child attachment, a secure relationship can help challenge the established internal working model. This experience of a secure attachment can be provided through a personal relationship or in a therapeutic relationship. The longer someone has maintained their existing internal working model, however, the more entrenched it will be.

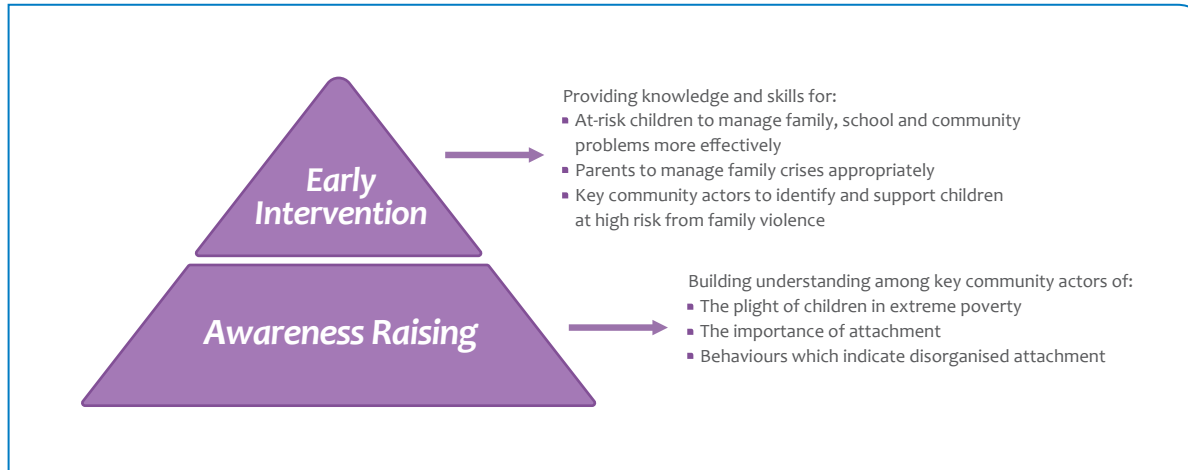
Within the scope of the model outlined in the following sections, the key worker's task is to provide an experience of a secure attachment that allows the child and the parent to develop a new internal working model, enabling them to relate to each other differently, to leave behind the traumas of the past and to live more fully in the present.

Overall Framework for Working

WITH HIGHLY EXCLUDED CHILDREN FROM VIOLENT FAMILIES



1. Prevention



The triangle represents a general prevention strategy (selected intervention¹³) used in the communities where we work. This includes educational and training work with different groups in the communities to help them adjust how they interact with and support children and their families. The work seeks to improve outcomes for all children, but particularly to prevent children at high risk of violence in the home, from dropping out of community services.

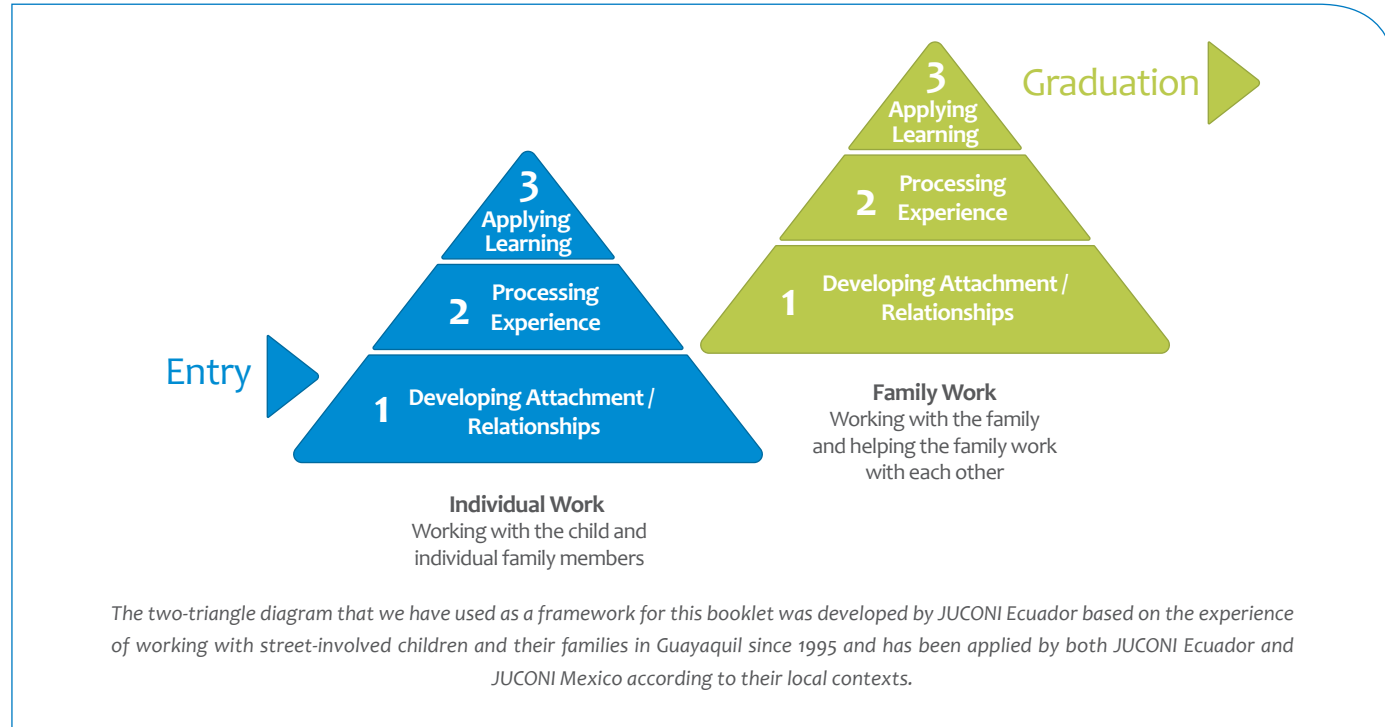
Awareness Raising: Within a violent community we work with key agents – such as teachers, parents, health and other service providers – to raise awareness of the impact of poverty and violence on children and increase understanding of the obstacles faced by children within those communities in accessing their rights.

Early Intervention: It is important that programmes to help vulnerable children are staffed by people with the sensitivity and skills to encourage and support the most excluded children and families, helping them to sustain their participation. Those community

groups who are best placed and/or most interested in creating change are provided with targeted training. Teachers are taught, for instance, how to identify children at greatest risk of family violence and to understand behaviours symptomatic of maltreatment. Techniques for maximising a child's participation are shared and teachers work alongside parents in addressing the difficulties their child may be having in school. Workshops might cover: parenting skills; conflict resolution techniques; community action planning; helping families in crisis; schools as part of the community; and parental involvement in schools.

For some children and families, however, this level of support will not prevent them from dropping out. Therefore, a personalised process (laid out in the subsequent triangles) is needed to help them engage and flourish. This general prevention strategy provides us with a means to identify the children and families whose extreme circumstances lead them to require a more intensive level of work, which the next two triangles explain.

2. Overall Framework: Intensive home based intervention



Intensive home based work is conceived of as a “targeted prevention” (Indicated Interventions¹⁴), since families who need this level of support show trans-generational trauma resulting from extremes of exclusion, abuse and violence.

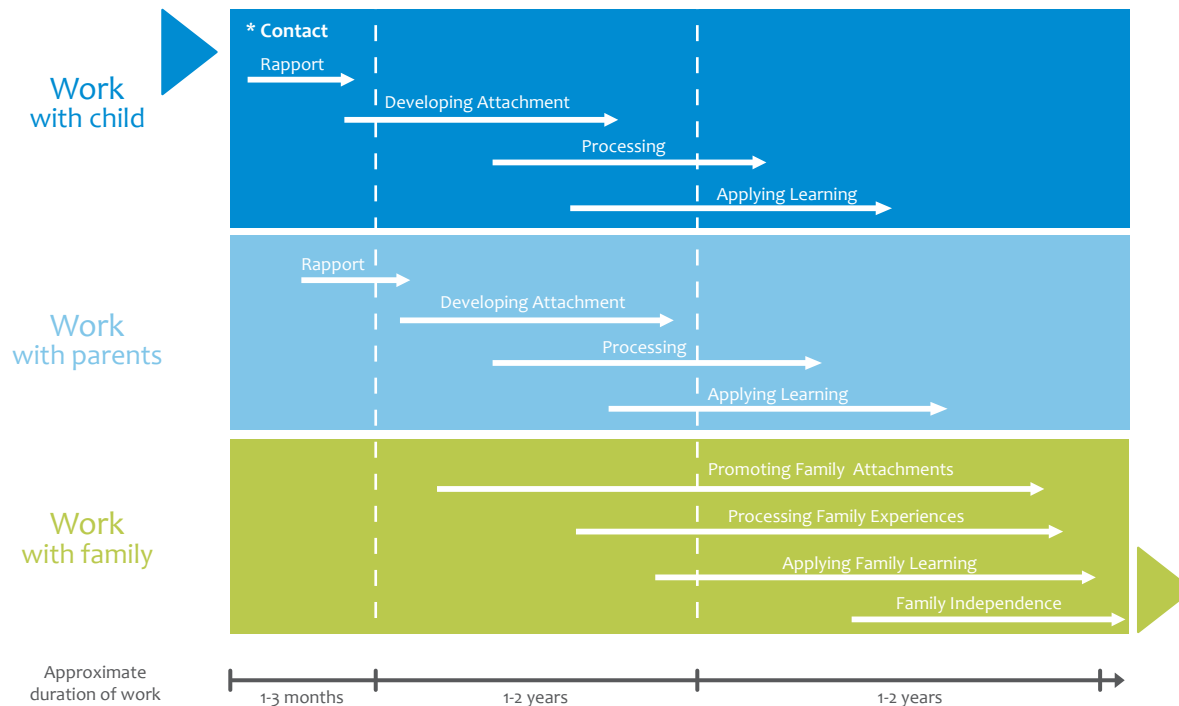
Disorganized attachment between adults and children will determine the way these children parent their own children in the future. This approach, therefore, is designed to work in a preventative and therapeutic way, building a sustained experience of a positive relationship which enables a better attachment to be developed.

Although this model is time intensive, it is important to note that it was designed in developing country contexts and is successfully implemented in resource-limited settings by para-professional staff, trained in-house. It deals with disorganised attachments as a root cause of vulnerability for many high risk groups of children found in NGO child rights programmes around the world.

The experience of the SFSC organisations, and that of the many organisations we have worked with, has been that children either leave programmes or cannot sustain progress beyond their involvement in the programme if the underlying causes of symptomatic behaviour have not been addressed.

Approximate Time Line

This is not a completely linear progress since some stages will continue to be important even as the next stage has begun. The following timeline provides a rough indication of how long each stage of the process may take and the usual sequence of stages.



The following sections provide details on each stage of the process represented in these two triangles, setting out the objectives and possible responses at each stage, and highlighting the intent behind some interventions.

Individual Work

“

This work begins by creating a safe, protective relationship with each family member, parents and children, as individuals. An experience of attachment underpins the entire empowerment process for children and parents.

”





Entry TO PROGRAMME

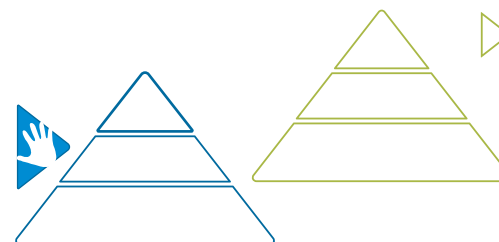


Useful Techniques

- Observation of the child in the place of contact, e.g. street, juvenile detention centre.
- Interaction with the child through games, conversations, art activities, etc.
- Observation of family relationships and interactions during home visits.

Objective:

To ensure that the most excluded children from violent families are included in services.

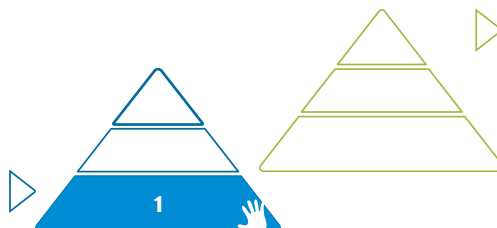


What are the key elements of practice? What you do and why:

- **Prepare** a clear profile of the children you are targeting and clear target indicators. Many children facing poverty and social exclusion will benefit from access to services provided by this strategy. However, the majority of these children could be supported through other, less intensive approaches. It is only the most excluded, for whom no other approach provides a sustainable solution, who require the level of attention outlined in this two-triangle framework. Therefore, it is important that organisations develop clear entry criteria, such as:
 - Repeated violent and aggressive behaviour which might include self-harm.
 - Resistance to participation in services on offer, or a history of dropping out of government and NGO programmes.
 - Involvement in situations and behaviour which increase risk exposure to unacceptable levels – e.g. living on the streets or engagement in the most risky forms of street work, involvement in criminal activities, gangs, substance abuse and/or high risk sexual behaviour.
 - Disturbed relationships and roles.
- **Establish** good links with other service providers (government and NGO) to allow referrals into your programme of appropriate children, and referrals out of your programme for children contacted by your organisation during outreach who are not part of your target population but are still in need of some form of support.
- **Ensure** policies and procedures are in place so that staff members know when and how to take immediate action to protect a child, if necessary, and to deal with any life-critical basic needs (shelter, immediate health care needs). It is important to be aware of danger to children when working with those who live in violent families. Therapeutic interventions which seek to change the nature of interactions must always be viewed within an overall child protection framework. The therapeutic approach sits alongside the development and close monitoring of individual and family safety plans.
- **Ensure** that safety plans are created with each family member so that those at risk have an immediate way to get help and protection if this becomes necessary, and so that risks of repeated physical or sexual violence are ameliorated while more therapeutic approaches are followed.

Attachment

INDIVIDUAL WORK



Objective:

To provide each member of the family - children and parents - with a reliable, positive relationship which mirrors that of a positive parent-child relationship, and which can then begin to inform the quality of other relationships in their lives.

Useful Techniques

- Active listening
- A strengths-based approach
- Games
- Creative activities such as drawing
- Helping a parent/child with their chores



Over time, the key worker and parent develop a relationship of genuine interest and mutual respect based largely on the warmth which the key worker shows and the deep interest she has in the parent as a person in her own right.



The level of reciprocity developed between a child and his key worker is fundamental to the development of trust which will enable them to work through past and current issues together.



Key workers meet with parents and children wherever they feel comfortable. The key worker meets them where they are, both physically and metaphorically, rather than expecting the child and parent to fit in with the worker's plans and routines.

Case Study

Martha opposed our working with her children. She was interested in any financial help we could give, but did not want to waste her time with us. She even refused to sit down with the key worker, Andrea, who came to visit her. Martha's only source of income was to wash clothes for neighbours. Andrea noticed the piles of washing, so she proposed that instead of taking Martha away from her work, they could both wash clothes and chat. Martha was reluctant (difficulty with accepting genuine help is frequent among children and parents who have never been properly thought about as individuals). But Andrea visited three times a week and spent just a little over an hour washing clothes. At first they talked about how much work Martha had, and how she might make the business more profitable or the work less onerous. They then talked about the great burden that she had looking after her own children and those of her daughter (in reality these children were not at all looked after but very neglected). They then moved on to talk about Martha, her feelings and frustrations. Martha gained, probably for the first time in her life, the experience of having a person who listened to her and was interested in her for her own sake. Later, Martha said that washing clothes with Andrea was the first time she learned to talk about things that mattered to her.

What are the key elements of practice? What you do and why:

This stage involves creating a safe, protective relationship with each family member, parents and children, as individuals. An experience of attachment underpins the entire empowerment process for children or parents. The positive relationship formed between a key worker and the child or parent seeks to provide an experience which challenges their negative expectations of how people will treat them and therefore their need to remain “resistant” to trust.

At this stage the focus is on:

1. **Transmitting** feelings of being valued to create self-esteem. Establishing self-care and self-respect is a prerequisite to respecting and caring for others.
2. **Modelling** a relationship which provides an alternative way to interact with others. A secure connection between the key worker and the child or parent will sustain future interventions with the individual and with the family as a whole. This close attachment will mean they are less likely to abandon the process when it becomes uncomfortable and difficult.

The following elements of practice are essential to creating this relationship:

- **Provide** individual consistent attention for each person. This helps make the relationship feel special for each family member and avoids jealousies that arise from having to share time and attention in this newly found relationship.
- **Staff** consistently. The same person must work with the child/parent each time.
- **Visit** regularly, demonstrating reliability and the importance given to an individual's needs. As most people in the past will have proved unreliable, you must always keep your word to demonstrate that this is a different kind of relationship. This includes being punctual and always keeping appointments.
- **Listen** carefully, accept and respond to the needs the individual expresses and adapt to their schedules and priorities, to show that what they think and want genuinely matters to you.
- **Tailor responses** to each relationship: What works for one, might not work for another.

Attachment

INDIVIDUAL WORK



- **Hold** the person in mind. Show that you remember what they have told you and that you have been thinking about them between visits.
- **Include** male family members. Work on violence in the home has often been strongly linked with gender-based violence and responses have usually targeted women and girls as the primary, if not exclusive, beneficiaries. Involving male family members is a powerful catalyst to changing family dynamics and increases the likelihood of sustained change. As “the home” and children are often seen as the province of mothers, a special effort may well be required to include the men in this work with the family. Empowering mothers without including male partners can lead to more violence if men feel sidelined and do not have the skills to participate in any other way.
- **Encourage** strengths in each person, and highlight those strengths observed in the child and parent, enabling the relationship to be experienced more positively and providing a basis for future work on change.
- **Reframe**: take opportunities to show things in a different light. For instance, with the mother who complains about her child’s incessant questions, find the moment to compliment her on having such a curious child.
- **Be consistent and expect** to be tested. Individuals may behave in challenging ways. Your practice has to involve consistency, patience, repetition, and “not taking the bait.” Show you are prepared to stick with them no matter how difficult they try to make it, as this is the stage when a child or parent may seek to push you away.

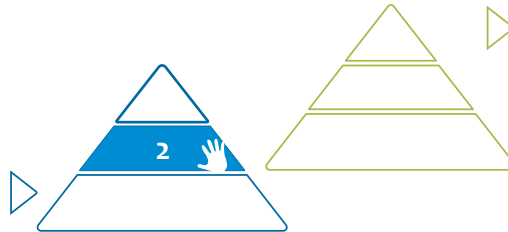
During this stage many activities have a “double intent.” They are useful in themselves, such as help with basic literacy skills, but are also a vehicle for establishing the relationship and demonstrating reliability, consistency and trustworthiness. This could include, for example, securing birth registration papers or access to healthcare or a government grant.

Observation of patterns of behaviour and interactions between family members is important to begin developing hypotheses about the experiences that might have generated such patterns and their current effect on the lives of family members. In the next stage of the process, you have to creatively find ways to help each person make this link between the past and present. It is important to keep an open mind always, to be curious and continue enriching the hypotheses with information drawn from different sources over time.

Being attentive to and noticing apparently small changes, matters in assessing whether your intervention is working. Change will not necessarily be dramatic, however, and it can take quite a long time at the beginning of a process before it becomes very evident, as children and parents have a lot to lose if they trust someone new only to be let down again. It is important not to underestimate the importance of any change while at the same time taking care to adjust what you do if it is not leading to any shift at all.

Processing

INDIVIDUAL WORK



Objective:

To help each family member process past experiences to gain insight into their current situation and develop a sense of hope.

Useful Techniques

- Guided exploration through talking and answering questions
- Art work where experiences can be communicated.
- Drama
- Play or sand tray work where exploration of experiences is more metaphorical and can provide a bridge for the child/parent who is not ready to talk about what happened or cannot remember
- Genograms, life lines, floor plans and other visualisation techniques
- Games
- Rituals
- Guided therapeutic peer groups – children learning from peers whose experiences are similar. This group work helps children or adults see their experience with a more objective eye and can also help them to re-connect with similar experiences which they have kept at bay but which influence how they react when stressed.



Children often find it easier to explore their internal world and what they have been through, using metaphor and imaginative play.



Many children struggle to find the words to describe their experiences or feelings. Art provides a way for them to communicate what they have been through, and for the key worker to then help them find words to describe their experience. Having words then makes it possible for them to process these experiences.



The key worker plays a crucial role bearing witness to trauma that a parent or child has suffered. It requires close attention rather than words.

“ Having once been helped to recognize and recapture the feelings which she herself had as a child and to find that they are accepted tolerantly and understandingly, a mother will become increasingly sympathetic and tolerant toward the same things in her child. ”
J. Bowlby¹⁵

Case Study

Angelina had explored her personal history with Jorge, her key worker, over many weeks. She had a traumatic tale to tell and had been listened to sensitively and given a lot of emotional support in both telling and bearing her past. She had reached the point where she was beginning to “re-tell” the most upsetting incidents. Jorge was tempted to point out to her that she was thinking of herself while her own children struggled to get any attention from her. But Jorge knew that if he explained to Angelina what she should be thinking/feeling, he ran the risk of alienating her and depriving her of being able to arrive at the insight on her own.

Jorge’s team helped him think about how he could help Angelina “see” what was happening without having it pointed out to her. Jorge decided to repeat with her the activities he used when he first asked her to recount her difficult past. With Jorge beside her, Angelina drew pictures to represent the most painful experiences in her childhood. Together, they felt the full weight of so much pain in the lifetime of one child. They spent a lot of time contemplating her dreadful experiences. In one of those moments of silence, Angelina very quietly said, “This is what I am doing to my children.” Jorge knew that Angelina had now reached the point where she would be able to behave differently from those adults in her childhood who had caused her so much harm.

What are the key elements of practice? What you do and why:

Actively maintain the level of profound trust generated in the previous phase. The trusting relationship enables people who have done dreadful things or have had terrible things done to them to tell their key worker without fear of humiliation, recrimination or losing a relationship they have come to value. This process includes: acknowledging; understanding; grieving; and letting go of things that cannot be changed.

Using the secure relationship, the child/parent and their field worker begin to explore difficult past experiences, with the field worker gently asking open questions and using a variety of tools and activities such as genograms and artwork, which can help the child/parent to access and retell experiences and feelings. The key worker’s role is to support the child/parent to cope with the pain that emerges. Show that you are moved by the other’s experience and express sorrow that this happened to them. Yet remain calm and contained in your response to show the child/parent that these experiences, and the pain they evoke, can be borne.

The following elements are key at this stage:

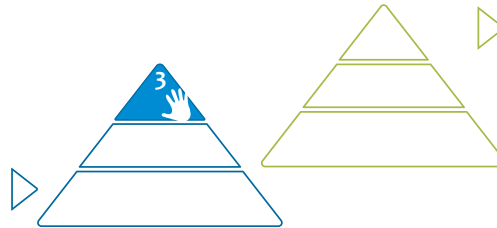
- **Continually question** your understanding of the child/parent’s experience and how they have interpreted it, how they see themselves and others, and how this affects their present. Every child and parent is unique and so is their story, even if it sounds similar to someone else’s experience.
- **Refrain from judging, blaming or showing shock.** Children/parents need to know that they are not the only ones who have gone through such experiences. You aim to get across the message: “many

people do feel like this when they find themselves in that kind of situation.”

- **Show you believe** what you are told. Showing disbelief or doubting the child/parent may cause them to feel shame, to lose trust and withdraw from the process.
- **Work** at the individual’s pace. After a session in which the child/parent has divulged something painful, they may not want to talk about it again for a while.
- **Help** the child /parent name what happened and their feelings, as they may not have the vocabulary or presence for this. Do this by checking with them whether your understanding is correct so as to “tell them” through your reaction how they might understand their experiences.
- **Be creative and flexible** in choosing which tools will allow the child/parent to express their experiences in the way most acceptable to them.
- **Help** the child/parent reinterpret their story to develop a new understanding of themselves. The child/parent will have developed their own understanding for what has happened, one which may not benefit them. For instance, because children cannot reject the only attachment figure they have, they may conclude that their mother’s lack of love for them is because they themselves are unlovable. This belief, if not challenged by their subsequent experiences, will lead them to expect and finally contribute to being rejected by others, as well.

Be prepared for a range of reactions based on defence mechanisms to cope with trauma, ranging from those who are unable to talk about the experience or unable to retrieve their memories, to those who tell you about it with the intention of shocking and testing.

Applying Learning INDIVIDUAL WORK



Objective:

To help each child/parent find ways to use the healing process and the insights which came from this to guide their behaviour, decisions and practical life style.

Useful Techniques

- Parenting techniques, effective discipline and conflict resolution skills. Once a parent decides they wish to provide a violence-free home, it becomes possible to share practical strategies to achieve this.
- Goal-setting, problem-solving and re-framing techniques that enable individuals to think differently about challenges and organise themselves to achieve their goals.
- Linking families with available community services and activities, such as healthcare, financial support schemes, formal education, safe employment, vocational training and addiction support services.
- Working with external services so they understand the needs of individual children and/or parents and are willing to support them.
- Helping individuals learn new skills to achieve their goals, including literacy, life skills, health and hygiene, etc.



Having experienced a sustained relationship with their key worker, children can then be helped to work through their experiences and understand how they have been affected by them. They are then much more able to sustain their participation in both formal and informal group activities.



Children's capacity to think and learn improves once they have been helped to make links between their experiences and their feelings. Their focus and attention levels improve as does their ability to plan and achieve goals which require effort over time.



Parents who have gained insight about how their own childhood experiences have prevented them from using opportunities, draw on their new found strengths to structure their lives so they can, for example, find and keep work, thus providing a different kind of home life for their own children.

Case Study

Diana had “lost” her first child to the street and did not know where he was. Her next two children craved her attention, but although they lived in the same physical space she had struggled to find the emotional wherewithal to give them any attention or affection. As she was helped to look at her own childhood and life history and the ways in which she was forced to cope with abuse and abandonment she came to develop a sympathy and compassion that she had previously denied herself. She then began to find a capacity in herself to genuinely think about her children’s needs. Both her children were in school but making no progress and Diana was illiterate. She asked her key worker to teach her to read so she could help her children learn to read. She also started a dance group in her neighbourhood so her children could be with other children and with her at the same time. Within months of their mother beginning to learn to read, her children also learned to read, as her interest in their learning made a huge difference to their sense of being supported and being important to her. This in turn not only influenced not only their motivation but actually seemed to impact upon their ability to remember what they were taught.

They began to make friends with local children as they proudly participated with them in their mother’s dance group. Diana herself began to be able to think about the smaller but essential needs of her children and began to spend time every day talking to them about their day to day lives.

What are the key elements of practice? What you do and why:

During this phase, the focus is on helping individuals find meaning in what has happened to them and draw strength from repairing the damage they have occasioned others. It helps them use the lessons from their negative experience to benefit themselves and others. In this way, they are able to form a link between their past and present, and develop a sense of the future. The relationship between the child/parent and key worker continues to be central in this stage.

- **Support** individuals to accept responsibility for what they have done to others and seek to repair the damage caused. Help them understand that while it is not their “fault” that they responded as they did in the past, it is their responsibility to learn to manage their feelings and find a new way to respond, so that they no longer cause damage (if they are perpetrators) or hurt themselves through their reactions (if they are victims of violence).
- **Help** children/parents find meaning in their experience and a purpose in their lives through establishing related goals. This is often “I won’t let this happen to my children”, “I will make sure my children have a better life than me” and “I’m not going to let the past continue to damage me and those around me”. It is about a child or parent deciding to be different and realising that they have

choices to make even when the odds seem stacked against them. Goal-setting helps individuals move from survival strategies to hoping and planning for a future.

- **Help** them strengthen their current skills and acquire new ones in line with their strengths, interests and goals.
- **Build** a supportive network around each child and parent to help them achieve their goals. At this stage the parent/child wants to seek help and they therefore genuinely begin to genuinely benefit from available services and start to integrate constructively into their communities.
- **Support** children and parents in realising their goals, but take a facilitating rather than leading role once they have some success. It is important for key workers at this stage to resist the temptation to suggest other goals or actions. The role of the key worker is to identify positive elements and highlight and build on them.
- **Remain patient.** There will be times when things return to long established responses and patterns. At this stage there is a key difference, however, in that children and parents will generally acknowledge what is happening and ask for help.

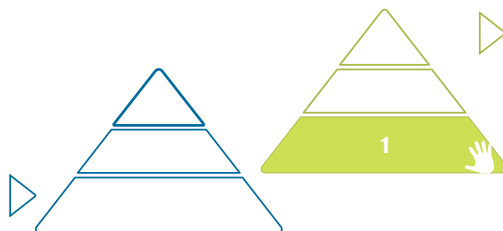
Family Work

“

This work begins by building trust and strengthening positive relationships between family members.

”





Objective:

To build trust and strengthen positive relationships between family members.

Useful Techniques

- Family days-out and excursions
- Family life plans, life lines and diagnostic tools
- Interactive video sessions
- Parenting skills (setting limits, positive discipline, acknowledging and encouraging children's strengths, modelling appropriate behaviour)
- Family process skills – negotiating compromises between competing needs and interests within the family, facilitating shared decision-making.
- Goal-setting, planning, organisational, problem-solving and re-framing techniques.



Opportunities to “enjoy” time together provide new memories to counterbalance the weight of more painful memories.



Florian Kopp

Facilitators ask children and parents to tell each other about the strengths, qualities and value they see in each other. This is often an intensely moving experience.



Gerrie Smit

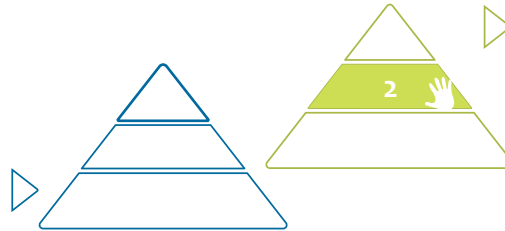
A positive cycle of interaction feeds a positive sense of self and everybody benefits from the new “climate” in the home.

Case Study

Following more than 18 months of working intensively with Doña Grace and Don Fausto, the parents of Jonathan, Daniel and Mateo, and after supporting the boys individually and through school and community activities, everyone in the family now showed a much greater emotional capacity to relate more effectively to each other and to others. Nevertheless, the family had many memories involving fear, loneliness and hunger, and few positive memories. The key workers decided to take the family on a day trip to the beach. Pictures of the day were placed around the home. Similar outings helped the family create new positive memories. The family also began to see positive things in their day to day lives. Key workers would set up situations so the family could tell each other about these positive things. When the boys were asked to tell their mother something that she did that made each feel good, Jonathan said he liked it when she gave him rice and chicken for dinner; Daniel said he liked it when she hugged him; and Mateo said he liked it when she smiled. Grace immediately hugged each of her children with a huge smile on her face and said she would save up so they could have chicken for dinner next week. The whole family laughed and hugged and smiled. These seemingly small and simple experiences made a dramatic difference to the energy in the family home.

What are the key elements of practice? What you do and why:

- **Reproduce**, between the individual child and parent, the experience of a positive, caring relationship that they have had with their field worker (under the Attachment-Individual stage above). The relationship created with the key worker is a useful reference for children and parents as they learn how to relate positively to each other. The key worker plays a facilitating role. For example, rather than the key worker helping a child with their homework, the key worker supports the mother in helping the child. This enables the key workers to start to reduce the intensity of their involvement in the family, as the parents become the most important figures in the child's life and vice versa. It also involves a shift for the key workers from being there for the individuals, to acting as a support for the family as a whole.
- **Create** opportunities for family members to get to know each other and promote the rules, routines, rituals and roles that help a family function successfully together (celebrating birthdays, conversations about likes, dislikes and feelings, talking about and modelling respectful interactions and language).
- **Create** positive experiences for the family – which help to create positive shared family “memories.” Such experiences, facilitated by the key worker, create opportunities for interactions and communication that enable families to form healthy attachments.
- **Ensure** that the work on attachment and processing at an individual level has been effective before attempting to bring the family group together.



Objective:

To enable children and parents to process family experiences together, within a structured and safe space, so that the different family members understand each other's experiences and how they affect one another. Gaining insight about each other is critical to the process.

Useful Techniques

- Strategies to stimulate family interaction – e.g., family games, art, drama, sculpture
- Tools which allow individuals to express their emotions in a way which is understood by all members of the family. JUCONI Mexico, for instance, uses a thermometer. When someone in the family says they are “at 7” or “red,” the rest of the family understands the person is angry and needs space to manage their emotions.
- Genograms, life lines, floor plans



Parents are helped to give their children a voice to allow them describe how their experiences have felt to them.



The family as a whole share what may have been kept secret before. This helps to make sense of what they have experienced together and also helps the family leave bad experiences behind them without either forgetting or pretending that they did not happen. Building a future based on reality is more sustainable.



The family learns how to be sad together and how to support each other in sadness. Practice in expressing and recognising sadness helps ensure it is properly identified, rather than redirected into anger and acts of violence.

Case Study

Adeela's family were getting on well. The children were no longer on the streets. Interactions were positive and the violence between parents had stopped. The children were doing well in school as their concentration had greatly improved. Adeela's youngest sister Aleema was thriving and her parents looked after her in a way that Adeela had almost certainly not experienced when a baby. It was very tempting to "leave well enough alone" as everything pointed to a "fixed family." But both the key workers and the family knew there were issues that had not been dealt with. In the past, a neighbour had offered the family presents in return for Adeela being sent over to his house to "help him." The child abuse case had collapsed when the man in question disappeared but Adeela still felt betrayed at the thought that her mother had preferred a fridge to keeping her safe. Her younger brother still had nightmares related to the violence between his parents. The key workers knew it was important for the children to say what they had felt then and now about these things, even if it was difficult for the parents to hear. With much sadness and anger, the family worked on listening to each other's difficult experiences. Later, the family would refer to their earlier traumas, saying "if we could make things better after those experiences, we knew that we could always make things better no matter how difficult things were."

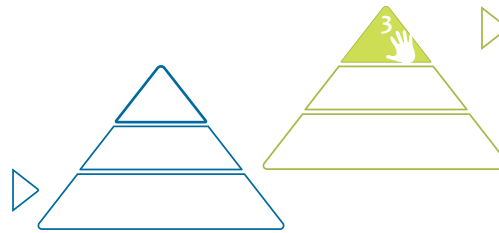
What are the key elements of practice? What you do and why:

- **Ensure** that the previous stages of the process have been managed well before beginning this element of the work.
- **Ensure** the safety plan is updated and check on this regularly. This is a potentially dangerous time as it can feel threatening to family members who may feel blamed for the past and react as they did in the past, with violence, denial and/or other forms of retreat.
- **Provide** a safe space. Building on the previous stage above, ensure that the family feel comfortable with each other, and that limits and rules are in place around communication (e.g. not interrupting, using respectful language, ability to express and manage emotions).
- **Identify**, together with different individuals in the family, which issues and defences need to be worked through at group level, and which should be dealt with alone or between sub-groups of the family unit.
- **Facilitate** the processing of those experiences that are causing difficulties in the family as a group – guiding conversations which enable families to talk through issues. These talks are about acknowledg-

ing, revealing, apologising and expressing the feelings that others' actions have engendered.

- **Ensure** that this stage is completed. In families where the members have damaged each other, this stage is essential to recovery. Yet, because it can be so difficult and painful, it is often overlooked.
- **Provide** appropriate staff support and supervision. Key workers need to plan and practice before managing these family-level conversations, and think through possible consequences and contingencies.
- **Continue to develop** understanding of the different roles individuals play within the family. Current defence mechanisms should not be challenged until something more useful has been learned to replace them.

Children who have developed a tough stance to protect themselves from being hurt, for instance, should not be asked to drop this until they have learned other, more constructive, protective mechanisms, such as having a safe and rewarding relationship with a reliable friend or mentor. It is also vital to take stock of your understanding of the family and its functioning dynamics at regular intervals.



Objective:

To ensure that children and parents feel that their interests are considered within their family and are able to set goals as a family for the benefit of all. The family provides positive experiences for all its members and new stresses are dealt with in a way which is not damaging to anyone within the family. In this way the family replaces negative cycles of interaction with a virtuous cycle which encourages the personal development of all family members.

Useful Techniques

There is considerable overlap with tools used for work with individuals on their purpose and goals, such as:

- Life skills
- Parenting skills
- Emotional intelligence
- Skills to manage sexual and reproductive health decisions
- Prioritising and setting goals
- Financial management skills



Families at this stage are using the strengths and learning they have achieved, to provide a different kind of experience for all their members.



Affection is frequently shown and meets the needs of the children rather than of the adults.



Parents are able to focus on the immediate and longer term needs of their children and act to meet these needs, quite independently of outside encouragement.

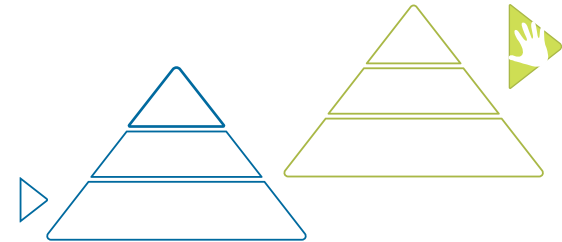
Case Study

Marcelo and Mauricio, then aged 11 and 9, were first met working on the streets collecting rubbish to sell. Their father, Paulo, was an alcoholic and chronically unemployed. Family relations were dominated by severe physical and psychological violence between Paulo and Maria José, the mother, with the two boys stuck in the middle. Maria José relied heavily on her children for emotional support and they were also solely responsible for generating income for the household. Marcelo lacked the capacity to sustain participation in any community-level activities and Mauricio reproduced the violence he experienced at home in his interactions at school. However, with intensive support, Paulo started tackling his alcoholism and began to see the damage it was causing his family. They have since come a long way together and now have a shared vision of their past, present and future. Paulo is regularly in work and Maria José plays an active role in creating a positive home environment for her children. When the yearlong internship Marcelo had managed to secure in a public bank ended successfully, Maria José brought the family together to talk about how they could support him in his desire to finish high school. Now 17, Marcelo works part time and is doing the last year of secondary at evening school. Motivated by his family, he hopes to go on to university. Mauricio is making good progress at school and is able to manage his own behaviour much more effectively. The family now support one another in achieving individual and shared goals and in overcoming obstacles when they arise.

What are the key elements of practice?

What you do and why:

- **Work** alongside the family in setting goals as a group which take into account and respond to everyone's needs, balance personal vs. family priorities, and create shared hope and ambition within the family. The process allows family members to develop a clearer vision of the family they want to be, which in turn provides the motivation to acquire the skills they need, and helps them to begin interacting positively with their local communities and services.
- **Facilitate** shared decision-making within the family – e.g., how to spend money, ensuring that everyone in the family has a voice. Shared decision-making reinforces respect between family members.
- **Facilitate and support** decision-making whilst avoiding giving direction. The family learns how to work independently of their key worker's intervention to achieve shared family goals. The worker, in turn, demonstrates their confidence in the family's ability to make their own decisions, which helps to develop the family's belief in their own capacity.
- **Help** family members support each other's development and achievements with awareness of each person's individuality and developmental stage.
- **Build** a supportive network around the family – e.g. extended family members, neighbours, and community services available to the family over time to help ensure the sustainability of the positive changes.
- **Encourage** families to access help from their communities, wider family and friendship networks and other local services. At this stage the family is becoming independent of our support and they will exercise decision making, problem-solving and communication without the guidance of their key workers.
- **Resist** the temptation to "improve" the ideas that families have, as learning now comes from their own experience in applying the insights they have gained through the entire process and by exploring what works among themselves.



This strategy includes criteria for determining when a family is ready to graduate. A family's participation in the programme finishes once anticipated changes have been achieved and seem to be sustainable. Regular, participatory monitoring and evaluation allows close tracking of results.

An “exit strategy” includes the expectation of:

- Positive changes in relationships
- Positive changes in behaviour
- Positive changes in life results
- Evidence that positive changes can be sustained by the child and family themselves

The following indicators provide a guide as to what change “looks like”, particularly in less tangible areas such as attachment, and how it is measured.

Area of Positive Change	Indicator
Relationships	<ul style="list-style-type: none"> ■ Children and parents display positive, non-violent relationships, based on appropriate roles and responsibilities between children and adults. ■ Children are protected by parents from abuse by others outside the direct home (e.g. wider family members). If a parent (usually the mother) leaves an abusive partner, they will not then enter another violent relationship. ■ Children and parents display healthy self-esteem (which can be measured in children using the Goodman's Strengths and Difficulties Questionnaire¹⁶) and believe they are worthy of affection and respect. ■ Children are able to manage their own emotions, control impulses and resolve problems. ■ Children and parents have a sense of hope and personal agency, and the ability to plan for the future. ■ Children and parents have the capacity to create and maintain, new positive relationships appropriate to a social context. ■ Family members are able to communicate with and express their emotions to each other.
Behaviour	<ul style="list-style-type: none"> ■ Children and parents are no longer involved in destructive behaviour such as street involvement, gangs, crime, drugs, risky sexual activity, dangerous forms of child labour etc. ■ Parents no longer use violence as a means of discipline, communication or conflict resolution, either between themselves or with children. ■ Parents can identify risky situations and take appropriate strategies to protect their children.
Life Results	<ul style="list-style-type: none"> ■ Children have sustained access to positive life opportunities such as education, vocational training and safe forms of employment/income generation (where age appropriate). ■ Parents have access to training opportunities and safe forms of employment/ income generation. ■ Children and parents have improved physical health and adopt positive hygiene and nutrition habits. ■ Children and parents have their legal registration documents, to facilitate access to services. ■ Children access suitable social activities for their age, needs and abilities.
Sustainability	<ul style="list-style-type: none"> ■ The family has the ability to manage challenges and stresses, effectively (These are inevitable given the economic and community situation in which most will be living). ■ The family is able to seek out and accept external support. ■ The family is integrated into their own community, in terms of accessing community services (medical, legal, educational, welfare etc, if they exist) and informal community support networks. ■ Family members display the capacity to plan for the future, with a sense of purpose, order and vision as a family unit.

Programme Characteristics

“

The core skill our field staff share is the capacity to build a close personal connection and build a trusting relationship.

”





Key Characteristics of Programmes

USING THE SFSC STRATEGY



Gerrie Smit



SFSC members employ a range of strategies to achieve goals at each stage of the two-triangle strategy, and our programmes may look different from each other in terms of the activities and services used. However, as stated, we have a shared intentionality to our work, based on a joint understanding of the critical role played by early attachments in child behaviour and subsequent life results. Given that the activities used may vary quite considerably, what are the shared characteristics of our programmes?

1. Defined Target Groups

We all seek to work with the most excluded children. When we conduct our outreach (usually on the streets but also through referrals from other agencies), we have clear criteria for entry to the programme. These selection criteria are based on the behaviour and life results identified through outreach and involve specifically targeting those children showing the greatest vulnerability.

2. Clear Criteria for Service Exit

In addition to clear criteria for entry into our programmes, we also have clear graduation criteria. These criteria are based on achieving defined areas of change, including children no longer being on the streets and parents being able to provide a protective, nurturing, non-violent home for their children. As such, there is no time limit for our commitment to participating families. We do not leave just because a particular donor-funded project has ended.

Once a family has joined our programmes, we stay with them until they have achieved sustainable progress.

3. Long-Term Service Provision

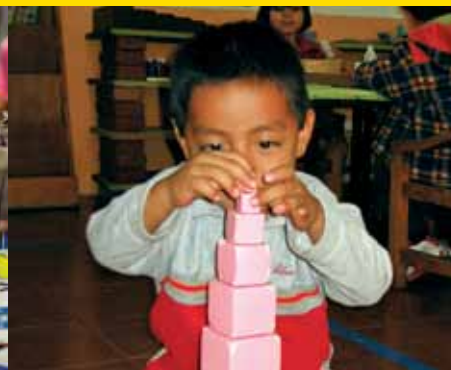
All our programmes are based on long-term service provision for participants. Given the level of exclusion and vulnerability of these children, change can be slow and is generally non-linear. Our services are delivered through a long-term cycle, which usually takes participating children and families through a journey from initial contact, to an intensive phase of support, to a process of slowly withdrawing our intervention as the family becomes able to sustain positive change.

4. Accessible Services

Our services are predominantly delivered in the child and family's natural environment. At the start, this means we spend time on street outreach. As our involvement with the child deepens, our focus shifts to the family home. Our focus on home visits ensures that we go to the family, rather than expecting them to come to us, and enables us to gain valuable insights into the home dynamic.

5. Therapeutic Intent

Whether it is educational support, drama, art, dance, securing birth registration papers or accompanying a family on a health visit, there is a therapeutic intent to all our activities. It means that all strategies are aimed at helping children and parents gain insights into their own behaviour and situation,



develop self-esteem, and build healthy relationships, enabling them to replace destructive coping mechanisms with more constructive choices.

6. Personalised Services

Whilst being delivered within a broad operational framework, all services are tailored to the needs of each child and family. This ensures we address the risk factors and build protective factors in each family and for each child, addressing those damaging experiences which have taken place in families, and breaking the cycles of behaviour which might lead to them being repeated.

7. Child-Centred Approach

The highly excluded and vulnerable child we meet on the street is the primary target. Our work with the family is specifically aimed at creating a healthy environment for that child to grow up in, one in which the adult care-givers play a nurturing and protective role. Our work at community level is similarly focused. Linkages with key community stakeholders are established in order to impact on the life results of the identified child. For instance, we build positive relationships with schools in order to facilitate educational access and success for the child, and with local health clinics in order to improve the child's physical development. Community

work is thus highly targeted on reaching those at greatest risk of becoming victims of violence in the family, and seeks to empower the community itself to identify these children and respond appropriately.

8. Low Drop-Out Rates

Due to the fact that our services are highly accessible, intensive and personalised, our programmes have low drop-out rates. This is noteworthy given that we work with those children who usually drop out of all government and NGO programmes.

In the case of these most excluded children, rather than believing that the client has failed if they are unable to derive benefit from a particular service, we see the onus as being on us to find solutions which work for each child and family.

9. Regular Outcomes Monitoring

We regularly monitor the progress of each child and parent through quantitative and qualitative tools, to assess progress towards the change objectives outlined in our graduation criteria.

This monitoring is conducted at two levels:

1. Specific behavioural and life results, such as school attendance and achievement; reduction in child labour; and reduction in violent interactions within the family.

2. Deeper personal and family changes which facilitate positive behavioural and life results that will be sustainable beyond the project, such as: emotional stability; connection to peers; awareness of and ability to articulate feelings; and willingness to accept help.

10. Consistent Staffing

In order to deliver services with a therapeutic intent, there must be an ongoing individual relationship of trust between the key worker and the child or parent. This requires consistent staffing, which in turn requires staff support mechanisms and investment in ongoing staff training and development. Key workers in our programmes have not usually had significant professional training before they join our organisations.

However, they receive continual on-the-job training and supervision from a senior member staff, which is vital in finding creative solutions to seemingly intractable problems, as well as guarding against staff burn-out. Delivering personalised services with a therapeutic intent also requires relatively high staff to child ratios.

Characteristics of Key Workers

USING THE SFSC STRATEGY



Daniela Plaza



Gerrie Smith



Jonathan Degenhardt



Delivering programmes based on this strategy does not require academically qualified staff. The experience of SFSC members is that para-professional staff, chosen for their ability to connect with people and supported by trained supervisors providing mentoring and on-the-job training, can be highly effective in planning, designing and delivering activities with a therapeutic intent. We have found the following characteristics to be important in field staff, characteristics related to making a close human connection and building a trusting relationship.

Empathy

Show that you understand and connect with what a child or parent is feeling / experiencing.

Authenticity

Do not express anything that you do not feel. You need to be genuine in identifying strengths in a family to build upon, even when their challenges appear overwhelming.

Respect

You must respect a family's reality and recognise the challenges of their context, acknowledging and witnessing what they are living through without assigning blame.

Patience and perseverance

The process can be slow, difficult and circuitous. You have to build hope with children and families, so you need to believe that change is possible.

Flexibility

Accept the unpredictable nature of working with complex family dynamics.

Self-awareness

Be aware of the effect of everything you do on the child and/or parent and distinguish when your thinking is due to your needs rather than theirs.

Open-mindedness

Do not judge a family, be willing to hear the voice of all members of the family, and be open to new ways of working.

Capacity and willingness to learn

Constantly question yourself and your understanding of the family, and accept that you do not always have the answers.

Ability to contain emotions

Contain the pain an individual is going through and resist the urge to constantly "fix" someone. The desire to fix comes from wishing to get rid of the pain and discomfort it causes them and you, but the task is to hold onto this until the child or parent is able to process it.

Ability to step back

You are not the most important person in the process; you are a catalyst. You are just with a family for a small part of their life and you must work to make yourself obsolete.

Humility

You cannot know everything. You need to learn from the family members themselves about their own realities and coping mechanisms and you need to be able to ask for help when you are struggling to find a solution.

Recommended Actions

TO SUPPORT THIS WORK



Florian Kopp

National and Local Governments

National governments have an obligation under the UN Convention on the Rights of the Child (UN CRC) to:

1. Protect children from violence in the home (Article 19)
2. Support families in providing a healthy home environment for their children (preamble, Article 18)
3. Provide appropriate treatment and support for children and families where prevention has failed (Article 19), including physical and psychological recovery and social reintegration (Article 39)

National governments are currently failing on these legal requirements for the child population described in this booklet. Priority actions for national government and local governments include:

- Integrating a therapeutic intent into programmes and services aimed at highly vulnerable children.
- Investing in staff capacity within community services which have contact with highly vulnerable children (education, social work, healthcare and criminal justice system), to ensure that they are able to understand the meaning and potential causes of dysfunctional behaviour among children and to integrate that understanding into their responses.
- Investing in appropriate staffing levels within services aimed at the most excluded children, to allow for more personalised support.
- Shifting the paradigm, from seeing issues such as street involvement and criminality as “the problem” to be solved, to regarding it as a symptomatic behaviour and seeking to tackle the root causes of that behaviour.
- Investing in longer-term programmes of support for the most excluded children, rather than only offering concrete measures which deal with the physical needs of a child (shelter, food, physical health). It is vital to resist the political pressures to be seen to “do something” and to invest in

approaches which tackle the underlying causes of children’s behaviour and help children to break free from the destructive legacy of family violence.

- Ensuring coordination and collaboration between community stakeholders who have contact with highly excluded children, to promote an early identification of children at risk of violence in the home and ensure these children do not fall through the net.

Donors (public and private)

Several of the above recommendations also apply to donor agencies supporting services for vulnerable children in developing countries. Donors can promote and facilitate the type of work outlined in this booklet by:

- Including specific provision within their child rights and child protection programmes for work on violence in the home, including ring-fenced resources.
- Providing longer-term support (minimum three years) for child rights and child protection programmes, thus recognizing the complexity of effecting positive change for the most excluded and allowing longer-term tracking of the sustainability of results achieved with children.
- Supporting programmes of work which seek to research, design, pilot and test effective strategies for meeting the needs of highly excluded children from violent families in developing country settings.
- Integrating specific indicators within their M&E frameworks for monitoring the incidence of violence in the home and the emotional well-being of children participating in their funded projects.
- Where relevant, putting pressure on national governments to fulfil their legal obligations to protect all children from violence in the home.

Recommended Actions

TO SUPPORT THIS WORK



UN agencies

UN agencies, particularly the Office of the SRSG on Violence against Children and UNICEF, could support this work by:

- Ensuring the inclusion of child protection within the post-MDG framework.
- Raising the public policy profile of highly excluded children from violent families.
- Promoting knowledge-sharing between CSOs, governments and academia on promising practices for working with the most excluded children from violent families.
- Promoting the key principles from this booklet within policy and practice discussions surrounding the UN Guidelines for Alternative Care of Children, due to their particular relevance for efforts to keep children in the care of their family and ensure families realise their care-giving role.
- Commissioning, conducting and/or contributing to research in developing country settings into the most effective strategies for achieving positive sustainable change for highly excluded children from violent families.
- Monitoring the performance of governments with regard to their legal responsibilities under the UN CRC in the area of violence in the home.

CSOs

CSOs around the world working with highly vulnerable children could take the following actions:

- Specifically prioritising the hardest to reach children.
- Integrating a therapeutic intent into all services aimed at the most excluded children.
- Engaging with donors in an open dialogue about the complexities of reaching the most excluded children and supporting SFSC's recommendations to donors and governments as detailed above.
- Developing strategies to retain and support staff, including appropriate staff training, support and supervision, and specifically investing in staff capacity to ensure that they are able to understand the meaning and potential causes of dysfunctional behaviour among children, and that they can integrate that understanding into their responses.

Academia

The academic sector could support this work by:

- Developing a body of knowledge and learning on children living in violent families in developing country settings, which will act to provide further evidence of the incidence and nature of violence

in the home and to deepen understanding regarding its impact on child development and life outcomes.

- Promoting access in developing countries to evidence-based research on good practice in the field of work of violence in the home, which to date has been conducted largely in developed country settings.
- Conducting research, particularly in developing country settings, into the most effective strategies for sustainable change for highly excluded children from violent families.

Media

The media can support this work by:

- Fulfilling their watchdog role and holding governments to account for their legal responsibilities under the UN CRC to protect all children from violence in the home and to provide appropriate treatment for children and families where prevention has failed.
- Ensuring more informed, and less demonising, reporting of issues faced by the most excluded children from violent families.
- Promoting public understanding of the meaning of dysfunctional behaviours and the importance of investing in effective solutions for the most excluded children.

Contact & References

“

Working with families can save many children from creating their own ‘psychological shelters’ of loneliness and pain where they secretly cry out for significant attachments.

”

Professor Gerrie Smit, New Life Community Projects, South Africa





Contact



ACER, Brazil

www.acerbrasil.org.br

Contact: jonathan@acerbrasil.org.br

+55 (11) 4049 1888

Gurises Unidos, Uruguay

www.gurisesunidos.org.uy

Contact: solmariela@gmail.com

gurises@gurisesunidos.org.uy

+598 (24)00 3081 / (24)08 8572 / (24)09 6828

JUCONI Ecuador

www.juconi.org.ec

Contact: sreyes@juconi.org.ec

+593 (4) 500 6888 / 237 8534

JUCONI Mexico

www.juconi.org.mx

Contact: alison@juconi.org.mx

+ 52 (222) 240 8178

**Maltepe University Research and Application
Centre for Street Children, Turkey**

http://soyacnew.maltepe.edu.tr/

Contact: soyachildren@gmail.com

+90 (544) 559 8355

New Life Community Projects, South Africa

www.newlifeprojects.co.za

Contact: g.smit@vodamail.co.za

**Railway Children, active in the UK, India, Kenya and
Tanzania**

www.railwaychildren.org.uk

Contact: enquiries@railwaychildren.org.uk

+44 (0) 1270 757596

Retrak, active in Uganda, Ethiopia and Kenya

www.retrak.org

Contact: mailbox@retrak.org

+44 (0)161 4865104

Rukha, Brazil

www.rukha.org

Contact: contato@rukha.org

+55 (11) 3168 9886

**The International Children's Trust, active in
Ecuador, India, Mexico, Philippines, South Africa
and Sri Lanka**

www.theict.org

Contact: Amber@ictinfo.org.uk

+44 1733 319 777



Jonathan Degenhardt

Chapter 1: Context

- ¹ Karp, C. L. & Butler (1996) Treatment Strategies for Abused Children California: Sage Publications
- ² Bowlby, J. (1951). Maternal care and mental health. World Health Organization Monograph (Serial No. 2)
- ³ See Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence, WHO and ISPCAN, 2006; http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf
- ⁴ Save the Children UK: Keeping Children Out of Harmful Institutions: Why we should be investing in family-based care, 2000, http://www.savethechildren.org.uk/en/docs/Keeping_Children_Out_of_Harmful_Institutions_Final_20.11.09.pdf
- ⁵ www.acestudy.org ; <http://www.sanctuaryweb.com/adversity-allostatic.php>
- ⁶ Summary paper of the research project: Psychosocial assistance to children in difficult circumstances in West Africa, Prepared by Alice Behrendt for the AIDS Conference, Mexico City 2008, Dakar, June 2008, http://www.peacewomen.org/assets/file/Resources/Academic/Health_PsychosocialChildrenWestAfrica_Behrendt_2008.pdf
- ⁷ Children and Violence, Innocenti Digest 2, <http://www.unicef-irc.org/publications/pdf/digest2e.pdf>
- ⁸ Preventing Child Maltreatment: A Guide to Taking Action and Generating Evidence, WHO and ISPCAN 2006, http://whqlibdoc.who.int/publications/2006/9241594365_eng.pdf
- ⁹ For further information on the ACE Study: <http://www.acestudy.org/>

Chapter 2: Framework

- ¹⁰ References & bibliography supporting the Theoretical Principles section:
 - Archer, C & Burnell, A. (Eds) (2003) *Trauma, Attachment and Family Permanence*. London: Jessica Kingsley Publishers
 - Bloom, S.L. (Ed) (2001) *Violence: A Public Health Menace and a Public Health Approach*. London: Karnac Books
 - Sandra Bloom website: <http://www.sanctuaryweb.com/>
 - Bomber, M. L. (2007) *Inside I'm Hurting, Practical Strategies for Supporting Children with Attachment Difficulties in Schools*. London: Worth Publishing
 - Bowlby, J (1969) *Attachment (Volume I of Attachment and Loss)*. London: Hogarth Press
 - Bowlby, J (1973) *Separation: Anxiety and Anger (Volume II of Attachment and Loss)*. London: Hogarth Press
 - Bowlby, J (1979) *The Making and Breaking of Affectional Bonds*. London: Tavistock Publications
 - Bowlby J. (1980) *Loss: Sadness and Depression (Volume III of Attachment and Loss)*. London: Hogarth Press
 - Bowlby J. (1988) *A Secure Base, Clinical Applications of Attachment Theory*. London: Routledge
 - Cassidy, J. & Shaver, P.R. (Eds) (2008) *Handbook of Attachment: Theory, Research and Clinical Applications* London: The Guilford Press
 - de Zulueta, F. (1993) *From Pain to Violence, the Traumatic Roots of Destructiveness* London: Whurr
 - Erdman, P. & Caffrey, T (Eds) (2003) *Attachment and Family Systems* New York: Brunner-Routledge
 - Geddes, H. (2003) *Attachment in the Classroom: The links between children's early experience, emotional well-being and performance in school*. London: Worth Publishing.
 - Gil, E (1994) *Play in Family Therapy*. New York: The Guilford Press
 - Gil E. (2006) *Helping Abused and Traumatized Children, Integrating directive and nondirective approaches*. New York: The Guilford Press
 - Gil, E.: <http://www.elianagil.com/>
 - Holmes, J. (2001) *The Search for the Secure Base, Attachment Theory and Psychotherapy* London: Brunner-Routledge
 - Hughes, D.A. (1998) *Building the Bonds of Attachment, awakening love in deeply troubled children*. Northvale, NJ: Jason Aronson
 - Roberts, J. (1994). *Tales and transformations: Stories in families and family therapy*. New York: W.W. Norton.
 - Karen, R. (1998) *Becoming Attached, First relationships and how they shape our capacity to love*. Oxford University Press
 - Lindblad-Goldberg M, Morrison Dore M, Stern L. (1998) *Creating Competence from Chaos, A comprehensive guide to home-based services* New York: W.W. Norton & Company
 - Perry, A. (Ed) (2009) *Teenagers and Attachment, Helping Adolescents Engage with Life and Learning*. London: Worth Publishing
 - Saltzberger-Wittenberg, L., Henry, G. & Osborne, E. (1983) *The Emotional Experience of Learning and Teaching* London: Routledge
 - Kegan Paul Ltd
 - Williams, G. (1997) *Internal Landscapes and Foreign Bodies*. London: Duckworth & Co. Ltd
 - ¹¹ Levy, Terry M and Orlans, Michael (2000), *Handbook of Attachment Interventions, Attachment Disorder as an Antecedent to Violence and Antisocial Patterns in Children*
 - ¹² *Early Childhood in Focus 1, Attachment Relationships: Quality of Care for Young Children*, 2007 The Open University, Editor: John Oates. Foreword: Howard Steele & Miriam Steele, Co-Directors, Center for Attachment Research, Psychology Department, New School for Social Research, New York, NY, 10003 http://www.bernardvanleer.org/publication_store/publication_store_publications/attachment_relationships_quality_of_care_for_young_children/file .
 - ¹³ Selected interventions are defined as “approaches aimed at those considered at heightened risk for violence (having one or more risk factors for violence)”, World Report on Violence and Health, WHO 2002, http://whqlibdoc.who.int/publications/2002/9241545615_chap1_eng.pdf
 - ¹⁴ Indicated interventions are defined as “approaches aimed at those who have already demonstrated violent behaviour”, World Report on Violence and Health, WHO 2002
 - ¹⁵ Bowlby 1940, *The influence of early environment in the development of neurosis and neurotic character*. International Journal of Psycho-Analysis, XXI, 1-25)
 - ¹⁶ <http://www.sdqinfo.org/>



*This publication has been produced
with the assistance of the European Union.
The contents of this publication
are the sole responsibility of Safe Families Safe Children
and can in no way be taken to reflect the views
of the European Union.*



“ If a society values its children
it must cherish their parents. ”

J. Bowlby