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Modules
on Child Protection

DEFENCE for
CHILDREN

Ministry of Foreign Affairs of the
Netherlands

Modules

on Child Protection

Introduction

In order to ensure the quality of services, the organizations for children's rights, Defence for children - ECPAT the Netherlands and Terre des hommes Kosovo, have joint forces to assist the current professionals and build capacities in the field of child protection, with financial support from the Dutch Ministry of Foreign Affairs. In addition, the manual targets not just local professionals of Kosovo but also all professionals working in the field of child protection by accesing the childhub where all the modules are available in English as well. For this purpose, Terre des hommes has engaged distinguished experts to draft a manual which consists of theoretical information, practical examples, case studies and questions for discussion/reflection. The nine modules in this manual have been developed by local experts in close collaboration with Dutch experts.

The first module "The legal framework in child protection" can be seen as the umbrella of the manual as it describes the legal framework in child protection on international (International Convention on the Rights of Children) and national level, its policies, practices as well as relevant institutions on child protection. This module is interlinked with the module "Rights of the child and their promotion as part of human rights and the organization of the social welfare system", which provides relevant information on human rights with specific focus on children's rights. The module "Needs assessment and risk factors of children" covers important aspects of the assessment process until the decision making. "Symptoms of child abuse", "Early intervention and working with families" and "Child empowerment-working directly with children" are important modules which provide in depth information regarding the different types of abuse, working with children who have suffered abuse by empowering them and exploring different dimensions of early intervention. The last three modules are "Case Management", "The principles of supervision" and "The role of social workers" which provide information on managing different cases at risk focusing on the experiences of professionals working directly with cases,.The principles of supervision and in the end the role and responsibilities of social workers have been described so that social workers and next generations of this profession will be aware of their responsibilities and more appreciated.

For developing the modules mentioned above, the following experts have been engaged: Irida Agolli (Tirana University), Natyra Agani (Prishtina University), Izela Tahsimi (Tirana University), Blerta Perolli Shehu (Prishtina University), Juliana Ajdini (Tirana University) Mimoza Shahini (Prishtina University & Center for children and adolescents) and Shqipe Ukshini (The clinic of Psychiatry). Also, Ph.D. Lulezim Dragidella has supported this process by editing scientifically the content of manual. We thank them for the great work they have done. A special thanks goes to the Dutch experts: José Hermans, Ieta Polman and Myra ter Meulen. This process was facilitated by Mrs. Albulena Shabani – Terre des hommes Kosovo and Mrs. Ytje Hokwerda – Defence for children - ECPAT the Netherlands.

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Title Of The Topic:
Protection

Main Objectives
- Presentation of the over-arching legal framework relevant to child protection
- Identification of key principles, definitions and procedures relevant to child protection
- Identification of key institutions and processes engaged in child protection focusing on responsibilities and means of acting on those responsibilities
- Exploring practical ways to utilise the legal framework, institutions and processes in child protection cases
- Developing basic knowledge and practice of the relevant legal framework when analysing child protection cases

Expected Results:
- Become aware and understand the over-arching legal framework relevant to child protection
- Have an understanding of key principles, definitions and procedures relevant to child protection, as well as be able to identify key institutions and processes including responsibilities and means of acting on those
- Be able to identify critical child protection issues from a legal point of view in specific cases
- Be able to apply the knowledge gained to specific case studies discussed

Module Timeline:
1 day

Main Issues Addressed In The Module:
- Children rights in social work
- Convention on the rights of children
- Constitutional Rights
- Introduction to relevant institutions working in child protection
- The child and family
- Child Protection Measures and Forms of Alternative Care
- Youth justice
- Children facing specific risk/vulnerability
- Welfare rights

Keywords:
- Rights
- International instrumens
- National legislation
- Equality
- Child centred approach
- Human rights
- Children rights
- Working protocol
- Case management roundtable
- Welfare rights
- Vulnerability

Main Resources:

International Conventions
- Convention on the Rights of the Child, 20 November 1989
- Optional Protocol to the Convention on the Rights of the Child, 19 December 2011
- Universal Declaration of Human Rights, 10 December 1948

General Comments
- Committee on the Rights of the Child, General Comment No. 13, the right of the child to freedom from all forms of violence, 18 April 2011
- The Committee on the Rights of the Child, General Comment No. 8, the right of the child to protection from corporal punishment and other cruel or degrading forms of punishment, 2 March 2006
- Committee on the Rights of the Child, General Comment No. 14 (2014) on the right of the child to have his or her interests taken as a primary consideration, 29 May 2013

National Legal Measures
- Constitution of the Republic of Kosovo

Laws
- Criminal Code
- Criminal Procedure Code
- Family Law of Kosovo
- Kosovo Juvenile Justice Code
- Law on Civil Status
- Law on Labour
- Law on Labour Inspectorate
- Law on Material Support for Families of Children with Permanent Disabilities
- Law on Social Assistance Scheme
- Law on Amending and Supplementing the Law No.2003/15 on Social Assistance Scheme in Kosovo
- Law on Social and Family Services
- Law on amending and supplementing the Law No. 02/L-17 on Social and Family Services
- Law on Ombudsperson
- Law on Police
- Law on Preventing and Combating Trafficking in Human Beings and Protecting Victims
- Law on Protection against Domestic Violence
- Law on State Prosecutor

Administrative Instructions

Decisions
- Decision of the Prime Minister 07/46, 3 December 2008
- Decision of the Prime Minister 09/34, 25 August 2011

Commentaries
- Čukalović I, Hasani E, 'Commentary of the Constitution of the Republic of Kosovo' 12 December 2013

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Books
- Mower AJ, 'The Convention on the Rights of the Child – International Law Support for Children', Greenwood Publishing Group 1997
- Williams J, 'Child Law for Social Work', Sage Publishing 2008

Reports
- UNICEF, 'A summary of the United Nations Convention on the Rights of the Child'

Websites
- https://treaties.un.org/pages/Overview.aspx?path=overview/glossary/page1_en.xml#ratification
- https://treaties.un.org/Pages/overview.aspx?path=overview/definition/page1_en.xml#protocols
- https://mpms.rks-gov.net/Portals/0/Librat/organogrami_en.jpg
- https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html

Session I

Topic: Introduction to Children's Rights in Social Work

Social work had been defined as 'a practice based profession…that promotes social change and development, social cohesion and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility and respect for diversities are central to social work.'[1]

Gaining an awareness of children's rights and the law in general is important to prospective social workers because the law provides authority to act in situations, which would otherwise constitute an unlawful interference in private and family life. An awareness of children's rights also provides guidance to prospective social workers as to how they should act in certain situations, while the law is used to determine the legality of social work decisions.[2] In other words, it provides the framework within which social workers conduct their work.

Human rights are a set of rights that aim to protect the individual or groups from actions or omissions that may interfere with their freedoms and human dignity. The Universal Declaration of Human Rights in 1948 enshrines this principle by providing in its preamble that *'recognition of the inherent dignity and the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world'.*[3]

Human rights embody a range of important principles including;

- *Universality and inalienability*: rights that are applied everywhere, irrespective of cultural or other differences and rights that cannot be withdrawn or taken away.
- *Indivisibility*: all human rights are important and should not be categorised.
- *Interdependence and interrelatedness*: all human rights are dependant and relate to one another meaning that if one is realised or violated it is likely to impact on another.
- *Equality and non-discrimination*: all individual are born free and equal by virtue of the inherent dignity of each person. Non-discrimination means that no one should be discriminated on the basis of protected characteristics such as race, colour, gender, language, religion, political or other opinion, national or social origin, relation to any community, property, economic and social condition, sexual orientation, birth, disability or other personal status.
- *Participation and inclusion:* everyone has the right to participate in processes and have access to information that affects their lives. Adopting a rights based approach to processes ensures participation, as well as the need to consider those groups who may be marginalised and have difficulties in participating such as children, minorities, women and the disabled.
- *Accountability and the rule of law:* the state through its institutions is bound to observe all applicable human rights standards as the duty bearer. In instances where there is a failure of protecting human rights as provided in applicable international standards or national legislation, the individual as the right holder is entitled to seek redress though the appropriate mechanism.

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1   International Federation of Social Workers, general definition approved by IFSW General Meeting and the International Association of Schools of Social Work General Assembly, July 2014
2   Williams J, 'Child Law for Social Work', Sage Publishing 2008, p. 6
3   United Nations General Assembly, Universal Declaration of Human Rights, 10 December 1948, available at http://www.un.org/en/documents/udhr/ accessed on 12/01/2015

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The main source of human rights as we know them today is international law. States at the international level in the field of human rights have negotiated and concluded agreements (known as treaties or conventions) to respect, protect and fulfil a range of human rights. These agreements are legally binding once a State accepts its content through ratification.[4] A State may also choose to integrate these into its national legal system through its constitution or other legal acts.

1.1 The Convention on the Rights of Children (CRC)

The United Nations Convention on the Rights of the Child (1989; UN CRC) is the most widely ratified convention in the world. The UN CRC is significant due to the fact that it exclusively deals with children and it establishes a commitment by State parties including Kosovo 'to respect and ensure the rights set forth' in the Convention.[5] In effect, it has been claimed that the Convention reflects the vulnerable position of children, which means they require protection.[6] As an independent person the child then is recognised as having individual rights – not linked to the family or parents and the right to assert those rights in national proceedings.[7] The Convention provides for a monitoring mechanism to be established, to monitor the implementation of the rights in the Convention: the Committee on Rights of the Child (Committee).[8] The Committee on the Rights of the Child consists of experts elected by States who are party to the Convention.[9] The role of the Committee is to examine the progress made by State's party to the Convention in achieving the obligations set forth in it. Each State Parties has the obligation to submit a report every five years, on the progress made in their country. The Committee examines these so called 'State Reports'. The Committee can issue Concluding Observations based on these State Reports. The Committee is also able to receive individual communications from individuals who claim their rights have been violated, providing they are within the jurisdiction (territory) of a State that is a part to the third Optional Protocol the UN CRC (the Optional Protocol on a communications procedure).[10]

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4   This defines the international act whereby a state indicates its consent to be bound to a treaty if the parties intended to show their consent by such an act. See full definition at United Nations Treaty Collection Glossary available at https://treaties.un.org/pages/Overview.aspx?path=overview/glossary/page1_en.xml#ratification accessed on 12/01/2015
5   Article 1, Ibid
6   Mower AJ, 'The Convention on the Rights of the Child – International Law Support for Children', Greenwood Publishing Group 1997, p. 3
7   Article 12 and Article 42, Ibid
8   Article 43, Convention on the Rights of the Child (CRC).
9   Article 43, Convention on the Rights of the Child (CRC)
10 Optional Protocol to the Convention on the Rights of the Child on a communication procedure, Resolution adopted by the General Assembly on 19 December 2011

Summary of Convention Rights[11]	
Convention Rights	**Content of Right**
Article 1 Who is a child	A child is any person under 18 years old, who can enjoy all convention rights.
Article 2 ***Non-Discrimination***	The Government must secure the rights in the convention for all children within its jurisdiction (the area that it controls) without discrimination of any kind based on race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
Article 3 ***Best Interests Principle***	In all actions concerning children undertaken by public or private institutions (social welfare, courts, administrative bodies or legislative bodies), the best interests of the child shall be a primary consideration.
Article 4 Protection of rights	Governments are under an obligation to undertake all necessary measures for the implementation of rights within the Convention.
Article 5 Parental guidance	Governments must respect the rights and responsibilities of parents to guide their children consistent with evolving capacities of the child to exercise convention rights.
Article 6 Survival and development	Governments must recognise the right to life of every child and ensure to the maximum extent possible the survival and development of every child.
Article 7 Right to registration, name, nationality & care	Every child has the right to be registered at birth, to have a name, acquire a nationality (to prevent statelessness) and as far as possible the right to know and be cared for by his/her parents.
Article 8 Right to preserve identity	Governments must respect and protect the right of the child to preserve his/her identity including nationality, name and family relations. Where a child is illegally deprived of some or all of these elements, governments shall provide assistance and protection to re-establish his or her identity.
Article 9 Separation from parents	Children must not be separated from their parents except when this is necessary for the best interests of the child and as determined by a competent authority in accordance with applicable law and procedures. This may be because of abuse or neglect. If such a decision is made, all parties should be given the opportunity to be heard including the child. Every child has the right to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interest.
Article 10 Family reunification	Governments shall ensure applications for family reunification by parents or children should be dealt with in a positive, humane and expeditious manner. A child whose parents reside in a different country shall have the right to maintain on a regular basis, save in exceptional circumstances personal relations and direct contact with both parents.

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11   UNICEF, 'A summary of the United Nations Convention on the Rights of the Child', available at http://www.unicef.org.uk/Documents/Publication-pdfs/UNCRC_summary.pdf accessed on 15/01/2015

Article 11 Kidnapping and trafficking	Governments must take steps to prevent children being taken out of their country illegally or being prevented from returning. Government shall promote bilateral or multilateral agreements or accession to existing agreements to deal with this issue.
Article 12 ***Respect for the views of the child***	Every child has the right to be heard about all matters affecting the child and for his/her view to be given due weight in accordance with the age and maturity of the child. In particular the child should be provided with the opportunity to be heard in any judicial and administrative proceedings affecting the child, either directly, or through a representative or appropriate body in accordance with procedural rules of national law.
Article 13 Freedom of expression	Every child must be free to say what they think and to seek and receive information of any kind and in different forms (orally, in writing/print, in the form of art or any other form), as long as it is within the law.
Article 14 Freedom of thought, belief and religion	Every child has the right to think and believe what they want. This may be limited in accordance with the law and to protect the rights of others. Governments must also respect the rights of parents to provide guidance to children about this right.
Article 15 Freedom of association	Every child has the right to meet with other children and young people and to join groups or organisations, as long as this does not stop others from enjoying their rights.
Article 16 Right to privacy	Every child has the right to privacy and the law should protect the child's private, family and home life.
Article 17 Access to information from mass media	Every child has the right to information from mass media including television, radio, newspapers and other media, which they can understand. Governments have a duty to help protect children from materials that could harm them.
Article 18 ***Parental responsibilities; state responsibilities***	Both parents are <u>equally responsible</u> for the upbringing of their child and should consider the best interests of the child. Governments must help parents by providing services to support them especially parents who work.
Article 19 ***Protection from all forms of violence***	Governments must ensure that they do all they can to protect children from violence (physical or mental), injury or abuse (including sexual abuse), neglect or negligent treatment, maltreatment or exploitation while in the care of parents or anyone else who looks after them.
Article 20 ***Children deprived of a family***	A child who cannot be looked after by their family or where it is not in their best interests is entitled to special protection and assistance by the government including alternative care, which could include foster placement, adoption or, if necessary, placement in a suitable institution for the care of children. When considering solutions due regard shall be paid to the child's ethnic, religious, cultural and linguistic background.

Article 21 Adoption	Government should ensure that within the system of adoption the best interests of the child shall be the paramount consideration that the adoption of a child is authorized only competent authorities in accordance with applicable law and the same protection standards to apply in the country where they were born or in another country.
Article 22 Refugee children	Governments must ensure that children whether unaccompanied or accompanied by parents or other person receive appropriate protection and humanitarian assistance to enjoy the rights of the Convention. With unaccompanied children, Governments must try to help them reunite with their parents and whenever this is not possible the child should be given protection as any other child permanently or temporarily deprived of his or her family.
Article 23 Children with disability	A child with a disability (physical or mental) has the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community. Governments must ensure they do all they can to provide free care and assistance to children with a disability.
Article 24 Health and health services	Every child has the right to the best possible health. Governments must provide good quality healthcare, clean water, nutritious food and a clean environment so that children can stay healthy. This includes diminishing infant and child mortality, ensuring pre-natal and post–natal healthcare for mothers and taking appropriate measures to abolish traditional practices prejudicial to the health of children. Cooperation between richer and poor countries should be promoted to progressively realize this right.
Article 25 Review of treatment in care	If a child has been placed by a competent authority away from home (in care, hospital or custody), the child is entitled to a periodic review of the treatment provided to the child and all circumstances relating to the placement.
Article 26 Social security	Governments should recognise the right of every child to benefit from social security and shall take the necessary steps to ensure the full realization of this right
Article 27 Adequate standard of living	Every child has the right to a standard of living adequate for their physical, mental, spiritual, moral and social development. The primary responsibility to secure this within their means is on the parents or others responsible for the child. Governments have an obligation within their means to take measures to assist parents or others responsible to implement this right and in case of need provide material assistance and support programmes, particularly with regard to nutrition, clothing and housing.
Article 28 Right to education	Every child has the right to an education - primary education should be compulsory and free with secondary education (general and vocational) being available and accessible to all children. Governments must take appropriate measures to ensure that school discipline is administered in a manner consistent with the child's human dignity. Governments must promote and encourage international cooperation in matters relating to education.

Article 29 Goals of education	Education must develop every child's personality, talents and mental and physical abilities to their fullest potential. It must also encourage the child's respect for his or her parents, cultural identity and of other cultures, human rights and the environment
Article 30 Children of minorities	Every child has the right to learn and use his language, customs and practice his or her religion.
Article 31 Leisure, play, culture	Every child has the right to rest and leisure, to play and take part in recreational, cultural or artistic activities.
Article 32 Child labour	Governments must protect children from economic exploitation and from any labour that is harmful to their health or their education. To this end governments must take measures and implement them in relation to minimum age for employment, regulation of the hours and conditions of employment and appropriate penalties or other sanctions to ensure effective implementation.
Article 33 Drug abuse	Governments must protect children from the use of illegal drugs and to prevent the use of children in the illicit production and trafficking of such substances.
Article 34 Sexual exploitation	Governments must protect children from sexual abuse and sexual exploitation in particular take appropriate measures to prevent inducement or coercion of a child in any unlawful sexual activity, exploitative use of children in prostitution or other unlawful sexual practices and the exploitative use of children in pornographic performances and materials.
Article 35 Abduction	Governments must take all appropriate measures to prevent the abduction, sale of or traffic in children
Article 36 Other forms of sexual exploitation	Governments must protect children from all forms of exploitation that may harm them.
Article 37 Detention	No child shall be subjected to torture or other cruel, inhuman or degrading treatment or punishment. Capital punishment or life imprisonment without the possibility of release shall not be imposed on children. Arrest, detention or imprisonment of a child shall be in conformity with the law and shall be used only as a measure of last resort and for the shortest appropriate period of time. Every child deprived of liberty must be treated with humanity, separated from adults, have the right to maintain contact with his or her family and have prompt access to legal and other appropriate assistance including the right to challenge the legality of the depravation of liberty.
Article 38 War and armed conflict	Governments must do everything they can to protect children affected by war or armed conflict. Governments must not allow children under the age of 15 to join the armed forces or take part in war.

Article 39 Rehabilitation of child victims	Children who are victims of any neglect, exploitation, abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment; or armed conflicts must receive special help to assist with the recovery of their health, self-respect and dignity.
Article 40 Juvenile justice	A child accused or guilty of breaking the law must be treated with dignity and respect. A child in this situation has the right to assistance from a lawyer and the right to a fair trial taking into consideration his or her age and situation. The child also has the right for his or her privacy to be respected at all times.
Article 41 Respect for better national standards	In cases where the national legislation or other international obligations of a State enhanced protection for children's rights, those provisions continue to apply.
Article 42 Knowledge of rights	Governments must make the rights in the Convention known to adults and children.

General Comments

The UN Committee on the Rights of the Child regularly issues 'General Comments'. These General Comments constitute the Committee's view on how certain UN CRC provisions have to be interpreted. To date the Committee has issued 15 General Comments covering a variety of rights. The Committee's General Comments are an important source of guidance about the meaning of different rights within the Convention. I the following paragraphs two of these General Comments will be examined. Firstly, General Comment no. 13, focusing on the right of the child to be free from all forms of violence/protection from all forms of violence (article 19 CRC), will be discussed. After that General Comment no. 14 on the best interests principle (article 3 CRC) is discussed. Key elements will be highlighted that can provide guidance in securing these rights e when dealing with (individual) cases.

1.2 The Right of the Child to Freedom From All Forms of Violence General Comment No. 13 (2011)

Article 19 UN CRC states that governments must ensure that they do all they can to protect children from violence (physical or mental), injury or abuse (including sexual abuse), neglect or negligent treatment, maltreatment or exploitation while in the care of parents or anyone else who looks after them. The Committee on the Rights of the Child (the Committee) issued the present General Comment on article 19 of the Convention on the Right's of the Child (the Convention), since the extent and intensity of violence exerted on children is alarming. Measures to end violence must be massively strengthened and expanded in order to effectively put an end to these practices which jeopardize children's development and societies' potential non-violent solutions for conflict resolution. The Committee makes the following observations[12]:

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12 Committee on the Rights of the Child, General Comment No. 13, The right of the child to freedom from all forms of violence, 18 April 2011, para 2-3

- Violence against children is unjustifiable and all violence is preventable
- A child rights based approach is needed in care giving and child protection, which requires a shift from a child being viewed as a victim to a rights bearer – respecting and promoting the human dignity of the child and the physical and psychological integrity of children
- Children's right to be heard and due weight to be given must be respected and child participation should be central to care giving and protection strategies
- The right of children to have their best interests be considered a primary consideration in all matters involving them must be respected, especially when they are victims of violence

Through this comment the definition of violence has also been explored in detail which the Committee has said that all forms of violence against children, however light, are unacceptable.[13] Additionally that the non-exhaustive list developed by the Committee outlines forms of violence which apply to 'all children in all settings and in transit between settings'.[14]

Therefore, it is important to consider what type of violence children may be facing as considered by the Committee and to keep this in mind when dealing with different scenarios during your studies.

The forms of violence include[15]:

- **Neglect or negligent treatment** – neglect means the failure to meet a child's physical or psychological needs, protect him or her from danger, or obtain medical advice, birth registration or other services when those responsible for the child have the means, knowledge and access to such services including:
  a) **Physical neglect** – failing to protect a child from harm including through lack of supervision, or failure to provide the child with basic necessities including adequate food, shelter, clothing and basic medical care;
  b) **Psychological or emotional neglect** – including lack of emotional support and love, chronic inattention to the child, caregivers being "psychologically unavailable" by ignoring a child's cues and signals, and exposure to partner violence, drug or alcohol abuse;
  c) **Neglect of the child's physical or mental health** – withholding essential medical care;
  d) **Educational neglect** – failure to comply with laws requiring caregivers to secure their children's education through attendance at schools or through other means; and
  e) **Abandonment** – a practice of great concern, which can affect disproportionately children with disabilities

- **Mental violence** – referred to in the Convention is described as psychological maltreatment, mental abuse, verbal abuse and emotional abuse or neglect can include:
  a) All forms of harmful interactions with the child for example conveying to the child that they are worthless, unloved, unwanted, endangered or only of value in meetings another's needs;

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13 Committee on the Rights of the Child, General Comment No. 13 para. 17
14 Ibid, para. 19
15 Ibid, para. 20 - 25

    b) Scaring, terrorizing and threatening; exploiting and corrupting; rejecting, isolating, ignoring and favouritism;

    c) Denying emotional responsiveness; neglecting mental health, medical and educational needs;

    d) Insults, name-calling, humiliation, belittling, ridiculing and hurting a child's feelings;

    e) Exposure to domestic violence;

    f) Placement in solitary confinement, isolation or humiliating or degrading conditions of detention; and

    g) Psychological bullying and hazing by adults or other children including by mobile phones and the Internet (cyber bullying).

- ***Physical violence*** – includes fatal and non-fatal violence. According to the Committee physical violence includes:

      a) All corporal punishment and all other forms of torture, cruel, inhuman or degrading treatment or punishment and

      b) Physical bullying and hazing by adults and by other children

- Children with disabilities may also suffer physical violence such as:

      o Forced sterilization particularly among girls;

      o Violence guised as treatment (for example electroconvulsive treatment (ECT) and electric shocks used as "aversion treatment" to control children's behaviour and

      o Deliberate infliction of disabilities on children for the purposes of begging in public.

- ***Corporal punishment*** – any punishment in which physical force is used and intended to cause some degree of pain or discomfort, however light. Most involved hitting ("smacking", "slapping", "spanking") children with the hand or with an implement – a whip, stick, belt, show, wooden spoon etc. But it can also involve kicking, shaking or throwing children, scratching, pinching, biting, pulling hair or boxing ears, caning, forcing children to stay in uncomfortable positions, burning, scalding, or forced indigestion.[16]

- ***Sexual abuse and exploitation*** includes:

      a) Inducement or coercion of a child to engage in any unlawful or psychologically harmful sexual activity

      b) Use of children in commercial sexual exploitation; and

      c) The use of children in audio or visual images of child sexual abuse;

      d) Child prostitution, sexual slavery, sexual exploitation in travel and tourism, trafficking (within and between countries) and sale of children for sexual purposes and forced marriage. Sexual victimization is also experienced by many children; although it is not accompanied by physical force it is nonetheless psychologically intrusive, exploitative and traumatic.

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16 The Committee on the Rights of the Child, General Comment No. 8, The right of the child to protection from corporal punishment and other cruel or degrading forms of punishment, (para 11)

1.3 The Right of the Child to Have His or Her Best Interests Taken as a Primary Consideration - General Comment No. 14 (2013)

Article 3 UN CRC states that in all actions concerning children, undertaken by public or private institutions (social welfare, courts, administrative bodies or legislative bodies), the best interests of the child shall be a primary consideration. According to the Committee the aim of this General Comment is 'to strengthen the understanding and application of the right of children to have their best interests assessed and taken as a primary consideration or, in some cases, the paramount consideration.'[17] Moreover, the Committee believes that there needs to be a real change of attitudes to enable the full respect of children as rights holders including by professionals taking individual decisions whether they are judicial, administrative or public authorities among others.

Assessing the concept of the child's best interests the Committee accepts that it can be complex and the content of such an assessment must be determined on a case by case basis. At the same time as a concept it is also flexible and adaptable allowing it to be adjusted and defined to the individual child according to the specific situation 'taking into consideration their personal context, situation and needs.'[18] As such the built in flexibility of the concept allows it to be responsive, although it also leaves it open to manipulation as the Committee points out where some Government's and State authorities have used it to justify racist policies, parents have used it to defend their interests in custody disputes and *professionals 'who could not be bothered and who dismiss the assessment of the child's best interests as irrelevant or unimportant'.*[19]

However the wording of this obligation "shall be a primary consideration" is very clear the Committee points out as it places a strong obligation on Governments meaning that they do not have discretion whether to conduct such an assessment and provide it proper weight. Similarly, the wording "primary consideration" means that 'a child's best interests may not be considered on the same level as all other considerations and this is justified by the special situation of the child: dependency, legal status and voicelessness.'[20] With respect to adoption the right of the child to best interests is further strengthened as it is not only "a primary consideration" but "the paramount consideration".[21]

Assessing and Determining the Child's Best Interests

- The assessment consists of evaluation and balancing all the elements necessary to make a decision in a specific situation in relation to a specific child,
- It should be carried out by a decision maker and staff – if possible in a multidisciplinary team
- It requires the participation of the child and
- The best interests determination is a formal process designed to determine the child's best interests based on the assessment.[22]

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17 Committee on the Rights of the Child, General Comment No. 14 (2014) on the right of the child to have his or her interests taken as a primary consideration (art. 3, para.1), para. 12
18 Committee on the Rights of the Child, General Comment No. 14 (2014), para. 32
19 Ibid para. 34
20 Ibid para 36-37
21 Ibid para. 38
22   Ibid para. 47

Assessment

- This is a unique assessment that should be conducted in each individual case in light of the specific circumstances of each child,
- Circumstances relate to individual characteristics of the child such as; age, sex, level of maturity, experience, belonging to a minority group, having a physical, sensory or intellectual disability, the social and cultural context in which the child finds him or herself, such as the presence or absence of parents, whether the child lives with them, the quality of relationships between the child and his/her family or caregivers, the environment in relation to safety, the existence of quality alternative means available to the family, extended family or caregivers etc.[23] and
- By making the assessment unique to the child though not all elements will be considered important, as such this will then also impact on how they will be weighed.
- The Committee also considers it useful to draw up a non-exhaustive and non-hierarchical list of elements that could be included in best-interests assessment by any decision maker who is determining the child's best interest – such a list must allow for a decision maker to go beyond it when necessary and such a list should be flexible.[24]

Other Elements to be Considered:

- **The child's view:** this should be taken into account and given weight according to the age and maturity in order to influence the determination of their best interests,[25]
- **The child's identity:** this includes characteristics such as sex, sexual orientation, national origin, religion and beliefs, cultural identity and personality. In relation to a foster home for example due regard should be paid to continuing the child's upbringing and the child's ethnic, religious, cultural and linguistic background.[26] At the same time even though religious and cultural traditions are a part of the child's identity, practices that are incompatible with the rights of the child, cannot be part of the best interests assessment and cannot be used by authorities as an excuse,[27]
- **Preservation of the family environment and maintaining relations:** in case where the child might be separated from his or her parents carrying out the assessment and determination of the child's best interests becomes *indispensable*. Given the impact this will have on the child it should only occur as a last measure when there is imminent danger to the child or when otherwise necessary and where less intrusive measures are inadequate. Such an assessment must take place and where possible by a multi-disciplinary team of well trained professionals[28] and
- **Situation of vulnerability:** this refers to whether the child is disabled, belongs to a minority group, is a refugee or asylum seeker, victim of abuse or living in a street situation etc. Although as each child is unique such vulnerabilities should be considered in relation to that child's uniqueness.[29]

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23   Committee on the Rights of the Child, General Comment No. 14 (2014), para. 48
24   Ibid, para. 50
25   Ibid para. 52 (a)
26   Ibid para 55 (b)
27   Ibid para 57
28   Ibid para. 58 (c) and 64
29   Ibid para 75 (e) and 76

Balancing the Elements in Best-Interests Assessment

- Since the assessment is a general one the balancing act will depend on each case as not all elements will be relevant to every case and they will be used in different ways depending on the circumstances and the importance of each element.

- There may also be conflicts between the elements for example 'preservation of the family environment may conflict with the need to protect the child from the risk of violence or abuse by parents'.[30]

- However, the purpose of the exercise is to ensure the full and effective enjoyment of rights. Additionally, decision makers **should use the capacities of the child** and use measures that can be adjusted or revised. This means that they should not just assess physical, emotional, education and other needs at that moment in time but also consider the child's development and conduct a short and long term analysis.[31]

1.4 Questions for Discussion

Which rights do you think are most important rights for children?
What are the challenges in securing rights as provided in the CRC?
Should countries like Kosovo because of its weaker economy, not be held accountable to the same standards?
What do you think are the main violations of children's rights in Kosovo?

1.5 Activity

In groups discuss <u>why</u> the following rights are important and <u>how</u> should professionals go about securing these in Kosovo, identifying **opportunities and challenges** that professionals may face:

- Non-discrimination (Article 1 CRC)
- Best interests principle (Article 3 CRC)
- Respect for the views of the child (Article 12 CRC)
- Parental responsibilities (Article 18 CRC)
- Protection from all forms of violence (Article 19 CRC)
- Children deprived from a family (Article 20 CRC)

1.6 Constitutional Rights

In Kosovo, the Constitution of the Republic of Kosovo is one of the most important documents in recognising a range of human rights. It begins with proclaiming that human rights and fundamental freedoms are indivisible, inalienable, inviolable and the basis of the legal order of the Republic of Kosovo.[32] The Constitution also provides that a range of international agreements

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30   Committee on the Rights of the Child, General Comment No. 14 (2014), para 80 and 81
31   Ibid para 84
32   Article 21 (1), Constitution of the Republic of Kosovo, 15 June 2008

of human rights protection are directly applicable and in cases of conflict, they have priority over provisions of laws and other acts of public institutions.[33]

The applicable agreements include:

1. Universal Declaration of Human Rights;
2. European Convention for the Protection of Human Rights and Fundamental Freedoms and its Protocols[34];
3. International Covenant on Civil and Political Rights and its Protocols;
4. Council of Europe Framework Convention for the Protection of National Minorities;
5. Convention on the Elimination of All Forms of Racial Discrimination;
6. Convention on the Elimination of All Forms of Discrimination against Women;
7. ***Convention on the Rights of the Child*** and
8. Convention against Torture and Other Cruel, Inhumane or Degrading Treatment or Punishment.

While this ensures that there is a range of applicable international agreements enriching the national legal system and the rights that should be respected, protected and fulfilled; there are others that are not included such as the International Covenant on Economic, Social and Cultural Rights and the Convention on the Rights of People with Disabilities. Nevertheless, some specific rights are also provided through the national legislation and much of the existing legislation developed in Kosovo is based on international or European standards including those agreements that have not yet been ratified.

A States obligation with respect to human rights incl. children's rights comprises of:

Respect: the duty of the State not to interfere with the enjoyment of human rights

Protect: the duty of the State to ensure access to human rights, as well as to ensure that others do not breach human rights

Respect: the duty of the State not to interfere with the enjoyment of human rights

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33   Article 22, Ibid
34   Protocol covers agreements that are less formal then treaties or conventions. It could be used in different circumstances for example to establish additional rights and obligations to a treaty or provisions amending aspects of a treaty, as well as introducing provisions to supplement a treaty. See full definition at United Nations Treaty Collection Definitions available at https://treaties.un.org/Pages/overview.aspx?path=overview/definition/page1_en.xml#protocols accessed on 12/01/2015

Terre des hommes

The Constitution of the Republic of Kosovo through Chapter II – Fundamental Rights and Freedoms provides for the following rights applicable to adults and children alike as follows:

Constitutional Rights	Content of Each Right
Article 23: Human dignity	It is inviolable and the basis for all human rights and freedoms
Article 24: *Equality before the law*	All are equal before the law, enjoying equal legal protection without discrimination on the basis of race, colour, gender, language, religion, political or other opinion, national or social origin, relation to any community, property, economic and social condition, sexual orientation, birth, disability or other personal status
Article 25: Right to life	Everyone enjoys the right to life and capital punishment is forbidden
Article 26: Right to personal integrity	Right to have personal and psychological respected incl. right to make decisions in relation to reproduction (set forth by law), right to have control over her/his body (in accordance with law), not to undergo medical treatment against his/her will (as provided by law), right not to participate in medical or scientific experiments without prior consent
Article 27: *Prohibition of torture, cruel, inhuman or degrading treatment*	No one shall be subjected to torture, cruel, inhuman or degrading treatment or punishment
Article 28: Prohibition of slavery or forced labour	No one shall be held in slavery or servitude, be required to perform forced labour and trafficking in persons is forbidden
Article 29: *Right to liberty and security*	Everyone is guaranteed the right to liberty and security. No one shall be deprived of liberty except in cases foreseen by law and after a decision of a competent court. A *minor* may be deprived of liberty after a decision of a component court for the purpose of educational supervision or for the purpose of bringing the minor before a competent institution in accordance with a lawful order. A person deprived of his/her liberty has a range of procedural rights including being informed of the reasons for the depravation, written notice, being brought before judge within 48 hours, having a trial within a reasonable time and having access to legal remedies challenge the lawfulness of his/her arrest or detention.
Article 30: Rights of the accused	Everyone charged with a criminal offence enjoys minimum rights including; to be informed in a language s/he understands of the accusation, to be informed of her/his rights according to law, to have adequate time, facilities and remedies to prepare his/her defence, to have assistance of counsel (if without sufficient means to be provided one for free) and not to be forced to testify.

Article 31: ***Right to a fair and impartial trial***	Everyone charged with a criminal offence is presumed innocent until proven guilty. Everyone is entitled to a fair and impartial public hearing (except in limited circumstances when it is in the interest of justice to exclude the public or media for the protection of public order, national security, in the interests of **minors** or privacy of the parties) within a reasonable time by an independent and impartial tribunal established by law. Additionally, everyone charged with a criminal offence has the right to examine witnesses and experts and be provided with free legal assistance if without sufficient means and if such assistance is necessary to ensure effective access to justice. ***Judicial proceedings of minors shall be regulated by law respecting special rules and procedures for juveniles.***
Article 32: Right to legal remedies	Everyone has the right to pursue legal remedies against administrative and judicial decisions which infringe her/his rights or interests as provided by law.
Article 33: The principle of legality and proportionality in criminal cases	No one shall be charged or punished for any act which did not constitute a criminal offence by the law at the time it was committed. The degree of punishment must not be disproportionate to the criminal offence. Punishments shall be administered with the law in force at the time a criminal act was committed unless the penalties in a subsequent law are more favourable to the perpetrator.
Article 34: Right not to be tried twice for the same criminal offence	No one shall be tried more than once for the same criminal act
Article 35 Freedom of movement	Citizens and foreigners legally resident have the right to move freely throughout Kosovo and choose their location of residence. Citizens shall not be deprived of entry and shall not be extradited against their will (except in cases when required by international law or agreements). Each person has the right to leave the country, although this can be limited by law based on specific reasons. The right of foreigners to enter and reside in Kosovo is to be defined by law.
Article 36: ***Right to privacy***	Everyone enjoy her/his private and family life respected, inviolability of residence, confidentiality of correspondence, telecommunications and other communication. Searches of dwellings or establishments shall be conducted only when necessary and after approval by a court unless it is necessary for an arrest, preserving evidence or to avoid serious risk to humans and property as defined by law. In such cases, a court must retroactively approve such searches. Secrecy of correspondence, telephony and other communication is an inviolable right, although it may be temporarily limited by a court if it is necessary for criminal proceedings or defence of the county as defined by law. Each person also enjoys the right to protection of data – collection, preservation, access, correction and use of personal data is regulated by law.

Article 37: Right to marriage and family	Based on free will, everyone enjoys the right to marry and the right to have a family as provided by law. Marriage and divorce are regulated by law and are based on the equality of spouses.
Article 38: *Freedom of belief, conscience and religion*	Freedom of belief, conscience and religion is guaranteed. It includes the right to accept and manifest religion, the right to express personal beliefs and the right to accept or refuse membership in a religious community. No one shall be required to practice in public, prevented from practicing or to make her/his opinions and beliefs public. However, it may be limited by law if it is necessary to protect public safety and order, or the health or rights of others
Article 39: Religious denominations	Religious autonomy and religious monuments are protected. Religious denominations are free to regulate their internal organisation, activities and ceremonies. They also have the right to establish religious schools or charities in accordance with the Constitution and law
Article 40: Freedom of expression	Freedom of expression is guaranteed. It includes the right to express, disseminate and receive information, opinions and other messages without impediment. However, it can be limited by law in cases when it is necessary to prevent encouragement or provocation of violence and hostility on the ground of race, nationality, ethnicity or religion.
Article 41: *Right of access to public documents*	Everyone enjoys the right to access of public documents. Documents of public institutions and organs of state are public, except for information that is limited law due to privacy, business trade secrets or security classification
Article 42: Freedom of media	Freedom and pluralism of media is guaranteed, censorship is forbidden and no-one shall prevent dissemination of information of information or ideas through media except it is necessary to prevent encouragement or provocation of violence and hostility on grounds of race, nationality, ethnicity or religion.
Article 43: Freedom of gathering	Freedom of peaceful gathering is guaranteed – every person has the right to organize gathering, protests, demonstration and to participate in them. However, this may be limited by law, if it is necessary to safeguard public order, public health or national security or the protection of the rights of others.
Article 44: Freedom of association	This includes the right of everyone to establish an organization without obtaining permission, to be or not a member of any organization and participate in the activities of an organization. This includes the freedom to establish trade unions and to organize with the intent to protect interests, although this may be limited by law for specific categories of employees. However, organizations or activities that infringe the constitutional order, violate human rights and freedoms or encourage racial, national, ethnic or religious hatred may be prohibited by a decision of a competent court.

Article 45: Freedom of election and participation	The right of every citizen (over eighteen years old) to elect and be elected
Article 46: Protection of property	The right to own property is guaranteed and no-one shall be arbitrarily deprived of property
Article 47: ***Right to education***	Everyone enjoys the right to free basic education

A professional working to secure rights of children, therefore, needs to have a general awareness of what human rights are including those protected in the Constitution. Certain Constitutional rights that may be particularly relevant in child protection matters, will be explored throughout this section. They include:

- ***Equality before the law***
  - o This requires ensuring non-discriminatory treatment for all service users at all times, as well as taking into consideration particular circumstances or the background of a child. For example for certain marginalized groups a professional providing services needs to take this into account such as the treatment of girls, children with disabilities, ethnicity or sexual orientation.

- ***Prohibition of torture, cruel, inhuman or degrading treatment***
  - o While the State is under an obligation to respect the privacy of its citizens, it also has an obligation to ensure that children for example do not face an abusive environment where their rights are violated. In this regard, professionals acting for the state are under an obligation to intervene in accordance with the law.

- ***Right to liberty and security***
  - o Children who are in conflict with the law may face an education or correctional order; although in this process the input of a social worker may also be required. Here it is important to bear in mind that relevant procedural rights as provided in national legislation are provided for and also to take into account what is in the best interests of the child.

- ***Right to a fair and impartial trial***
  - o Once again for children in conflict with the law it is also important to consider their procedural rights and their privacy protected when this is necessary.

- ***Right to privacy***
  - o While the State's obligation here is a negative one meaning it should refrain from interfering, there may be instances where the State is authorised by law to interfere for a legitimate aim and through a proportionate response especially in protection matters. There may also be instances where the child best interests requires overriding the rights of parents. In these type of cases, once the State has intervened it also has a specific obligation to protect information thus protecting a child's privacy and ensuring respect for family life through enabling contact with parents or family, as well as ensuring procedural rights are guaranteed during proceedings.

- *Freedom of belief, conscience and religion*
  - o   Once again the State's obligation here is a negative one meaning that it should respect an individual's freedom of belief, conscience and religion. Cases that may arise in relation to this human right could include healthcare choices or educational choices and this may relate to the parents as well as their children.

- *Right of access to public documents*
  - o   This refers to information that authorities hold on specific cases or investigations conducted. An individual who was subject to an investigation or specific order may request access to such information in the future, where the authority will be called upon to decide whether this should be disclosed and this will depend on a number of factors, including protection of privacy among others which will be discussed in a later chapter. Similarly, a journalist may request information about an investigation of public interest, for example investigations into children that are at risk of trafficking and again disclosure will depend on each specific case and by applying the law. Nevertheless, it is important to be aware that this is important for children.

- *Right to education*
  - o   The obligation here is to ensure access to education for all free of discrimination and it could also encompass the right of parents being able to choose the education their child attends in light of their religious or philosophical convictions, although there could be limitations to this.

1.7 Article 50 - Rights of Children

1. Children enjoy the *right to protection and care necessary for their well being*

2. Children born out of wedlock have *equal rights* to those born in marriage

3. Every child enjoys the *right to be protected from violence, maltreatment and exploitation*

4. **All actions undertaken by public or private authorities concerning children shall be in the best interest of the children**

5. Every child enjoys the *right to regular personal relations and direct contact with parents,* unless a component institution determines that this is in direct contradiction with the best interest of the child

The inclusion of rights of children specifically within the Constitution of the Republic of Kosovo is significant because it brings to the forefront of child rights certain issues that governing institutions and public authorities should be guided by in securing children's rights. Firstly, the right to protection and care necessary for their wellbeing has been interpreted as Kosovo's recognition of the right of every child to a standard of living adequate for the child's physical, mental, spiritual, moral and social development as provided in Article 27.1 of the Convention on the

Rights of the Child (CRC).[35] National legislation, primarily the Family Law of Kosovo[36] recognises the importance of the family including children growing up in families[37] and the responsibility of both parents for the growth and education of their children.[38] Parental responsibility includes 'rights and obligations, aiming to ensure social and material welfare of the child, by looking after the child, preserving personal relations, providing proper growth, education, vocational training, legal representation and administration of property'.[39] Additionally, the Law on the Social Assistance Scheme[40] contains some provisions for families particularly those with children who are facing financial hardship by providing social assistance. At the local level municipalities also be able to provide on an ad hoc basis material assistance to families in need. Such provisions show Kosovo's acceptance to take appropriate measures to assist parents in need of material assistance.[41] However, due to financial constraints as of yet Kosovo does not have a specific child benefit, which could be used to support children directly and it is arguable that the current social assistance scheme could be further improvemed by considering the impact it has on children part of a family in need. Secondly, equality for all children is guaranteed irrespective of their parent's marital status, is also recognised by the Family Law of Kosovo.[42] This is significant as it means there will be equal rights in relation to a range of issues such as alimony or inheritance. Thirdly, the right to be protected from violence, maltreatment and exploitation is important and it has been interpreted to include protection from psychological or physical abuse, as well as economic or other forms of exploitation or other abuse requiring public authorities to have particular regard to ensure protection from these forms of violence.[43] Fourthly, the Constitution recognises that all actions undertaken by public or private authorities concerning children shall be in the best interest of the child. This is important because through this Kosovo recognises the principle of the best interest of the child being a primary consideration as provided by the CRC.[44] In light of this, all professionals in undertaking any actions concerning children should be guided by the best interests principle as a primary consideration. Finally, the Constitution recognises the importance of the link between parents and children providing for the right to regular personal relations and direct contact with parents. This is important because if a child is not in the custody of one of the parents or either parent, then s/he still enjoys the right to contact, which relevant authorities should make possible. However, this is not absolute and a competent authority can determine that it would not be in the best interests of the child to not have such contact.

1.8 Questions for Discussion

Which constitutional rights do you think are the most important for children in Kosovo and why?
Which rights do you think are violated the most in Kosovo and by who?
How should authorities ensure that the best interests of the child is fulfilled?
How can children be protected from violence, maltreatment and exploitation?

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35 Čukalović I, Hasani E, 'Commentary of the Constitution of the Republic of Kosovo' 12 December 2013, p. 188-189
36 Law No. 2004/32
37 Article 2, Family Law of Kosovo, Law No. 2004/32
38 Article 3, Family Law of Kosovo
39 Article 128.4, Ibid
40 Law No. 2003/15 and Law No. 04/L-096 On Amending and Supplementing the Law No.2003/15 on Social Assistance Scheme in Kosovo
41 Article 27.3, Convention on the Rights of the Child (CRC)
42 Article 3.4, Family Law of Kosovo
43 Čukalović I, Hasani E, 'Commentary of the Constitution of the Republic of Kosovo' 12 December 2013, p. 190
44 Article 3, CRC

Terre des hommes

Session II

Topic: Introduction to Relevant Institutions Working in Child Protection

A child protection system refers to various institutions/actors and components with the responsibility to take coordinated measures to safeguard the wellbeing of the child and to protect children from all forms of 'physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child'.[45] The actors involved include the family, the community and statutory agencies such as social services, the education system and law enforcement. It is important to have so that actions can be coordinated, there is effective collaboration in meetings children's needs and ensuring implementation of their rights.

In Kosovo, there are a range of institutions who work towards securing children's rights as provided for in national legislation, the Constitution of the Republic of Kosovo and international agreements, such as the CRC. Depending on their mandate different institutions will perform different functions and in particular there is a distinction to be made between institutions that provide policies and national strategies with the aim of promoting children's rights.

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45 Article 19.1, CRC

The institutional framework in promotion and protection of children's rights

Office of the Prime Minister

Office for Good Governance incl. Child Rights

Inter-ministerial Committee for Children's Rights

All Ministries

Council for Protection and Justice for Children

Ministry of Labour and Social Welfare

Committee for Prevention & Elimination of Child Labour

General Social and Family Services Council

Relevant Department: Department for Social and Family Policy

Municipalities

Local Committee for Monitoring Child Labour

Directorate of Health and Social Welfare

Centre for Social Work

Pilot: Case Management Roundtables

Guardianship Authority

2.1 Children's Rights Through Promotion and Policy Making

As can be seen from the diagram above, Kosovo has a number of institutional mechanisms working in the area of promotion and protection of children's rights. At the central level there are efforts to align policies, strategies and action plans, as well as develop legislation that respects, protects and fulfils children's rights in accordance with the international standards such as the CRC. The ***Inter-ministerial Committee for Children's Rights*** has been formed in 2008,[46] is chaired by the Prime Minister of Kosovo and brings together all Ministries and other stakeholders to ensure that children's rights are at the centre of government policies and actions. The ***Office for Governance***, which is part of the Office of the Prime Minister is viewed as the central permanent

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46   Decision of the Prime Minister 07/46, 3 December 2008

Terre des hommes

body aiming to coordinate efforts in relation to policies, strategies, actions plans in a number of areas including children's rights. It also serves as the secretariat to the Inter-Ministerial Committee for Children's Rights and the Committee for Protection and Justice for Children. Whereas the **_Council for Protection and Justice for Children_**[47] was formed in 2011 with the aim of focusing efforts in child protection and juvenile justice through the development of policies, practical measures, monitoring implementation and promotion. The focus on promotion and policy making can be seen in relation to single issue matters that have led to specific mechanisms being formed such as the **_Committee for the Prevention and Elimination of Child Labour_** at the national level formed by the Ministry of Labour and Social Welfare. The mandate of this Committee is to develop national policies for promotion and prevention including strategies, which the Committee has drafted for the period 2011-2016. Where as at the local level through the **_Local Committee for Monitoring Child Labour_** these policies are implemented and the situation in relation to child labour is monitored.

2.2 Protection of Children's Rights: Central Level

The most relevant authorities with regard to children's rights are the Ministry of Labour and Social Welfare at the central level and the Municipalities through the Directorate for Health and Social Welfare and the Centre's for Social Work at the local level. The legislation in this area, primarily the Law on Social and Family Services,[48] provides specific obligations for each institution, which are important to know and understand when working as a child protection professional.

The role of the **_Ministry of Labour of Social Welfare_** includes the development of policies and strategic plans for the provision of social and family services in Kosovo, putting such plans in operation at an appropriate standard and ensuring that such services are accessible to the inhabitants in Kosovo without discrimination on the basis of race, ethnicity, sex, language, religion, political or other opinion, national or social origin, property, birth or other status. Additionally, the Ministry is under an obligation to specify professional standards in the provision of services, which Municipalities or other providers (who may have been sub-contracted) who will implement are under obligation to follow.[49] In instances where such standards are not continually maintained, the Ministry bears responsibility for direct provision of such services until the situation is rectified. Additionally, where there are 'cases, incidents or circumstances of serious public concern or matters of public interest in the area of social and family services, the Minister may establish a panel of inquiry that sits in public and publish its findings and recommendations'.[50]

Within the Ministry, relevant departments, particularly the **_Department for Social and Family Policy,_**[51] have specific responsibilities including:

- Issuing directions of standards to be met by service providers;
- Licencing NGO's who provide social and family services;
- Conducting inspections of social and family services;
- Reviewing annual reports of Municipalities' and approving Municipalities' annual operational plans;

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47   Decision of the Prime Minister 09/34, 25 August 2011
48   Law No. 02/L-17, as amended by Law No. 04/L-081 on amending and supplementing the Law No. 02/L-17 on Social and Family Services (Law on Social and Family Services and Amendment)
49   Law on Social and Family Services, Article 2.1 and 2.2
50   Article 2.7 and 2.8, Ibid
51   This is not specified on the law, although according to the organogram of the Ministry it fulfils the obligations foreseen in the law. The organogram is available at https://mpms.rks-gov.net/Portals/0/Librat/organogrami_en.jpg accessed on 25/01/2015

- Approving establishment of residential care facilities by service care providers;
- Assuming direct responsibility for direct management of social and family services where the Municipality consistently and seriously fails to meet standards set;
- Providing directions in relation to applications to court for Guardianship Orders in respect of children;
- In exceptional circumstances, the direct supervision of social and family service cases;
- Establishing and coordinating the Children's Placement Panel for fostering and adoption and
- Managing complaints in respect of social and family services.[52]

To ensure professional standards of all those involved in delivering social and family services, the *General Council for Social and Family Services* is responsible for maintain such standards by:

- Registering and licencing all professionals working in Kosovo;
- Maintaining a register of all those licenced to practice;
- Determined continuous professional development needs for professionals;
- Investigates complaints about practicing professionals;
- Conducts disciplinary sanctions to be applied including removing professionals from the register.[53]

2.3 Protection of Children's Rights: Local Level

The role of the Municipality, Centre for Social Work and Guardianship Authority

Each Municipality through the relevant directorate (usually the Directorate of Health and Social Welfare - DHSW) is responsible for providing social and family services within its territory. The role of the DHSW is to identify the nature and extent of need for social and family services through annual plans and maintaining records and statistics, as well as to ensure the Centre for Social Work (CSW) is resourced according to the starts set by the Ministry including the categories and number of professionals employed. When producing annual plans, the DHSW is under an obligation to engage in a wide consultation with relevant stakeholder in order to plan accordingly. The actual delivery of such services is done by the Centre for Social Work or through financial or other assistance provided to NGOs to deliver such services. Therefore, the DHSW does not have competencies in relation to the actual delivery of services, meaning its staff cannot give directions to CSW nor ask to access confidential case records.[54]

As the service provider is the CSW, each Municipality is under an obligation to establish one or more branch offices, which is staffed by appropriately trained and qualified social service professionals. With regard to effective and efficient use of resources in providing services, the CSW is accountable to the Municipality, whereas in relation to maintaining professional practice standards and exercising statutory powers and responsibilities, the CSW is responsible to the Ministry. Another very important element of the work of the CSW is to convene the *Guardianship Authority* and perform all functions required by law.[55] Further, the CSW is under an obligation to

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52   Law on Social and Family Services and Amendment, Article 3.3 (a) – (j)
53   Article 5, Ibid
54   Article 6, Ibid
55   The functions of the Guardianship Authority are explained further in the materials that follow

conduct a professional assessment in respect of any individual or family residing, found in the area who refer themselves or come to the attention of the CSW needing or appearing to be in need of social and family services.[56]

2.4 Juvenile Justice

Another important component of the child protection system is its response to issues affecting those children who are in conflict with the law. As depicted by the diagram below[57], a range of institutions have an important role in the juvenile justice system including social service professionals.

The CSW in its capacity as the Guardianship Authority has an important role to fulfil in proceedings against minors. In fulfilling its role, it is under an obligation ensure that it will be keeping in line with its obligation to children as set out in the CRC. Additionally, if informed by a court of proceedings against a child, who is known to the CSW (the child or his or her family), it is under an obligation to provide the court with any information or advice that may be required for the management of the case.[58] Additionally, the Law on Social and Family Services provides that the Guardianship Authority is under an obligation to work with those children who have been referred by law enforcement because they are under the age of criminal responsibility[59] or those with asocial behaviour.[60]

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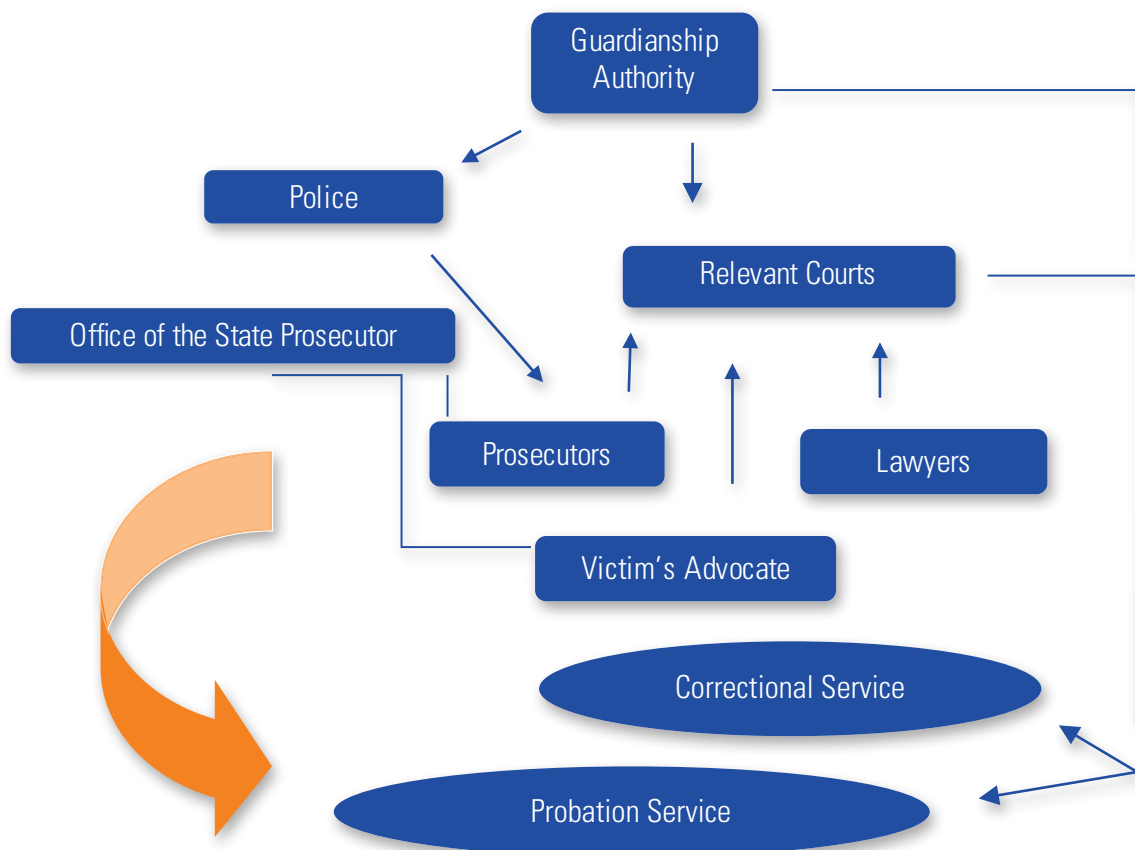
56   Law on Social and Family Service and Amendment, Article 7
57   For additional information see session 5
58   Article 9.5 and 9.6, Law on Social and Family Services and Amendment
59   Article 11.A, Ibid
60   Article 11.B, Ibid

2.5 National Human Rights Mechanism: The Ombudsperson Institution

As the only independent human rights institution in Kosovo, the role of the Ombudsperson is to 'monitor, defend and protect freedoms of individuals from unlawful or improper acts or failures to act of public authorities.'[61] It has the competency to investigate any complaint asserting violations of human rights according to national laws and international agreements including the CRC, as well as initiating cases ex officio. In individual cases, consent is normally required; however there are exceptions in particular if a violation affects a large group of citizens or if it is concerning a child among others. There are also instances where the Ombudsperson may not be able to intervene especially in relation to matters before the courts, unless the case is one of unreasonable delay or apparent abuse of power.[62] Nevertheless, in ensuring rights of children, it is important that the Ombudsperson Institution as an oversight body has the competence to investigate all matters in relation to all public bodies, as well as organizations that are exercising public functions.[63]

2.6 Working Protocol: Inter-Sectorial Collaboration In Child Protection Cases[64]

Institutional mechanisms that deal with policy making in respect of children's rights whether at the central or local level, as well as mechanisms that provide direct services such as the Centre for Social Work or the police, are important as described previously. However, responding to children's needs and ensuring that effective protection is provided when most needed requires inter-agency cooperation so that a child different needs are met. Inter-agency cooperation can begin at a very early stage through information sharing to taking decisions together, following up and providing direct services to support the child and his or her family.

As an approach, this is has been utilised in child protection services in different contexts and has yielded positive results because in many cases the first step of sharing information responsibly (bearing in mind the privacy of the child and other parties) has proven that much needed assistance and support has been provided to children.

Kosovo's legal framework to an extent foresee inter-sectorial collaboration taking place in ensuring that the welfare of each child is ensured and the best interests of each child is secured in any action public authorities take or are required to take.[65]

Through the Working Protocol, Kosovo's institutions are able to prove inter-sectorial and multi-disciplinary working in child protection cases. As such the Working Protocol aims to "standardise, unify and coordinate the work of all agencies" and in a way be the backbone to enable coordination of all actors involved in the child protection system. Through identification of key responsibilities, it seeks to assist professionals from different agencies to understand their role and how to contribute in multi-disciplinary working.

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61   Article 132.2, Constitution of the Republic of Kosovo
62   Law on Ombudsperson, Law No. 03/L-195, Article 15
63   Article 1, Ibid
64   This only aims to provide an overview of the Working Protocol – as part of the case studies that you will consider during the course use the Working Protocol when organizing and holding a Case Management Roundtable to deal with a particular scenario. Tdh (2015). Working Protocol Inter-Sectorial collaboration in child protection cases. Unpublished Material. For reference please send an email: info@tdhkosovo.org.
65   Article 9.1 and 9.2, Law on Social and Family Services – please note this may be subject to change

Inter-sectorial collaboration or multi-disciplinary working can take place in different forms. The Working Protocol provides a guide by considering multi-disciplinary working generally in Kosovo in the field of child protection, as well as looking at a specific mechanism known as the Case Management Roundtables or Task Force, which is explored further in the next section.

Working Protocol – Key Principles

Based on good practice in the child protection field, the Working Protocol is based on a number of key principles including:

- **Best Interests of the Child:** in accordance with national and international legal obligations, all public authorities must ensure that the "best interests" of the child are a primary consideration and in particular ensuring that children's needs are met and their well-being prioritised;

- **Do No Harm or Least Harm:** any decisions taken in respect of a child should be on the basis that no harm is done to the child or his or her family. In cases of child protection, an "ideal" situation may not be possible as removal of a child from his or her family for safety reasons may be required and under such circumstances decision makers should ensure that this is done by doing the least harm.

- **Non-Discrimination:** every child has the right to be treated equally and without discrimination based on any of their protected characteristics including ethnicity, gender, religion, sexual orientation among others.

- **Informed Consent:** children and their families should be consulted in relation to any services offered or any decisions being made about them in language that they are able to understand so that each child and where appropriate his or her family is able to make an informed decisions. In child protection cases, this is not necessarily possible as the family is unlikely to consent to removal of their child. In such cases in line with internal practice, removal of the child may still be necessary to ensure his or her protection.

- **Meaningful Participation of Children and Families:** children and families have the right to be consulted in relation to decision being made that affect them. They should be consulted and involved in decisions being made about them.

- **Building upon Strength and Existing Resources:** children and their families should not be viewed as passive victims; rather they should be empowered to effect change in their lives.

- **Providing Services in Culturally Sensitive Ways:** support should be provided in a culturally sensitive way by considering how communities live and support each other but it should never be used as an excuse for abuse.

- **Decisions Based on Child Development and Evidence:** child development and evidence should be the basis for decision making and not the views and bias of professionals dealing with a case.

- **Collaboration and Co-operation Between Agencies:** better outcomes are reached when decisions are made following collaboration and co-operation. In cases where this is not necessary, decision making should be made by a team so that there is consultation and supervision.

- **Mandatory Reporting:** it is a legal requirement that anyone who has a duty of care and has concerns about the welfare of a child must report it. Each institution is likely to have internal guidelines as how such reporting should take place.

- **Organisations Should Be Safe for Children:** organisations working with children need to ensure that they do not cause any harm to children and provide a safe space for children. This could be by providing training to staff or providing support when working with specific cases.

Multi-Disciplinary Working – What Does it Mean?

In the Working Protocol multi-disciplinary working is defined as all agencies working together to protect children and it includes:

- Identifying children who may be at risk or are at risk and who need support;
- Referring cases of concern to the Center for Social Work;
- Sharing information in a timely and comprehensive way so to facilitate the assessment of children's situation (see also section on consent and information sharing);
- Attending coordination meetings as required. For example in **medium and high risk cases** participating in the Case Management Roundtables (CMRs);
- Supporting any plans develop to support the child and their family, such as by providing services as set out in the plan; and
- Providing updates on progress.

Case Management – What Does it Involve?

In the Working Protocol case management is defined as:

"The process of ensuring that an identified child has his or her needs for care, protection and support met. This is usually the responsibility of an allocated social worker who meets with the child, the family, any other caregivers, and professionals involved with the child in order to assess, plan, deliver or refer the child and/or family for services, and monitor and review progress.''[66]

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66   Better Care Network Toolkit Glossary, Better Care Network, 2014

2.7 Pilot: Case Management Roundtables

The Case Management Roundtables (CMR) is a model used as coordinating mechanism for child protection. Through meetings on a monthly basis or as the need arises, a range of professionals from different institutions and organisations attend such as the CSW, the Directorate of Education, psychologists, police, Victim's Advocates, the Probation Service, anti-trafficking police among others manage cases of concern. The CMR is led by the social worker who is managing the case that is being discussed.

The aim of the CMR is to bring together a multidisciplinary team of professionals, all of whom have responsibilities to protect children and through this mechanism to manage those cases that are at medium or high risk of neglect, abuse, exploitation, trafficking and delinquency, which are referred to the CMR to be managed and monitored. The professionals invited to the meetings varies depending on the needs of each case and through joint management, each professionals takes on specific responsibilities to fulfil in managing the case and reports back as the case is monitored.

Currently, this pilot scheme is operational in 12 municipalities where the CSW plays a crucial role and Terre des hommes and Unicef have provided support. However, the aim is together with central and local institutions for this scheme to be implemented throughout Kosovo. This is especially important due to the benefits this method of management brings in ensuring protection of children with the Committee on the Rights of the Child recommending that this method of working in multi-disciplinary teams should be used wherever possible.[67]

2.8 Questions for Discussion

Who do you think are the most important authorities working to secure the rights of children in Kosovo?
Do you think having only one human rights institution as an oversight body is effective?
What do you understand about the Case Management Roundtable model and what do you think its benefits could be in using it throughout Kosovo?

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[67]   Committee on the Rights of the Child, General Comment No. 14 (2014), paras. 47, 64, 76 and 94

Session III

Topic: The Child and Family

3.1 Who is a Child According to the Law?

Many laws in Kosovo in various fields define a child as any person under the age of 18 years old. For example the Law on Social and Family Services, which is particularly relevant to child protection defines a child as someone under the age of 18,[68] as does the Family Law of Kosovo.[69] The same definition is used in the Law on Prevention and Combating Trafficking in Human Beings and Protection of Victims of Trafficking.[70] Similarly, the Criminal Code, Criminal Procedure Code and the Juvenile Justice Code contain the same definition.[71] It is also important to point out that the latter also defines a minor as anyone between the age of 14 and 18.[72] Even though the reason for introducing this distinction it is not elaborated further, it may have come about due to the age of criminal responsibility, which is 14 years old. The use of the wording minor may also be seen in other laws, although the definition is no altered as definitions refer to a child as any person under the age of 18 years old.

3.2 The Role and Importance of the Parent-Child Relationship

In Kosovan society the parent-child relationship is understood as a unique bond, through which parent's care for their children and support them throughout their development, whereas their children offer support and care for their parent in their late years. This important bond is recognised and protected by the Kosovan legal system starting with the Constitution of Kosovo, which provides that 'every child enjoys the right to regular and personal relations with parents', unless a competent institution determines that this would not be in the best interests of the child.[73]

The importance of the family within society is also reflected in the Family Law of Kosovo, which provides that the 'family is a vital community of parents and their children' and that it is the 'natural nucleus of society and enjoys the right to protection'.[74] At the same time the regulation of family relation is based on equality between husband and wife, their joint responsibility for the growth and education of their children and equality for all children irrespective of whether they were born out of wedlock.[75] Having such foundations is especially important because societal attitudes in Kosovo may not yet coincide with the legal provisions of equality between husband and wife and viewing and treating child rearing as a joint responsibility, as well as the treatment of children out of wedlock.

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68   Article 1.3.g, Law on Social and Family Services
69   Article 3.2, Family Law of Kosovo
70   Art.3.1.2 and Art.2.1.6,
71   Art.120.2.20, Criminal Code, Art.19.1.16, Criminal Procedure Code and Art.2.1.1 Juvenile Justice Code
72   Article 2.1.2, Juvenile Justice Code
73   Article 50.4, Constitution of the Republic of Kosovo
74   Article 2, Family Law of Kosovo
75   Article 3, Ibid

Terre des hommes

Other important aspects of the parent-child relationship include the right of children to grow up in a family with parents. In cases where children do not live with both parents, they have the right to regularly meet with the parent they are not living with.[76] Additionally, a child may benefit from social care or counselling away from the home, which can be provided by the CSW, although during this time the parents retain their parental rights and responsibilities and can request the CSW to return the child.[77]

However, there may be instances where this is not in the best interests of the child and in such instances authorities may be required to intervene. Due to the importance of the link between parents and child, this should only be done as a last resort and it can only happen if the parents/guardian consents, there is an order of the Court[78] or in exceptional circumstances of immediate serious risk to the health, safety or welfare of a child, the child may be removed to safety for up to 72 hours by which time the authority must have permission from the parents or a Court order.[79]

3.3 Birth Registration, Paternity and Maternity

Birth registration occurs where the child is born and can should be completed within 15 days from birth or not later than 30 days after birth.[80] The declaration of birth should be presented to the civil status official by parents or close family members capable to act or a legal representative.[81] Failure to register a birth within this timeframe can result in a fine between 20-50 Euros.[82] The mother has the right to inform the civil status official of the person she considers to be the child's father, although if that information is missing, the mother should be advised of her right.[83] If the mother identifies the father of her child but he is not present, the registrar must contact such a person requesting confirmation of his paternity within 30 days.[84]

Upon receiving such confirmation, **paternity** can be registered or if this is not received within 30 days the mother will be informed.[85] For recognition of paternity, the consent of the mother is required and if the child is over 16 years old, his or her consent is also a requirement.[86] However, once informed about a person's claim to paternity, if the mother or child over 16 years old or the child's guardian who does not agree, do not declare themselves in relation to this issue within 30 days, the person who has recognised himself as the father can submit a claim in court to verify his paternity within three years after being informed of the disagreement of the mother.[87] If within one year after the mother records a specific person to be the father of the child but does not begin the paternity verification procedure, the Guardianship Authority may ex officio initiate this procedure on behalf of the child – where the child is assigned a special guardian to conduct the procedure. However, the Guardianship Authority shall not initiate such a procedure if the mother has justifiable reasons for objecting.[88] With regard to **maternity**, the Family Law provides that the same procedure is applicable in verifying maternity when this is challenged.[89]

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76   Article 125.2, Family Law of Kosovo
77   Article 11.4, Law on Social and Family Services
78   Article 148.1, Family Law of Kosovo
79   Article 148.2, Ibid
80   Article 35.1 and Article 34.4, Law on Civil Status, Law No. 04/L-032
81   Article 34.1, Ibid
82   Article 63.1.1, Ibid
83   Article 104.2, Family Law of Kosovo
84   Article 104.3, Ibid
85   104.6 and 104.5, Ibid
86   Article 106 and 107, Ibid
87   Article 108, Ibid
88   Article 111, Family Law of Kosovo
89   Article 112, Ibid

3.4 Parental Responsibility

According to the Family Law, *parental responsibility* results from the right for parental care and custody, which parents can exercise until the child reaches majority. It consists of rights and obligations aiming to secure the 'emotional, social and material welfare of the child, by looking after the child, preserving personal relations, providing proper growth, education, vocational training, legal representation and administration of property.'[90] Further, parents should to the best of their ability and means secure for their children the right to protection from economic utilization, child exploitation, trafficking and sexual exploitation, or any activity which could be harmful or hazardous to their education or health. Similarly, that they are protected from maltreatment, sexual violations and from illegal usage of narcotic and psychotropic drugs or to be used in illegal production and trafficking of such substances.[91] In order to fulfil their parental responsibilities, parents are required to contribute to their best of their ability and if necessary by making use of services of social institutions.[92] Additionally, parents are obliged to legally represent their minor children and to the benefit of their children to administer their property until their children reach majority.[93]

3.5 Divorce, Separation, Custody and Contact

Marriage can be dissolved only by a decision of a competent court following the application of one spouse or both by mutual agreement.[94] A request for *divorce* may be filed when mutual relations have seriously and continuously become disordered or due to other reasons the marriage has irretrievably broken down. The reasons provided include; unbearable life of spouses, adultery, assassination attempt against a spouse, serious maltreatment, ill-intended and unjustifiable abandonment, incurable mental illness and incapacity to act, unreasonable interruption of factual cohabitation for more than one year and divorce by mutual agreement.[95] The divorce procedure also has certain principles with the aim of providing protection for spouses and children that need to be respected for example spouses are prevented from filing for divorce during the pregnancy of their wife and until their joint child becomes one years old.

Similarly, with the proposal for divorce and by mutual agreement spouses are obliged to submit a *written agreement specifying care-taking, educating and feeding of their children*, as well as a written proposal in relation to *personal contact* between both parents and children in the future. Further, in exceptional circumstances a divorce may not be granted or postponed, if and as long as the maintenance of the marriage is for specific reasons necessary to the interest of the child.[96] However, this last provision should be carefully considered because as it is stated it should be used only in the most exceptional circumstances. Prior to a divorce claim being decided by a competent court (usually in the territory where the couple permanently live), the court is obliged to initiate a *procedure of formal reconciliation*.[97] Usually this is conducted by the court, where the parties are required to attend the sessions allocated or absence will have to be justified. If one or both parties do(es) not attend, the court will assess whether to assign a new session or conclude that the reconciliation has failed. In the event that the petition for divorce is by mutual

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90   Article 128, Ibid
91   Article 125, Ibid
92   Article 129, Ibid
93   Article 133 and 134, Ibid
94   Article 68, Ibid
95   Article 69, Ibid
96   Article 70, Family Law of Kosovo
97   Article 77, Ibid

agreement and neither party appears before the court for reconciliation without justification, the court will consider that they have waived the proposal.[98]

In cases where the spouses have **one or more joint children**, the **reconciliation procedure** is conducted by the **Guardianship Authority**, unless the court decides that it is unreasonable for it to be transferred.[99] If the Guardianship Authority conducts the reconciliation procedure, it will be informed of the case being transferred with all the necessary information about the divorce and children[100] and it will conduct it by applying social work and other professional methods and utilizing services of marriage councils and other professional services. This procedure must also be guided by free will and cooperation.[101] During the reconciliation procedure, the Guardianship Authority determines the living and development condition of the children and undertakes all the necessary measures to ensure education, security and financial maintenance by making efforts to achieve agreement between the spouses in order to protect the children's interests.[102] The reconciliation procedure conducted by the Guardianship Authority may not last longer than three months unless it is extended based on the willingness of the spouses to continue. At the end of the procedure, the Guardianship Authority is under an obligation to submit a written report to the court regarding the results.[103]

During the proceedings for divorce, the court will also decide on issues of custody, care and education of children. In instances where the parents have not agreed about **custody** of their children or where their agreement does not comply with the interests of the child, the court after hearing from the Guardianship Authority and investigating all the relevant matters in the case decides to entrust all children for care to one parent, to entrust some to the mother and some to the father or to entrust some or all to a third person.[104] Changes in awards of custody can be made by the court if there is a change in circumstances following a request from one of the parents or the Guardianship Authority.[105] In all cases regarding custody, the opinion of the child who is capable of forming his/her view shall be taken into consideration by the court and be given weight in accordance with the age and the ability of the child to understand.[106] However, it is also important to consider that the Committee has outlined that every child should be allowed to express his or her own opinion and that the weight attached to that opinion needs to be assessed in every single individual cases.[107] In such cases, therefore, the court ensures that the best interest of the child is a primary consideration, as well as respecting the right of the child to be heard by taking his/her view into consideration and give it due weight. The Family Law of Kosovo also regulates the issue of custody in relation to parents who are **separated**. In these circumstances, the parent with whom the child lives and if the other parent agrees exercises custody. However, in cases where parents cannot agree, the competent court decides.[108] In relation to all decisions of parental custody, the Guardianship Authority exercises general and continuous supervision.[109] As such the CSW and social workers have a crucial role to play at various parts of the process, from being part of the reconciliation procedure all the way to supervising decision of custody to ensure that child rights are being secured.

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98   Article 79, Ibid
99   Article 80.1 and 80.3, Ibid
100 Article 80.4, Ibid
101 Article 80.1 and 80.2, Ibid
102 Article 82, Ibid
103 Article 83, Ibid
104 Article 140.1 and 140.2, Ibid
105 Article 140.4, Ibid
106 Article 140.5, Family Law of Kosovo
107 The Committee on the Rights of the Child, General Comment No. 12, The Right of the Child to be Heard, 1 July 2009
108 Article 139, Ibid
109 Article 146, Ibid

Maintaining contact between parents and children is a principle that is well recognised within the Kosovo legal system. The Constitution of the Republic of Kosovo provides that 'every child enjoys the right to regular personal relations and direct contact with parents'[110], unless this is determined by a competent institution not to be in the best interest of the child'. Likewise, the Family Law recognises the importance of personal contact and provides that if the child lives with one parent, third person or institution, the parents shall agree on the manner to preserve personal contact. If such an agreement cannot be reached, the competent court decides on this issue. If circumstances change, the court may again regulate the manner in which personal contact with parents and children is to be maintained.[111] In cases where the parent with custody ***hinders contact*** between the child and the other parent, the court shall regulate the manner of maintaining contact, if the evaluation of all the circumstances shows that this is necessary for the protection of the child.[112]

With regard to ***issues of essential importance to the child's development***, parents are required to decide by agreement and this is even the cases when based on their agreement, a decision of the Guardianship Authority or of a competent court, only one of the parent's exercises custody. Such issues would vary from case to case but it could refer to the type of educational institution the child should attend or whether the child should be home schooled, religious practices such as circumcision of boys or wearing the headscarf for girls, taking part in extra-curricular activities among others. In cases when the parent who does not have parental custody does not agree with any measure or action of the parent exercising parental custody on matters of essential importance she or he may inform the component court, which is obliged to decide whether such a measure is in the child's best interest.[113]

Another important aspect of the relationship between parents and children is the matter of ***maintenance***. The Family Law regulates the issue of alimony, which is defined as financial maintenance for spouses or former spouses.[114] However, as we are concerned with children's rights, the focus here will be maintenance for children. With regard to children, a spouse may claim alimony from the other spouse 'as long as and to the extent she or he cares for and maintains a common child' which is a reason making it impossible for her or him to work.[115] In cases of parents not being married, the father is obliged to grant maintenance for 6 weeks prior to birth and 8 weeks after the child is born. If the mother suffers an illness due to the pregnancy or delivery, the obligation to provide financial maintenance for the child and alimony for the woman may be extended. Similarly, if the mother cannot engage in employment due to caring for and the upbringing of the child, the obligation to provide financial maintenance for the child and alimony for the woman may be extended.[116] There are also limitations including the obligation to provide maintenance can begin 4 weeks before delivery and ends at the latest three years after birth, although, this limitation may be extended if it is strictly necessary to maintain the living conditions of woman and child.[117] If the father is in charge of caring for and upbringing of the child, he may claim financial maintenance if such duties prohibit him from engaging in employment.[118] With regard to requesting maintenance for the child, if this is not done by the parent, the Guardianship Authority also has standing to bring such a claim on behalf of the child,

110   Article 50.4, Ibid
111   Article 145, Ibid
112   Article 140.3, Ibid
113   Article 141, Ibid
114   Article 297, ibid
115   Article 299, Family Law of Kosovo
116   Article 317, Ibid
117   Article 318 and 319, Ibid
118   Article 320 and 317.4, Ibid

as well as to request enforcement of the decision.[119] If certain conditions are fulfilled avoiding to pay maintenance support is also a criminal offence and if it involves a child it is punishable by imprisonment of 3 months to 3 years.[120]

3.6 Follow up Questions:

Who is a child?

Why is the child-parent relationship important?

Considering what has been discussed previously in relation to Constitutional rights and child rights from the CRC – what rights are engaged in the child-parent relationship meaning that the state should recognise this relationship, protect it and refrain from interfering unless it has a legitimate aim?

3.7 Questions for Discussion:

In a situation where parents are divorcing or are separated, is it in the best interests of the child to assume that the mother should be responsible for raising her children as oppose to the father?

Is it discriminatory to consider that the woman will be always involved in child rearing and should bear the majority of such responsibilities?

3.8 Activity

Case 1: Teuta and Agron have been married for 10 years and have two daughters Arta who is 10 and Besa who is 6. Due to a breakdown in their relationship they feel that they can no-longer live together. They have filed for divorce and they were surprised to find that they have go through the reconciliation procedure. The social worker dealing with this case thinks that they are a lovely family and should stay together like a good, traditional ethinic Albanian family. In relation to custody, she also does not think it is necessary to consult the children as they are too young and won't understand. ***Identify what you think the issues with this case are in terms of best interests of the child.***

Case 2: Valmira and Blerim have 2 children from their earlier marriage, Edona, who is years old 14 and Elton, who is 10 years old. When their relationship ended in 2014, it was a pretty bitter process where there was a lot of arguing and children were almost forced to take sides. While being married, after returning from work one time Blerim shouted at Elton, which upset him quite a lot. At the time he was 8 years old. Custody in this case was awarded to the Valmira, although the judge emphasised to the mother that the children should be able to maintain contact with their father. The judge ordered that they should meet once a week, although he did not consult the children about this. Valmira has not always ensured that the children were available to meet with Blerim but also Elton is refusing to meet him as he says he is scared of him. ***Identify the issues in this case in terms of the best interests of the child and the right of the child to be consulted in relation***

to decisions that affect him or her and how could the decision making here be improved.
Case 3: Sara and Berat have been married for 5 years. They have a daughter called Sofia, who is 7 years old. Both parents are moderate practicing Muslims, who pray and give money to charity but Sara does not wear a scarf. Sofia has been going to a local nursery since the age of three but now is time to register in school. Berat thinks that it would be best for Sofia to go to a religious school, where she will have to wear the headscarf and learn about the Quran, although Sara does not agree. She thinks that Sara should receive mainstream education and have additional classes about religion outside of school, following which she can make her own decisions about how she practices her faith, although she cannot get Berat to agree. How should the court decide about this issue of essential importance to the child's development? *How should the court consider what would be in the best interests of the child? Should the court ask the view of the child?*

Terre des hommes

Session IV
Topic: Child Protection Measures and Forms of Alternative Care

4.1 Providing Services to Children

As has been outlined in the section on the institutional framework, the CSW in each municipality is under an obligation to provide services to children and families who require them in order to support them in different ways. In providing such services to children and families, the principle of the best interests of the child shall be the first and paramount consideration.[121] The CSW will provide social care and/or counselling in circumstances where the **child is in need** due to the following reasons:

a) He or she is without parental care;
b) His or her parents or parent, or other care giver, either because of lifestyle, physical or mental disability or illness, psycho-social problems, addiction or other reason, have difficulty providing adequate levels of care and supervision for him or her;
c) He or she has a mental disability or illness;
d) He or she has a physical disability or illness;
e) He or she has behaviour difficulties;
f) He or she is a delinquent;
g) He or she is suffering as a consequence of family conflict and
h) He or she has some other form of social problem that renders them in need.[122]

In addition, the CSW *maintains a register of families and children in need* who are resident in that particular municipality, who lack family or other community support and who have *difficulty in caring for their children or where there is a risk of neglect, exploitation, abuse or any other form of harm*. The CSW is under an obligation for families on this list to *arrange visits on a regular basis* to ensure the safety of the child and to provide services that may be necessary.[123]

4.2 Children Requiring Protection – Applicable Measures and the Process

The Kosovo legal framework recognises that the *child's best interests* are best met when the physical and psychological development takes place within the context of their natural family. As such all authorities working to secure the rights of the child are under an obligation to make every effort to promote the welfare of the child *within their biological family* through the provision of social care, protection and counselling, and in cases of emergency through material assistance.[124] However, there may be instances where there are risks to the child, even within his or her home environment.

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121 Article 9.1, Law on Social and Family Services and Amendment
122 Article 9.3, Law on Social and Family Services and Amendment
123 Article 9.4, Ibid
124 Article 10.1, Law on Social and Family Services and Amendment

The law recognises that in circumstances when there are grounds to believe that the child is experiencing serious harm to his or her physical or mental health or is at risk within the family, the removal of the child could be considered, although it is framed as a last resort.[125] In this regard if a social worker has reason to believe that there is *immediate serious danger to the health, safety and welfare of a child*, he or she is entitled to *enter a facility and take the child* to a place of safety for up to *72 hours*.[126] Prior to the 72 hours expiring, if the parent/s or guardian does not provide their consent, the case must be submitted to the competent court, which may grant an *Assessment Order for 21 days* allowing the Guardianship Authority to investigate further.[127]

Any professional with a duty of care towards a child including, members of the teaching, nursing, medical, dentistry or psychology professional, a police officer or any other professional who suspects or has evidence that a child is suffering from physical, sexual or psychological abuse from a parent or guardian is under an obligation to report the matter to the CSW. Failure to report renders such professionals who have a duty of care towards the child liable to prosecution.[128] In cases where the CSW has *grounds to suspect* that a child in their municipality is; abandoned, orphaned, suffering from or at risk of any form of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse, while in the care of parents or a guardian, the social worker is under an obligation to *take whatever steps necessary to safeguard the safety of the child*, report the matter to the relevant department and conduct a *comprehensive assessment of the child's needs for protection within 24 hours*.[129] Additionally, in cases where there are ground to believe that *a child is beyond the control of his or her parents or guardians*, where their behaviour or lifestyle poses a risk to their welfare, health or safety or that of others, the CSW is under an obligation to conduct a comprehensive assessment to determine the needs of the child for social and family services.[130]

Professionals also have an *obligation to cooperate* with the CSW in relation to any contact they have had with a child who is subject to a comprehensive assessment.[131] While in cases where child abuse is suspected, law enforcement authorities are under an *obligation to provide assistance* to the CSW, as well as conduct their own criminal investigations if necessary.[132]

Once the comprehensive assessment is conducted, a report must be submitted within 24 hours and the Guardianship Authority assesses whether to seek a protective measure, as well as refer it to court for the court to decide.[133] In this case the order that the Guardianship Authority would be able to apply for would be an *Assessment Order* up to 21 days.[134] In making such an application, the Guardianship Authority must provide evidence to the court that the assessment of the child's needs could not be reasonably determined without such an order.[135] The Guardianship Authority can also apply for a *Guardianship Order/Protection Form* in relation to which it is under an obligation to show to the court that the child needs protection from the court and that all reasonable alternatives have been considered prior to the application made.[136]

125 Article 10.2, Ibid
126 Article 10.4, Ibid
127 Article 10.5, Ibid
128 Article 10.6, Law on Social and Family Services and Amendment and Article 254 Kosovo Criminal Code
129 Article 10.7, Law on Social and Family Services and Amendment
130 Article 10.8, Ibid
131 Article 10.9, Ibid
132 Article 10.10, Ibid
133 Article 10.11, Law on Social and Family Services and Amendment
134 Article 10.12, Ibid
135 Article 10.13, Ibid
136 Article 10.14, Ibid

When a competent court considers an application for a ***Guardianship order/Protection form***, it is under an obligation to pay particular attention to the following:

a) The ascertainable wishes and feelings of the child concerned;
b) His or her physical, emotional and educational needs;
c) The likely effect on him or her of any change in his or her circumstances;
d) His or her age, sex, background any characteristics that they might have that the court considers relevant;
e) Any harm that he or she has suffered or is at risk of suffering;
f) The capabilities of the child's parents and any other person the court considers relevant in meeting his or her needs and
g) The range of powers available to the court suitable for dealing appropriately with the case.[137]

In addition, the range of powers in relation to a ***Guardianship Order / Protection Form*** available to the court include:

a) Supervision of the child and his living conditions by a social worker, while he or she is in the care of parents/guardian;
b) Guardian's rights shared between the parent/s or guardian and the CSW;
c) Guardian's rights transferred to the CSW with the child to continue residing at home;
d) Guardian's rights transferred to the CSW with the requirement that the child is cared for away from his parent/ or guardian;
e) In circumstances where a child will not live with his or her parents, arrangements to be made for the child to have access to his or her parent/s or guardian and
f) The length of time the order will be in force before it is reviewed by a court.[138]

With regard to such an order, it is the ***Guardianship Authority***, which is responsible for fulfilling the requirements and conditions. In addition, parents or guardians of children subject to a ***Guardianship Order/Protection Form*** will be assisted by the CSW to bring about the necessary changes in their circumstances so that they can resume their full parental rights and responsibilities.[139] The Guardianship Authority is also under an obligation to keep under review cases where a Guardianship Order/Protection Form is issued and consider whether this continues to be necessary or appropriate. In order to withdraw such an order, the Guardianship Authority must make a request before the court.

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137 Article 10.15, Law on Social and Family Services and Amendment
138 Article 10.17, Ibid
139 Article 10.18 and 10.19, Law on Social and Family Services and Amendment

4.3 Diagram: Child Protection Measures

Mandatory reporting by the following duty bearers: teachers, nurses, medical, dentistry, psychology professionals, police officers or anyone else with a duty of care towards the child

Suspicion of abuse, neglect, maltreatment or exploitation

Comes to attention of CSW via mandatory reporting system or otherwise

Failure to report child abuse can result in criminal prosecution

CSW conducts comprehensive assessment of child's protection needs

Social services officer has reasonable cause to believe that there is an immediate risk to the welfare of the child, may enter premises and remove the child to safety up to 72 hours

Any professional who has contact with the child, under a duty to cooperate and assist CSW during assessment

In child abuse cases: law enforcement under a duty to assist CSW during assessment and investigate offences, where necessary

Within 72 hours, if consent for removal of the child is not obtained, the case must be brought before a judge

Following assessment, within 24 hours, CSW sends the report to the respective municipality directorate

The child is returned to the caregiver

The judge grants an Assessment Order for 21 days

If the Custodian believes there is a reason to seek protective measures, the Custodian refers the matter to court

The Custodian applies for an order for assessment up to 21 days

The Custodian applies for a guardianship order/protection form and satisfies the court that all other forms of protection have been considered

Services offered:

Provision of social care,
Counseling and
In exceptional circumstances material assistance

Alternative forms of child care, foster care and adoption

CSW maintains register of children in need that are resident in the municipality and conduct regular visits to ensure safety and wellbeing, as well as offer services that are necessary

4.4 Alternative Forms of Child Care

The **Guardianship Authority** is also has a duty of care and is obliged to **act as a good parent** would towards a child in the following situations:

a) Who has been **orphaned** by both parents;
b) Who has been placed with it by his or her parent or parents for **adoption**;
c) Who has been **abandoned**
d) Whose **parents are not known**;
e) Who has been placed by his or her parents in the **temporary care** of the Guardianship Authority and
f) Who has been **placed in the care of the Guardianship Authority** acting on behalf of the CSW by **an order of a court**.[140]

In a situation where an **orphaned child** is being provided with adequate care by an individual or family, who have no kinship with the child, the Guardianship Authority is under an obligation to take steps to regularize this situation including by ensuring that the relevant department pays the allowances required for the child's care and maintenance.[141] The Guardianship Authority is also under an obligation to takes measures to ensure long-term care for a child, whose **parents are unknown, the parents have consented to abandoning the child, or where a parent is consistently unable to provide the necessary care** for the child due to a serious illness or mental illness.[142] In exceptional cases, with the request of a parent or parents and the CSW, a child may be placed outside of the home with the aim of providing him or her better care according to professional evaluation and the child needs determined by the Guardianship Authority.[143] In such a situation though, there needs to be a professional evaluation conducted of the child's needs, the child should be consulted and the wishes of the child should be taken into account.[144] Additionally, while the parents continue to maintain their parental rights and responsibilities, following an evaluation the child can be brought home.[145]

In cases where a child is entrusted to the **Guardianship Authority** by a court order, the judge should **specify the form of protection and the conditions** under which the Guardianship Authority must exercise its responsibility.[146] Additionally, the Guardianship Authority discharges its obligations in respect of children coming into its care by providing according to the needs of each individual child; **residential care, foster care or adoption**.[147] In this process the Guardianship Authority is assisted by the **Child Placement Panel**, which is appointed by the relevant department in the Ministry of Labour and Social Welfare.[148]

The functions of the **Child Placement Panel** include:

a) To give an opinion on the suitability of foster parents;
b) To give an opinion on placing children with foster parents;
c) To an opinion on placing children in adoption and prospective adoptive families.[149]

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140 Article 11.1, Law on Social and Family Services and Amendment
141 Article 11.2, Ibid
142 Article 11.3, Ibid
143 Article 11.4.a, Ibid
144 Article 11.4.b, Ibid
145 Article 11.4.c, Ibid
146 Article 11.6, Ibid
147 Article 11.7, Law on Social and Family Service and Amendment
148 Article 11.8, Ibid
149 Article 11.9, Ibid

4.4.1. Foster Care

The **Child Placement Panel** is chaired by the Director of the relevant department in the Ministry with 7 other members nominated by the relevant department on the basis of their professional expertise. The relevant department is also responsible for maintaining **unified register of foster parents** throughout Kosovo.[150] **Potential foster parents are assessed by social workers** form the CSW, who submit a report to the Child Placement Panel for review prior to deciding whether they should be included in the register.[151] Additionally, the Child Placement Panel will provide **opinions** regarding placing children in foster care having considered the child's needs and circumstances and the suitability of the foster parents to meet those needs.[152] Also, it will only place a child in a family that shares his or her **ethnicity, linguistic, cultural and religious background**.[153] Once a child has been placed with foster parents, the **CSW is under an obligation to visit the child at least once a month** to ensure that he or she is adequately cared for and to provide the foster parents with any advice or guidance regarding child care.[154] However, **all important decisions related to the health and welfare** of the child in foster care will be **made by the CSW** in consultation with the child's parent/s or guardian where possible.[155]

In cases where a foster placement is unsuccessful or inappropriate, the Child Placement Panel can direct that **the child be removed from the care of the foster parents**. Similarly, if foster parents are considered unsuitable they can be **removed from the register of foster parents** by the Child Placement Panel.[156] In the event that a child while in foster care is seriously injured or dies, it is the **Ministry's responsibility to investigate** the circumstances and take the necessary steps.[157] While in its care the Guardianship Authority needs to ensure that children are cared for adequately, as such the appropriate Municipal Directorate is under obligation to provide **appropriate allowances for foster parents** taking care of children and where necessary meet additional expense such as medical fees.[158]

4.4.2. Adoption

The **Child Placement Panel** in Kosovo functioning as part of the relevant department in the Ministry is also the central authority that maintains records of prospective adoptive parents and placement of children with parents proposed by the CSW.[159] A family interested in adopting a child without parental care should address the competent court, which will refer the matter to the **CSW** to conduct a professional assessment of the family in terms of suitability. If the CSW reaches a **favourable decision**, the CSW is obliged to inform the court and the family is added by the Panel to records as prospective parents. In the case that the CSW determines that the family is **not suitable**, it is obliged to inform the court, which will issue a decision. With regard to adoption, couples have priority and the law provides that the best interests of the child is preserved if the difference in age between the adopter and adoptee is not more than 50 years old.[160] If a case is sent for adoption to court by the Guardianship Authority, prior to doing so, it

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150 Article 11.10 and 11.11, Ibid
151 Article 11.12, Ibid
152 Article 11.13, Ibid
153 Article 11.14, Ibid
154 Article 11.15, Ibid
155 Article 11.16, Ibid
156 Article 11.17 and 11.18, Ibid
157 Article 11.19, Law on Social and Family Service and Amendment
158 Article 11.20, Ibid
159 Article 11.21, ibid
160 Article 11.21.a, Article 11.21.b, Article 11.21.c and Article 11.21.d, Ibid

should obtain the opinion of the Child Placement Panel. The adopter **must be a citizen of Kosovo**, although in exceptional circumstances, a foreign national may be able to adopt, if the child cannot be adopted or fostered in Kosovo and/or there are reasonable grounds for such action, if the child has special needs, which cannot be met in Kosovo. In such cases, consent must be sought from the Child Placement Panel.[161]

With regard to **Inter-Country adoptions**, the **Child Placement Panel** also has the following important functions:

a) Ensure that there is compliance with the requirements of the Hague Convention on Private Law, Convention on Protection of Children and Co-operation in respect of Inter-Country Adoption

b) Establish and maintain cooperation arrangements with relevant adoption authorities in recipient countries

c) Establish the criteria for Inter-Country adoption to be applied

d) Facilitate legal procedures to complete Inter-Country adoption as specified in the Hague Convention.[162]

According to the Kosovo legal framework, **informal adoptions are unacceptable** as the law provides that anyone who seeks to adopt a child outside the provisions of this law, may be sanctioned according to the law in force. Similarly, if **any professionals puts pressure on parents** to give their child up for adoption, would be considered to be guilty of gross professional misconduct and may be sanctioned according to the law.[163]

Ultimately though the decision to approve or reject adoption, is one which is taken by a **competent court**. However, it is clear that both the Child Placement Panel and the Guardianship Authority also have a role to play. For example the court may ask the Guardianship Authority for advice in seeking to make a decision.[164] An adoption will be approved if it serves the **best interests of the child** and it is to be expected that a **child parent relationship** can develop.[165] Prior to an adoption being approved, the court may set a **trial period** specified by the court not exceeding 3 months, which the **Guardianship Authority** will supervise and evaluate, as well as report to the court.[166] **Consent to the adoption** is necessary by a child over 14 years old or his or her guardian for a younger child, as well as the consent of the parents – the parent who has custody.[167] In exceptional circumstances, the consent of one of the parents can be substituted upon the request of the child by the Guardianship Authority where the parent has continuously and gravely violated his or her obligations towards the child or has demonstrated that he or she is indifferent to the child and if the adoption is not taking place it would cause considerable disadvantage to the child.[168] The adoption process is confidential but adopted children have the right of access to all information in relation to their adoption process including personal information about their biological parents.[169]

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161 Article 11.24a and Article 11.24b, Ibid
162 Article 11.25, Ibid
163 Article 11.22 and Article 11.23, Law on Social and Family Service and Amendment
164 Article 161, Family Law of Kosovo
165 Article 163, Ibid
166 Article 166, ibid
167 Article 168 and 169, Ibid
168 Article 171, Family Law of Kosovo
169 Article 194, Ibid

4.5 Questions for Discussion

Who is a child in need? Can you identify any other circumstances that are not provided by the law?

Are the child's rights and development always best provided for in his or her family environment?

When should the authorities intervene and what can they do?

Is it right that social workers are able to intervene and remove a child from their home in certain circumstances? If so, why?

If a social worker sees a child begging in the street on the way home from work, is she or he under an obligation to consider the protection needs of that child?

Is it right to criminalise failure to report child abuse for all professionals who have a duty of care towards the child? Do you think this is effective?

In what situations does the Guardianship Authority provide alternative care for children? What are the alternative forms of child care?

What is the role of the Child Placement Panel?

For adoption, how important is it to consider the child's cultural, linguistic and religious background?

4.6 Activity Part A

Case 1: Hasime and Behxhet are 50 years old. They do not have any children, even though they always wanted to have one. Their neighbour Asllan, who is married to Fatime has 7 children all girls and in the hope of having a son Fatime is pregnant. She has found out that she is having another daughter, which Asllan is not happy about. He has decided that they will not keep the baby and one day when discussing this with Behxhet, he offered to take the daughter and look after her as his own. After thinking about it, Behxhet decided that is what they should do and once the baby was born gave it to Asllan and Fatime. Discuss whether this is a valid adoption and what issues this case raises. *If Asllan and Fatime wanted to adopt, could they do so and would it be in the best interest of the child to allow such an adoption?*

Case 2: Aferdita is 10 years old. She was recently removed from her parents care because it was found that her father was sexually abusing her. The Centre for Social Work who was handling her case placed her in foster care with foster carers in the Municipality, although failed to check whether all checks had been done on the family and added to the register of foster parents. After two months, during which time the social worker does not visit the family to check how she is settling in, Aferdita gets a serious head injury, following which the social worker becomes involved again. *What issues does this case raise? What actions should be taken by the authorities in this case?*

Case 3: Leon is 15 years old and lives with his parents. One day at school, his physical education teacher noticed that he has bruises on the upper part of his legs, although he doesn't think to ask him about it. A month later, he doesn't attend school because he had to go to the dentist as a tooth fell out. When he went to the dentist, she noticed that his cheek was extremely red and that it was quite unusual how his tooth had fallen out. When

she asked Leon what happened, he said that he fell over and that's how the tooth fell out. Following the treatment, the dentist rang the local Centre for Social Work to report the case but they said they had more important things to do then talk about hypothetical cases. Leon after a few weeks speak to a friend about the fact that his father touches him sexually at night and if he doesn't let him, he beats him up. *Discuss the issues this case raises and what should have been done?*

4.7 Activity Part B

For each case above convene a Case Management Round Table by considering the steps you should be following under the Working Protocol. Adopt relevant positions of professionals you think should be attending, draft an agenda, run the meeting as to how each case should be managed and draft a final report including necessary follow up needed.

Session V
Topic: Youth Justice

5.1 Juvenile Justice Code (JJC)

Kosovo's Juvenile Justice Code was amended in 2010 and it has a number of importing guiding principles including:

- The system aims to emphasize the well-being of the juvenile and decisions shall be in proportion to the circumstances of the offender and the offence;
- Minor offenders should be considered for *diversion and educational* measures where appropriate;
- *Deprivation from liberty shall be imposed only as a last resort and limited to the shortest possible time*. If imposed, the juvenile shall receive educational, psychological and if necessary medical assistance to facilitate rehabilitation;
- A child participating in criminal proceedings shall be given the *opportunity to express* himself or herself freely;
- Every minor deprived of liberty shall be treated with *humanity and dignity* taking into consideration the needs of persons his or her age. A minor deprived of liberty shall be separated from adults unless it is not considered to be in his or her best interests. Also a minor shall have the right to maintain contact with his or her family through correspondence and visits as provided by law;
- Every minor deprived of his or her liberty shall have *access to legal and other assistance* including the right to challenge his or her deprivation of liberty and to prompt proceedings;
- The *child's right to privacy* shall be respected at all stages in order to avoid harm to him or her by undue publicity or labelling. In principle no information which can identify the minor shall be published and[170]
- When undertaking an action when a minor is present such as his or her examination, the authorities present are under an obligation to act carefully, taking into account the psychological development, sensitivity and personal characteristics of the minor in order to minimise the effect the proceedings have on his or her development.[171]

5.2 Applicability of the Code and Age of Criminal Responsibility

The JJC applies to any minor charged with a criminal offence committed as a minor, regardless of his or her age when proceedings were initiated.[172] A minor is defined as a person between the ages of 14 and 18 years old.[173] Additionally, a young adult can also be charged with an offence,[174] as can an adult for an offence committed while being a minor.[175] The JCC defines a young adult as a person between the ages of 18 and 21 years old.[176] A child under the age of 14 years old, if

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170 Article 3, Kosovo Juvenile Justice Code
171 Article 42.2, ibid
172 Article 4.1, Ibid
173 Article 2.1.2, Ibid
174 Article 4.2, Ibid
175 Article 4.3, Ibid
176 Article 2.1.5, Kosovo Juvenile Justice Code

suspected of having committed any offence cannot be subject to any proceedings under the JCC as this is prohibited.[177] In such cases, the ***Guardianship Authority*** shall be notified, which is under an obligation to take relevant steps to provide programs for treatment to children in this situation.[178] Therefore, the age of criminal responsibility in Kosovo begins at the age of 14 years old.

5.3 Process and Measures Applicable

If a minor is subject to an investigation, the provisional arrest, police detention or detention on remand shall be only ordered as a ***last resort*** and for the shortest possible time.[179] If arrested, the police detention of a minor cannot exceed ***24 hours***.[180] As an exception, a judge ***may order detention on remand*** against a minor if certain conditions are present and if alternatives would be insufficient to ensure presence of the minor, he or she might reoffend or to ensure successful completing of proceedings. The judge in these circumstances is under an obligation to provide a ***reasoned explanation*** for the insufficiency of the alternatives.[181] If held on remand, a minor can be held for a maximum of 30 days, following, which it should be reviewed[182] and it can only be extended by a competent court for a maximum of 60 days.[183] If minors are held in a detention facility, they should be held separately from adults.[184] If the case goes to trial, the ***public shall always be excluded*** when a minor is being tried.[185]

One of the positive aspects of the JCC apart from recognising procedural rights for the minor, is that it introduces measures with the aim of avoiding legal proceedings. This is the case of diversion measures, which aims to prevent commencement of proceedings, instead by focusing on positive rehabilitation and re-integration into his or her community and to prevent recidivist behaviour.[186] The decision to impose such a measure can be made by a prosecutor or a judge.[187]

However, there are conditions that need to be satisfied including:

- The criminal offence is punishable by a fine or by imprisonment of 3 or less years or,
- For a criminal offence punishable by imprisonment of 5 years, except where there was death,
- Acceptance of responsibility by the minor for the criminal offence,
- Expressed readiness for the minor to make peace with the injured party.
- Consent by the minor or his or her parent/s or guardian to perform the diversion measure imposed
- Failure to perform shall be reported to the prosecutor who may decide to recommence the proceedings.[188]

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177 Article 41.1, Ibid
178 Article 41.2, Ibid
179 Article 64, Ibid
180 Article 65.2, ibid
181 Article 66.1, Ibid
182 Article 66.3, Ibid
183 Article 66.2, Ibid
184 Article 67.1, Ibid
185 Article 71.1, Ibid
186 Article 16, Ibid
187 Article 52 and Article 56, ibid
188 Article 17, Kosovo Juvenile Justice Code

5.4 Types of Diversion Measure:

- Mediation between the minor and the injured party including an apology by the minor;
- Mediation between the minor and his or her family;
- Compensation for the damage to the injured party, agreed between the injured, the minor and his or her legal representative, in accordance with his or her financial situation;
- Regular school attendance;
- Acceptance of employment or training appropriate to his or her abilities and skills;
- Unpaid community service, in accordance with the ability of the minor to perform this, which can be 10 to 60 hours;
- Education in traffic regulation and
- Psychological counselling.[189]

5.5 Role of CSW / Guardianship Authority and Other Institutions

Within the juvenile system, a number of institutions are particularly relevant. Firstly, the **police** are under an obligation to maintain public order and safety, as well as detect and prevent criminal acts of offenders, as well as to investigate such acts.[190] Whereas it is the role of the **prosecution** to decide whether to initiate, continue or terminate criminal proceedings against persons suspected or accused of committing criminal offences.[191] In relation to minors, the prosecutor is able to apply diversion measures if certain conditions are satisfied meaning that the matter does not go to court.[192] If an indictment is filed, the case goes before a competent court where the judge retains the discretion to apply diversion measures if certain conditions are satisfied or to proceed to trial.[193]

The age of criminal responsibility in Kosovo is 14 years old, which means that if a minor under 14 is suspected of having committed an offence, the proceedings cannot be initiated. In such cases, the case must be transferred to the **Guardianship Authority**, which is under an obligation to deal with such cases.[194] Throughout the procedure undertaken against a minor, he or she must have a defence counsel/**a lawyer**. If this is not requested by the minor or his/her family/guardian, the authority conducting the proceedings should appoint a lawyer ex officio at the public expense.[195]

During proceedings involving a minor as suspected of having committed an offence or where the minor is a victim, the interests of the victim are also represented and this can be done through the **Victim's Advocate**.[196] Additionally, throughout proceedings the **Guardianship Authority** maintains an important role for different reasons. For example a judge may impose measures to protect the rights and wellbeing of a minor by placing the minor under the supervision of the Guardianship Authority[197] including intensive supervision.[198] Additionally, the public prosecutor must notify the Guardianship Authority whenever proceedings against a minor have been initiated and in such proceedings the Guardianship Authority is entitled to submit motions, notice of facts and

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189 Article 18, Kosovo Juvenile Justice Code
190 Law on Police, Law No. 04/L-076, Article 10
191 Law on State Prosecutor, Law No. 03/L-225, Article 7 and Juvenile Justice Code, No. 03/L-39, Article 55.1
192 Juvenile Justice Code, Article 52.1
193 Juvenile Justice Code, No. 03/L-39, Article 52.2
194 Article 41, Ibid
195 Article 43, Ibid
196 Criminal Procedure Code, No. 04/L-123, Article 63.2
197 Juvenile Justice Code, Article 6.1
198 Article 25, Ibid

evidence, with the aim of rendering the correct decision,[199] as well as being summoned to the main trial.[200]

Therefore, the Guardianship Authority in the area of juvenile justice has a very important role to play as it can ensure that the best interests of the child are respected at various points of the proceedings. In cases where a minor who has committed a criminal offence and is punished by imprisonment,[201] the role of the ***Correctional Service*** is very important as they are responsible for the juvenile correctional centre used for minors in Lipjan, which must ensure that it respects the right of the child while in its custody. Similarly, the ***Probation Service*** plays an important role within this procedure because it may be requested by a prosecutor[202] or judge to complete a social inquiry about the minor. Such an inquiry should include the age and psychological development of the minor, family background, living situation and circumstances, schooling and educational experience, the conditions under which the criminal offence was committed and any other relevant information.[203]

Additionally, the Probation Service may be requested to recommend the type of measure or punishment that should be imposed.[204] Once a punishment is imposed, the Probation Service must be informed of this,[205] it may be required to execute it[206] or verify its execution,[207] as well as be asked to determine the type of community service a minor should perform who is subject to such an order.[208] There are also instances where the different professionals are required to work together, for example prior to imposing an order for mandatory treatment, the Probation Service, the Guardianship Authority and other experts must be consulted.[209]

5.6 Questions for Discussion

What are the key guiding principles of the Kosovo Juvenile Justice Code?
Is it right that the age of criminal responsibility is 14 and over? What should happen with those children who take part in activities that would otherwise be criminal offences?
What is the aim of diversion measures and what do you understand them to be?
In what circumstances should diversion measures be applied?

5.7 Activity - Part A

Case 1: Leonora is 13 years old. One day at school she started a fight with Pranvera, who is 12 years old. As Leonora is much bigger than Pranvera, she broke her arm and caused some damage to her right eye. The doctor said that she would make a full recovery but she would

199 Article 48, Ibid
200 Article 70.1, Ibid
201 Article 28, Ibid
202 Article 56.4, Ibid
203 Article 8.2, Ibid
204 Article 8.3, Ibid
205 Article 13.1, Ibid
206 Article 83.1 – diversion measures, Ibid
207 Article 23.3 and 24.3, Ibid
208 Article 31.2, Ibid
209 Article 38.1, Juvenile Justice Code

have to take two weeks off from school to recover. Pranvera's parents have reported the case to the Police, who agree that the attack was vicious as children like Leonora should learn to behave and they would consider the case. *What issues does this case raise – what actions can be taken and by whom?*

Case 2: Granit and Gramos are 16 and 17 years old. While they were out in the city one night, they got into a fight with two boys of Roma origin, who are 10 and 12 years old. As Granit and Gramos are much older and bigger, they repeatedly kicked the boys, who could not defend themselves. After this attack the boys were left with many health problems, the 10 year old having problems with walking as his spinal cord was damaged and the 11 year old having problems with his speech as he had a serious head injury. The matter was reported to the Police and referred to the Prosecution, who said would deal with it promptly as this was a serious case. The case was also reported in the media, with the identities of the minors protected. When a journalist contacted the Prosecutor for a follow up on the case since he had not heard that the matter had gone to court – she was told that she cannot report about this since it is a case involving minors. The journalist later found out that the Prosecutor decided to give them a diversion measure, even though their case did not fulfil the criteria and she was having problems with reporting this due to pressure from the Prosecutor. *Discuss the issues that this case raises in terms of the minors, the victims, the actions of the Prosecutor and the journalist.*

5.7 Activity - Part B

Based on these facts and using the Working Protocol, convene a Case Management Meeting by adopting the roles of the professionals you think should attend to manage this case including: drafting an agenda, discussing how the case should be managed, considering actions to follow up on and writing a report on how the matter may be concluded.

Session VI
Topic: Children Facing Specific Risk / Vulnerability

6.1 Domestic Violence

The **Law on Protection against Domestic Violence**[210] aims to prevent domestic violence in all its forms by providing measures for those affected (the law defines this person as the protected party)[211] and in particular paying attention to **children**, the elderly and persons with disabilities.[212] The law provides a wide definition of **family relationship** to ensure that people in a variety of circumstances can seek protection, which includes:

- Persons who are engaged or were engaged;
- Persons who are married or were married;
- Persons in extra marital union or were in such a union;
- Persons cohabiting in a common household or they had done so previously;
- Persons using a common house and are connected by blood, marriage, adoption, guardianship, parents, grandparents, in-laws, children, grandchildren, nephews, siblings, aunts, uncles or cousins;
- Parents of a common child and
- Persons who are party to a family relationship dispute.[213]

Similarly, **domestic violence** is defined in broad terms as an act or omission when committed by one person against another who are or have been in a family relationship and it not limited to the following:

- Use of physical force or psychological pressure exercised towards another member of the family;
- Any other act by a family member which may inflict or is a threat to inflict physical pain or psychological suffering;
- Causing fear, personal danger or threatening personal dignity;
- Physical assault;
- Insults, swearing, using offensive names and other forms of intimidation;
- Repetitive behaviour with the aim of degrading the other person;
- Non-consensual sexual acts and sexual ill-treatment;
- Limiting freedom of movement of another person;
- Damage to or destruction of property or threatening to do this;
- Causing another person to fear for his or her physical, emotional or economic well-being;
- Forcibly entering or removing the other person from a common residence and
- Kidnapping.[214]

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210 Law No. 03/L-182
211 Article 2.1.3, Law on Protection against Domestic Violence
212 Article 1.1, Ibid
213 Article 2.1.1, Ibid
214 Article 2.1.2, Law on Protection against Domestic Violence

A victim of domestic violence has the right to seek protection from the courts through a **Protection Order (PO)**,[215] an **Emergency Protection Order (EPO)**[216] or in certain circumstances a **Temporary Emergency Protection Order (TEPO)**.[217] If the victim applies for a PO or an EPO, the matter goes before the court in his or her municipality and the court will review the request, as well as any measures that it should impose with the aim of protecting the victim and preventing further violence by removing the circumstances, which are likely to lead to additional violence.[218]

Requests for all three orders can be made by the victim affected, his or her authorized representative, the victim's lawyer with the victims consent, a person with direct knowledge of domestic violence against the victim, NGOs who are familiar with the victim's case and in a case of minor, the Centre for Social Work.[219] Once submitted, the court is under an obligation review the PO within **15 days of receipt** and in doing so it shall hold a hearing where it will hear from the parties. If there is a child living in the household, it will also hear from the **Centre for Social Work** in relation to the impact of the domestic violence.[220] Similarly in a petition for an EPO, the court shall review it within **24 hours** and hold a hearing to hear from the parties.[221] In relation to both orders, PO and EPO, the court shall issue them where it suspects the perpetrator to present an unavoidable risk to the health, safety and well-being of the victim. Once issued it is to be executed immediately and a copy of it is sent to the perpetrator, Kosovo Police, the Centre for Social Work and the victim.[222]

In the event that the need to apply for protection arises outside of working hours of courts, victims have the right to seek a **TEPO** from the police, which can be issued by the **Head of the Regional Kosovo Police Unit against Domestic Violence** under similar conditions as that issued by a court, although a TEPO will expire on the next day that the court is in operation.[223] The Police for the above mentioned orders will be reviewing whether there are grounds that the perpetrator has committed or threatened to commit an act of violence, the perpetrator poses an immediate threat to the safety and well-being of the of the victim and the issuance of the order is necessary to protect the safety and well-being of the victim.[224] Violating a PO, EPO or TEPO is a criminal offence punishable by a fine of 200 to 2000 Euros or up to 6 months imprisonment.[225]

6.2 Measures Available

When reviewing a request for a PO or EPO the court is able to impose some the following **protective measures**:

- **Prohibiting approach of the victim**: this may be imposed if there is a risk of domestic violence being repeated. In this case the court defines the area and distance from which the perpetrator cannot approach the victim.[226]
- **Prohibiting harassment:** of persons exposed to violence, imposed if there is risk of repeated violence. In such a case if there are children, **temporary custody** shall be entrusted with the victim and temporarily removed from the perpetrator.[227]

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215 Article 13.1, Ibid
216 Article 13.2, Ibid
217 Article 22, Ibid
218 Article 3, Ibid
219 Article 13 and Article 22 Ibid
220 Article 15, Ibid
221 Article 16, Ibid
222 Article 17, Ibid
223 Article 22, Ibid
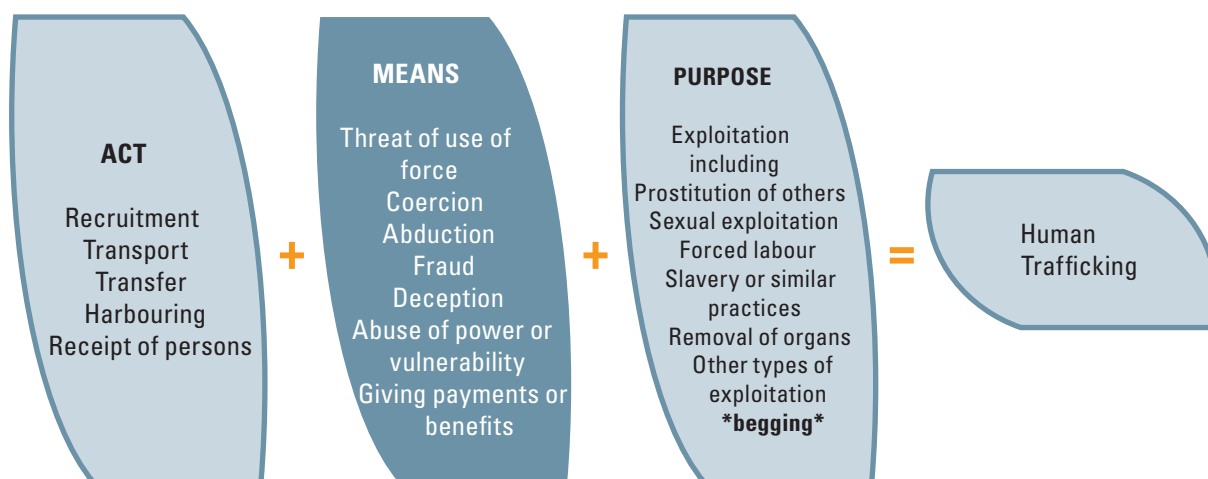224 Article 22.3, Law on Protection from Domestic Violence
225 Article 25, Ibid
226 Article 5, Ibid
227 Article 6, Ibid

- **Removal from apartment, house or other living premises**: a perpetrator of domestic violence may be ordered to leave the joint living premises. If this is ordered, it is effective immediately and the perpetrator is required to leave in the presence of a police officer.[228]
- **Accompanying victim of violence**: this measure may be imposed where a police officer shall accompany the victim to protect him or her during collection of personal items.[229]
- **Psychosocial treatment**: this may be imposed on the perpetrator in respect of the violent behaviour exercised towards the victim.[230]
- **Medical treatment for alcohol dependency and psychotropic substances**: mandatory treatment may be imposed if a person has been violent, while under the influence and there is a risk of repeated violence.[231]
- **Property protection measures**: the court may also order the following measures:
  - Order the perpetrator to allow the protected party to use shared living premises or part of it;
  - Order the perpetrator to pay rent for temporary living premises for the protected party and to pay alimony and child maintenance, which the perpetrator is responsible for;
  - Prohibiting the perpetrator from selling assets within a specific period of time;
  - Offering the possibility to the protected party to exclusively possess and use assigned personal assets;
  - Imposing any other measure that are necessary to protect the safety, health or welfare of the protected party;
  - To order the perpetrator to allow the protected party to return to the household.[232]

6.3 Human Trafficking - Definition[233]

ACT

Recruitment
Transport
Transfer
Harbouring
Receipt of persons

+

MEANS

Threat of use of force
Coercion
Abduction
Fraud
Deception
Abuse of power or vulnerability
Giving payments or benefits

+

PURPOSE

Exploitation including
Prostitution of others
Sexual exploitation
Forced labour
Slavery or similar practices
Removal of organs
Other types of exploitation
begging

=

Human Trafficking

In relation to trafficking of children, the means defined above need not be present and the Criminal Code includes begging as a purpose.[234]

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228 Article 7, Ibid
229 Article 8, Ibid
230 Article 4, Ibid
231 Article 9, Ibid
232 Article 11, Law on Protection from Domestic Violence
233 United Nations Office on Drugs and Crime, available at https://www.unodc.org/unodc/en/human-trafficking/what-is-human-trafficking.html accessed on 30/01/2015
234 Article 171, Kosovo Criminal Code

Kosovo's legal framework **prohibits trafficking in human beings** starting with the Constitution of the Republic of Kosovo.[235] It is also a criminal offence according to the Kosovo Criminal Code punishable by fine and imprisonment of 12 to 15 years.[236]

With regard to **children who are trafficked there are harsher punishments** provided for within the Criminal Code including: a maximum punishment of **15 years imprisonment for traffickers**[237] and **procuring sexual services of a child victim of trafficking** is punishable by 2 to 10 years imprisonment.[238] Whereas the Law on Preventing and Combating Trafficking in Human Beings and Protecting Victims (Anti-Trafficking Law) aims to prevent trafficking whether it is national or international and provide services to victims.[239] It also contains a number provisions detailing treatment of child victims including:

- Child victims of trafficking are **not subject to legal procedures or sanctions** for any offences in relation to their situation as a victims of trafficking[240]

- Child victims of trafficking receive **special treatment during criminal investigations in order to minimise re-victimisation** such as:
  - being interviewed without unjustifiable delays after the facts have been reported to the authorities;
  - interviews to be in a place that is adapted for that purpose;
  - interviews to be conducted using **child appropriate interview techniques**;
  - where possible the same officer to conduct all interviews with the child;
  - interviews to be limited to one except in exceptional and complex investigations;
  - the child victim to be accompanied by an authorized representative;
  - the public should not be present when a child victim testifies and
  - the child victim is not required to be present in court – this can be done via appropriate communication technologies.[241]

- Child victims of trafficking shall receive assistance and protection and the **best interest of the child** must be taken into consideration;

- **Suspicion of or knowledge** by social, health, education, authorities or NGO's e that a child is being exploited or is being trafficked should be reported to law enforcement;[242]

- If the child victim of trafficking is **capable of forming his or her view, due weight shall be given** according to his or her age and maturity. It is also important to bear in mind that according to the Committee, every child is capable of forming his or her opinion and the weight that is attached to that needs to be assessed in each individual case;[243]

- The child victim of trafficking shall be **informed in a child appropriate manner** on his or her rights, protection and assistance measures and services available, as well as repatriation procedures and the process of family reunification;

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235 Article 28.3, Constitution of the Republic of Kosovo
236 Article 171.1, Kosovo Criminal Code
237 Article 171.2, Kosovo Criminal Code
238 Article 231.2, Ibid
239 Article 1 and 2, Law on Preventing and Combating Trafficking in Human Beings and Protecting Victims, Law No. 04/L-218, (Anti-Trafficking Law)
240 Article 13, Ibid
241 Article 16, ibid
242 Article 34, ibid
243 Committee on the Rights of the Child, General Comment No. 12

Terre des hommes

- The ***identity of the child shall be protected*** and information that can lead to the identification of the child victim is not to be published under any circumstances.[244]

- In instances where the ***age of victim is disputed***, it shall be presumed that the victim is a child;[245]

- A child victim of trafficking may be ***repatriated*** to his or her country of origin if
  - o his or her country of origin or his/her parents have consented to the child's return and they will provide care and protection;
  - o In cases when repatriation is not possible or it is not in the best interests of the child, the countries provide relocation to a third country, with the consent of the child;
  - o If the child is capable of forming his or her views, authorities shall give due weight to the views of the child in accordance with his or her age and maturity in relation to repatriation. However, as previously outlined the Committee has expressed that each child is capable of forming his or her own opinion and the weight attached to that should be considered indivudally;
  - o Repatriation or transfer to a third country cannot take place if after an assessment it is determined that the child would be at risk;
  - o During the time a child victim of trafficking, who is a foreign national or stateless person is present in Kosovo, he or she will have the right to a temporary residence permit.[246]

- Child victims of trafficking are entitled to assistance and protection including having a legal guardian, being accommodated separately from adults up to 6 months or for the duration of legal proceedings, as well as education and long term care and protection until their full recovery.[247]

- Child victims of trafficking are also entitled to a reflection period of 60-90 days to decide whether to testify against a trafficker.[248]

6.4 Seeking Asylum

According to the Law on Asylum,[249] anyone fleeing persecution or violence has the right to seek protection by claiming refugee status[250] or subsidiary protection.[251] If an ***unaccompanied child*** seeks asylum, he or she must be assigned a social worker from the Centre for Social Work, as soon as it possible, whose role it is to ***represent the child and /or assist him or her during the asylum application procedure***. If the child is interviewed, the appointed social worker must be present.[252] The role of the social worker also includes assisting the child prior to the interview by explaining the process and during the interview, the social worker is entitled to ask questions

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244 Article 35, Ibid
245 Article 36, Anti-Trafficking Law
246 Article 37, Anti-Trafficking Law
247 Article 38, Ibid
248 Article 38.6, Ibid
249 Law on Asylum, Law No 4/L-217
250 Article 2.1.1.11, Law on Asylum
251 Article 2.1.1.12, Ibid
252 Article 14.1, Ibid

and/or make comments.[253] Authorities dealing with an application of asylum from a child, are also under an obligation to ensure the ***best interests of the child are a primary consideration*** and that the ***views of the child*** are taken into account in accordance with his or her age and degree of maturity.[254] Additionally, all persons claiming asylum including children have the ***right to housing, food and clothing***, ***healthcare, social assistance, education for children and free legal assistance***.[255] If protection is granted to an unaccompanied minor, a ***legal guardian*** is appointed from the Centre for Social Work.[256]

6.5 Child Labour

Children in Kosovo under the age of 15 are not permitted to work.[257] However, children between 15 and 18 years of age can be contracted to work for jobs that do not represent a risk to their health or development or if such labour it not prohibited by sub-legal acts.[258] In addition, the Administrative Instruction to Prevent and Prohibit Hazardous Child Labour in Kosovo[259] provides a long list of hazardous labour, which children are prohibited from undertaking. This includes working in an environment where there are toxic substances, street work, construction and mining, among others.[260] To ensure implementation of the rights provided, the ***Labour Inspectorate*** is responsible for accepting complaints and dealing with them accordingly, as well as issuing fines for breaches of the rules.[261]

6.6 Questions for Discussion

How should cases of domestic violence be resolved?

How common are cases of domestic violence in Kosovo?

Do you think the protection orders and protective measures are sufficient? If you think they can be improved, how so?

Do you think the interests of the child are sufficiently considered by the Law on Protection against Domestic Violence?

Do you know any information about the situation of human trafficking in Kosovo and how it affects children?

Do you think the current Anti-Trafficking Law sufficiently protects children's rights?

In an asylum case, what is the role of the social worker?

Is it right that children should be allowed to work?

Do you think the current legislation has an impact on what happens with children working at home?

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253 Article 14.3, Ibid
254 Article 14.2 and Article 14.8, Ibid
255 Article 19, Ibid
256 Article 14.5, Ibid
257 Article 7.3, Law on Labour, Law No. 03/L-212
258 Article 7.2, Ibid
259 Administrative Instruction 5/2013
260 See Annex I
261 Article 94, Law on Labour and Law on Labour Inspectorate, Law No. 2002/9

6.7 Activity

Case 1: Arberita is 15 years old from a rural area and a family that is struggling economically. She has an older sister Shqipe who is 17. Shqipe has a boyfriend, Bujar who is 20 years old. One evening the three of them go to a bar where there is live music. While they are sat at a table, a man and lady come over and start talking to them. Shqipe and Arberita do not know them and at that point they think that Bujar doesn't either. The couple comment how beautiful the girls are and that they are looking for waitresses like them to work in another bar they own. The girls after speaking to them agree they would go to this bar on another night. The following week, when they meet with the couple they kidnap them and take them to the bar where they are forced to work as prostitutes, having sex with men that come from all over Kosovo. They are in this situation for 5 months and some of the men that come are aware that they are being kept there against their will and that they are children but they don't mind as they are only interested in getting what they are paying for. One day they managed to escape and the authorities offer them assistance including shelter. They also decide that they will give evidence against Bujar and the couple. However, during a case management meeting held at the shelter their overhear the social worker and their Victim's Advocate, who is representing them in court that girls like them don't last for very long because they will missing the sex they had so no matter what the authorities do they will go back. *Discuss the issues this case raises in terms of preventing trafficking and dealing with cases of children being trafficked.*

As a group you are convening a Case Management Roundtable – devise an agenda, discuss the relevant issues how to manage this case, any follow up and write as report as to what should happen based on your joint expertise.

Session VII
Topic: Welfare Rights

Economic circumstances can have an impact on the realisation of a range of rights. As provided in the CRC, each child has the right to a standard of living adequate for the child's physical, mental, spiritual, moral and social development. While the primary responsibility is on parents to secure such standards within their abilities and financial capacities, the Government is also under an obligation to assist those parents who are struggling.[262] In Kosovo there are some operational schemes, which aim to provide assistance to parents who are struggling.

7.1 Social Assistance Scheme

One of these is the **social assistance scheme**, which aims to provide a safety net for poor and vulnerable families.[263] The scheme is applied through two categories: **category one** is for dependant family members who are not able to work and **category two** is for families where at least one family member is able to work and where either they have a child under 5 years old or care for an orphan full time under 15 years old.[264] The social assistance scheme is administered by the Centre for Social Work.[265] All applicants to be eligible need to satisfy an **asset and income test** in order to receive support.[266] If successful, recipients under **category one** will receive the social assistance for **12 months**, whereas those in **category two** for a period of **6 months**, following which they need to prove they have been looking for work. Under both categories, applicant have to **reapply** after the respective periods of 12 months and 6 months.[267]

Typical amounts of social assistance rates[268]:

Family Size	Monthly Gross Standard Rate
Family with 1 (one) person	35
Family with 2 (two) persons	50
Family with 3 (three) persons	55
Family with 4 (four) persons	60
Family with 5 (five) persons	65
Family with 6 (six) persons	70
Family with 7 (seven) persons or more	75

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262 Article 27, CRC
263 Law No. 2003/15, Preamble
264 Article 4.1, Law on Social Assistance Scheme, Law No. 2003/15 and as amended by Law No. 04/L-096 (Amendment)
265 Article 3.2, Law on Social Assistance Scheme and Amendment
266 Article 4.1, Ibid
267 Article 7, Law on Social Assistance Scheme and Amendment
268 Article 9, Ibid

7.2 Disability Assistance

For children who have permanent disabilities (physical, mental and sensory), which affect their ability to complete any tasks without the assistance of another person,[269] Kosovo has established the scheme for material support for the families of these children. The aim of this scheme is to ensure that children with permanent disabilities can live a life in conditions that guarantee dignity.[270] It is provided through material support and given to parents or foster parents that look after a child with permanent disability.[271] Applicants to benefit from the scheme will be evaluated by a committee in relation to the type, level and severity of the disability.[272] The Ministry of Labour and Social Welfare will establish the Medical Committee, which is a two tier committee.[273] The Centre for Social Work accepts applications for material support and issues conclusions and submits these to the first instance of the Medical Committee, who will issue its decision.[274] If the applicant is dissatisfied, this can then be considered by the second instance of the Medical Committee.[275]

7.3 Questions for Discussion

Do you think the current scheme of social assistance is adequate for supporting the most vulnerable people in society?
How else could the state support the most vulnerable?

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269 Article 2, Law on Material Support for Families of Children with Permanent Disabilities, Law No. 03/L-022
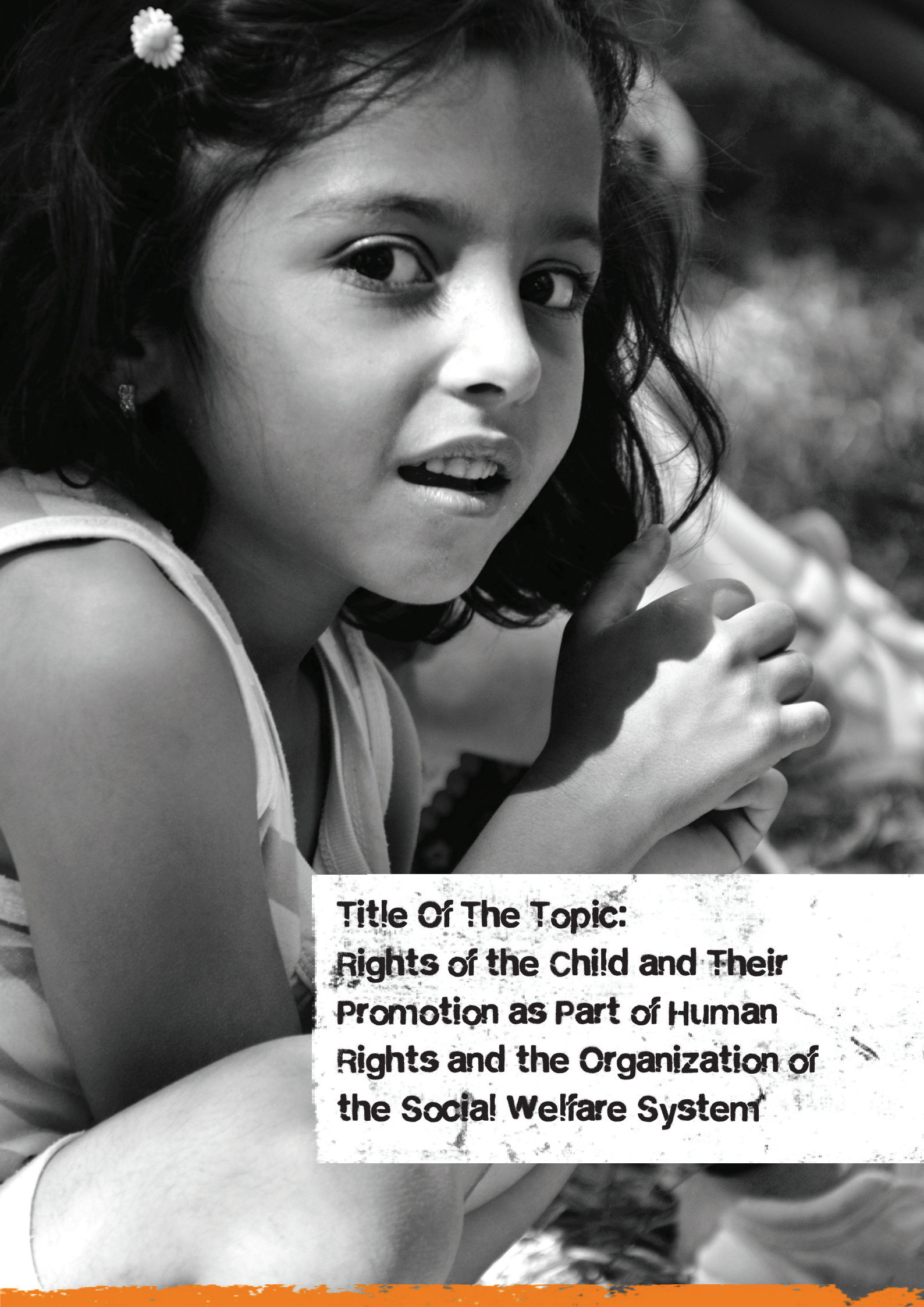270 Article 3.2, Ibid
271 Article 4, Ibid
272 Article 7, Ibid
273 Article 8, Ibid
274 Article 12, Ibid
275 Article 14, Law on Material Support for Families of Children with Permanent Disabilities

Title Of The Topic:
Rights of the Child and Their
Promotion as Part of Human
Rights and the Organization of
the Social Welfare System

Main Objectives
- Identify and mention the views on childhood through the ages and reflect on the views today and in Kosovo;
- Explain the importance of human rights and the rights of the child, and their developments;
- Recognize key principles of human rights and the rights of the child;
- Recognize social protection concepts and social system model in Kosovo;
- Tell about the importance of the protection of the child and discuss about the model of the protection of the child in Kosovo with reference to example cases; and
- Identify the difference between the thematic and systematic approach regarding the protection of children.

Expected Results:
- Mention the views on childhood through the ages and reflect on the views today and in Kosovo
- Tell about the situation of children and social system in Kosovo
- Mention the rights of children and their importance
- Give examples of the importance of human rights and the rights of the child.
- Tell about the difference between the thematic and systematic approach

Module Timeline:
1 day

Main Issues Addressed in the Module:
- Different theoretical perceptive on the concept of childhood
- Situation of children in Kosovo
- Characteristics of human rights
- Categories of human rights
- Universal Declaration of Human Rights
- Background of the rights of the child
- Need for special rights of the child
- Convention of the rights of the child and its principles
- Social protection concept and social protection in Kosovo
- Systematic approach

Keywords:
- Childhood
- Human rights
- Rights of the child
- Convention of the Rights of the Child
- Best interest of the child
- Protection of children
- Systematic approach
- Thematic approach
- Social protection
- System for the protection ofchildren

Main Resources:
- Universal Declaration on Human Rights. Retrieved from: http://www.un.org/en/universal-declaration-human-rights/
- Convention on the Rights of the Child. (1990). Retrieved from: http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

- Vasta R., Haith M., & Miler S. (1992). Child Psychology.
- Xhumari, M. (2009). Process and social policy institutions.
- Dhembo, E. & Agolli I. (2010). Politika Sociale dhe Mirëqenia Sociale: Leksione, ese, dhe artikuj. albPAPER.
- Save the Children (2007). Training Manual Child Rights Programming.
- Council of Europe (2009). Compasito, Manual on Human Rights Education for Children, Council of Europe, Directorate of Youth and Sport European Youth Centre.
- Glossary of Social Security, Council of Europe, CARDS Social Institutions Support Programme, 2006
- European Commission (2009). Social protection and social inclusion in the Western Balkans. Summary of the report.
- Jones, N. (2009). Promoting synergies between child protection and social protection – West and Central Africa" UNICEF, Oversees Development Institute.
- Gruat, J. V. (2003). Social Protection- A Life Cycle Continuum Investment For Social Justice, Poverty Reduction And Sustainable Development.
- UNICEF. (2010). Child Poverty in Kosovo. Taken from: http://www.unicef.org/kosovoprogramme/Child_Poverty_SHQIP.pdf
- European Commission. (2014). Kosovo 2014 Progress Report. Taken from: http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-kosovo-progress-report_en.pdf

Metodology/Tools:
- Theoretical lectures;
- Small group discussions on a certain issue related to children's rights;
- Discussion and shared experiences;
- Study cases related to application and violation of children's rights in Kosovo context;

Session I
Topic: Childhood: A historical Perspective

Time:
> 90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Individual reflektion

Objektivat e Sesionit:
- Identify and mention the views on childhood through the ages and reflect on the views today and in Kosovo;
- Explore the way how the child views have been developed

Resources:
- Vasta R., Haith M., Miler S., Child Psychology, 1992

Materials:
- PPT presentation
- Flipcharts
- Markers

Session Summary:
During this session the trainer will present different meanings and approaches to the concept of children and childhood, and will explore the experiences, perceptions of childhood in the context of Kosovo. The purpose of the session is for participants to familiarize themselves with the concept of childhood, to understand and analyze how childhood is a concept of shifting in time, which evolves and is closely linked to the political context, social, cultural, legal, and economic situation where children live. At the end of the session, participants will be invited to reflect on how the concept of childhood has evolved in Kosovo.

Steps:
Activity # 1 - *Child image*
Ask participants to choose a picture (trainer decided some pictures that show children in different situations and with different characteristics) that they find interesting. Ask participants to think about 5 min. for the picture that they chose and ask them:
- What do you see in the picture?
- What does this the picture tell us about childhood of this child?

Ask participants to find a partner and talk about picture.
- Why did you choose this picture?
- What do you think?
- What do you like or dislike to the picture?
- How is portraying the child?

Activity # 2- Views on youth / group discussion
Ask participants in the large group to discuss :

- What do they understand with childhood and give some idea of what childhood represent?

All together discuss how these views have changed over time (eg 50 years) and affected the lives of children.

Theoretical Handout: Session 1

According to the International Convention on the Rights of the Child, *"a child means every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." Childhood* includes the period of development form birth to adolescence. In the development psychology, childhood is broken down in several development stages, such as: early childhood, medium childhood, and adolescence. These stages reflect the physical, emotional, cognitive and social changes of the child development in their growth and changes over certain periods of ages. These stages are interrelated to each other and developmental characteristics may be placed over each other.

The concept of childhood has changed and has developed together with the life style and models, and the expectations of adults. Some believe that children should not worry and should not work and their life should be happy and with no worries. Childhood is usually a mixture of happiness, surprise, anxiety, recognition of oneself, recognition of others and the environment, modelling of relationship and capacity building and resistance. It is time of play, learning, socialisation, research and anxiety. Concurrently, it is time where one learns about responsibilities and rights.

Early Views on Children

Children are in need of special protection and childhood is considered a very important period. Western culture looks upon the child as a creature deserving attention, care and protection from the wrong. Many laws protect children from hazardous toys, hazardous substances, and even from dangerous parents. The true face of people is said to be seen in their behaviour with the children. This goes for adults as does for societies and states. However, these attitudes toward children have not existed forever, because they were often ill-treated and misused throughout the history of human development.

In different historic periods, people used to have different opinions about children. Over the period of Greek and Roman civilisation, murdering of a new-born child was a routine and was seen as an appropriate method to handle with babies that were considered to be unhealthy, unlawful, or simply unwanted. During this period, the female babies were especially in danger. They were looked upon as necessary only for reproduction, and thus, many Greek and Roman families had only one girl (Brenier, 1990). Severe punishments and sexual exploitations of children were a common thing and were not considered as something which is wrong or criminal. Romans, for example, used to buy and sell children for different purposes, including them for house chores and all the way to bordello services and public houses (Monter, 1987). During the medieval period, the Church started to initiate a new image regarding the child. In particular, the Church took a hard stance against the murdering of children, and enabled parents, those who did not want children, the alternative to send them far away, to monasteries. Unfortunately, and irrespective of the above, the abuse and exploitation of children remained a common phenomenon during the entire medieval period. In the medieval period, a boy or a girl was considered "a child" until the age of seven. Following this age, he or she used to work together with adults in all fields. Such convictions contributed to the adoption of a harsh discipline towards children and to negligence of social needs children used to have. These harsh stances softened during the period of Renaissance and Illumination. A human spirit covering that period, led to a rediscovery of special childhood qualities. In paintings, for instance, children used to be painted with more

realism: in play, in entertainment and with the care of the adults. The charity institutions, known as houses for the abandoned people that served to the sick, the lost and the unwanted children were established in Firenze, Italy, which was considered as the hometown of Renaissance. These houses were mainly supported by the donations of the wealthy people. The houses for the abandoned, which spread over in the entire Western Europe, were important for what they aimed at; in order to create new faith, that society is responsible for the care and the protection of children.

Importance of childhood, as a unique developmental period, was stressed even more in the XVII and XVIII century. This can be seen in the writings of the two great philosophers: the English philosopher John Locke and the French philosopher Jean-Jacques Rousseau. Locke's opinion was that the child comes into the world with no formation and with no predisposition, and his/her mind is a "blank mind", which gradually fills in with ideas, concepts and knowledge from the experiences in the world. He concluded that the quality of early experiences, in particular the way how children are brought up and educated, is a further impact on the life of the child. Locke also used to believe that discipline should include the use of evaluation for decent behaviour and punishment for indecent behaviour. In addition, he discussed the importance of stimulating children to start learning at a very early age.

Later, the French philosopher Jean-Jacques Rousseau supported the opinion that children are good ever since their birth, rather than the other way round. Children are born with ideas and knowledge, which are naturally revealed during life. He believed that whatever knowledge children do not inherit from their birth, they gain it gradually from the relationship with the environment, which is directed by the interest of the child him/herself and the level of development. This supporting and romantic stance regarding children, inspired by Rousseau, has affected the society to date. An example of this impact is the protection of children from heavy labour and their right to education and health.

Session II

Topic: The rights of the Child and Human Rights

Time:
90 minutes

Methodology:
- PowerPoint presentation;
- Group discussion;
- Case studies.

Objektivat e Sesionit:
- Explain the importance of human rights and the rights of the child, and their developments;
- Recognize key principles of human rights and the rights of the child;

Resources:
- Training Manual Child Rights Programming, Save the Children 2007
- Compasito, Manual on Human Rights Education for Children, Council of Europe, Directorate of Youth and Sport European Youth Centre Budapest, 2009
- Universal Declaration on Human Rights. Retrieved from: http://www.un.org/en/universal-declaration-human-rights/
- Convention on the Rights of the Child. (1990). Retrieved from: http://www.ohchr.org/en/professionalinterest/pages/crc.aspx

Materials:
- PPT presentation
- Flipcharts
- Markers

Session Summary:
This session will explore why children have rights and how this discussion relates to the context of the development of human rights in general. It will also explore the principles and concepts of human rights. In the end it will explore how the work relates to the protection of children and takes place in the context of the rights -based approaches.

Steps:
Activity # 1 - *Human rights convention*
Students will be asked to identify the application of international human rights conventions on the Kosovo's context.

Secondly, they will be asked to identify the stakeholders that promote and violate children's rights.

Finally, students will be asked to add to the initial list other stakeholders that promote children's rights.

Theoretical Handout: Session II

The United Nations Convention on the Rights of the Child (CRC) marked a turning point, making it known worldwide that children are not only subject to protection, but also holders of civil and political rights (Kompasito, 2009, p. 21). In a reflection of what the rights are, the following aspects may be mentioned:

- The right may be defined as "the right the person is free to have, act upon or obtain from others and which is empowered by law;
- Rights dosecure the accomplishment of needs;
- To enjoy human rights means to ensure that there is a difference between putting the right into practice and simply having them on paper; and
- The fundamental document on the rights of the child is the United Nations Convention on the Rights of the Child.
- In Kosovo the CRC is directly applicable as it is regulated through the Constitution of Kosovo, although government has not ratified the convention.

Human Rights

To provide a definition on human rights is no easy task and human rights have often been subject to handling from different viewpoints. One viewpoint is that they are assessed as "basic standards", without which people cannot live"; another one sees them as "moral principles belonging to all, for the mere reason that they are human beings"; another one calls them "moral principles of justice and equality widely recognised by society".

"Human rights, in general, may be defined as those which are essential in our nature and without which we cannot live as human beings. Human rights and fundamental freedoms give us the possibility to develop and completely use our human qualities, our intelligence, talents and our conscience, and satisfy our spiritual demands and other needs. They are basic needs for the human requirements which are increasing for a life to respect and protect dignity and acts of every human being". From this viewpoint, the denial of human rights and fundamental freedoms does not comprise only a personal and individual drama, but creates social and political conditions to seed violence and conflicts at the national level and wider. Owing to this, the Universal Declaration of Human Rights, at its very first sentence, announces that respect for human rights and human dignity "is the foundation of freedom, justice, and peace in the world". As noted in this definition, human rights foundation is human dignity, which stems from the essence of being a human. As a result, this dignity should be taken into consideration not only relating to the new born child, who has not committed any act yet, but also to the accused for some action, which is in conflict with the law. Human being has this dignity, irrespective of whether the human being is aware of this or not. This is where one can make difference between human dignity and personal dignity, which we create and process it ourselves. Personal dignity is defined from our behaviour in cases with moral norms widely recognised by the society; if it is compliant or in contradiction with them. From this standpoint, to respect human rights means to respect in them the human being and not necessarily his/her personality. Violation of human rights does not mean only a hindrance in attaining a right, but means denial of life with dignity, below which the human cannot fall or should not allow for him to fall. From this we understand that human rights are also a special human practice, aiming at achieving minimum human interests for a life with dignity

and protect it, in his mutual relationship with state authorities, against violations, humiliation, discriminations, prejudices and inhuman treatments.

From the historic standpoint, human rights are more of a philosophical ormoral concept, rather than a legal one. The origin of today's ideology of human rights may be found in the liberalisation of the XVII century. Locke (1632–1704) came up with and developed the idea of human rights preceding the state, the guaranteeing of which is the duty of state authorities. However, doctrines and theories on human rights may also be found earlier in time. Thus, all doctrines with religious character contain elements of the human rights idea. Fight for human rights starts with the endeavours to get to know with his fundamental rights: right to life and freedoms were important, in particular, during the system of slavery and feudal period. Later on, bourgeois revolutions added some other rights to these basic rights, such as right to equality, right to security, right to resist to the oppressors. Classics of Marxism and Proletariat added social dimension to human rights, thus eliminating social inequality, since many of the rights announced are more of a formal rather than a basic character.

Human Rights Characteristics

- Human rights are *universal*: they remain always the same for all human beings, across the world. You have no human rights because you are a citizen of a country, but because you are a member of a human family. This means that children have human rights just like the adults.
- Rights are *unalienable*: you cannot lose these rights, only when you cease being a human being.
- Human rights are *indivisible*: no one can waive one right, as being "less important" or "not indispensable".
- Human rights are *interdependent*: together they form a complementary framework. E.g., the possibility to participate in domestic decision making is directly affected by the right to express oneself, to associate with others, and to be educated.
- Human rights are a *reflection of basic human needs.* They lay basic standards, without which people cannot live with dignity. To violate human rights of a person is to treat that person as if he/she is not a human being.
- Asking for human rights, we all *accept responsibilities*: to respect rights of others and to protect and to support people, whose rights have been abused or denied. Assuming these responsibilities means to ask for solidarity with all human beings.

Classification of Rights and Responsibilities

- Legal rights are rights foreseen by law and which can be protected at the court of law.
- Moral rights are based on general principles of the justice of equality.
- Human rights are moral universal rights, also otherwise called natural rights that people possess, for the mere fact that they are human beings. They are not acquired, purchased or inherited.

Categories of Human Rights

Human rights are grouped into three categories, such as: category of negative rights, which include civil and political rights; category of positive rights, which includes rights with social, economic and cultural character; and category of "new" rights, which are otherwise called group rights or collective rights. The division of human rights into three categories was initially proposed by French jurist Karel Vasak, in 1979. The division he proposed was based on three big words of French Revolution, such as: Liberty, Equality and Fraternity. This division of rights was reflected also on International Charter of Human Rights, where we initially find them listed as civil and political rights, followed by economic, social and cultural rights, and in two International Covenants of Rights, International Covenant on Civil and Political Rights (ICCPR) and the International Convenant on Economic, Social and Cultural Rights (ICESCR). These categories of human rights are reflected also in the European Union Charter of Fundamental Rights.

This category of rights is also the oldest and it started being recognised since XVII and XVIII century. These rights were included in Universal Declaration of Human Rights for the first time at the international level. First category of human rights includes rights which are considered as fundamental freedoms. These are essentially civil and political rights from nature and serve to protect individuals from state's abuse. This generation of rights has close connections with political philosophy of liberal individualism. Civil rights include such rights, such as: right to life, protection against torture, right for a regular process, such as right to a fair trial, presumption of innocence, right to a legal representative, or freedom of religion. Political rights include such rights such as freedom of expression, freedom to assembly and association, and right to free elections. Civil and political rights have always been considered as basic rights, from which the philosophy of human rights started and developed. However, one should not understand these rights as absolute; as states have often taken measures to preserve and guarantee these rights (have delivered trainings to Police and Judiciary, or have created special bodies, which were deemed necessary to guarantee these rights).

Second category of human rights mainly relates to the second term of French Revolution, which is equality. Out of nature, these rights are economic, social and cultural ones and aim at providing to the members of society same and equal conditions and treatment. In addition, they enable individuals to keep their families, thus securing them the right to work or social securities. Economic, social and cultural rights deal with material, social and cultural welfare of people. These rights are mainly considered positive, since they require the active intervention of the state for them to be fulfilled. They are known more as programmatic rights, rather than individual rights. Therefore, the state is required to provide such goods as, sheltering, footwear, food, education, social securities, in order for these rights to be fulfilled. Due to this reason, these rights are sometimes also seen as objectives, since their fulfilment is dependent on realistic possibilities owned by a state. Such rights are included in Articles 22 to 27 of the Universal Declaration of Human Rights and in the International Covenant of Social, Economic and Cultural Rights. We have to absolutely stress that although these rights are of second category, some of them have been recognised among the first, as is the case of labour rights, recognised through documents approved by International Labour Organisation or included in the Berne Convention. A consequence of categorisation of civil and political rights on the one hand, and economic, social and cultural rights on the other hand, was their determining as "individual" or "collective" rights and the clear division between socialist and capitalist camps during the period of Cold War. Marx would use the argument according to which political and civil rights were essentially bourgeois rights, since they used to allot more importance than needed to the place of a man in society. Whereas, other rights would point out the importance and advantage that the state had in the economic and social life. These arguments that indicated advantage of the state against

the individual, together with the doctrine of non-interference were used time after time to justify the limited position related to acceptable parameters of human rights practices, based on article 2(7) of United Nations Charter. In the former socialist countries, these arguments led to such dreams, as those that the state does not have to be responsible for its positions against the international community, as the other position that would underestimate civil and political rights of individuals. Having such positions into account, it is more than understandable that there were big debates between the two camps, in relation to the treatment of human rights issue during the period of Cold War.

Third category of Human Rights mainly relates to the term fraternity. These rights may be seen as rights of solidarity. This generation of rights includes group or collective rights, such as the right for self-determination, for economic and social development, sovereignty over natural resources, communication, peace, enjoy a healthy environment, or enjoy joint human inheritance. These rights are not much included in the International Covenant on Civil and Political Rights and are still not included in some special document on human rights, as are the first two categories of rights.

Irrespective of this division done to the rights, they should be understood as interdependent from each other. There are some examples of human rights, which are not very simple to be included in one category or the other. Thus, the situation of armed conflicts is such that is not easy to differentiate if a certain situation, such as e.g., denial of food, inhuman treatment, murdering, health care, is a violation of a right belonging to one category or the other.

Universal Declaration of Human Rights

- Two key impacts put human rights into motion in the world arena in mid-twenty century and raising their awareness in the entire globe. First impact was the attempts of colonists to declare independence from foreign powers, thus seeking their human equality and the right for self-determination. The second impact is Second World War and extermination from the Nazi Germany of over six millions of Jews, Romas and persons with disabilities. These events played a key role on the establishment of United Nations in 1945 and their echo was heard in the document on establishment, the United Nations Charter.
- The rights for all members of human families were first articulated in the United Nations Universal Declaration of Human Rights, one of the first initiatives of the United Nations. The thirty articles of the Universal Declaration together form a comprehensive declaration, including economic, social cultural, political and civil rights.
- Universal Declaration of Human Rights was adopted on 10 December 1948, as "Joint ideal that should be achieved by all people and nations in respecting human rights".
- Declaration contains principles which are assessed by many people as standards to be achieved by all people and nations. (However, the principles of a declaration are not obligatory to be implemented in the Member States).
- Due to this reason, United Nations drafted two Covenants: International Covenant on Civil and Political Rights and International Covenant on Economic, Social and Cultural Rights.

The Rights of the Child – Background of the development of the CRC

Taking into account the mass violation of the right to life and violation of the rights of the child, on 20 November 1959, the General Assembly of the United Nations, proclaimed "Declaration of the Rights of the Child" and this date was proclaimed as the day of the rights of the child. At the preamble of the declaration in question is said: "***Mankind owes to the child the best it has to give*** ".In 1979, 20 years later, this declaration was proposed to be expanded, which until at that time it only had a recommendation character, thus giving it a binding character in the aspect of international law. In this way, ten years later, the General Assembly of the United Nations proclaimed the Convention on the Rights of the Child. The Convention is comprised of 54 articles, and is signed by over 192 different states throughout the world. Nevethelss, United States has signed the document but has not ratified it. The binding character of the Convention means that a state a signatory to the Convention is obliged to implement its articles and present a report for the respect of the rights of the child therein.

1945: After World War II, many nations in the world formed a union and created the United Nations. They together wanted to support peace and freedom in the world.

10 December 1948: United Nations adopted the Universal Declaration of Human Rights. These basic rights of all human beings in the world would also be applied to children.

1950 the first draft on the Rights of the Child was created and for many years, representatives of member states discussed about them in the United Nations.

20 November 1959: Declaration on the Rights of the Child was adopted. Such Declaration was not binding for all states, but it had the advantage of use by all states, as recommendation for their upcoming policies.

1979: throughout the world this year was celebrated as the Year of children. It was discussed and thought of on the rights of the child in every country.

20 November 1989: General Assembly of the United Nations unanimously adopted the Convention on the Rights of the Child. Ever since, Governments form almost all countries have ratified the Convention on the Rights of Child. By ratifying it, they promised to disseminate information on the rights of the child in their countries, to implement them and pay special attention to the protection of children.

Concept on the rights of the child has evolved on the one hand from the wide movement on human rights, but also had derived from other developments in the social, educational and psychological area in the last 300 years. Here is also included the impact of state and institutional support for obligatory education in schools, negative effects of industrialisation of children (for example, misuse of children in factories and mines), and war consequences. A new meaning on the development of the child has evolved from the new learning concept and models of raising children into "children liberal movement" in the 70's. They helped displace vulnerability of children and needs of protection into a new discussion on the child's autonomy, competence, self-determination and participation of children, thus refusing parental mentality of children as objects of parental/major control. Eventually, all these developments have together had a major impact on political processes, which commenced internally in the United Nations: drafting a new

legal binding body for the human rights of the child – Convention on the Rights of the Child (CRC). Year of adoption of the Convention 20 November 1989 –is the anniversary of *International Day of the Rights of the Child.*

Why Special Rights of the Child Are Necessary?

Discussion on the rights of the child is sometimes weird.First, all would agree on the right for residence, to live with family and friends, for possibilities of development of personality and talent, to be respected and taken seriously. Although, rights of the child seem rather regulated,there are many problems with their implementation. Once, questions raised on the responsibility of achievement of these objectives, formulated as obligatory rights of the child, were closed. Convention of the United Nations on the Rights of Child (CRC), adopted by the General Assembly of the United Nations in 1989, comprises the establishment of international protection of the human rights of the child. To date, 14 years following the adoption of CRC, it is ratified by 192 countries, including also all members of UN, except two states (Somalia and the USA). Thus, on 2 October 2015 – Secretary-General Ban Ki-moon led a chorus of United Nations officials in hailing Somalia's and South Sudan ratification of the Convention on the Rights of the Child, and in renewing the call for the last remaining country that has yet to join the treaty to do so. Somalia deposited its instrument of ratification at UN Headquarters in New York during the annual treaty event held in conjunction with the General Assembly's high-level debate, formalizing the process of ratification started earlier this year. In doing so, the Horn of Africa nation became the 196th State party to the most widely ratified human rights treaty in history. The United States is now the only country that has not ratified it.

The CRC really regulates the universal standards of human rights for the child. The joint report on the situation at the end of the decade from UN/UNICEF for Special Session of UN on Children, for example, points out that the chances for survival of children in the Sub Saharan Africaare even damaged, while globally, 149 million children are malnourished and 100 million children do not attend the primary education.

Expectations were high, when 3355 government members, 1732 representatives from Non-governmental Organisations (NGOs) and more than 600 youth (age from 7 to 18) met in May 2002 in New York during the Special Session of the General Assembly on the Child. Conference adopted an Action Plan ("A World Fit for Children"), which made governments, UNICEF and other intergovernmental organisations and NGOs to conduct talks for almost two years, with a mixed success. And, the most problematic issue in this debate was the position of the Convention on the Rights of the Child in the final document, with some states, such as the United States, which in general refused this Convention, to the final document issued on the rights of the child.

Often there is a question why it is needed the Convention on Special Rights of the Child, as additional rights compared to the human rights, when one knows that the request for assistance and special support to the mother and the child was expressly pointed out in the Universal Declaration on Human Rights in 1948. This Declaration says for example in Article 25, paragraph 2. "*All children, whether born in or out of wedlock, shall enjoy the same social protection.*" Unfortunately, experiences have shown that it is children who have been subject to difficult situations. *The United Nations Convention "On the Rights of the Child" marked a turning point, making it known worldwide that children are not only subject to protection, but also holders of civil and political rights.* The Convention specifies human rights, in particular those related to children, parents and adults, working with children. The General Assembly of the United Nations adopted the Convention on the Rights of the Child in 1989, after approximately ten years of compromise and negotiation among the Member States and after wide consultations with NPOs.

Empowering Children, Gender and Generation Aspects

Based on the respect for dignity of all human beings, CRC recognises every child as the holder of his human rights: these rights do not stem from or are not interdependent from the human rights or the rights of some other adults. This is the support to the concept of authorisation of the child, enabling the child as a respected subject and a citizen of society, to challenge and change limitations of discriminatory perceptions and the expectations of the youth. As a matter of fact, children remain dependant on adults (owing to their physical and mental development, lack of material goods and changes in the economic and social situation of parents, such as unemployment or divorce of parents), which immediately impact the standard of children's life. Guarantee of human rights for children, as a result, does not create a social "privileged" group. On the contrary, it is a precondition to raise their status in the society at a level which can protect their interests in same steps with adults. Only then can children testify before the court of law on the guardianship cases, when the child can feel safe on reporting the sexual abuse. This also points out the prevention of the aspect of raising the awareness of the authorisation of children. Only then should children's interests, as a social group, be taken as a crucial challenge, taking into account the demographic situation of "elderly societies" in the Western Countries, but also in the south hemisphere, where young people comprise a number of up to 50% of the entire population. In addition to this aspect, the gender dimension is of primary importance for the authorisation of children. Trafficking girls for sexual use, murdering girls on behalf of "family honour", expulsions and hindrances in education and at work, and degrading stereotypes in media and in entertainment industry, clearly show double discrimination, as girls and as children.

Convention on the Rights of the Child

CRC is the first Universal Convention on Human Rights combining economic, social, cultural, civil and political rights in one single document. CRC pursues a comprehensive approach for addressing situation of children; it goes beyond previous declarations for children focused on the needs of protection during the development of the child, and it also includes conditions of guarantee of respect for the identity of the child, self-determination and participation. The convention sets out in the International Law that State Parties should ensure that all children — with no discrimination of any kind — benefit from special protection measures and from support; are entitled to benefit services, such as, education and health care; develop their personalities, full potential of their abilities and talents; to be brought up in a happy, loving and understanding environment; and be informed and participate in the process of achievement of their rights, openly, actively and without obstacles. At the same time, the Convention provides for a universal package of standards to be met by all states. It reflects a new vision of children and points out that children are neither property of parents, nor objects without value to be pitted for. They are human beings and are subject of their rights. The Convention provides for a vision of a child as an individual and a family and community member, with rights and responsibilities fit for the age and development. Seeing the rights of the child in this way, the Convention expressly puts emphasis on the child as an entirety. Previously considered as negotiable, children's needs have now turned into binding legal rights. Children are not a passive recipient of benefits anymore, but on the other hand, now they are subject or proprietors of rights. CRC defines the child as any human being under the age of 18 (eighteen) and states that the child completely enjoys human rights. It contains 54 articles on the rights of the child that may be broken down into three general categories:

Terre des hommes

1. **Protection**, that guarantees the security of children and protects them from all forms of abuse, violence, negligence and utilisation;
2. **Care,** covering special needs of children, such as education and health care; and
3. **Participation**, recognises the capacity in the development of children to provide contribution, ideas, opinions in issues which directly impact their life.

The convention contains some basic approaches of human rights. The right of the child contains an area which was not addressed previously in the Universal Declaration of Human Rights (1948) (Compasito, 2009). The Convention obviously emphasises the superiority and importance of the role, authority and responsibility of the child's family. The Convention calls on the state to support families which are not able to afford a sufficient living standard for their children. The Convention recognises children as individuals that are holders of rights, guaranteeing them as being fit, the ability of development, right to identity, right to private life, right for information, of thought, conscience and religion, and expression and association. The Convention expressly states basic human rights of the children throughout the world: right for survival, to be completely developed; to protect against harmful influences, abuse and exploitation; and to completely participate in the family and social and cultural life.

Participation and Involvement of Children

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"In general, we live in a society and culture which does not listen to children, does not consult them, and does not include them in participation. Children say it openly that they are not listened to. They are ignored, neglected, interrupted when they speak, and manipulated when they want to express a wish" (Thomas & O'Kane 1998)

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Participation of children was one of the most debated issues on Convention of the Rights of the Child at the moment this Convention was ratified in the United Nations, in 1989. Many books were written, numerous studies were conducted, thousands of initiatives were undertaken to present and create room for children's voice from schools in the global community. Children are involved in advocacy, social and economic analyses, campaigns, researches, community development, political dialogue, projects and programmes drafted and developed and democratic participation in schools. Two last decades were a period of advocacy and legislative inclusion of the concept of participation and researches of the strategies for their transformation into practice. In this aspect, human rights, for many individuals, are turned into a synonym of their participation. Children's participation will never be a concrete reality, without the engagement of governments to fill necessary legislative gaps, policies and practices, and to ensure that children shall be respected regarding their rights to be heard of and considered in all decisions dealing with them.

Notwithstanding that it is much spoken of participation, there is a lack of clarity in its meaning in the context of the rights of the child. The problem is in the fact that the term "participation" is used more to describe the forms of social inclusion. Children participate in conversations, games, cultural activities, in contribution for economic security of families. Participation is part of being with the family or the community. CRC articulates some aspects of the rights of the child for participation:

- Right to express views in all aspects affecting their life and the right of having personal views for every issue and their views to be taken seriously (article 12)
- Freedom of expression, including the right to get and share a variety of information (article 13)
- Freedom of thought, conscience and religion (article 14)
- Freedom of association (article 15)
- Right to access to information and materials from national and international sources (article 17)
- Right to participation in the community's cultural life (article 31)

However, the context in CRC, stated in article 12, clearly expresses that children should enjoy civil rights, freedom of expression, religion, conscience, association and information, and the right to privacy. In other words, the meaning is even more specific. Article 12 should apply to every child" capable of forming his or her own views". Children from a very young age are capable of forming their views, even though they may not be capable to communicate verbally. There should be no age restriction on the right of participation and there should be no limited expressions of the views in the language of "adults". Studies have shown that small children, babies, speak a complex "language" and adults that can "read' them provide more care to the needs of their children.

Implementation of article 12 requires recognition and respect on the reforms of non-verbal communication, such as: games, body language, face gestures or drawing or painting, through which every child makes a choice, expresses their preferences and demonstrate understanding for environment. Participation of children consistently and understandably requires cooperation of a number of actors in a number of levels, which will be elaborated below:

- *New laws* – supporting mechanisms, access to the court and legal aid, definition of parental liability in the family code, right to establish school councils, drafting children consents depending on their age, prohibition of early marriages or female gender mutilation, and lowering the voting age.
- *Undertaking systematic measures for information on the rights of the child for all groups of ages and abilities* –human rights for school education, friendly information which the child will face during hospitalisation, friendly advisory services by the Government. Children cannot express their rights as long as they have no access on information that they can use and understand.
- *Awareness-raising for upbringing of children* –prior and on-going training on the rights of the child for all professionals working with and for children, as well as programmes of parental education.
- *Systematic mechanisms to impact public decision-making at all levels* –friendly and cooperative development of public services, support to organisation whose focus is children, peer education, access to media, community mobilization, representation of children at local and central decision taking bodies, and on-going access to government to develop dialogue at all important aspects for the development of policies.
- *Correction and regulatory mechanisms* – children should be capable to denounce violation of their rights through appeal procedures or through courts.

Importance of Children Participation

Participation of children is important because it enables the protection of the rights of the child. It enables the children to:

- Meet the legal liabilities – the right of the child to become part of the process of consultation is defined in the CRC;
- Improve services for children –counselling with kids enables them to impact on the improvement of services and the development of better policies and programmes for children;
- Improve decision making – when children are included, they are more informed and may make more appropriate solutions;
- Increase democratic practices – when children are aware of the possibility of representation and also for the interests of other community children, it helps create a sustainability in mutual values and principles;
- Increase the protection of children – during the process of participation, children also disclose history of abuses, of themselves or of their peers, and suggest also possibility of solution by contributing in better protection policies;
- Develop living habits – children develop their capabilities to protect themselves from abuse;
- Empower children to grow up as adult responsible persons.

General Principles of the Convention on the Rights of the Child

- ***Best interests of the child*** (*Article 3):* the determination factor in all actions concerning children shall be the best interest of the child. In all cases, the best interests of the child shall have the advantage compared to the adult's interests.
  - o Article 3 formulates the guiding law for the entire Convention, named *"The best interest of the child."* This article stresses the need to pay priority attention to the interest of the child. It is not limited to the actions which are directly undertaken (e.g. education), but instead, it is adapted to all actions, which directly or indirectly may have an impact on the child (e.g., the employment policies). Therefore, this should be understood like an obligation from all factors (state or private) to run "the assessment of the effects on the child", first, to foresee potential consequences of whatever measure and alternative and further monitor the implementation of this measure. Other than this, the principle of "The best interest of the child" serves as a protection measure to lead whatever situation, which objects the rights of CRC or where no Law of CRC can be implemented.

- ***Non-discrimination*** (Article 2): all rights are applied to all children without distinction. The duty of the state is to protect children from all forms of discrimination.
  - o The Convention expressly announces the prohibition of the discrimination of children, thus offering a long list with the basis that they accept no distinctions (irrespective of the parent/guardian of the child), such as "race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status" (Article 2).
  - o Under article 2(2) of the Convention, States parties are required to take "all appropriate measures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinion, or beliefs of the child's parents, legal guardians, or family members".

o   With regard to the child's education, the States parties agree in article 29(d) that it shall be directed, inter alia, to: "(d) The preparation of the child for responsible life in a free society, in the spirit of understanding, peace, tolerance, equality of sexes, and friendship among all peoples, ethnic, national and religious groups and persons of indigenous origin"

- **_Right to life, survival and development_** (Article 6): Every child has the inherent right to life and the obligation of the State is to ensure survival and development of the child. This shall mean that children cannot be subject to death penalty or put an end to their life.

- **_Respect for the views of the child_** (Article 12): Every child has the right to say what they think in all matters affecting them, and have their views taken seriously.

In addition, CRC develops new standards, formulating the rights of the child for protection of identity, family and social relationship, and others (including here family reunification), prohibitions for international children adoptions, the rights of the child for leave, leisure, play and cultural activities and state obligation to provide curing and rehabilitation of all children victims of whatever form of violence or abuse.

Monitoring of Convention on the Rights of the Child

As all other Conventions on Human Rights, the Convention on the Rights of the Child contains articles monitoring the accomplishment of liabilities of Governments in relation to the Convention.

- It requires that States must make the rights in the Convention widely known to children and adults (article 42).
- Creates the Committee for the Rights on the Child, as a body of independent experts monitoring the implementation of the Convention on the Rights on the Child by State Parties (article 43).
- It requires that States must report every five years on their attempts to implement the Convention (article 44).
- Encourages international cooperation for the implementation of the Convention, particularly with specialised agencies of the United Nations, such agencies as UNICEF (article 45).

United Nations usually appoint an expert serving as a special rapporteur to gather information for a certain issue or place. In response to the international concern on the increasing sexual and commercial exploitation and selling of children; in 1990, the General Assembly of the United Nations sent a rapporteur to gather information and to report in relation to the selling of children, pornography and prostitution of children. Many non-governmental organisations, also conduct monitoring of the implementation of Convention "On the Rights of the Child", by drafting alternative reports on the situation of the rights. In addition, children may themselves organise, and express their opinion related to the situation of their rights through alternative reports and domestic and international mechanisms on human rights and rights of the child.

The Rights of the Child and Human / Children Security

Concept on human security has been described as a document promoting the freedom of human being from fear and request, with equal possibilities for the full development of its human potential. Therefore, it focuses on the insecurity situation caused by violence and poverty, further exacerbated by discrimination and social exclusion. The request for priority and the element of emergency to oppose direct threats over the person's security is at the same line with the one of the concept of the rights of the child, in particular, with the principle of consideration of priority of the best interests of the child. However, some dilemmas continue to exist. First, includes the legal framework on human rights of the child, as part of the overall governance of the existing human rights, and provides comprehensive rights concerning the state. Second, the security of the child sometimes accesses the trend for (over) protectionism, stressing vulnerability and dependency of the child – while neglecting possibilities and skills of the child. Therefore, conceiving challenges for the security of the child remain to best harmonise the aspect of authorisation and possibility, which is essential for the debate of human rights. Taking this into account, meeting the rights of the child and access to the security of the child should be emphasised both on the contents of the current discussion on children participation, also in the peace processes and reconstruction of conflicts.

Summary: Why Using the Right of the Child – Based Approach?

- Rights of the child are human rights – respect for human dignity irrespective of the age;
- Rights of the child displace the focus of attention – for every individual child and for children as a group of society;
- Rights of the child are comprehensive and interrelated – there is no free expression without prohibition of violence, there is not right to education without sufficient living standard;
- Rights of the child are legal rights – including relevant state obligations for their protection and attainment;
- Rights of the child authorise the child –they require a new culture of interaction with children, based on their knowledge as a subject and as holder of rights.

Rights of the Child in the Kosovo Legislation

The majority of conventions and instruments which guarantee, protect and promote human rights, namely the rights of the child are incorporated in the current legislation and are applied through the Constitution of the Republic of Kosovo (hereinafter Kosovo; http://www.kushtetutakosoves. info) and other legal documents approved by the Assembly of Kosovo. However, it is worth mentioning that though Kosovo is not officially signatory or a ratification party of any International Convention of Human Rights and Freedoms, namely Convention of the Rights of the Child, this issue takes an important place in drafting the rights of the child. At the same time, not being part of the European Union (EU) family presents an additional difficulty for monitoring, reporting and respecting or violating human rights. However, state institutions, in close cooperation with civil society and other relevant institutions, have installed government mechanisms (e.g., Office for Good Governance) and locally (e.g., the Ombudsperson Institution).

However, findings documented in the Progress Report for Kosovo (2014), other than the achievements and positive movements in the area of the rights of the child, points out difficulties that Kosovo is facing in the respect of human rights in general, and the rights of the child in particular. The findings on the ground, reported in the report, say that Kosovo still has some work to do,when it comes to strengthening of the implementation capacities for the implementation of legislation in this area, clarifying the roles and responsibilities of actors at central and local level, and civil society, strengthening the role of the Ombudsperson Institution, and providing coherence and compatibility in the current legislation on human rights in general and the rights of the child in particular. At the same time, the report findings point out the strengthening and capacity building of the case management roundtables for the protection of children and strengthening the coordination mechanisms in this area. In addition, the financial support from municipal budgets is considered crucial for strengthening children's social services; with greater focus on designing preventive programmes against violence to children. Another difficulty mentioned in this report is the respect of deadlines for social schemes, concretely delays for families which meet the criteria for such financial support from respective institutions, with a bigger focus on children in the adoption families and children with disabilities. For the last group of children, the Ministry of Education, Science and Technology (MEST) is recommended to plan and implement the approach for personal assistance for children with disabilities, as is also foreseen by education policies of this Ministry, namely, the Government of Kosovo. Other than the findings elaborated above, the UNICEF report (2010) concerning the poverty of children in Kosovo presents concerning and alarming facts. Taking into consideration the poverty ceiling by 1.417 euro per person, it appears that 46% of Kosovo population are living in poverty, while 49% of children between the ages of 0-19 live in poverty, which, taking into consideration the fact that social and demographic structure of Kosovo proves that half of the population is under 18 years of age. Therefore, it is not a surprising fact that children living in families with more than three children, children of unemployed parents, children beneficiaries of social schemes, children with parents who are mentally disordered, and children coming from family households, with low academic level of parents are facing high risk of poverty.

Studies conducted in the European Union countries (EU, UNICEF, 2010) have found that without comprehensive policies for children and their families, poverty of children and their families stands low chances to decrease, simply due to the implementation of policies only against the poverty phenomenon. Therefore, a holistic approach is required and recommended in order to combat this issue, with special emphasis on interventions on the community, in which case, not only this phenomenon, but also other social and psychological problems would be fought, such as social isolation, stigmatisation, domestic violence, and /or depression. In this case, Kosovo must incorporate and integrate best practices from the EU states, for the improvement of the situation and the provision of welfare for children in Kosovo.

Promotion of the Rights of the Child in the Current Legislature

The following are listed some of the laws in the current legislature in Kosovo, which promote the rights of the child directly and indirectly. For more information related to this topic, click on the link: http://gzk.rks-gov.net/ActsByCategoryInst.aspx?Index=1&InstID=1&CatID=6

- **Law No .2002/3 On Higher Education in Kosovo**
    http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2426
- **Law No. 2004/35 On Games of Chances**
    http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2417

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- **Law No. 02/L-42 On Vocational Education and Training**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2409
- **Law No. 2004/32 Family Law of Kosovo**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2410
- **Law No. 2004/2 On Gender Equality**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2457
- **Law No. 2004/46 On Civil Status Registers**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2455
- **Law No. 02/L-52 On Pre Scholl Education**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2401
- **Law No. 04/L-081 On Amending and Supplementing of kaw no. On Social and Family Services**
  http://gzk.Rks-gov.Net/actdetail.Aspx?Actid=2447

Along the above mentioned legislation Kosovo, government of Kosovo set out that the mission of the Ombudsperson is to receive and investigate complaints from every person in Kosovo that claims his/her human rights have been violated by the Kosovo public authorities. Among other activities, Ombudsperson has established three special groups with the purpose to deal with particular issues of few categories of people whose rights in Kosovo are considered as more vulnerable. These categories of people are the following: children, women, ethnic minorities and others. The OIK has established the following groups to deal with the rights of the aforementioned categories: Children's Rights Team (CRT), Gender Equality Unit (GEU) and the Anti-Discrimination Team (ADT) (Ombudsperson, 2015).

Children of Kosovo in Statistics

Below is a glimpse of children situation regarding different issues:
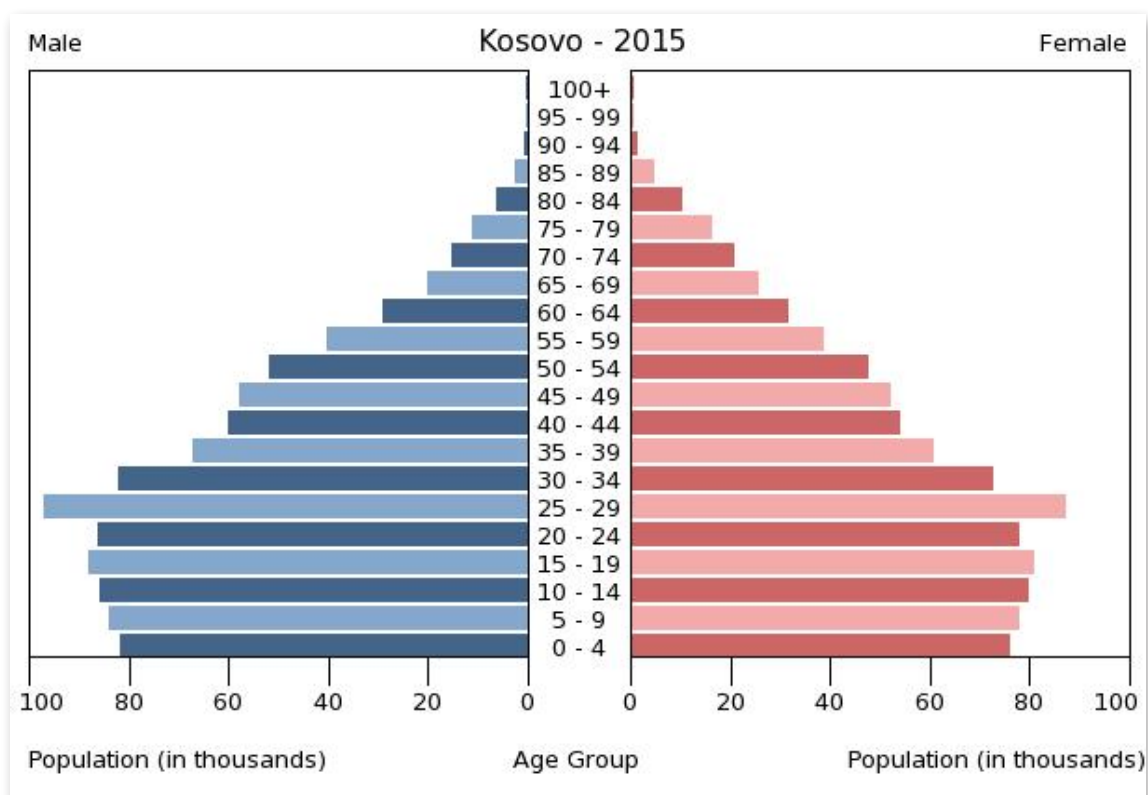
Fact and Data:

- Age Distribution: 0-14 years: 25.82% (male 250,907/female 232,112); 15-24 years: 17.74% (male 174,208/female 157,791)
- Child Poverty: 49% of children between 0-19 years old are in poverty which means 1.417$ per day (UNICEF, 2010)
- Child Migration: From November 2014 until end of 2015 it was estimated that 50,000 people left Kosovo. This included children, although there is lack of documentation (Telegraph, 2015).
- Minority Children: 93,600 (Serbs, Roma, Ashkali, Bosniaks, Turkish, and Croats) (UNICEF, 2004)
- Children Education: 83% of children (app. 713,800) have access to education (UNICEF, 2004)

Most risked children in Kosovo are:

- Children from marginalized ethnic groups (especially Roma Ashkali and Egyptian-RAE children),
- Children living in extreme poverty,
- Children working and living on the street,
- Children from different minorities and
- Children with disabilities

Session III

Topic: Social Protection and Systematic Approach/ Systematic View on the Protection of Children

Time:
  3 hours

Methodology:
  • PowerPoint presentation;
  • Group discussion;
  • Case studies.

Objektivat e Sesionit:
  • Recognize social protection concepts and social system model in Kosovo;
  • Tell about the importance of the protection of the child and discuss about the model of the protection of the child in Kosovo with reference to example cases;
  • Identify the difference between the thematic and systematic approach regarding the protection of children.

Resources:
  • Xhumari, M. (2009). Process and social policy institutions.
  • Dhembo, E. & Agolli I. (2010). Politika Sociale dhe Mirëqenia Sociale: Leksione, ese, dhe artikuj. albPAPER.
  • Glossary of Social Security, Council of Europe, CARDS Social Institutions Support Programme, 2006
  • European Commission (2009). Social protection and social inclusion in the Western Balkans. Summary of the report.
  • Jones, N. (2009). Promoting synergies between child protection and social protection – West and Central Africa" UNICEF, Oversees Development Institute.
  • Gruat, J. V. (2003). Social Protection- A Life Cycle Continuum Investment For Social Justice, Poverty Reduction And Sustainable Development.
  • UNICEF. (2010). Child Poverty in Kosovo. Taken from: http://www.unicef.org/kosovoprogramme/Child_Poverty_SHQIP.pdf
  • European Commission. (2014). Kosovo 2014 Progress Report. Taken from: http://ec.europa.eu/enlargement/pdf/key_documents/2014/20141008-kosovo-progress-report_en.pdf

Materials:
  • PPT presentation
  • Flipcharts
  • Markers

Session Summary:
This session will explore a new paradigm on child protection; (thematic and systematic approach to addressing the abuse, neglect and other forms), and will explore the connections of the system of child protection in the socio - economic context, such as the role of social protection in the protection of children. It will also explore elements of a child protection system, dynamics and actors participating in the process.

Steps:

Activity # 1- *Systematic and thematic approach*

Divide participants in groups and ask to bring two cases and to analyze the approach that they have used.

After the presentation of the cases, ask participants:

1. What is the approach followed in each case?
2. What are the main actors of the system?
3. How distributed responsibilities?
4. What are the basic principles discussed in each case?

Activity # 2 - *Group work and discussion: structures, main functions, actors and protection of children in Kosovo.*

Divide participants into two smaller groups and ask one of them to build a map and discuss the roles of actors at the local level and the other at the central level. Emphasize that it is very important to identify the links between the institutions and the need for cooperation between them.

Theoretical Handout: Session III

Social welfare refers to different social regulations, which exist in order to meet the individuals' needs and groups in a society and to handle different social problems (Manning, 2004). Use of the term social policy in our time is understood as a social welfare, coming from Government, but this is not always true. For many people, welfare is provided from other social mechanisms, where the core of the family and wider family belongs, friends and NGOs with voluntary character and charitable components. At the same time, social protection includes the entire legislation, measures and practices to protect individuals from risks to life, such as diseases, accidents, financial risks, disability, loss of job, natural disasters, war, and/or rebellions. According to Council of Europe 2006), social protection has five components, including:

1. Programmes and labour market policies, drafted for the benefit of employment and simulating effective actions for the labour market;
2. Programmes of social securities to amortise risks accompanying employment, health, disability, damages at work and aging;
3. Social assistance and social welfare programmes for most needed groups and with no other supporting means for their living;
4. Micro schemes and other supporting schemes on the ground to address and to handle needs at the community level; and
5. Protection for children to provide a healthy and productive development of the upcoming labour force.

> *Social protection is a response to the need for security in the widest meaning of the word, through ha social solidarity process, rather than a mere system of instruments guaranteeing this security" (ILO, 1984, pg.219).*

Social protection is conceived as an on-going activity of society, to give assurance to its members, against the threat of loss or considerable decrease of the living means (e.g., incomes, aging, or disability at work, diseases and/or accidents). Members of modern society feel the need for safety; therefore, they developed forms of social solidarity, same as our ancestors used to meet the mutual assistance over one another. Otherwise, life would be as is described by Hobbes "solitary, poor, nasty, brutish, and short". The well-known anthropologist Kropotkin concluded that species surviving are not necessarily strongest, but the most able to interact with one another. Thus, it is difficult for an individual to grow up, develop and give his maximum of possibilities without the support from the social environment, which provides him not only the basic needs, but also other secondary needs.

Social protection programmes aim at developing individual capacities and manage social and economic risks, such as: unemployment, social exclusion, disability, denial and diseases. The politic interventions for social protection may improve the welfare of these individuals and direct the impact of shocking events in reducing incomes or the consumption, as well as reduce poverty and social inequalities. Social protection includes a number of interventions to soften social and economic deprivation and is based on "identification of different types of risks and ways how these are developed through the life cycle". These public actions are not limited to handling poverty and economic deprivation, but also take into account relationship between

social inclusion and poverty. According to a study conducted by ILO, social protection comprises a questionable issue, because on the one hand, it enables societies to push forward welfare and safety of citizens by protecting them from risks and deprivations in a way that they can live a good life, and on the other hand, it is criticised of high costs, reduction of possibilities to invest in other areas of priority, and creating poverty of beneficiaries from schemes. The critics mentioned above have been rejected by the experiences of successful countries in the economic, political and social aspect, indicating that economic development and social protection when built on the basis of careful assessments and when taking into account local social, political, economic and cultural context strengthen one another and have positive impact for groups in danger.

Prevention Against Care

The following data are from USA, although data may vary from one country to the other, the principle remains the same.

$1 dollar for vaccination	or	$10 dollars for healing
$1 dollar for prenatal care for women	or	$3.38 for later health care
$1 dollar for preschool qualitative education	or	$4.75 for later special education, for welfare services, addressing crime or other costs.

Source: Children's Defense Fund. 1991. The State of America's Children. Washington, DC

Why protection for children? Cost or investment?

An educated society and one with social cohesion is critical for a stable development of a state. There are lots of data that even small investments lead to better health care and education of children, thus bringing big benefits to society in general. Many countries have primary education system free of charge, as well as free of charge health care services or with very low costs for the health of children. State as Sri Lanka, for example, has introduced free of charge health care services since 1948, three years following the introduction of free of charge and obligatory primary education. Although malnourishment and quality of public education remain problematic, social indicators not only for women but also for children have improved significantly and are much better than those in other countries of South Asia[276].

Role of Protection of Children in the Reduction of Poverty: A New Paradigm?

Although the protection of children is nothing more than one of components for the reduction of poverty, in general, we have to make difference between:

a) Protection of children in a wider sense of the word, including all necessary interventions for a society to guarantee the development of children in their fuller potential, in the best interest not only of children, but also of the society. In this case it is about the welfare of children, and this concept derives directly, and is the best reflection where all rights of the child are met in the ideal form.

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276 Himes, J. 2000. In Petren, A. and J. Himes (eds.), *Children's Rights: Turning Principles into Practice*, 82-83.

b) In the more narrow meaning, society through the good governance should provide necessary measures that guarantee that child is protected against all forms of abuse and exploitation. In this case, we are dealing with meeting the group of the rights of the child which are directly linked to the protection of children against all forms of violence, abuse and exploitation.

With the ratification of the International Convention on Human Rights (CRC), the signatories, when implementing the rights of the child should cover three key areas: provision of services, protection and participation (in international terms known as 3P-s).

"3 Ps of the Convention of the Rights of the Child"

- *Provision:* Guaranteeing rights and basic needs for the development of children (e.g., love, care, shelter, footwear, food, access to healthcare, reproduction health, education system, and potable water and hygiene).

- *Protection*: Protection against all forms of abuse and exploitation (e.g., physical, mental, sexual abuse, inhuman and degrading punishments, dangerous work, slavery, armed conflicts, prostitution, torture, trafficking, pollution and ethnic discrimination).

- *Participation*: the right of the child to participate in all decisions taken for the development of children and their status, as an independent human being. Child is considered as an active participant, rather than a passive recipient.

There are at least *five areas* in which comparison for the protection of children changed and evolved during the last decade:

1. **Switching from needs into rights** – all children should be included and rights are indivisible. This switch has also expanded the concept of welfare of children as meeting the rights, and not just immediate and short term needs.
2. **From the problem to source** – more than a problem in itself, children are considered as a source for finding solutions to their problems. In this case, children are seen as owners of their lives, as experts and with capacities to impact their life and decision related to them.
3. **From charity to the obligation for protection** – local, national and international obligations to guarantee the protection of children. At the same time, this means that protection of children is seen as a state's obligation, requiring resources, human capacities, and effective protection systems and professionalism in determining the best interest of the child.
4. **From object to subject** – child at the centre of his self-development and as a result, programmes with the child at the centre.
5. **Towards new areas of interest**– new issues such as participation, right of expression, right of information and knowledge, which are expanding the way how children are seen and involved, and the entire childhood conception.

Main differences between the needs-based and rights-based comparisons for protection of children:

Based on the rights	Based on the needs
Children are entitled to seek assistance as subject of right	Children deserve to be helped
Governments are morally and legally liable	Governments should help, but they have no clear obligations.
Children are entitled to active participation	Children take part in the improvement of distribution of services
All children have the same right to meet their potential.	Having limited resources, some children may be left out
There is an overall purpose, toward which the entire work is directed.	Every work done has its own purpose, but there is no unification purpose among them
All adults may play a role in the achievement of the respect of the rights of the child.	Some groups have the necessary expertise to work in order to guarantee the rights of the child.
Save the Children Fund (UK). 1999. *Guidelines on Child Rights Programming*. London: SCF.	

Task Force model for the protection of the child in Kosovo

Task Force is a roundtable, established as a **coordination mechanism for the protection of children**. It is a monthly meeting, or more often if necessary gathering professionals from different institutions and organisations, such as representatives from Department of Social Welfare, Centre for Social Work (Child protection Units), Municipal Education Department, Municipal Health and Social Welfare Department, psychologists, pedagogues, Community Police Unit, Probation Service, Unit against Domestic Violence, Officers for protection of victims, Anti trafficking Unit, local NGOs and community based organisations and TDH. Head of Task Force is the social worker for the protection of children within the Unit for the Protection of Children. The inclusion of all actors best illustrates the holistic approach, and at the same time, commitment and motivation for the protection of children.

Representatives of local institutions in Task Force assume the responsibility on the management of cases of children at medium and high risk of negligence, abuse, exploitation, trafficking and delinquency, which are referred to and monitored by professionals[277] during monthly meetings. Low risk cases are not referred to Task Force, but they are directly managed by and forwarded to local institutions (schools, centres for social work, and/or probation service) through existing families, school visits, and/or advisory sessions given by social worker or the psychologist. Task Force also contributes to the organisation of preventive activities in order to protect and support the social integration of children. Terms of references of the Task Force members:

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277 According to Tdh, risk levels for children in the case management are as follows:
  Children at low risk: House is safe for children, but there are concerns about the potential for children to be in danger, if services are not provided to prevent the need for protective interventions.
  Children at medium risk: A child may suffer some degrees of damage, if he remains at home with no efficient protection and intervention plan. However, there is no evidence that the child is at immediate risk of serious damage or of death.
  Children at high risk: there is possibility for serious injury or damage, to be subject to immediate and on-going sexual abuse, or become disabled, trafficked or dies, if remaining in present circumstances without protective intervention.

- **Social workers for protection of children (Centre for Social Work, CSW)** run monthly meetings of Task Force. Cases referred to are discussed among all members, in order to prepare the action plan and appoint a case manager. It conducts social analysis for the cases referred, provides opinions, professional ideas and decides on family visits in order to assess the situation, needs and difficulties, and provides family counselling. At the same time, provides care for children without parental care, carries out some forms of protection as a sheltering family, guardianship, temporary sheltering, protection of children with special needs and from domestic violence, cases of trafficking, and protection of juveniles with non-social behaviours.

- **Probation service officer (Ministry of Justice)** is responsible for case management for juveniles in conflict with the law from 14–18 years of age and also conducts monitoring of the implementation of measures. In addition, by coordinating with other case management members, he contributes to the writing of the social survey on the cases of rehabilitation, socialisation, integration and prevention.

- **Victim defender** (Ministry of Justice – Division for Protection and Assistance to Victims) is included in the cases of child victims of violence, trafficking, abuse as well as drafting action plan and case management in coordination with CSW and Anti trafficking Police in defence to this category of children.

- **Anti-Trafficking Police,** following the identification of trafficking cases, it refers them to Task Force for further management and investigates the potential groups involved in trafficking. In addition, it identifies high risky cases and places children in shelters, in cooperation with CSW.

- **Kosovo Police (Police for Domestic Violence)** identifies and makes a referral of cases of child victims of domestic violence, abuse and violence to Task Force, and takes part in drafting the action plan, together with other members.

- **Municipal Education Department** is coordinated with schools, in order to identify and refer cases, and later integrate cases in schools under the Task Force management. The mechanism created includes the pedagogue/ psychologist/ school principal/ Municipal Education Department.

- **School psychologist** supports with professional services the handling of cases and also the drafting of the action plan. It helps identification and referral of school cases.

- **Community Police** identifies and makes a referral of cases in coordination with the Police Unit.

- **Department for Health and Social Welfare** provides medical treatment and social assistance for specific cases and supports the municipal level with coordination.

- **Community office** helps identify, refer and manage cases from RAE community to Task Force. It also helps conduct visits and filling in the data for cases which require support.

- **Local NGOs** provide services for cases presented in Task Force, based on the project being implemented.

Session IV

Systematic Approach / Systematic View on the Protection of Children

The developing approach on the protection of children is now also reflected in the development sector. In recent years, there is a shifting of focus from special issues or rights, to the building of safe environment, and lately towards a systematic approach. For this work, children and families needed re-focusing. Main reasons for this are:

- Thematic work – ignores needs and rights of many children, thus focusing only on some categories. It cannot be built continuously on previous successes and is most likely not to be sustainable in time.

- Recognition of long-term impact – such recognition should be enabled not only for individuals, but also for their families, or for the socio and economic development of different countries.

- Reaction to changes in environment / context – demographic changes, very fast urbanism and others as such, need reactions with updated comparisons.

Problem Focused Approach

Its origin initiates the recognition on the need of children for protection as well as the fact that some children are particularly vulnerable and are in need, as a consequence of more difficult conditions in which they find themselves. As a result, the emphasis was placed on special groups of children in need of protection (e.g., children who are on streets). In addition, the intervention was quite fragmentised, thus focusing on special rights, such as right to participation or the right to services and not necessarily on all rights of the child which were violated.

Impact of thematic comparison:

A. Programmes drafted on:
   - Expertise, professionalism, or sectorial interests;
   - Focus is more on the rights rather than on the children themselves that enjoyed or not those rights;

B. Causing the effect of SILO (ISOLATION), treatment of different issues in various sectors such as health, education standing out from other issues, which could have been caused or are interrelated with them. In addition, the phenomenon often changes view and this has often caused instability of intervention.

Thematic Approach Constrains

1. Programmes established under these approaches are reaching the boundaries of effectiveness, as a result of limited stability of projects and limitations in the long term impact.

2. Reforms are often isolated from the other part of a wider system.

3. They can only reach children as objective, in the meantime other children may be left out and after some time, this may turn into danger, thus, lack of focus in prevention and early intervention.

Based on these constraints of this approach, a need arose for a transition toward another approach, which would aim at building a system prone to prevent and to respond to abuse, negligence, violence, exploitation, and not only to treat symptoms, issues or isolated categories of problems.

What is the System?

The system is a group of structures and mechanisms which are under constant evolution to respond to social, political, cultural, economic and historic circumstances. *Characteristics* of the system include:

- Common purposes
- Predictability
- Balance

The integral *elements* of the system are:

- Norms – including laws, policies, rules and standards
- Structures – including agencies, organisational structures, services, capacities and resources
- Processes – including coordination protocols and referrals.

Context of System of Protection of Children

System of the protection of children is well stabilised in the western societies as a formal discipline. However, this system has existed and continues to function also as tradition in other cultures. Often a time, traditional, religious and cultural motivations have stayed based on it. Every community or a certain group has a certain form of protection of children, based on the needs or perceptions as of what is appropriate for a child. These convictions have not always been healthy or useful for the protection or the welfare of children, as are some practices and early positive traditions towards the wellbeing and protection of children. As a matter of fact, the origin of protection of children was not based on the rights of the child, but on the welfare model, which in essence is meeting the needs of the children identified.

Systematic approach:

- Recognises the fact that there is a close connection between actions and different activities undertaken to guarantee a safe environment.
- Accepts and aims at adopting integrated and comprehensive approach to provide proactive and reactive services over the need of all children.
- Responds to the need for addressing abuse, as phenomena which are present everywhere, in every society, and recognises the fact that problems of protection of children are complex and interrelated to one another.
- Emphasises the aspect of prevention as quite important to reduce reactive interventions over the situation of abuse.

Approaches and Protection of Children

Not with standing the model used, the purpose of the system of protection of children should be:

a) Prevention of abuse, negligence and exploitation through early identification of populations, families and children at risk from abuse or exploitation, and promote their welfare;

b) Respond to children who suffered of abuse and exploitation, by guaranteeing an appropriate treatment and reintegration.

Basic Characteristics of a Social Care System

A social care system–sub system for children and their families – includes four basic characteristics:

1. Legal framework and policies comprised of laws and policies governing the system (determining purposes, objectives, roles, responsibilities, and regulating the areas of intervention);

2. Structure with public responsibility and accountability lines to develop and distribute services (structure includes three levels of delivery of services: primary level with universal services, secondary level with services as objective, and tertiary level with individual services). Structure includes also mechanisms for the increase of capacities and maximisation of resources.

3. Processes required to identify the way how each part of system should function (for instance, instructions and procedures among agencies). These processes promote a continuity of care including a predictable sequence of functions. Continuity and predictability provide sustainability over different levels of services and ideally avoids gaps in response to the needs of the clients (see chart below).

4. Scientific research and analysis are essential parts of system to improve and continue the constant development of the ability of system to ensure that all children are safe and protected.

Legal and Political Framework

First Level	Second Level	Third level
UNIVERSAL	**TARGETED**	**INDIVIDUAL**

Education, information and awareness raising

Support to families - Early interventions

Services for protection of families

Intensive support for the families out of home care

CONTINUITY OF CARE

risk intensity

Reserach and analysis
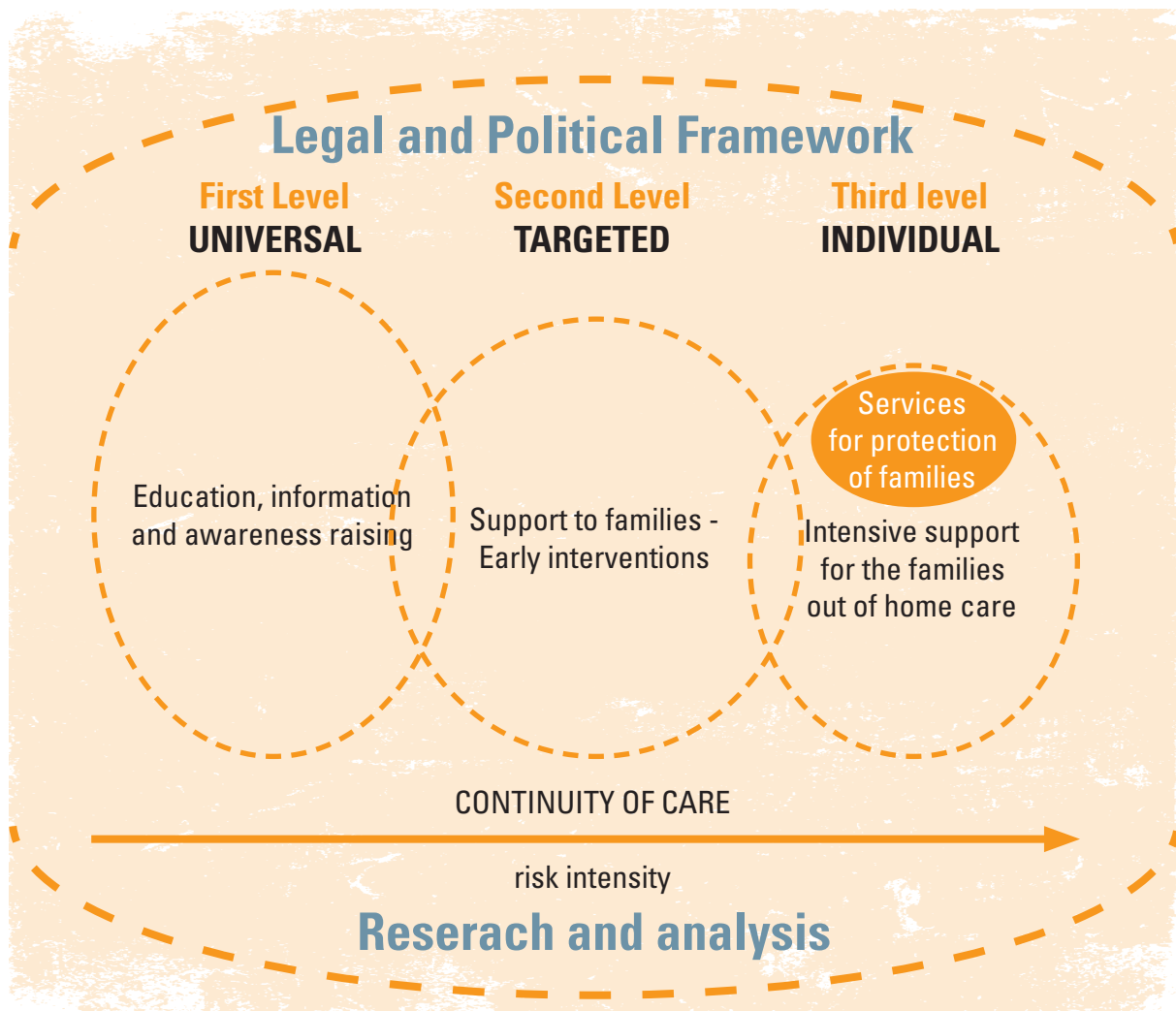
(Adapted from material "Adapting a Systems Approach to Child Protection: Key Concepts and Considerations"

The chart above shows main components in primary, secondary and tertiary level. In reality, also other systems interact with the social care system and impact on functioning, in particular, healthcare system, justice and education. The arrow on the chart shows continuity of care and sequences of services from primary to tertiary ones. It also identifies the increase of risk intensity to the welfare of the child along this flow and the need to move from preventive levels in more professional and specialised services.

Prevention – Proactive Approach to Protection

An important element of every system of social care is the provision of proactive services, recognised also as prevention programmes. These services, including also services of family protection are necessary to be connected with more reactive third level services, such as; services for protection of children. When it is discussed about the social care system for children, it is important to make a difference between these levels of service. All levels of intervention may be in a way preventive: in the tertiary level, too, the purpose is to prevent further abuse, exploitation, negligence or violence, as well as to initiate processes for protection, care,

rehabilitation of the child and avoiding the occurrence of the same, when circumstances are improved. In moving continuously from primary to the tertiary level, interventions required are getting more specialised. As such, they require specific professional support. Since reactive services too, contain an element of preventive work and are not simply reaction services, there canbe a degree of superposition among components of a social care system. This is not a duplication of the provision of services, for as long as it reflects a continuity of services required to respond to a wide group of needs. The diversity of childhood and situations of children means that a diversity of services to avoid gaps on the provision of services is needed. At the same time, one should take into account that all these services should in the first place have the child and the needs of the child in the centre during the entire process of provision of assistance.

Primary – Universal Services for all Children and Families

Primary services are known also as prevention programmes and are aiming at the wide population, though they may be directed also towards the specific groups. In this level, services promote knowledge and customs, and they strengthen the general community and wide society's ability to take care for children and keep them safe and protected. This working level relates to changes in positions and strategies of changing the social behaviour. Common activities include areas of awareness raising and advocacy, such as the promotion of the need for alternative forms of discipline, rather than the physical punishment, or awareness raising on the impact of domestic violence. Prevention programmes may be effective in achievement of the contact with the public, but them being general in nature, they do not address specific issues of individual families. Primary activities may be limited related to the achievement of changes in family where complex or long term difficulties exist.

Secondary Services – Targeting Specific Groups of Children and Families

Secondary services are also known as programmes for early interventions or programmes for family support. These services are of prevention nature, and are focused on meeting the needs identified within families or specific endangered groups. They may be personalised to adapt to individual situations and as such, are a lot less generalised compared to primary services. Supporting services for families provide necessary services, as soon as a family find itself in difficulty, or is facing challenges, which may deteriorate in serious problems. Services of early interventions are targeting families which are already in danger, which can be involved in abusive behaviours, to change circumstances before they cause damage to the child. For example, families may also ask for assistance in case of separation, to face conflicts, in case of problems with alcohol and/or drugs, domestic violence, problems with mental health (disorder) or difficulties in caring for children. Bearing in mind, this spectrum of problems, there are numerous actors providing second level services, including governmental and non-profit organisations. In addition, an important factor influencing these services in the family is the motivation of family and members of the family to understand the need for change, to accept steps for change and undertake these processes.

Tertiary Services – Targeting the Child and Individual Family

Tertiary level interventions are indispensable in order to react to circumstances where a child is at risk for abuse, exploitation, negligence or damage of whatsoever nature. These interventions may include removal from home (parents or guardianships' home), one or more children, or from work place, when this is in their best interests. In some circumstances, initially a package of interventions is tried out which is designed to avoid removing children from families and placing them under the state's care. This package may include using primary prevention and secondary intervention services, along with other supporting and protection actions. It is necessary that details of plans and programmes for individual children are determined out of context and are based on principles of the best interest.

Specialised Services

Typical examples of such interventions include intensive support of families (parental programmes, counselling over relationship, mentoring schemes and practical assistance) and specialised programmes of development of children (specialised support related to education, development of social relationship and self-assessment work). Along with this, some specialised service programmes may be used as early interventions, such as treatment or counselling regarding the abuse with drugs and alcohol, problems with mental health or domestic violence – or a combination of all above.

Protection Services

In terms of best interests of the child is the need for services of the interventions provided by state mechanism, or in other words, "services for protection of children", provided by the state as an integral part of tertiary reaction. These services are required when all other ways of addressing the protection circumstances of a child (through primary and secondary services) have brought no positive results and the individual child is at serious risk for damage.

State has an essential obligation to secure that these services exist to respond to all children at risk or at risk for damage. This duty requires that the state intervenes, if the family or the community fails to protect a child.

Since the child and family are included in protection services of children, their participation is obligatory – usually with legal sanctions in case of the lack of cooperation. This occurs because the level of the damage to which the child is exposed (or is at risk for exposure) may be fatal, in extreme cases. Further, services for the protection of children are a responsibility of the state, they are usually not delegated to non-state agencies. A number of departments within the government has each a role to play in the protection of children, but it is essential that a single agency (within a governmental department, a special department or agency with the proper mandate) has the role and the statutory duty to intervene, and when necessary, to move children from their families (or other harmful situations) and find alternative ways of temporary or permanent care. This agency should direct all aspects of intervention at this level, including: investigation of cases, evaluation of the family situation and development of protection plans and care, including removal from the family. It also has the responsibility for decision taking (or a recommendation to the court of law) for each case, thus bringing back the child/children to the family once the situation is safe, for referral of the family to other services, for reviewing and

closing the case. Children included in services of protection of children are at high risk. Therefore, it is critical for whoever working in this area to be qualified and supervised appropriately in order to take decisions related to the security of the child and whatever is at the best interest of the child. The best interests of the child are related to his overall, physical, emotional, psychological, social and spiritual welfare. He should not be determined as only related to the physical care and education.

In many countries where it is no longer secure for a child to continue to live in his home, for example, when the abuser lives with him, the common reaction was to remove the child. With revision of laws and practices, some states are using a more sensitive approach toward the child and are choosing measures requiring the abuser to leave home. The abuser leaves the home for a period 2 weeks which can be prolonged by the mayor or judge. During this time the social work/ multidisciplinary group makes a safety plan with the family for the future. Only if the situation is safe within the home, the perpetrator can come back. Research has shown that the risk of repeated violence diminished.

Care Outside the Family (Alternative Care)

When the child is removed from family care, he should have access to services of alternative care, managed by the state or civil society. It is widely recognised, therefore– and is reflected in CRC – that the progress of children is better when they remain with their family or in their community. When this is not possible, or secure, then appropriate alternatives are necessary.

'Substitution' or 'alternative' service includes various models with a variety of options, from the care provided by temporary guardian families, with or without blood ties, to the permanent solution of adoption. Sometimes, such care may be used for a short period of time to prevent the dissolution of families (and as such, it would be a strategy of early intervention, though only when formed as part of a wider programme of support). It is absolutely essential that alternative care should be a constant part for provision of care. Decisions related to alternative care for children should be done by a competent authority (usually this is part of the service agency for protection of children).

This authority should be independent from the care provider, and decisions should be based on the best interests of the child/children. Alternative care should be understood and should always be used as a temporary solution, while other services work with children, families and community to ensure that child/children may be returned to the family whenever this is secure and ensure that they meet the needs of the child. Hereby it must be taken into account that continuity in education is also a child's right. It can damage the development of a child if it is taken away from a foster family after having lived there for more than two years. The ability to attach to other people can be harmed. This also depends on the age of the child.

Differences Among Primary, Secondary and Tertiary Levels

Some services may be the same at primary and secondary levels and may be provided by the same provider. The key difference between primary and secondary services is the nature of engagement with families and children, and the intensity of support. Primary services are offered to all, but when some families and children are identified as being in need to use these services as part of an individual prevention strategy, then they are classified as secondary services.

Difference lies with referral, suggestion or the decision of families to use a specific service. An important fact related to primary prevention services and the secondary ones is that both are voluntary services. This means that children and families may choose to take part. This optional feature falls in contrast with tertiary interventions (protection services and other specialised services), where participation is not a choice any longer. The binding nature of tertiary services is a necessary and indispensable response to the child's situation – a child is suffering or is very likely to be damaged. Notwithstanding the efficiency level of primary and secondary services, there will always be a need for high quality and efficient responsive services, whose target is individual children and their families.

Legal and Political Framework, Scientific Research and Analysis

Two other essential elements interacting with the social care system for children and families and which are governing it are a) normative framework (policies and procedures determining context), giving the system structure and b) scientific research and analysis, which bring theoretical basis to responsibilities and services provided. As part of analysis, monitoring and assessment (with participation of children and families) are important to ensure that services are based on scientific research and on evidence. As a result, these processes should inform the development of policies and procedures.

National systems for protection of children are composed of:

- Economic rationale;
- Bureaucratic requests which are needed to put system into motion;
- Legal approach to legitimise appropriate interventions (in particular having in mind the balance between the family right and the state right, to intervene in cases when family does not guarantee or is in danger to guarantee safety and protection for children).

National social concepts for social protection are composed of:

- Social construction of childhood and abuse
- Political views for state intervention in the family life.
- And, absolutely international developments and tendencies.

Some of Challenges and Dilemmas Related to the System of Protection of Children

- Lack of clarity as of what is understood by national system of protection of children, associated with a set of confusing models and concepts, including also confusion in relation to responsible mechanisms, roles, liabilities of each structure;
- Time and energy spent on finding 'ideal' system , which would function everywhere;
- 'Import' of ideas from elsewhere, without taking into consideration the context and combined adequacy with elements, the success of which has not been tried out in long terms conditions;
- Determining system boundaries and on how to work with other sectors;
- Use of thematic interventions to contribute to development of system in long-term conditions and to the donors' conviction to support systematic comparison;

- Need for regulation of transitory changes that may occur along a time period or as a result of different system manifestations;
- Deciding on and consensus as of which would be the protection threshold; pluralism or cultural relativism;
- Long-term and complex process, therefore, there is a need for political will;
- Lack of capacities and human resources to address issues with same approach;
- More accountability on the part of government to meet their duties, and more roles and duties on the part of other actors, such as, NGOs or civil society in general.

Social protection programmes for children include evidence based approach, which aim is to maximise opportunities and development results for children, taking into consideration different dimensions of their welfare. They are focused on treatment of social disadvantages, risks, and invulnerability of children inherited from birth, and those acquired later in childhood due to external causes. This is achieved best through integrated social protection approaches.

> *Protection of children is a component of social protection and has to do with prevention and response against "All forms of physical or mental violence, abuse or maltreatment, neglect or negligence, outrage or exploitation, including sexual abuse" of children, according to Article 19 of United Nations Convention on the Rights of the Child.*

UNICEF Framework on Protection of Children (example)

According to this Framework, protection of children should be seen from **_several aspects_**, which include:

1. State/Government engagement to address phenomenon of abuse and protection of children against all forms of abuse;

2. Legislation, which includes the need for a complete legal basis and at the service of protection of children;

Terre des hommes

3. Attitudes of society over the phenomenon of abuse are very important to be changed, since this phenomenon is a social construct;

4. Perceptions of wide community are important to start to increase their awareness, since change starts from the perception of community in relation to children and protection of children;

5. Existence of basic services for the welfare of children and at the same time, access to these services for parents and children.

6. Capacity building for life, empowering children to protect themselves, development of resilience is a key aspect contributing to the safe growing-up of children;

7. Society should undertake open and continuous discussions related to the need for improving life and protection of children;

8. Monitoring and reporting is an important aspect to secure quality, confidentiality and targeting all children along the continuity of services.

Beyond culture, social status, education, incomes and ethnical origin, violence against children constitutes a violation, which is quite widespread, of the rights of the child, affecting also the need of the child for development. Different forms of violence continue to affect life of children of all ages in every region of the world. They include physical, mental, physiological and sexual violence, torture and other cruel or degrading treatments, exploitation of children, hostage taking, domestic violence, trafficking, selling of children and their organs, paedophilia, sexual use of children, pornography of children, violence related to gangs, as well as traditional practices of discipline in schools. Vulnerability of children and their dependency on the adults requires special attention and specific actions from state authorities to protect them against all forms of violence. According to the protection environment model built by UNICEF, there are three pillars for a protection environment:

- the ability, knowledge, practice, and parents, family or the guardian's sources of the child;

- the norms, practices, values and support of the community and society in which the child lives;

- specific elements of governance system, such as: the legal and policy framework, the standards and the behaviour and responsibility of the professionals who come into contact with children.

Article 19 of the United Nations Convention on the Rights of the Child comprises one of the basic articles in determining the concept of "protection of children". This article sets forth not only categories of damage against which children should be protected, but also steps, measures and concrete means to be undertaken by states to ensure this protection and help the child overcome this situation. In addition, the millennium objectives, starting from reduction of poverty to elimination of school dropout, from ensuring gender equality, to the reduction of infant mortality, will be difficult to be achieved, unless the issue of the protection of children is addressed and other phenomena, such as trafficking and/or exploitation. However, irrespective of strategies, criteria, laws or models, this issue is important, since it also affects one special group – children.

Title of the Topic:
Assessment of Needs and
Factors of Riskiness of
Children

Main Objectives
- Present participants with main stages of development of children;
- Explain main theories of development of children, with focus on the impact of abuse in the development of the child;
- Develop knowledge and habits of participants on the renewable (resilience) capacities and identification of strategies stimulating the development of renewable abilities on children;
- Understand the assessment process—including importance, principles and its dimensions;
- Review the risk concept and risk levels during the assessment process;
- Provide a framework on the analysis of information and decision-taking to draft the intervention plan for children.

Expected Results:
- Identify characteristics children should acquire at every of their development stage;
- Identify at least three ways according to which problems of the development of children may be identified;
- Understand the model of resilience and identify at least three ways of how to stimulate development of resilience of children and their families;
- Explain the meaning of assessment process, importance and main stapes in this process;
- Explain factors influencing the risk level, and identify risk levels in the scenarios presented.
- Describe a model on analysis and decision-taking and how can it be used into practice.

Module Timeline:
3 days

Main issues Addressed in the Module:
- Development of the child
- Physical and motoric development
- Cognitive development
- Theory of Maslow
- Theory of Ericson
- Theory of Attachment
- Ecological model
- Concept of resilience
- Source of resilience
- Meaning of assessment process and its importance
- Dimensions assessment process   .
- Preparation for assessment process
- Analysis of risk levels
- Analysis of information and decision-taking

Keywords:
- Development stages;
- Physical and motoric development;
- Stages and cognitive development;
- Early emotional development;
- Process of attachment;
- Development capacities;
- Physical characteristics;

- Risk factors;
- Environmental factors,
- Motoric development;
- Physical increase;
- Resilience/ renewal;
- Sources of renewal / resilience;
- Assessment process;
- Assessment dimensions;
- Risk level;
- Risk analysis;
- Information analysis; and
- Decision-taking.

Main resources:

- Goldstein, S., Brooks B. R. (2006). Handbook of Resilience in Children.
- Ross, Vasta; Marshall M. Haith; Scott A. Miller - Child Psychology - A Modern Science,
- Charles Zatro; Kirst Ashman – Understanding Human Behaviour and the Social Environment
- Edlira Haxhiymeri – Human behaviour and social environment, 1 & 2
- Pettijohn T. F., Phycology, a concise introduction, 1996
- "The Child's World"- The Comprehensive Guide to Assessing Children in Need. Ed. Jan Horwath.
- Wilson. K., James., A (2011), 3-d edition. The Child Protection Handbook.
- Calder C. M., (2008). Contemporary Risk Assessment in Safeguarding Children. Russell House Publishing.
- "The Common Assessment Framework "- HM Government
- HM Government. (2001). Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children. Department for schools, children and families.
- MPCSShB, Tdh, UNICEF (2009). Protocol of workers for the protection of children
- Agani, F., Landau, J., & Agani, N. (2010). Community-Building Before, During, and After Times of Trauma: The LINC Model of Community Resilience in Kosovo. *American Journal of Orthopsychiatry, 80, 1,* 143-149.
- 21 Bretherton, I (1992). The origins of attachment theory: John Bowlby and Mary Ainsworth. *Developmental Psychology* (1992), *28*, 759-775.
- Ministry of Health. (2012). Taken from: http://msh-ks.org/msh-organizoi-tryeze-te-rrumbullaket-per-vdekshmerine-e-foshnjave/ (roundtable on mortality of infants)
- Signs of Safety: Summary of the framework. Retrieved November 21, 2015 from: https://www.westsussex.gov.uk/media/3180/signs_of_safety_overview.pdf
- Turnell, A. (2012). The Signs of Safety: Comprehensive Briefing Paper. Retrieved November 22, 2015 from: http://www.aascf.com/pdf/Signs%20of%20Safety%20Breifing%20paper%20April%202012.pdf
- The signs of safety: Child protection practice framework, September 2011-second edition from: https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf
- Center for Disease Control (2014). Ace Study. Retrieved November 18, 15 from: http://www.cdc.gov/violenceprevention/acestudy/pyramid.html
- Larkin, H. & Records, J. (2006). Adverse Childhood Experiences: Overview, Response Strategies and Integral Theory Perspective. Journal of Integral Theory and Practice, Vol. 2, (3). Retrieved November 18, 15 from: http://aceresponse.org/img/uploads/file/larkin_aces_final.pdf

Metodology / Tools:

- Lecture/ PPT presentation
- Discussion in small groups on a specific issue
- Case study
- Exercises

Day I
Topic: Development of the Child

Time:
> 1 day

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session Objectives:
- Present participants with main stages of development of children;
- Explain main theories of development of children, with focus on the impact of abuse in the development of the child;

Resources:
- Ross, Vasta; Marshall M. Haith; Scott A. Miller - Child Psychology - A Modern Science,
- Charles Zatro; Kirst Ashman – Understanding Human Behaviour and the Social Environment
- Edlira Haxhiymeri – Human behaviour and social environment, 1 & 2
- Pettijohn T. F., Phycology, a concise introduction, 1996
- "The Child's World"- The Comprehensive Guide to Assessing Children in Need. Ed. Jan Horwath.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session Summary:
This session will focus on the main theories of development of children, with focus on the impact of abuse in the development of the child. Different methodologies will be applied for the participants and giving them the possibility to apply the knowledge in practice.

Steps:
Activity # 1- Identification of games, activities and tasks in line with the age and their impact on the development of the child
The purpose of this exercise is identification of games, activities and tasks depending on age and their impact on the development of the child. In order to develop these activities, students are broken down into groups of 3-4 persons (or may develop it individually) and discuss in groups by identifying games, activities, tasks and the impact they have on motoric, physical, psychological, child cognitive development according to ages: childhood games/activities/tasks, late childhood and adolescence.

No.	Games/activities/tasks where you are involved during your childhood	The age in which you are involved	Motoric abilities you acquired during the development of these games/activities/tasks	
			Global motoric	Fine motoric
1				
2				
3				
4				

Activity # 2 - Application of practical habits in identification of problematic cases during the work with children

The purpose of this activity is to identify problematic and difficulty cases in the work with children and based on theoretical knowledge discussed in previous sessions and provide participants with practical habits. Depending on a case, the group will be required to work for:

- Assessment of development of the child according to normative indicators;
- Factors that have impacted on the development of the child; characteristics of child environments;
- Problems created by environment;
- The treatment offered how can the child/environment need be addressed; and
- Suggestions for further work.

Group discussion cases:

Case 1:

Mali is a ten-year old boy. He's got a bother 13 years old and a sister seven years old. He lives with his brother, sister and his parents. Mali is suffering from some learning disorders, which often make his communication difficult with his friends, and teachers. His grandmother lives with them too (his father's mother). His grandmother and his mother don't get along well; therefore, there are many debates among them. Mali's uncle, lives next to them and he visits them often. Mali's mother is sick and rarely leaves her home. Mali's case was referred to the Unit for Child |Protection, since he is violent and very aggressive. His teachers say they cannot control him, since he is always involved in some hassle. Sometimes Mali shows up at school with signs of violence on his body. He has a few friends, and often he gets in quarrel with them too, since they bully him.

Case 2:

Diella is a 13-year old girl and the eldest of the three sisters. Her sisters are 10, respectively 8 years old. Her sisters and her live with their mother. Lately, Diella's mother visited the UChP and wanted them to send her children for adoption, since her spouse (father of children) passed away one year ago from a work accident. They live from his pension. Ever since, the mother tries to take care of the girls. She states she has been diagnosed with cancer and will soon die. Girls attend school and do well. They take a lot of care of their mother. An NGO helps them in terms of footwear and school texts, and girls regularly visit this NGO and they have many friends there.

Case 3:

Altin is a 15-year old boy. He's got three younger brothers (12, 10 and 5 years old) and a 14-year old sister. Children visit school, but not every day. Altin and his brothers live with their father and his second wife. The family is very poor and is part of Roma community. Neither their father, nor his second wife work, so children are forced by their father to collect cans to earn money. Altin is often spotted on streets and there are doubts that the child really lives only on streets, during the prevailing part of the week. Altin has been arrested for theft and destruction of public order many times by police, although not always as he really a cause to this situation. He is very much attached to his sister.

The Oretical Handout: Day I

Last decade proved considerable improvements of the situation of children in Kosovo. Among the important achievements is the constant decrease of the mortality of children and infants, although this continues to be a concerning fact as a phenomenon (Ministry of Health, 2012), better recognition and protection of the rights of the child, a comprehensive immunisation programme, and continuity of enrolment at a high level in primary education. However, still a lot remains to be done to improve children's life. Among others, there is a need to overcome harmful consequences of malnutrition and unhealthy environments for many children, to facilitate access to the health care, to investigate and prohibit effectively cases of children's labour, to overcome the failure in school achievement, and achieve the needed education results.

The connection between the unfavourable position and social exclusion has been noted considerably in rural areas, where the access to main public services, in health or education, is often difficult, and is even impossible. Less distinguishable barriers exist for children in urban areas and informal areas. The quality of services is quite low in these areas. Social exclusion of some groups of children comprises a considerable concern, widespread and which is constantly deepening. The engagement for "a small government" limits institutional sources, and on the other hand, coordination and implementation of policies of the protection of children remain weak. Firstly, this prohibits the issue of children to integrate in the overall policy-making. Secondly, subsequent governments were strong in the strategy, but weak in implementation and administration, therefore, the necessary adjustments remain more theoretical, than feasible. In addition, political impacts are not further followed, while the push for change remains external. There is a big need for more analysis and understanding of the correlative consequences of policies - for example, to encompass services of care for children and employment of women.

Development of the Child

First years of the life of the child comprise the period of growth and intensive development of the child development. The understanding of frequent changes in the development of the child prepares parents and guardians to pay active and intentional attention to early periods, which will serve as the basis for sustainable development in later ages.

Developmental changes comprise an essential fact of the existence of the human being. Every human being is developed uniquely. However, there are assumptions and principles universally recognised on the development of the human being, two children are not developed the same way (even when they are monozygotic twins). Children change in the way they grow up physically, cognitive abilities, and social and emotional abilities. At the same time, they change also in the way they interact and react to environment, play, affection and other factors outside them. Some children may be energetic and happy all the time. Some others may not be very entertaining in their personality. Some children are active, others are silent. Over the practice of work with children we encountered children who are easily managed, and we easily to enter into relationship with, while there are children who are difficult and sometime very tiring. Understanding their way of development prepares us to help them and pay all the appropriate attention to all children, depending on the needs and on their physiological characteristics.

Development refers to changes or growth happening with a child during the life cycle from the moment of birth to adolescence. Changes occur according to a specific order and include physical, cognitive and emotional development ones. These areas of child development include development changes happening linearly, according to age and order, but with time differences (or different rhythm) of changes in different people. In different children, the growing indicators according to areas meet in different time intervals. There is no clear cut of development. In general, we speak of approximate ages (e.g., from 10 to 15 months, or from 18 to 24 months). In the meantime, while some parameters of development are achieved to the minimum border, some others may be achieved at the maximum border. Therefore, a child may first teethe at 7 months, but he stands up when he is 14 months.

Physical development refers to physical changes of the body including changes in the skeleton system, in weight, height, motoric abilities, in fine motoric, hearing, sight and perceptive developments. Growth is quick during the first years of life. Weight, dimensions, senses and organs of the child suffer considerable changes. It is important to highlight that while the child changes physically, he/she acquires new skills for life. Over the first year, the physical development is focused mainly on the development of infant's motoric abilities. While the baby repeats motoric actions, he/she will develop physical strength and increases motoric coordination. In the meantime, there are some development stages, which help understand that within a specific age and development period, the child should meet some development parameters, which are considered as "normal" or sufficient that the child goes to the next stage and answer the development duties of that stage.

Parents worry if their future child will be normal and healthy. According to a worldwide data, 9 of 10 children born at the normal time are also normal (Child Psychology, Ross Vata et al, pg. 156). Parents calm down when they hear from the doctor that their child is born normally. A small percentage of new-borns have malformations. Being endangered means that this category has a higher risk percentage than the normal one to suffer development retardation and social problems. Physiologists are of the opinion that early identification of these infants helps realise successful intervention (ibidem). Due to this reason, there are numerous studies conducted that could help in the identification of factors placing infants at high risk levels to having problems with their development. Three indicators seem to have resulted important in this aspect: a) mother and family's characteristics, b) adaptation of the infant with the physical environment, and c) the infant's performance immediately after birth.

Mother and family's characteristics. A considerable part of infant's problems are related to the history of pregnancy. Many factors are related to the life and health of the mother, such as; use of alcohol, drugs, smoking, poor nutrition and different diseases increase the risk scale for the foetus and the future infant. Lack of mother's health care during pregnancy is a high risk factor. Factors related to the family and its socio-economic situation is also important for the progress of the pregnancy and the risk scale. Infants born in families with low level of education, limited financial resources, and low social support are endangered to encounter more problems with their health and development.

Physical adaptation of the new-born. An important indicator for the risk level is also the physical situation of the new-born. This is mostly connected to his/her weight. In the majority of cases, mortality of the new-borns occurs between infants with low weight (under the average one). The new-borns should make some important adaptations to the life outside mother's body. Temperature control and feeding is not done any more through mother's body, but these needs are complemented by mothers and guardians. There are some other functions that infants should overcome themselves: realisation of the process of excretion, blood circulation and breathing.

Factors affecting a birth underweight are numerous, including chromosome disorders, infections, poor nutrition and/or use of narcotic substances by mothers. In some cases, causes remain unidentified. Infants born underweight possess muscles with poor tones, are fatigue, do not wake easily and are poorly oriented by visual incentives (Als et al., 1976). Their development depends a lot on prenatal development (how was the development of foetus during pregnancy) as well as from the care after birth. In absence of these conditions, infants born underweight face a high risk level to encounter a problematic development in such areas such as memory, attention and/or behaviour (Kopp & Parmelee, 1979).

Physical and behaviour assessment. A third risk indicator is the performance related to assessment standards. New-born infants are subject to assessments serving as the basis for assessments and further comparisons in the development route. Below are presented the two most common and most frequently used tests to assess the new-borns. Birth is a traumatic process, which is suffered easier by some new-borns, often referred to as *neonate* and with more difficulty by some others. In order to assess the new-born situation, there are several scales of assessment drafted. These are known as Apgar and Brazelton scales.

In 1953, Virginia Apgar built a scale that aimed at the assessment of heart beatings, breathing, muscle tones, reflective reactions and the skin colour (Apgar, 1958). Each of these indicators was given a number of points from 0 to 2. Assessment is done two times – one time after one minute of birth and the second time after 5 minutes after birth. From this assessment, each infant may gather up to 10 points (5 indicators x 2 points). Assessment from 7 to 10 shows normality and good health of the infant. Assessment from 4 to 6 shows that some measures should be taken and the infant should be kept under carful observation. The assessment with less than 4 points shows that problems are present. In this case, the infant needs emergency intervention.

A second assessment scale of the health of new-born infants was conducted by Brazelton and was named as the Scale of Brazelton for the Assessment of the Behaviour of the New-born (1973). If the Apgar scale made an overall assessment of the infant immediately after birth, Brazelton scale is built to assess the functioning of central nervous and reactions system of the behaviour of new-born. This scale is focused on the small differences existing in the behaviour of the new-borns, differences which have to do with, e.g., the ability to suck breast or to react to stimulants coming from outside. This scale is initially used 2 to 3 times after birth and is repeated on the 9th or the 10th day after birth. This assessment scale is found to be very valid to identify early neurological problems. The Brazelton Scale foresees better than the Apgar scale as of how will the child develop in the future.

Early functioning of the new-born. Majority of babies weigh from 2500 gr to 5000 gr at birth. They are from 45 to 55 cm tall. Girls are generally with less weight and shorter than boys. Many parents are surprised when they see their new-born child that they do not resemble at all to laughing, playful and cherry children that they used to see in books, magazines and television. Unlike mentioned, their infant immediately after birth is small, shrink, with disproportional body, and small eyes. New-borns need some time to adapt to after the shock they suffered after birth. In the meantime, they continue to develop, achieving some important indicators in their development. They start to control their muscles much more and are more capable to think and react. First, the new-born infants spend a long time in sleep, although the time spent in sleep is decreased by the days passing and with the growth of the infant. Secondly, the new-born infants tend to react in generalised ways. They cannot distinguish different stimulants. They cannot either clearly control their reactions. All kinds of stimulants tend to produce an entirety of movements onto the entire infant body.

At the moment they are born, infants have reflexes that comprise their only physical ability. Reflexes are automatic body reactions and unconscious reactions to different stimulants. To put it bluntly, infants have no control over their reactions. Close of eyelids is a reflection going on during the entire life. There are also reflexes arising after birth and go slowly away. The existence of reflexes at the moment of birth is an important indicator of the development of brain and of nervous system. Their going away with the time is as important as it can be. Some reflexes characterising the new-born should be present with normal infants.

First, the ability to suck. This is directly related to nutrition. The second reflex is related to this, and is as important as seeking, the smell towards the breast. The normal infant moves the head automatically and starts the action of sucking, as soon as the infant touches the breast with lips or with the cheek next to the lips. The root reflex refers precisely to these automatic movements going toward the stimulant. Another third very important reflex is the one called the *Moro reflex*, or the startle reflex. Whenever the new-borns hear a loud noise, they automatically act by opening arms and legs, letting fingers go and pushing the head backwards. Although the purpose of this reflex is unknown, it seems that it goes away after some months of life. There are also three other reflexes, the step reflex, the grasp reflex and Babinksi reflex. *The step reflex* includes the natural tendency of the infant to raise one leg when the baby is kept at the straight position and when legs touch the floor. In some way, this includes the initial actions dealing with the step. *The grasp reflex* refers to the tendency of the new-born to grasp and seize objects by hand such as mother's fingers or other objects. Lastly, the *Babinski reflex* includes stretching, extension of foot fingers when someone touches the sole of the foot.

Physical Development

Physical development is very important for the development of the child. Physical development extends throughout the entire childhood, but is not uniform. As is also pointed out by Gesell (1954), physical development is not executed as it occurs with a balloon which is inflated uniformly. On the other hand, the development rhythm of the entire body slows down and accelerates over the years of growth and different parts of the body are developed with different rhythms.

a) Growth in length

Studies have confirmed that rhythms of development during the pregnancy period are too high. This rhythm lowers with the approach of birth. This tendency of constant decrease of the development rhythm carries over after birth and extends to adolescence. Data show that the birth height is nearly doubled during the fourth year of birth and only at the age of 13, another duplication occurs. Girls and boys are approximately the same height up to the age of 10, when another explosion of their development prepares to take place, which is known as the puberty period. Girls explode in height at the age of 10 – 12 years, while boys between the ages of 12 – 14. This difference explains also the fact that girls are taller than boys at seventh and eighth grade, and a situation will be reversed after only two years.

b) Changes on the body parts

Another indicator of physical development is the development of different body parts. Body parts are not developed all at the same time, with the same dimensions and rhythm. One of the indicators of this development is the development of the dimensions of the head. At the second month of pregnancy, the dimension of the head is approximately 50% of the ratio of the entire body, at birth it is 25% of the body and at the adult age 10%. The growth which is experienced

in adolescence starts with the increase of extremities and ends up with the growth of the trunk. The difference which is created in the extension of extremities against the trunk is so considerable, that sometimes parents are concerned and do not believe that only in a short time (some months), their child's body will establish proportional reports between the parts, similar to the parts of the adults.

Main physical characteristics in infancy

Age	Average height (cm)	Growth in height	Average weight	Weight growth	Breathing rhythm	Normal body temperature	Heart beating rhythm
1–4 months	50–70 cm	2.5 cm per month	4–8 kg	100-200 g per week	30 to 40	35.7-37.5 °C	
4–8 months	70–75 cm	1.3 cm per month	Weight is doubled	500 g per month	25 to 50		Heart beatings
8–12 months	Approximately 1.5 times the height of birth in the first birthday		The birth weight is tripled in the first birthday	500 g per month	20 to 45	Body temperature	Heart beatings
12–24 months	80–90 cm	5–8 cm per year	9–13 kg	130–250 g per month	22 to 40	Body temperature	80 to 110
2 years	85–95 cm	7–13 cm per year	12–15 kg (about four times as much as the birth weight)	1 kg per year	20 to 35	Body temperature	Heart beatings

Factors Impacting the Development of the Child

As we mentioned, the development of the child is subject to some general rues and principles functioning with all children who are assessed as normal. However, the development is very individual. Individuality and uniqueness of growth depend on some factors.

Genetic heritage plays an important role in growth and maturity of the child. This means that children tend to resemble to their biologic parents – tall parents are expected to have tall children. But, as it can also be expected, growing-up and maturity are influenced by some environmental factors. Some growth factors support the role of heritage in the growth and maturity of the individual. Teething, extension of bones, the rhythm of the growth of bones, the explosion of growing and stop of growing, menarche time (the first happening of the menstrual cycle with females) and spermarche (first ejaculation with males), are all sensitively impacted by heritage and it has been proved that on children born by the same biological parents, or with the twins, these development indicators are either the same or very similar.

Environment. The development of the child is also determined by environmental factors, including nutrition, sports, social class, diseases and psychological traumas.

Nutrition. Now, the connection existing between the growth rhythm and sufficiency of food is not unknown. Food impacts also in the development of the brain. The malnutrition symptoms are documented to be associated with levels of intellectual retardation. General malnutrition contributes to slow growing and delay of puberty. Malnutrition is proved to be dangerous during pregnancy and first years of life, because brain cells suffer a very intensive development during this period. Growth occurs in two ways: through the increase of the number of cells and through increase of ratio of cells. Malnutrition has a different impact in quality in different ages, but is it truly harmful during the first years of life. Brain of children passing away from malnutrition in the first or second year of life is proved to be with less weight than expected, with fewer proteins, and with fewer cells. Malnutrition during pregnancy and after birth is proved to have caused serious brain damage. Unfortunately, malnutrition is often associated with poor environments and frequent diseases. Under these conditions, the environment seems to increase the risk level that started to appear with malnutrition.

Researchers documented that malnutrition impacts also the intellectual development, irrespective of brain physical developments. This occurs due to the reason of the effect of the energy level. Malnutrition infants are more apathetic and as a result have less energy for social interaction and for creating relationships. Moreover, this has an impact at the time when infants make the process of learning available around their environment. Their apathy can become dangerous in particular during critical development stages. The issue of nutrition does not have to deal only with the quantity of food, but in particular, with the balance of their diet. Lack of vitamins and different foods may cause deficits, which have consequences to the development of different body parts and organs.

Social class. Social class in itself is not a cause of differences under development, but brings along differences in food, health care, health problems, a variety and riches of the environment and possibilities (Meredith, 1984). This impacts the growth rhythm and growth dimensions. Class differences seem to have their effect at the very early ages. Studies showed that low socio-economic status (e.g. poverty) is associated with development retardation.

Physical abnormalities. Growth and development depend on normal functioning of pituitary and thyroid glands. The disorder in the functioning of either of these glands may cause growth abnormalities. If gland disorders are identified and treated on time, the correction of hormone imbalance is possible. Diseases of metabolism, diabetes and different infections may cause difficulties and obstacles to growth process. Heart, kidney and liver diseases cause slowdown of the growth process.

Abuse and trauma. To date, we mentioned only physical aspects of the environment, which may cause slowdown or interruption of the growth process. Psychological aspects are as important as possible and sometimes may cause unimaginable difficulties and obstacles to the growth process. Infants who do not normally increase in weight may have emotional problems related to lack of love, attention, inability to do attachment with parents or guardians, as well as problems of maltreatment and abuse by parents or guardians. Children brought up in family environments with problems of alcohol, substances, violent relationship between parents is documented to have a low activity of the pituitary glands and as a result, have very slow development rhythms.

Motoric Development

The individual's abilities for physical movements are developed by reflexive movements (involuntary and unlearnt which are encountered in infancy) in voluntary movements characterising infancy and adolescence. Certainly, some of involuntary movements remain also during the adolescence age and beyond, but the individual acquires a lot more new physical abilities and adapted abilities to the activity. Speediness of motoric development is high in the early stage of life. While many of the born reflexes fade away, disappear or are replaced, the motoric development is highlighted. Like the development in height and dimensions, also the motoric development follows the same line: from head to legs and from the centre toward extremities. Initially motoric abilities are developed dealing with control and head movement, then trunk, to the movement of legs. Central parts of the body start to be controlled earlier than side parts. Movements are developed according to some stages: thus, e.g., motoric development of the age 6-8 months includes baby crawling on legs and hands. This movement is followed by the attempts to hold in order to stand up. Walking by holding onto objects is another step. It goes on with waking by holding the hand of the adult and ends up with independent walking. More grown up children follow the path of motoric development by appropriating walking on one side, walking backwards, jumping on one leg and to jumping on two legs. Motoric abilities acquired in medium infancy and in adolescence are mainly habits acquired from training, more than abilities foreseen in the sequence of development.

Motoric development includes mechanisms related to genetic components (size of body parts at a specific age, muscle and bone aspects), the same is with nutrition and sports, that impact on the strength and easiness of moving body parts. Motoric development, like other developments, is individual. It depends a lot on weight and infant's body construct. After infancy, many of motoric abilities depend on the possibilities of the small child, to exercise, model and learn these specific actions. Non-characteristic motoric developments for the age may be indicators of a retardation associated with chromosome disorders (e.g. Down syndrome), autism, or cerebral palsy. This means that child motoric development will not be the same with other children and attempts should be made to enable the approaching of the level of abilities.

Studies showed that there are differences in the way how motoric developments are developed in boys and girls. Thus, girls gain advantage in the development of small muscles, including here also articulation with language and lips. Cultural differences encourage differences in learning of some specific motoric abilities. The new-born uses sight, crying, and sucking as instruments to control specific environment aspects. These instruments have their limitations. Imagine yourself in a situation, in which you cannot move to grasp specific objects. In this case you are dependent on others to bring the objects you need closer to you. Only this example will help us understand the limitations that the new-born have to act. Main characteristics of the infancy stage is the quick transformation happening by the unable individual to move and control the environment, with the individual touching everything, taking everything, and all this in a period not more than nine months. These achievements and the ability to walk, which is acquired some months later, give to the small child control tools to learn about the world and obtain a sense of competence through increase of self-control.

Development of motoric habits may be broken down into two general categories: first includes habits relating to movements and positions of the body. Here are included movements dealing with the body control and coordination of arms and legs to move around. Second category includes habits to grasp. In this case hands acquire ability to grasp objects to feed, to construct or explore the world around them. Acquisition of these motoric abilities enables infants act in their world and provides them limitless and incomparable possibilities with the period when they

were only subject to the actions of the others. Development of motoric abilities is conditioned by age and responds to the principles recognised for human development: cephalocaudal principle (from head to legs) and proximodistal principle (from near far, or from the centre towards limbs).

Development of motoric habits distinguishes two types of developments: development of the habits of big motoric and small/ fine motoric. Development of big motoric refers to improvements of habits and control of muscles with considerable dimensions, such as legs, arms and shoulder muscles, which are used to walk, sit down, jump or ride a bicycle. Development of fine motoric refers to improvement in the use of small muscles of fingers and hands which are used for activities such as; grasp and seizure of objects by hand, cutting by scissors, pencil drawing, fastening buttons, shoe lacing, and to the regular writing.

Big Motoric

Development of big motoric is directly linked to the child's ability to use legs to walk. This type of motoric includes the entire body. Movements of the entire body are described as movements of big motoric or as movements of body or as big movements. In terms of developments dealing with the development of control over body, we can bring to attention some actions, which are acquired with the passing of the years:

- Head keeping (strengthening neck muscles, securing control over head);
- Rotation of the body from the back position into the abdomen position;
- Sitting position;
- Crawling;
- Pulling to stand up;
- Walking;
- Running;
- Walking up the staircase;
- Jumping;
- Playing football;
- Sliding;
- Bicycle riding;
- Standing;
- Swimming; and
- Climbing.

Fine / Small Motoric

Fine motoric abilities include use of hands and their combination with movement of eyes. This motoric enables children to carry out very delicate and very precise actions, requiring fine movement of hands, fingers and cheeks, as well as following the movement of hands by eyes. Thanks to these abilities, children start construction toys and puzzles, all the way to holding spoons, forks and pens.

Normal Socialisation Process

Different psychological theories point out that infants are born without any special tendency, whether or not to like the others. These researchers underline the importance of experiences of the children themselves in relation to others. This is experience to decide on the future of these relationships, whether we are having a child communicating and reacting normally with the others, or displays difficulties in the communication process. Complying with this explanation, remember the numerous actions via which people approach children. They tickle, fondle, coo and do everything they think that it can please children. The majority of children are tolerant toward this behaviour and react positively. It seems that infants grow up believing to and reacting against other people.

Socialisation process is a lot more complex than it seems. Firstly, it is believed that this process depends a lot on the creation of a connection with the mother, a connection that in the scientific language is known as bidirectional connection. With the establishment of this connection, the child is able to widen the circle of its social relationship, including here also other family members. The increase of child abilities to process information creates a possibility to move. He/she starts to interact with the family members and develops many social contacts.

In this case, the social development process is presented quite simplified, since in fact it includes periods of expansion, as well as shrinking ones. All parents experience with their children two important moments in the child's social life; fear from strangers and the anxiety of separation. Irrespective if parents are responsible or not of these two phenomena, they are experienced by all children. Recognition of these phenomena facilitates the parents or guardians' intervention to calm down the child. In both cases, the child starts to react negatively to stimulants, which previously caused no concern. In the first case, the fear from strangers makes him/her nervous. The attempts of strangers to have them on their shoulders and entertain them, does no other good but increase the anxiety and fear of the child. The anxiety of separation is presented at the moment of placing the child temporarily somewhere away from the mother. Although the child reacted normally and with no problems to the separation from the mother, at a certain moment, this separation is associated with the feeling of fear, anxiety and insecurity.

Analysing carefully the entire socialisation process of the child, including also two phenomena mentioned above, we reach to a conclusion that the socialisation process of the child is not only complex, but also complicated.

The connection of the child with the mother or the guardian. This process was is an object of study for many researchers. How it happens that the child recognises his mother so quickly? Why the child starts to love his mother before any other people?

The answers to these questions are numerous. Many researchers consider their connection with the mother as a special connection, powerful, irreplaceable, which is directed only toward the mother or any other guardian. This type of connection is noted when the child is involved in special reaction behaviours, which are expressive of this affinity. This is how this connection explained by some psychologists:

Psychoanalytical theory of Freud considers this connection as a biological predisposition that satisfies the biological needs of the human being, as well as the need to connect to other people. Mother meets these two needs, turning an attraction object and special value for the child.

According to the theory of social learning, the child connects to the mother because she feeds him, thus meeting a life need of the child. Mother decreases anxiety and concern of the child, by providing him food and care. She becomes a special object for the child, who is used to stay next to her and love her.

Harlow's idea is that in the process of execution of the bidirectional connection, not only feeding plays a role, but also other behaviours, such as: fondling, touching, warmth, expression of love and affection to the child.

John Bowlby looks upon the process of execution of this connection as a joint phenomenon for all mammals, processed in the evolution process, as behaviour with surviving values.

According to him, mother and child cooperate without realising this connection. The infant drafts the repertoire of signals (crying, laughing, cooing) to draw mother's attention and to have the care from her. From her side, mother puts her characteristics in the game such as voice, aroma, eyes, skin that immediately draw the child's attention. These elements make the child focus eyes on the mother. Mother stimulates, the child reacts, thus providing a cycle of interaction which is otherwise called joint dance.

Bowlby points out that intensity of this connection falls with the growing up of the child and with the introduction of other characteristics, such as curiosity. This explanation justifies the gradual removal of the child from the mother and the expansion of his relationship with environment.

The latest explanation for this connection comes from Schaffer and Emerson, who see this connection in the light of mental capacities of the child. Their explanation, which is otherwise called connectivism theory, is supported in the development of mental capacity of the child to the degree he is able to recognise his mother. The child starts to believe in the existence of the mother even when she is not present. According to them, only after this moment, he/she can connect to his mother.

All above explanations put emphasis on some elements which seem to be common and create the possibility of a bidirectional connection. Above all, there is love for the child and the way it is expressed. The expression of affection over the child, fondling, care, ability to direct and violate individuality and initiative, all these play a role in the execution of this connection. These elements play an important role also in the perceptual, motoric and cognitive development of the child. The connection with the mother provides the possibility of connection also with other people surrounding the family.

In the meantime, while a lot is written and spoken about the connection of the child with the mother; little is mentioned about the connection with the father. This happens not only that this connection is less important, but little was it studied. While when it is spoken about the mother, it is thought of every other person, such as; father, grandmother, next-of-kin or guardians taking over the child care.

Fear from Strangers

In the eighth and ninth month of life, the child is troubled when a stranger nears him. It is not rare when grandmothers go away and infants, in borders of this age, instead of hugs they are awaited with screams.

The question in this case is: why are children startled, how is fear developed against strangers, what are some typical behaviours of the startled children, what are the characteristics of strangers startling children?

It is thought that children are not startled from strangers with similar features to those of the mother, thus they resemble the model. Children growing up in environments with many people, with frequent contacts, seem that they overcome this period easier and without troubles. Based on the explanation of features recognised by the child, it can be noted that he is startled even from the mother when she makes notable changes, such as; haircut, makes makeup or is dressed differently to the one the child is used to see every day. Determining characteristics that startle children is not easy. However, men startle them more. The reason is maybe in their size. The adults cultivate much more fear than children.

The Anxiety of Separation

The anxiety of separation is a kind of a protest for being separated from the mother. The scale of anxiety and fear depends on development stage of the child. In the first stage, this is expressed with cry at the moment of separation. Later, when he goes after his mother on knees and hands, or by crying, when he understands his mother is preparing to leave. Sometimes, this protest is misunderstood against the guardian, which is not true. Certainly, we do not exclude cases of this nature either, but the general thing is that the behaviour connects the fear surrounding the child at the moment of separation from his mother.

From the social viewpoint, such a reaction of the child, irrespectively of the trouble that may be caused, is an expression of his development. This reaction, shows to parents and educators that the child has entered a new stage of his development. The problem is how should parents react to such an anxiety? The experience, but also the observations have showed that recalling of the mother or waiving from separation in order to calm down the child is not a favour for the child. It is precisely the opposite; such behaviour extends this development stage beyond the borders of normality. This is a period suffered by all children. It is related to the socialisation process and as such is an expression of this development.

The Child and Family

Not only the mother, but the entire family plays an important role in the development of the child as a social human being. Dimensions and family atmosphere impact a lot on the nature of relationship that the child established or seeks to establish. Families with many members provide children a social environment, a micro society, very fast in their process of development. This not only facilities the process but also accelerates it. Nonetheless, this should not be taken as absolute. Sometimes, big families, rather than offer more relationship, and members' interaction with the child, they do the opposite. The child meets less attention, and as a consequence, his development is done with slower steps. This is a characteristic of families with some generations;

families in rural areas, where problems are even bigger and mothers are unprepared to meet biological and social needs of the child. The negligence towards the child bears consequences in his development.

In addition, the nature of the family too, impacts a lot on the type of the child we are raising. A family with such relationship, allowing for active participation of all members in its decisions, but also in discussions and different debates, tends to prepare nonconformist children, independent children, with the wish to communicate their opinions, able to debate on opinions and proposals presented to them, able to argument their opinions, thus in a word, children open to society.

The opposite occurs with families with strict, solid nature, where decisions are always taken with adults and where children are completely dependent on the decisions of others. These children are calmer, easier to be handled with in appearance, more convincing, better behaving, but is it very difficult, probably impossible for them to have their voice heard in society.

The order of the birth of children in family is another factor that impacts their socialisation. Thus, more care and attention is paid to first children, and due to this reason they are less active. In the majority of cases, they expect others to take care of them. They are characterised from their slowness in doing things, a kind of passivism, lack of initiative, etc. Second and other children are characterised by a general activity, initiative, spiritual creating, and this occurs because they are paid less attention, not because parents do not love them, but simply it is impossible for parents to spend the same amount of time with them. Now, the time available for children will be split among them. It can be seen as an advantage or disadvantage. In terms of their socialisation, this is an advantage, as it involves children into relationship with other family members at an early stage, which creates the possibility for them to socialise faster. Afterwards, the imitation of other grown-up children in the family facilities the entire process. These children do not wait to create themselves models of communication. They copy them from the more grown-up children. Therefore, the socialisation time is shorter for them.

Single children make an exception. The entire their development should be seen within the context of the family and attempts made by the family, in order to enrich and expand the relationship in the family.

Child Outside the Family

Children start to understand each other only after the age of two. Before this age, they perceive each other as dolls, as toys, as something they need to play with. The contact with other children at the early stages of their life alleviates considerably egocentrism, aggression and certainly makes them more welcome among friends. Children with tendency of dependency from the adults are less liked by their fellow children. The family environment plays an important role in the process of child socialisation. Children that grow up in warm family environments tend to attach their pro-social behaviours, because:

- Warmth of the relationship alleviates the concern for themselves
- This kind of relationship make the child expect that also other people outside the family behave the same way, thus, the child starts to impose on the others these relationships.
- A warm environment makes the process of socialisation and adaptation easier.

Cognitive / Piaget Development & Maslow Theory

Cognitive Development

Over the years, there were theories written and developed dealing with the explanation of the way of the development of individual's capacity to think and understand the world around him. **Cognitive capacity includes the ability to obtain information, to process information, to store it, to take it out from memory, and use it**. *In other words, cognitive capacity includes the ability to learn and think.* With the cognitive capacity we refer to all processes of thinking, through which we try to understand the world and to adapt to it. High critical processes are known with such terms *as thinking, justifying, learning, and problem solving.* However, despite the researches trying to prove that children are a lot more capable than we think they are, they also proved that the way children think is different to the one of the adults. Precisely, these differences comprise an interesting area of research and debate also in our days. On the other hand, recognising the limitations of children's thinking, the way they overcome these limitations and the way they acquire new thinking abilities is also an object of study and research in this area. Perhaps the most known among cognitive theorists is Jean Piaget. His ideas have influenced more than anyone else's ideas in the area of research related to the development of the child and have revolutionized thinking related to the development and behaviour of children. His ideas are even as of today preferred; therefore, we will be based on his theory to understand the way how cognitive abilities are developed and what the parents or guardians' impact is at the first stage of life.

Piaget tried to explain, through his theory, that people during life and their development, from infancy to the adult age, go through some stages, through which, people develop their abilities to think. He supports the idea that all people learn how to think in the same way. This means that while they develop, they go through the same stages of the development of thinking. In infancy and early childhood, thinking is concrete and is related to basic actions. With growing up of children, thinking is developed and becomes much more complex and abstract. Every cognitive development stage is characterised by principles and certain ways of individual's thinking at that stage.

The example to follow is a very good one to illustrate the changes occurring at that stage. In his studies, Piaget would show the children of different ages, two glasses with water. Glasses were identical in form and dimensions, and he used to fill them with the same amount of water. It would be very simple for children to state the equal quantity of water in the two glasses. Later he would take the water from glasses and would put it into a glass with narrower bottom and a higher glass. It was interesting the fact that he discovered, children under the age of six would state that the quantity of water put into the glass with smaller bottom was bigger, although they were present when this quantity of water was put from the glass with same dimensions to the first glass. Children over the age of six would say that irrespective of the change of dimensions and the form of the glass, the quantity of water in it was equal to the one of the first glass. Later, following some observations and experiments, it was confirmed that results were the same also for children from different origin and nationality.

This example is explained by facts as of how children of different stages of cognitive development think of or conceptualise problems. Smaller children are more directly based on only their sight perceptions to take decisions, if a glass of water contains more or less water in it. More grown up children, on the other hand, are able to make more logical actions about this problem. They are able to think how water takes different shapes depending on the shape of the glass and how the same quantity make look differently, depending on the shape of the glass. More grown-up children show a higher, more abstract and more complete level of cognitive development. This concept including the idea that a substance may change a characteristic (e.g. the form) but in essence, remains the same is known with the name *conservation.*

Ways of thinking, organisation of ideas and concepts depending on the level of cognitive development is called *schema*. Every stage is characterised from the *schema* itself. Piaget was supposing that all people go through the same development stages and the way they cover is the same. Stages are a sequence of each other and are not separate. This means that the child does not wake up saying: "I am at the preoperational stage of cognitive development!" Otherwise, children develop gradually through constant changes, thus going from one stage to the other. Every stage functions as a precondition for the subsequent stage. In this way, the Piaget theory is important to be understood that people describe stages of cognitive development in an organised and predictable way. Thus, organisation is an important component in understanding the Piaget theory. However, Piaget theory is also characterised by some other important concepts to understand the development of thinking. They are: *adaptation, assimilation and accommodation*.

Adaptation refers to the ability to adapt to environmental conditions. It includes changes to adapt and survive in the surrounding environment. Piaget defended the idea that ***adaptation is composed of two processes: assimilation and accommodation.***

- **Assimilation** means obtaining new information, including and integrating it in the schemas of thinking. In other words, the individual is exposed to events, situations, and new information. Information is not simply done to obtain information and to think of it at the level of conscience, but rather to integrate this information in the way of thinking. Information is stored in the memory and may be used later when needed, in situations for problem solving.
  Let us take for example the situation when children observe and make a judgement about the quantity of water in the glass. Small children, mainly those under the age of six, assimilate information based only on observations. Things and substances are as they are perceived by their eyes. Children cannot think of things, while they change, like somewhere else, or while they are put into another context. They cannot assimilate this information by using higher levels, more logical levels of thinking, where some substance qualities remain the same, while the others change. Children of the age of six and above can think of things and substances which are not in front of their eyes. They can also think of other circumstances and situations.

- *Accommodation* refers to process, through which children change their perceptions and actions of thinking, thereby using higher and more abstract levels of cognitive process. Children assimilate the new information they obtain, and accommodate it later. This means that children use schemas and use new and more complex ways of thinking. Children over the age of six, accommodated information about the water contained in the two glasses. They nearly assimilated information about the form, dimensions and quantity. Moreover, they are able to think on the changes of substance in a more abstract way. They are able to think of the water which is put not only in a glass with specific form and dimensions, but also as the water put into a glass or other container with different forms and dimensions.

Piaget described and presented four main stages of cognitive development. These stages include the sensorimotor, preoperational, concrete operational and formal operational stages. Each of these stages will be described below, followed also by schemas characterising each stage.

Table 1: Four development stages according to Piaget

No.	Period	Age	Description
1	Sensorimotor	0-2 years	Infants understand the world through open actions happening in it. Actions represent sensorimotor schemas. In infancy, schemas become more complex and complicated. The infant distributes the attention on more than one object and acquires the ability of thinking of the permanent existence of objects (permanence).
2	Preoperational	2-6 years	The child starts to use symbols against concrete actions in problem solving. As a result, thinking becomes faster, more efficient, more movable and more communicative to the people around. This child attempt to be symbolic has its own limitations, which is precisely egocentrism and centrism.
3	Concrete operational	6-12 years	Progress of the operations of thinking enables the child to overcome limitations of preoperational stage. Operations are a system of internal mental operations underlining logical provable solving. The child manages to understand different forms of conservation, classification and cause and effect relationship.
4	Formal operational	12 – grown-up age	Further development of operations leads to development of capacity for the hypothetical justification. Thinking starts with possibility and continues systematically and logically towards the reality. The example of this justification is the scientific problem solving.

Sensorimotor Period

Sensorimotor period extends from birth to approximately 2 years. Over this period, the child manages to develop from simple, reflexive and thoughtless reactions, to the basic understanding of environment.

Baldwin (1968) points out during this period the child realises three main achievements:

1. Children learn that they possess different senses, through which they can obtain information and understand they can obtain different type of sensory information about the same object;

2. Children learn that they display behaviour with specific aim. Instead of usual and meaningless movements, the child combines some movements to achieve a simple aim. Since child thinking during the sensorimotor stage is quite concrete, the ability to plan before time is still a very limited ability.

3. Children understand the permanent existence of objects, and the idea that objects continue to exist even when they are invisible and inaudible at the moment for the child. The concept of the object's permanent existence is the most important schema acquired during this period. Initially, children forget objects as soon as they are no longer perceivable to them. About the age of two, they are able to think about the image of something that they cannot perceive at the moment it is given. In addition, they are also able to solve some simple problem related to this image. Children this age start to use representation or the presence of visual image in the mind of children, allowing them to solve problems.

E.g., a two-year old child is very much after his bed-sheet, which is already old, but which he likes a lot. Playing with his toys and being very much concentrated on them, he keeps the bed-sheet after him. His mother enters the room and without noticing it, she takes the bed-sheet from him. As soon as the boy realises that the bed-sheet is no longer with him, he starts to look for it. Since he does not see the bed-sheet at the moment, he keeps looking for it, he even starts to move within the house looking for it everywhere that he thinks his mother might have hidden his beloved bed-sheet.

Piaget used to break down the sensorimotor stage into 6 sub-standards. In the presentation to follow, one has to take into account that age limits presented are only approximate. What matters is not the age, but the sequence of the display of abilities. This sequence is expected to be similar with all children.

Stage 1 - Reflex acts (from birth over the first month)

How Piaget is naming this period is related to the way he perceives the ability of the new-born. In his viewpoint, the repertoire of the adaptation abilities of the new-born is limited within some simple reflexes, biologically inherited. This way, the new-born will suck when he touches the mother's breasts with his lips, he will grasp when an objects is put on his hand, and directs his head when an attracting object is placed before his face. These models of behaviour are assessed as automatic reactions and they execute only small changes during the first month of life. From a more advanced viewpoint, it is assessed that the new-born has more potential, than is described by Piaget. Thus, many of the reactions Piaget calls reflexes, today can be also called as behaviours organised during the pregnancy period. In this case, today's explanation on 'reflexes' is an expression of complexity and coordination characterising these behaviours.

In Piaget's viewpoint, irrespective that they are assessed as limited reactions, these actions are considered as very important. They are important, because they are considered as the cornerstone for later development. According to Piaget, while infants assimilate a lot more actions and start building up new schemas to include their new experiences, the development of determined stages is realised through accommodation. And while first reflective behaviours start modifying according to experiences, the infant prepares to go over to second stage.

Stage 2 - Development of schemas (1 to 4 months)

In this stage, the infant is developed from reflexes to the sensorimotor schemas, which are cognitive structures of infancy. The term refers to models of general actions through which the infant reacts and gives meaning to the world. We can speak of "the suck schema", in the meaning that the infant has organised its own model of breast feeding, a model which he uses in the reaction to numerous stimulants. It is true that infant sucks mother's breast, but he sucks also toys, clothes and his hand. The same thing may be said also for the schema of hand grasping. This schema is repeated every time an object is put on his palm. During this period, schemas are processed and they become a lot more refined and coordinated. In this way, schemas start including stimulants related to the sense of sight, hear and touch. The infant hears noise and turns the head, sees object and extends his hand. The coordination of what is seen to the one of what is desired to touch shows that infant is ready to explore the world surrounded by.

Stage 3 - Discovery of reactions (4 -8 months)

Although infants react in relation to the environment from the moment of birth, their behaviour over the first months is directed internally. This way, when an infant plays with a soft toy during the first months, the interest is in the movement of fingers and hands rather than on the toy on the hands of the infant. If in the second stage, the infant uses schemas for the sake of schemas (sucks for the sake of sucking), in the third stage, the infant starts to be interested much more on the world outside it. Schemas start to orient outside the infant's body and towards the environment. At this stage, the infant holding a toy on hand holds it because he is interested about the toy. A characteristic of this stage is the repetition of some actions by the infant. If it happens that an infant touches a toy playing music or a special sound, the infant tends to repeat the same behaviour to produce the same result. Infant is preparing to start a new recognition, which is very important, - what can he/she do to produce a result about which he/she is interested.

Stage 4 - Intentional behaviour (from 8 to 12 months)

In the third stage, the infant may produce some known results only after it occurred to be in contact with these results unintentionally. In the fourth stage, this kind of limitation is overcome and the infant executes some desired actions and then he thinks how to execute them. Doing this, the infant demonstrates his first intentional behaviour. According to Piaget, in the case of intentional behaviour, the purpose exists initially and based on it, the means for its execution is identified. This procedure is made possible with the development of capacity to divide means from purpose.

Stage 5 - Novelty and exploration (12 to 18 months)

Piaget called stage five "discovery of new means through active exploration'. The new term used in this case reflects an important development between fourth and fifth stage. The infant in the fourth stage tries to use a limited number of movements to produce effects which are more or less known by the infant. In the fifth stage, the infant uses new behaviours intentionally and systematically, thus creating new schemas producing new effects. The development of the fifth stage becomes evident when the infant has a problem to solve. The infant in this stage is not satisfied by using known schemas or approximately known schemas, but executes new solutions through an active process of success and failure. Thus, the infant may use a stick or another object to reach out objects being in distance. In this stage, infants execute some behaviour not simply to solve problems, but they experiment (e.g. a child of this stage, who sits down on a chair drops the spoon on the floor. The parent stretches out takes it and brings it back to him. After a while the infant came back on the other side of the chair and dropped the spoon, now a bit harder. The parent again repeats the action of returning the spoon on the child's hand. The third time the infant throws the spoon on the air, and waiting for the spoon banging. In this case, the parent reacts either by removing the spoon from the scenario or by sitting the infant down on the floor). For many of the parents it is difficult to understand that in this case, one of the characteristic behaviours of the cognitive development is happening. It is precisely such an active experiment, which creates the possibility to infants to learn about the world.

Stage 6 - Mental symbol (18 to 24 months)

Although five first sub stages realise a satisfactory development of the cognitive abilities, the sixth stage provides the possibility to realise a very essential development, the one to starting using symbols. In this stage, the infant tends to use mental solution of problems against experiments through successes and failures. To Piaget, this is the moment showing the development of the sensorimotor stage towards the preoperational one.

Table 2 - Six sub-stages of sensorimotor stage

No.	Stages	Age (per month)	Description
1.	Reflex acts	0-1	The infant is limited in the repetition of born reflexes – e.g. sucking and grasping.
2.	Development of schemas	1-4	Reflexes are developed in adaptive schemas. Schemas start to be processed and coordinated.
3.	Discovery of procedures	4-8	Behaviour starts to be oriented from outside. The infant starts to develop procedures to reproduce events of interest.
4.	Intentional behaviour	8-12	Intentional behaviour arises. The infant is able to divide the purpose from the means to realise his objective.
5.	Novelty and exploration	12-18	The infant starts to change the schema systematically, thus producing new effects. Problems are solved through an active schema of success and failure.
6.	Mental symbol	18-24	Ability and capacity for symbolic representation arises. The mental problem solving starts to replace practice of experimenting between success and failure.

Preoperational Period of Thinking

Second stage of development of the preoperational thinking extends from the age of two to approximately seven years. During this stage, the child's thinking becomes more abstract and more logical. Although children are still related to their physical and perceptive experiences,

their ability to remember things and to solve problems continues to develop. During this stage, children start to use the symbol system representing different objects. They are not related anymore only to the current concrete perception, but may think on the basis of symbols or mental images of objects and circumstances. Words are the excellent example of symbolic representation. Children may symbolise an object or a word situation and later may reflect on the object or the circumstances using only words. In other words, tongue may be used to think even when objects and situations are not present.

Obstacles in the Development of Logical Thinking

Irrespective of the child development toward a more abstract thinking, there are three main obstacles over the logical thinking, which is: ***egocentrism, concentration, and irreversibility.***

1. *Egocentrism.* Under this characteristic, the child is unable to see things, objects and environment from someone else's viewpoint. The child is conscious only about himself, while others, together with their needs and viewpoints, do not exist. Piaget used to illustrate this characteristic, showing a doll to a child placed into a three dimensional scene. Having the child sat down, without changing his position, the doll moves in all positions, in order for the child to look at him from all viewpoints. The child has been shown different photos and was required to express himself how the scene looked from the position of the doll. Piaget discovered that the child selected the wrong photo to illustrate his answer. The child would continue to look the scene from his position. That is why it is difficult, if not impossible, to imagine that the viewpoint of the doll may be different from his.

2. *Concentration.* Concentration refers to tendency of children to focus only on one detail of the object or situation, thus ignoring details and other aspects. To illustrate concentration, we can get back to the example when the child was asked for the quantity of water in the two glasses. He was present when the same quantity of water was put in two glasses with different forms; one with narrow bottom and longer, the other with wide bottom and shorter. Although the child of this age was present during the actions with the two glasses and water, observing and being concentrated only on the form of glasses (concretely on the height but not on the basis), he answered that the glass with smaller bottom has more water. This happens because the child is concentrated only on the height and cannot imagine its width too. Only one aspect of situation is used to solve the problem. This is a good example to show how concentration hinders the development of more mature and more logical thinking.

3. *Irreversibility.* Irreversibility refers to the ability of the child to follow a line of thinking when he thinks of something. The child is not able to imagine or think of the relationship from another position. So, a four-year child can be asked "Do you have a brother?" In case he has, he may answer positively. "Yes. My brother is Ben". If the same child is asked "Does Ben have a brother and who is Ben's brother?" It is no wonder that the child is not able to give an answer and to shrug shoulders surprised. The child is able to think about a situation in one direction and is not able to change the direction of thinking. He knows that Ben is his brother, but he is not able to look upon this relationship from another position, thus to look the relationship from its other perspective. He cannot say that Ben's brother is he himself. Therefore, this characteristic is called irreversibility.

Development of Cognitive Ability

Irrespective of these obstacles in the development of logical thinking, some concepts illustrate ways in which the ability of children is developed. A lot of changes related to these concepts occur in the timeframe between the beginning of preoperational stage and the peak of the development of logical thinking with the grown-ups. Children gradually improve their perceptions and the appropriation of these concepts.

Classification refers to the ability of the child to divide objects and different stimulants on the basis of specific characteristics. These characteristics may involve form, colour, type of material and dimensions. Children gradually develop the ability to distinguish changes between objects or stimulants and classify them, taking into account these distinctions.

> *A two-and-a-half year Hana is given a bag full of colour and different forms cubes. When she is asked to divide cubes with red colour, it is impossible for her to do such a thing, doing so only from their colour. But when this task is given to her at the age of seven, it is quite easy to divide cubes according to colours; red, yellow or blue. She has now acquired the classification concept.*

Alignment refers to the ability of the child to align objects or stimulants based on several specific characteristics. These characteristics may include dimension, weight, volume and length.

> *A child is given a bunch of sticks of different lengths and is asked to align them from shortest to longest. The ability of the child to make a right alignment of these sticks is improved with the development of child's cognitive abilities. At 4 to 5 years of age, the child is able to distinguish short sticks from the long ones. It is still difficult for him to distinguish sticks of average length. After the age of 5 to 6, the child improves the ability to align sticks from shortest to longest. However, this is achieved with a lot of concentration and a specific scale of difficulty. At the age of 7, the child is able to realise this task easily.*

The ability to apply the aligning concept over a specific basis of characteristics is developed in different ages and depending on specific characteristics. This way e.g., children up to the age of nine are not generally able to align objects starting from their weight. The alignment starting from their volume is tried to realise only around the age of 12.

Conservation refers to the ability of the child to understand the idea that if an aspect of a substance remains unchanged (quantity or weight), another aspect may even change (e.g. form and position).

> *If a child of the age of 4 is placed before two equal pieces of cake and after a while, one of them is cut with a knife into two pieces, the child tends to say that the piece divided into two pieces is bigger than the one in one piece. This situation happens at a time when the child saw it before, irrespective of the division of one of the pieces, they were equal, he could not think of this way. However, when a child turns 6 or 7, he is able to understand and express that irrespective of division into two pieces of one of the pieces of cake, those two are equal. The child manages to understand that the object, in our case the cake, may take different forms, but in essence the same quantity of material remains.*

Like in the case of alignment, children achieve the ability to understand conservation in different ages depending also on characteristics which need conservation. If conservation of substance is generally achieved about the age of 6 to 7, the concept of conservation is acquired around the age of 9 – 10. Conservation of volume is usually achieved around the age of 11-12.

Period of Concrete Operations

Period of concrete operations lasts from the age of 7 to 11 or 12. Over this stage, the child develops the ability to think logically on concrete basis and starts and possesses difficulties and main obstacles over logical thinking, difficulties which were evident during earlier stages of cognitive development.
Now, the child develops the ability to see things from the viewpoint of other people. The understanding and the empathy are developed considerably over this period. Thinking becomes more complex and situations and events are observed and studied in relation to many variables. At the same time, the child becomes less and less limited from the concentration. The child also develops the ability to perceive reversibly from the other side of the line of thinking. In other words, a child may think about something and then reverse his order of opinions, and relationship starts being understood from different perspective. If we go back to the example with the boy whose brother was Ben, he would now very easily express himself that Ben's brother was he, himself. Over this stage, the child possesses well concepts of classification, alignment and conservation and earns more flexibility in thinking for specific events and situations. Events are assessed from many viewpoints.

Moreover, children develop the use of symbols representing events from the real world. In this period, the ability to understand arithmetic and to express him; through a relatively rich language is improved considerably. As a result, their memory starts to sharpen. Despite the results achieved during this stage, the child is still limited in the process of thinking. They think about things they can see, hear, touch or smell. The focus of thinking is on things rather than on ideas. Children may enter the final stage of cognitive development, period of formal operations, before they could have developed their entire cognitive capacity.

Period of Formal Operations

Final stage of cognitive development is the period of formal operations. This period starts around the age of 11-12 and extends to the age of 16. It characterises the cognitive development during adolescence. Although we are dealing with childhood in this chapter, in order to continue the study of Piaget theory, we are presenting this stage in this chapter, too.

Abstract thinking reaches its development peak during formal operations. Children become able to take into consideration different variables and formulate creatively abstract hypotheses on the way how things or on the way why things are as they are. Rather than limit themselves on thinking how things are, children start thinking how could they be. They start analysing why things are not always as they should be.

Three Main Developments Characterise Thinking in Adolescence

1. The teenager is able to identify different variables, which impact on a situation. An event me be viewed from many viewpoints;
2. The teenager is able to analyse effects of a variable over the others. He or she may raise hypotheses on relationships and on the changing conditions;
3. A teenager will hypothetically-deductively and systematically and logically assesses the potential relationship to reach a conclusion. It studies and assesses many possibilities. Each of these possibilities is subject to the analysis "If, what then?" in this matter, every teenager starts thinking in relation to different variables and effects each of them may be followed by.

MASLOW Theory

Maslow explained that every theory on motivation should view the individual as an entirety and should be based on a ***hierarchy of needs***, which, if met satisfactorily, make the human being to realise its potential fully.

Physiological needs. According to Maslow, physiological needs include such motives as hunger, thirst, sex and rest. A human being has physiological needs until the moment when some of the above-mentioned needs are met, at least partially. Do not forget that the highest needs in hierarchy may become sharper when physiological needs start meeting. Maslow believed that the majority of members of society meet physiological needs as they should. Once these are met, the individual is motivated by the need for security.

Needs for security. Such motives such as security, stability, dependency, protection, freedom from fear and anxiety, the need for structuring, and law and order are the needs for security. Safety, protection and security become the prevailing forces of the person's life, until the moment when they are met. Children like routine and family environment and, when these things are disordered, they suffer problems. When the individual feels safe and unharmed then other social needs arise, which are the highest level.

The need for affiliation and love. Such motives as love and affection are considered affiliation and love needs. When these needs are presented, we feel the wish for friends, family and social contacts. At the same time, we need to participate in a group of family. Maslow was of the

opinion that children are often in difficulties when they miss the family, as they have many needs which they need to meet quickly. As adults we need to give and receive love. These needs with the adults are met through marriage, work, or social activities. Maslow believes that if needs are not met for affiliation and love, then different psychological problems arise.

Needs for assessment. High assessment of oneself, self-respect, success and respecting others are considered as needs for assessment. If we want to earn the respect from others, we have to be competent. When we earn the gratitude and the attention of others, we meet the needs for assessment and we feel important and confident in oneself. If we do not meet these needs, then we tend to feel inferior and powerless.

Self-actualisation. The last need of Maslow hierarchy is self-actualization. When physiological needs of security, love, and assessment are met, the individual is motivated to achieve self-actualisation. This, by the individual, has to do with the execution of his special potential, that the individual becomes with what is capable to become. Need for self-actualisation is a very individual need. While each one of us has groups of quite different abilities. Maslow believed that self-actualisation is rarely achieved and if achieved; it is achieved by old people, who had the time and the experience of needs to achieve this level. The self-actualised people are realists and grasp possible things. They don't bother themselves working on unachievable goals and they accept themselves and others as they are. They are autonomous and independent, able to act without taking orders from others and not from the wish to imitate.

Psychosocial Development: Ericsson's Theory & Ecological Model

Psychosocial Development in Infancy and Childhood

The expression of emotions for oneself, for others, and objects and events surrounding are part of emotional capacity developed as an important component of the human being personality. On the other hand, the interaction with others is a process on its own and a subject to social development. Emotional and social development is often treated together as a single personality component, as they interact with one another. Feelings for confidence, fear, self-belief, friendship and humour are parts of psycho-emotional development. The confidence relationship that an infant may establish with the parent and guardian, lays foundation for a stable and successful emotional and personality development. On the other hand, when the child is neglected, care denied, and when he does feels unsafe, he runs into difficulties to develop socialisation abilities with others.

The physical individual development, as well as enrichment of abilities and capacities to think and recognise the world, is also associated with the enrichment and consolidation of psychosocial abilities and habits of the individual. Erik Erikson (1950) proposed a psychological theory of development, including eight stages. A key component is the development of ego or of the one's sense. This theory is focused on the way how personality is developed during the life cycle, as a result of interactions between maturing on biological basis and society's' requirements. Eight stages are partially based on the stages proposed by Freud and partially on Erikson's studies on a big number of cultures. Erikson says that the society within which we live, presents specific physical requirements at every stage of development. Erikson calls there requirements crises. During every psychosocial stage, the individual tries to adapt to stresses and conflicts included in these crises. According to Erikson, human being faces a specific crisis in each of the stages. Although the theory of Erikson refers to the development during the entire life, it is of special importance for the early life stage, since the successful solving of crises in early stages lays foundation for a development and for an accomplishment of duties at later stages.

Table 1: Eights stages of development according to Erikson

Stage	Crises	Age	Important event
1	Trust vs. mistrust	0 – 18 months	Feeding
2	Independence vs. shame and doubt	18 months – 3 years	Toilet use
3	Initiative vs. guilt	3 – 6 years	Games/movements
4	Industry vs. inferiority	6 – 12 years	School
5	Identity vs. role confusion	Adolescence	Relationship with fellow contemporaries
6	Intimacy vs. isolation	Young adult	Love relationship
7	Generativity vs. stagnation	Medium adulthood	Parenthood and creation
8	Ego integrity vs. despair	Late maturity	Reflection and life acceptance

Psychosocial Theory of Erikson

Every stage of human development presents its characteristic crisis. Good coping with every crisis prepares the individual for the upcoming crisis. Although some specific crises are more critical during special stages, the issues relating to them are met during the entire human being life. For example, the crisis of trust versus mistrust is especially important during infancy; however, children and adults continue to face the issue of having trust or not in others. The resolution of every crisis is an ideal, not necessarily realistic and achievable. The scale of solving crises of the previous stages will impact the person's ability to solve crises in later stages. If a person does not learn how to trust in the first stage, it will be very difficult for that human being to create intimacy in the sixth stage.

Stage 1: Basic trust vs. basic mistrust

For children until 18 months, learning how to trust others is the main crisis. In order to develop trust, the human being should realise that he can count on some persons or things. *Parents and guardians are the main factors that can create this capacity with children (the capacity to trust people he is surrounded by).* In this way, children that constantly receive warmth, care, love and fondling learn to trust that these things will be provided to later. Later during life, human being may apply this concept of trust for friends, intimate partner or his government.

Stage 2: Independence vs. shame and doubt

This crisis characterises early childhood, 18 months to 3 years. Children try to accomplish duties independently. They learn to feed themselves and use toilette. The accomplishment of different duties and activities provide self-assessment and confidence for children. On the other hand, *if children this age are oppressed, limited or punished, shame and doubt will develop.* Doubt on his abilities will substitute confidence which should develop during this period.

Stage 3: Initiative vs. guilt

Preschool children from 3 to 6 years of age face the crisis of taking initiative. Such children are exceptionally physically active. Children are wondered by the world and it invites them to explore it. They have got an active phantasy and are eager to learn. *Preschool children are encouraged to take initiatives, explore and learn, they create possibilities to assimilate this concept and use it later during life.* They may feel safer to enter into relationship, to make a career, and develop creative interest. *Preschool children to be limited, punished or are constantly treated with severity, may suffer the feeling of guilt.* They want to explore and try, but they are not allowed so. Rather than learn to take initiative, they can learn to feel guilty for their big wishes to do things. As a result, they may follows the others, rather than execute their ideas and activities. As a result, they become "passive spectators" (Kaluger & Kaluger, 1984, pg. 233).

Terre des hommes

Stage 4: Industry vs. inferiority

School age children from six to 12 years of age should face the crisis of ability and industry versus inferiority. Children of this age need to be productive and be successful in their activities. Therefore**, *ability in lessons and practical tasks are important. Children that face the failure at school or in relationship with their fellow contemporaries may develop a feeling of inferiority.***

Stage 5: Identity vs. role confusion

Adolescence is a period when young people explore themselves and determine their identity. During the transition period between childhood and adult age, children review different roles they act (e.g., children, friend, pupil, religious, and citizen) and integrate these roles into their identity. *Some people are not able to integrate the numerous roles they play is difficult for them to overcome the conflict roles; it is said that they suffer the role confusion. These persons are confusing; their identity is insecure ad unclear.*

Stage 6: Intimacy vs. isolation

The young adult age is characterised by the requirement for intimacy and includes more than simply the stabilisation of a sexual relationship. Intimacy includes the ability to divide and take from another person, without having fear that doing so, he is sacrificing his identity. *People not earning intimacy, are possible to suffer isolation. Some people often could not have resolved some of earlier crises of psychosocial development.*

Stage 7: Generativity vs. stagnation

This crisis characterises the medium adult age and during this period, people help, produce or lead the new generation. In some way, generativity is not egoist. It includes a sincere trouble for the future that stretches beyond the borders of self-life. *Generativity not necessarily includes the birth of children. It includes stimulation to be creative and generative in a way to help people in the future. The adults without generativity become egoist and concentrated on themselves. They tend to concentrate above all on concerns and personal needs rather than on the needs of the others. The result is stagnation which means a stable and discouraging lack of achievements and generativity.*

Stage 8: Ego integrity vs. despair

This stage is characterised by the maturity (old age). During this period of life, people tend to see back in years and reflect. **If they appreciate their life and if they are satisfied with their achievements, we say that they've got ego integrity, meaning the final form of ego integrity.** These people enjoy a feeling of peace and accept the fact that life will soon end. Those who overcame unsuccessfully the previous crises of life and have got a lot of repents, try despair. Erikson used specific terms to present each of the psychosocial crises. It is known that single words used with specific purpose not only may not follow the proper meaning, but may also cause misunderstanding. **Erikson strengthened his explanations on crises using a perspective called "psychosocial modalities".** They are not decisive for the model, but do provide a valid viewpoint, with more explanations and comments on the responsibility of parents and educators, in particular, in the early stages of development.

Table 2: Interpretation of Erikson's stages

'Psychosocial crises' Psychosocial modalities'	Meaning and interpretation
1. Trust vs. mistrust 'taking' 'giving in return' (taking and giving. Trust is mutual.)	The infant will develop a healthy balance between trust and mistrust if he is fed and takes the proper care without exaggerating care and attention offered to him. Abuse or negligence like roughness will harm trust and will feed mistrust. On the other hand, if the infant is isolated from any kind of feeling of surprise or normality, may create a false feeling of trust that may lead to sensory disorders, in other words in the failure to perceive and understand reality. Infants growing up believing that they are more prone to believe and have trust that "things are good" and "they will be good'. Crises of this stage include within itself the Oral Stage according to the psychosexual schema of Freud. In this stage, main relationship and the infant's experiences are determined by oral issues such as food and verbal expressions.
2. Independence vs. shame and doubt 'to hold' 'to let go' (To direct the behaviour outside oneself. The crisis is very Freudian…)	Autonomy will mean count on oneself, independence in opinions, and trust to think and act about oneself. Shame and doubt are what these words mean. They hinder the expression of oneself, hinder the development of ideas, views and concept for oneself. Training to use toilette is a very important moment of this crisis and is related to with the anal stage of Freud, where the interaction of parents and guardians, encouragement and patience of adults play a key role in formation of the infant's experience and successful overcoming of this crisis towards other stages of development. The importance of the reaction of parents and guardians is not limited only to the control of personal needs and use of toilette. Reactions of parents are valid for all aspects of exploration and discovery that infants make by wanting to recognise their body. Reactions of parents are challenges in itself, since they are executed at a time when parents face the crises of their stage of development and bear the burden of experience when they were infants at the same stage with their child today. Thus, parents have a threefold challenge to face: emotions carried forward from their infancy, emotions of personal crisis, and emotions from the crisis with which the child faces. Expressions often heard from parents 'don't touch it, it is dirty' are nothing else but an echo of their experience at this stage of development.

3. Initiative vs. guilt 'to do' 'to play' (to make things, to do things together. To execute plans, ideas)	Initiative is the ability to draft actions and projects and trust on oneself that it is quite normal to do such a thing, taking into account also the risk to make a mistake and fail in your attempts. Guilt is that what this word means, the feeling that something wrong was done related to project. Guilt results from the feeling that something will not be expected good or will produce non-approval. Initiative blossoms when adventure and game is encouraged, irrespective how funny and meaningless may these seem to the adult who are guardians of children of this age. Suppression of adventure and experiment, or prohibiting children to make things because of the lack time, mess or risk, may become a cause and hinder the development of trust, initiative and their substitution with the fear of wrong or disapproval. Fear not to be punished or accused as stupid becomes part of personality. The child starts to think that he will be safe if does not do something. It is the responsibility of parents, guardians and adult sisters and brothers to make a balance between the need of the child for space to create confidence in oneself and care to protect him from serious risks and mistakes. The crisis of this stage interacts with the phallic stage of Freud, when the child is interested in genital organs; they specifically look for information how they were born. As Freud mentions, the child shows tendency to relate to the parent of the opposite sex and at the same time overcomes the Oedipus complex, envy of penis and fear from castration. These concepts are not too much preferred for the theory of Erikson and do not take a place in it. It is important to point out that children of this age are neither bad, nor with problems or dirty, they are simply under the exploration of themselves.
4. Industry vs. inferiority 'to do' 'to do things, to do things together' (to initiate projects and ideas, to cooperate with others to produce something)	Industry refers to intentional activities. This is a stage corresponding with the school entry and is related to the acquisition of abilities and trust to do useful and intentional activities. Erikson describes this stage as an introduction to life. This stage corresponds with the Latency phase according to Freud, where sexual interests are suppressed and the child is concentrated on work and development abilities. The child suffering satisfaction of achievements is prone to successfully close the crisis of this phase and move towards other phases. The child suffering failures at school and other activities, or worse than this, they are denied the right to explore and develop their activities, tend to feel inferior and unworthy. Group engagement and use of techniques and technology is another important aspect of this age. This is preparation for engagement at work and activities at the mature age. Inferiority makes them feel unworthy, unable to contribute and unable to cooperate. Self-assessment is a product of a missing experience. Erikson knew about these 60 years ago. How it possible is that educators and parents even as of today cannot give children the satisfaction of engagement at work and satisfaction of success at work? They should find out the point where they are really good. Develop the sense of work and success and then they become capable to repeat this also in other activities.

5. Identity vs. role confusion 'be yourself' (be yourself and share this with others. Affirmation of what makes you think about yourself.)	Identity is a concept reflecting what the individual thinks about himself and the world round him. It is a sense of oneself and of individuality in the context of life. Role confusion is the negative perspective, lack of identity. This means that it is not clear to a person who he is and how can he relate better to the environment. This stage coincides with puberty and adolescence and the arousal of sexual curiosity, which was sleepy at previous stage. The young try to be accepted, be part of the group and affirm themselves. However, irrespective of these attempts, they always want to remain themselves. This in fact comprises a big dilemma.
6. Intimacy vs. Isolation 'to lose and find yourself at someone else' (mutual love for someone and with someone.)	Intimacy means the process of the achievement of close relationship with family and partner. Erikson explains this stage related to sexual reciprocity – giving and taking physical and emotional ties, support, love, security, comfort and all others that relate to a considered relationship as healthy and appropriate to raise children. On the other hand, isolation means exception, denial of this common experience, such as the beloved ones, cohabitation and close relationship in couple. Isolation is accompanied by solitude, alienation, withdrawing and social isolation. Erikson relates this stage with genital stage of Freud. In fact, there is a connection between these two stages, but the match is incomplete.
7. Generativity vs. stagnation 'to do something' 'to take care of ' (unconditioned and unrequited care for children and other persons under dependency)	Generativity/productivity comes from the word generation/production, as in the case of parents giving life to children and unconditioned care to them. Erikson thought that this viewpoint extends also to other production activities, like work and creative activity. Nevertheless, he put emphasis on the development of children and the role of parents to transmit best values securing continuity of life. Generativity extends beyond the child and has to do with the entire new generation. Positive results depend on unconditioned contribution. Probably this is a contribution without interest. Having children does not mean you are productive. Taking care of them means you are productive. Stagnation is an extension of intimacy that is brought back in the form of interest for oneself. It is the tendency of extreme egoism, stinginess, lack of interest for others and about the world around you.
8. Ego integration vs. despair 'to be' 'to face with nothingness' (to be calm and in peace with life and attempts, to accept that life ends one day.)	This is a summary of final stage. Previous stage if the peak of activity and achievement. Integrity means to feel in peace with yourself and the world. There is no regret. People tend to accept what they have lived. Despair presents the opposite. The feeling of losing life without achieving the desired result, regret for what he lived, the wish to go back and to do things differently are some of the feelings of this stage.

Ecological Perspective

Ecological perspective is a way to interpret and study a situation in which an individual is. A key component of this perspective is the concept of the *person in environment.* In this viewpoint, the person is thought of as involved constantly in interactions with other environment systems. These systems include family, friends, work, social services, policies, religions, goods, services and education systems. The individual is portrayed as involved dynamically with each one of them. The practice of social work is directed by the improvement of interaction of the individual with other systems. Interaction of people in their environment has an extraordinary effect on the human behaviour. The model we are treating emphasises different aspects in this interaction. Ecological perspective provides the basis of understanding the assessment model.

Environment

Environment includes conditions, circumstances and human interaction surrounding human beings. People are dependent on effective interaction with the environment to survive or grow up. Environment includes the type of house, family in which a human being lives, the type of work he performs, the amount of money he earns, and laws and social rules respected. Environment includes all individuals, groups, organisations and systems a person is in contact with.

Interactions – Relationships

People communicate and interact with each other in their environments. Each of these interactions is active and dynamic. This means that something is communicated or exchanged and may be positive or negative. Positive interaction may be the reaction of a person that you love a lot, while a negative interaction may be to include a forced dismissal from work where he used to work for 15 years.

Energy

Energy is the natural force of active involvement between people and their environments. It can take the form of investments or products (input – output). Input is a form of energy coming to a person and which is added to his life. This way, e.g., an aged and unhealthy person may need physical and emotional support to face the daily actions. Output is a form of energy coming out of the person's life or taking something from it. E.g., a person may be a volunteer to work in an election campaign.

Interaction Zone

Interaction zone is the point where interaction between the individual and environment is executed. During the assessment of a person in a situation, the interaction zone should be in focus, in order to determine interventions achieving the change. E.g., a couple coming to advise may say that they have a disagreement regarding the raising of children. From further exploration, it resulted that inability of communication of the feelings of one another comprises a problem. Inability of communication is the interaction zone, where one person affects the other. If the interaction zone is wrongly identified, time and energy may be spent without solving the problem.

Adaptation

Adaptation is referred to a capacity to adapt to the surrounding environment conditions. It means change. A person should be adapted or change depending on new situations, in order to continue normal and effective functioning. Since people are constantly exposed to changes and stressful situations, they should be flexible and able to adapt. People may need to adapt to a spouse, new work position, and new neighbours. Social workers constantly help people in the process of adaptation. Adaptation requires energy and social workers help direct energies.

Facing

Facing is a form of human adaptation which means an attempt to overcome problems. Irrespective of adaptation it can mean positive or negative reaction over new circumstances, facing refers to the way of how we deal with problems we suffer during life. For example, someone needs to face sudden death of the parent.

Interdependency

Interdependency refers to the mutual dependency of people from one another. Individuals depend on one another and groups in the social environment. People cannot live without one another, as they need inputs, energy and services of one another. Particularly in industrialised societies, people need one another to survive.

Theory of Attachment

Attachment

John Bowlby (1969, 1991) brings an evolutionist viewpoint on early human relationship. According to him children who manage to achieve an attachment (binding) relationship with an adult person – create a long-term and stable socio-emotional relationship, these children are prone to survive. The key point should be a strong emotional relationship with a responsible person and a guardian. Attachment may be created with father, grandparents, or someone else. Bowlby describes four stages of execution of attachment:

1. *Pre-attachment* (from birth to the week 6-8). Evolution equipped infants with many behaviour requiring care and attention of the adults. When infants laugh, cry or feel happy in front of the father's face, the parent, in general, reacts by laughing, speaking to or take the infant on his shoulders. Infant's behaviour and reactions they arise in adults create a system of interaction, which in fact is the first step toward the creation of attachment relationship.

2. *Attachment in process* (6-8 weeks to 6-8 months). During these months, infants start to behave differently toward known faces and towards the unknown ones. When infants are troubled, it is precisely the main guardians to intervene to calm them down. Infants usually identify main guardians as persons where they can rely upon when they have needs, when they are troubled or scared.

3. *True attachment* (6-8 months to 18 months). During this period, from 7-8 months, infants have distinguished their main figure to attach to. This is usually mother's figure, as an individual with specific characteristics and features for the child. The attachment figure

is a strong socio-emotional basis for the child. This way, a seven-month old infant may explore the environment where he is by crawling on hands and knees on the floor, but time after time, the child raises his head to search his mother with his eyes. Searching by the eye is commented as the infant's need to ensure that everything is alright. This infant's behaviour is also commented as a sign of trust that infant has about his mother and shows that the attachment relationship is already build by them. Moreover, such behaviour reflects an important cognitive increase: it means that the infant has a mental representation of mother and means that mother is present to meet his/her needs. (Lewis et al., 1997).

4. *Mutual relationship (*18 months and above). While the small children with their cognitive capacities enrich language, collect experience in relationship with their main guardian, they constantly become more capable to be true partners in an attachment relationship. Infants often take the initiative to initiate in a relationship and sometime they negotiate to continue with it (please read me out a fairy-tale again). They start understanding feeling and purposes of parents and sometime use this knowledge to build their behaviour. Moreover, infants overcome the separation from parents, as they understand that they will come back quite soon.

Father – Infant Relationship

Attachment begins to build up between the infant and his mother. This is so because in the majority of cases, mothers are the main guardians for infants, at least in the first period after birth. However, infants are quickly attached also to their fathers. This attachment occurs irrespective of some constant differences which are met in the way how mothers and fathers interact with their infants. In a typical family with both parents, the father spends less time than mother in a relationship with the infant, and is less involved in responsibilities for the direct infant care. In the studies made, it results that fathers spend about 30 minutes per day for feeding and for hygienic care for the infant (Yeung et. al., 2001). With mothers, this time is at least twice as much. In the last 40 years a tendency seems to lead to balancing the responsibility of care over the child. However, women are a lot more prone to be involved in the direct care over the child, irrespective that there are no proofs showing that they are better guardians than fathers (Parke, 2002). Another distinction between mothers and fathers is the way how they interact with their children. Fathers spend more time playing with children rather than taking care of them. The way of play differs too, where physical games are more common to fathers. Mothers engage more to reading or speaking with their infants (Parke, 2002). When they are given the possibility to choose between the mother and father to play, infants usually choose farther. But when infants are troubled, the preference goes to mother (Field, 1990). This way, although infants are attached to both parents, mothers and fathers, have different roles in the early social development of their children.

Forms of attachment

Thanks to biology, all normal infants act in a ways like requiring care and attention from the adults. For this reason, attachment is realised between infant and guardian in the first 8-9 months of life. One has to take into account that attachment takes different and environmental factors influence to determine the quality of attachment between the infant and guardian. Mary Ainsworth (1978, 1993) is the pioneer of studying the attachment using a technique which is called *Unknown situation.* This situation includes some episodes that last no longer than 3 minutes. The mother

and the infant are placed in an unknown room before, filled with full of interesting toys. Mother leaves for a while, returns again and again leaves. The experimenter tries to observe the reaction of the child and based on this he does the analysis of the relationship between the infant and his mother. Ainsworth and other researchers have made the interpretation of reactions of infants to the sudden leave of the mother and her returning and based on this they have identified four types of attachment relationships. In fact, only one of them is secure attachment, three others are insecure attachments. For easiness of identification and treatment, we will dwell on two main forms of attachment relationship: safe attachment and unsafe attachment.

Secure attachment - in the case of the experiment mentioned above, the infant may cry or may not when mother leaves, but when mother comes; the infant will not let her go. He will stay with her even if he cried, ceases crying. The infant seems like telling his mother: 'I am longing. I am very happy that I see you again. Now that you are here, I am playing with my toys'. About 60% of infants realise a secure attachment relationship.

In the case of an insecure attachment, the infant does not trouble for his mother leaving and when she returns, the infant may ignore and may not take this fact into account. It is a way of interpretation like an infant tells his mother: 'Go again? Leave me again? I have to take care of myself alone'. In the case of an insecure attachment, the infant is troubled when the mother leaves, but is also troubled when she returns. In some cases of insecure attachment, infants react being confused about their mother leaving and returning. They do some strange behaviour for the age and their relationship. When mother returns; they approach her, want to stay next to her, but do not look them into their eyes. Reaction is interpreted as an attempt of the infant to transit his mother the trouble they have since they do not understand what is going on between them.

Table 1: Action phases in an unknown situation

1	The experimenter shows the room to the mother and the infant and then leaves
2	The child is left to explore the room and toys for about 3 minutes. The mother looks but does not participate.
3	A stranger enters a room and stays for about 1 minute. Then he speaks to the infant for 1 minute. The stranger approaches the infant while the mother leaves without speaking.
4	The stranger does not play with the child, but tries to calm him down if needed.
5	After 3 minutes mother returns, smiles and calms him down if needed.
6	When the infant is calmed down and gets back to toys, mother leaves again. This time she greets the infant by hand.
7	The stranger tries to calm the infant down and plays with him.
8	After 3 min, mother gets back and the stranger leaves.

For more than 30 years, the unknown situation remains an important instrument for studying attachment. This instrument did not pass without attracting the attention of critics, who emphasize that its construction aims was to assess the quality of attachment, but in fact it assessed the reaction over separation and reunion. Moreover, some critics emphasise the fact that separation of the infant from mother is considerably influenced from elements of culture, they belong to. For this reason, in our days, other techniques are used for the assessment of

attachment, techniques that compensate the above-mentioned instrument. *The observation of the relationship between the mother and the infant: way of laughing, frequency of interaction by eye, by words and laugh, become part of the assessment of attachment.*

Irrespective of the techniques or the instrument used to assess the quality of attachment, it is important that **quality of attachment during infancy foresees the type of relationship between parent-child during infancy, adolescence and beyond**. Infants with secure attachment tend to build up trust relationship with their parents also during adolescence and young age. They report that they need care and support from parents also when they are adults. Infants with insecure attachment report a problematic relationship with parents during adolescence and young age. They are aggravated with parents and do not accept to be close to parents any longer. However, we should point out that there is no complete stability which extends during the entire life. Stressful and traumatic events, such as death of parent, divorce, threatening life diseases, and/ or poverty, influence the changing of attachment. The stressful events are often associated with insecure attachment in adolescence and young age. As a result, when infants have an insecure attachment, the suffering of stressful events impacts for attachment to continue to remain insecure. When infants are in a safe relationship, the suffering of stressful situations may cause the changing of attachment into an insecure one, since parents ate stressed and lack time and attention needed to take care of children (Hamilton, 2000; Waters et al., 2000).

Types of Attachment

According to Mary Ainsworth, types of attachment are three (Bretherton, 1992):

- Avoidant attachment (A): infants avoid their mother in the reunion process.

- Secure attachment (B): infants try to actively establish contact with their mothers. In this stage, guardians are used by infants as basis, from which they explore the environment around, without the fear that when they return will not find their mothers/guardians.

- Ambivalent attachment (C): infants try to establish contact, but resist, as soon as it is established.

Individual Differences

Mary Ainsworth (1979)22 believed that attachment does not occur the same in all infants. She was of the opinion that in secure attachment, infants use guardian, usually the mother, as a secure basis from which they can explore the environment. Ainsworth used to believe that secure attachment in the first year of life enables an important foundation for later psychological development in life. Sensitivity of the guardian over the signals of infant increases secure attachment. Infants with secure attachment move freely away from mother, but they position their location by eye. These infants react positively to others/strangers. On the other hand, an infant with insecure attachment stays only with the mother and fears to go away from her.

Ainsworth classified the attachment into three categories: secure (type B), anxious – avoidant (type A) and anxious – avoidant (type C). Type B infants use guardians as secure basis to explore the environment. Type A infants display insecurity, avoiding the mother (for example, ignoring her, avoiding sight and avoiding lack of closeness). Type C infants display insecurity, resisting their mother (for example, climbing on her and at the same time combating against closeness-perhaps pushing her away).

Why some infants have a secure attachment and some don't? Ainsworth believed that secure attachment depends on the fact how sensible and responsible are guardians to signals of their infants. From a study conducted, it resulted that infants with a secure attachment to their mothers earlier in infancy were less frustrated and happier at the age of two, compared to those with an insecure attachment. In another study, infants with secure attachment were socially more able and had better grades at the third grade.

Attachment Consequences

Erikson and other theorists believe that attachment infant-parent lays the foundation to all other relationships of the infant during the life cycle. Form this viewpoint, infants experiencing trust and dedication in their secure attachment will be able to develop as preschool age children, which are easily and positively included in the relationship with their fellow children. On the other hand, infants not able to experience a successful relationship, a satisfactory one in their first relationship (with the parent) are prone to have problems in interaction with their fellow preschool children. Long-term studies on the ground have proved this consequence. In addition, it is proved that children with a secure attachment have social relationship a lot more qualitative relationship and with fewer conflicts compared to children coming from an insecure attachment, Lieberman et al., 1999).

School age children tend to have much fewer problems of behaviour if they had a secure attachment and have a lot of behaviour problems if they suffered an insecure attachment (Carlson, 1998). Other studies have tried that the connection between the type of attachment and problems of behaviour is evident, but it is strengthened also from other environmental factors, such as forms of abuse and/or parents with mental health problems. The interdependency of the attachment type with the type of connection with their fellow children seems to be evident, not only for children coming from low risk classes, but also for children coming from high risk classes. *The conclusion seems to be undisputed: secure attachment serves as a model for successful social relationship during life.* This means that a secure attachment stimulates and encourages trust with other people, thus giving life more social relationships in the further stages of life (Thompson, 1998). Certainly, attachment is only the first step between many other steps in the long development path of social abilities. Infants with an insecure attachment are not punished to remain in problematic relationship. In this case, they only lost one step, which may intervene by creating negative consequences in their route towards social development. For this reason, it is necessary to stop and study factors impacting on a qualitative attachment.

Which are the Factors Determining a Qualitative Attachment?

Because of the fact that secure attachment is very much important in the later development of the child, researchers have tried to identify factors impacting on secure attachment. It is undisputable that the interaction of parent-child plays a decisive role in the type of attachment. Secure attachment is possible when parents react immediately and appropriately to their infants. This way, when a mother reacts to an infant crying, by taking the infant on her arms and calming him down, in this case she reacted immediately, as expected and appropriately. In this case, the mother's reaction shows that the social relationship is satisfactory. This type of reaction seems to nurture the infant with security and trust which are the cornerstones to a secure attachment.

Why parents' appropriate, expected and immediate reaction nurtures the secure attachment?
To answer to this question, each one of us may reflect and remember our friendly and lovingly relationships. These relationships are more beautiful when we believe that those are as such and we can use them to support ourselves as needed. Same formulae functions also for children. When parents are careful, attentive, and responsible to child's requirements and needs, it seems that they build trust for parents and it is interpreted into the possibility to support them for serenity and security. This is the reason why infants build up their own internal system. Infants believe that parents are interested and attentive to their needs and will try to meet them.

This way, secure attachment is build up when parents are sensitive and reactive. Certainly not all guardians react trustfully and safely towards their infant. Some react subsequently, some others only after the infant has cried for a long time. It occurs that even when these guardians react, they are upset and aggravated by their infant's requirements. In such a situation, they may also misinterpret child's behaviour. Along the time, these infants tend to see the social relationship as unstable and often frustrating. Both these situations contribute more or less to building trust and security between parents and infant. Another factor which seems to impact considerably in the quality of the relationship is the temperament. It is difficult for infants with difficult temperament to create secure attachment relationship (Goldsmith et al., 1994). This means that infants which argue often and are difficult to calm down are more endangered from insecure attachment. This may occur when an emotionally difficult infant has a mother with severe and traditional personality. However, this does not occur when mother is flexible and open to expect all types of reactions from her infant. Strict mothers does not easily adapt to requirements of their children and difficult infants. On the other hand, mothers require that infants adapt them and seem that they do not react responsibly, immediately and appropriately to the infant's requirements, behaviours which condition a secure attachment relationship.

Fortunately, treatment of young mothers immediately after birth of infant or during pregnancy may help raise the awareness of mothers on their way of reaction to the needs and infant's requirements. Mothers may get used to reacting sensibly and emotionally over the infant thus paving the path for a secure attachment, with long-term benefits in terms of social relationship and emotional situation. The process of formation of attachment best illustrates the combined impact of different components of biopsychosocial framework. Many of behaviours of infants stimulating care – e.g., cry or laughter – are of biological origin. When a guardian reacts over the infant, secure attachment is formed, in which the infant creates trust with the guardian and may rely on that difficult situation (psychological component).

Attachment, Work and Alternative Care

Form may years now; women are part of labour market. On the other hand, single mothers forced to work at the very early stages after giving birth, are two very important indicators related to child care while mothers are at work. The guardianship role of mothers is replaced by the guardian in the institutions of child care (kindergarten), from parents and other relatives taking over to substitute the mother during her work time. At the same time, fathers are involved much more in the child care and in employed guardians in the family. Parents, policymakers and researchers are very concerned and continue to debate on consequences in attachment that the replacement of the role of mother may have in the child care. In the debate open for this issue, questions arise from the most different ones, is there a maximum of hours per week that the child should spend in the care institutions outside home? Is there an age limit, before which infants should not be placed in institutions outside home? Studies conducted to measure the effectiveness of infant care in their early development stages in the parent-child attachment, provided very normal and

acceptable results. As a conclusion, secure attachment mother – child is the same and is not influenced by the quality of child care, time quantity that the child spends in the kindergarten, the age when the child goes to the kindergarten, or the type of care he/she receives.

When characteristics of child care are encompassed with mother characteristics, it seems that results change. This way, when the mother is not much sensitive over the child and one such case the infant receives a not very qualitative service and insufficient attention as a result of big number of children in need of guardians, we have to do with insecure attachment. As researches express it, "poor quality of service, lack of stability, big number of children in need of care, adding also the poor role of mother, bring the child at a very risky level for an insecure attachment. The risk scale is even higher compared to when we have to do only with inappropriate, unemotional and poor reaction, by the mother" (NICHD Early Child care Research Network, 1997, pg. 877). This result and other such results, give answers to questions mentioned above. Parents should not worry for placing their children in the institutions of daily child care. Infants and children may enrol with the daily centres offering qualitative services without having fear for negative consequences from such an action. When children are treated with qualitative services, the time spent in this service or type of service, do not impact at all in the mother-child attachment. Neither does the early age of taking service from other guardians, impact in the attachment. The question raised in this case is what parents should look for when they want to secure a qualitative service for their child?

A qualitative service is characterised by (Burchinal et al., 1990):

- A limited number of children for guardians;
- Trained and experienced guardians;
- Stable personnel;
- Sufficient possibilities for education and social stimulation;
- Effective and continuous communication of parents and guardians related to expectations and purposes of care programme.

Services of child care give mothers the possibility to secure living and continue their professional care, secure incomes for a better living level and feel well with themselves and family. From this viewpoint, an employed mother and satisfied with herself may provide more care, attention, and dedication for her child. Quality of time spent with the child rather than the quantity of time spent is the one which confirms the parent-child attachment. It is important to continuously think how to help the child to develop attachment relationship not only with parents but also with other close persons, and not only in the infancy period and early childhood, but during the entire life.

Adverse Childhood Experiences (ACE)

ACE Theory

Numerous studies conducted in the field of health and mental health have emphasized that childhood traumas are strongly correlated with mental health, and moreover are considered to have an impact on adult health risk behaviors, psychosocial and substance abuse problems, and diseases (Felitti, 2003 as cited in Larkin & Records, 2006). Therefore, in the late 90s information for the risk factors for disease had been widely researched and merged into public education and prevention programs. However, there was a need to bridge this scientific gab for the origins of risk factors, and the Adverse Childhood Experiences (ACE) study has been the largest investigation to assess associations between childhood maltreatment and later-life health and well-being.

ACE has been designed as an epidemiological study that aimed to study childhood experiences in relation to the social and health outcomes throughout development. Particularly, this research shed light on the relationship between ACE and health risk behaviors and physical and mental health outcomes. Specifically, the study was designed to provide data that would help answer the question: "If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?" By providing information to answer, it was aimed to provide scientific information that would be useful for developing new and more effective prevention programs.

The ACE Study takes a whole life perspective, as indicated on the orange arrow leading from conception to death. By working within this framework, the ACE Study began to progressively uncover how adverse childhood experiences (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan. Thus, the main components of ACE include:

1. Abuse: Emotional abuse, Physical abuse; and Sexual abuse
2. Neglect: Emotional neglect; Physical neglect
3. Household Dysfunction: Mother treated violently; household substance abuse; household mental illness; parental separation or divorce; Incarcerated household member.

The operational definitions of the concepts in the ACE study are as follows:

Abuse

Emotional Abuse: Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.
Physical Abuse: Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.

Sexual Abuse: An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

Neglect

Emotional Neglect: Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection.

Physical Neglect: Respondents were asked whether there was enough to eat, if their parents drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the doctor.

Household Dysfunction

Mother Treated Violently: Your mother or stepmother was sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her and/or sometimes often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun.

Household Substance Abuse: Lived with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs.

Household Mental Illness: A household member was depressed or mentally ill or a household member attempted suicide.

Parental Separation or Divorce: Parents were ever separated or divorced.

Incarcerated Household Member: A household member went to prison.

Results of the study showed that childhood abuse, neglect, and exposure to other traumatic stressors are common where almost two-thirds of participants reported at least one ACE, and more than one of five reported three or more ACE. The short and long term outcomes of these childhood exposures include a multitude of health and social problems. Moreover the level of ACE was associated with the following health and mental health problems:

- Alcoholism and alcohol abuse
- Chronic obstructive pulmonary disease (COPD)
- Depression
- Fetal death
- Health-related quality of life
- Illicit drug use
- Ischemic heart disease (IHD)
- Liver disease
- Risk for intimate partner violence
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Suicide attempts
- Unintended pregnancies
- Early initiation of smoking
- Early initiation of sexual activity
- Adolescent pregnancy

Day II

Topic: Resilience Concept (Protective and Renewable Abilities) and Risk Factors

Time:
> 1 day

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session objectives:
- Develop knowledge and habits of participants on the renewable (resilience) capacities and identification of strategies stimulating the development of renewable abilities on children;
- Understand the factors influencing the level of risks

Resources:
- Goldstein, S., Brooks B. R. (2006). Handbook of Resilience in Children
- Wilson. K., James., A (2011), 3-d edition. The Child Protection Handbook.
- HM Government. (2001). Working Together to Safeguard Children. A guide to interagency working to safeguard and promote the welfare of children. Department for schools, children and families.
- MPCSShB, Tdh, UNICEF (2009). Protocol of workers for the protection of children
- Agani, F., Landau, J., & Agani, N. (2010). Community-Building Before, During, and After Times of Trauma: The LINC Model of Community Resilience in Kosovo. *American Journal of Orthopsychiatry, 80, 1,* 143-149.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session summary:
Resilience or regenerating capacity is considered as an important concept. Through this capacity /resilience, children can prevail to overcome the trauma , without it , can triumph trauma. This session will explore the concept of resilience and positive impact for children and identify the psychological and personal characteristics that contribute to resilience. It will also explore the conditions that promote resilience of family and the importance of community support. The focus will be and the discussion about the factors influencing the level of risk.

Steps:

Activity # 1- Exploration of resilient behaviours during their childhood – individual labour
The purpose of the exercise is that students analyse when they appeared resilient during their age and how did they overcome difficult situations in life (in particular during their childhood). Participants will be asked individually by the trainer to think about this:

- *A difficult moment in life. When did they use resilience during this moment?*

- *What helped them overcome the difficult situation?*

- *What steps have they taken to overcome the difficulty?*

Later participants share and discuss on their experiences. At the end of discussion, the trainer makes a summary of the importance of development of resilience in children and to the increase of a healthy self-assessment, with its roots in secure attachment. Children should develop and strengthen positive characteristics helping them overcome difficult situations and recuperate quickly after a trauma or crisis. It is very important that children understand and use resources available on personal, family and community level.

Activity # 2- Identification of protective factors on individual, family or community level
The purpose of exercise is identification of all potential factors that may help an individual on individual, family or community level. Ask participants to break down into three groups, where:

- Group one will identify individual protective factors;

- Group two will identify family protective factors; and

- Group three will identify community protective factors;

Later, the three groups will p[resent their work through their representative, but at the same time, they will discuss together about the protective factors. In addition, the trainer will direct discussion and how important is it to discuss also for the connection of this three levels of factors.

Activity # 3 - Resilience questionnaire
The purpose of exercise is that participants assess individual sources of resilience and discuss how they can develop resilient abilities. The trainer will ask participants to individually fill in the working papers **"Resilience questionnaire"**. They should answer YES or NO for every statement. After they give all answers, ask to see how many answers are YES and how many are NO. Ask participants to think how they can turn NO answers into YES ones. **Resilience has to do with the support on the strong individual points rather than focusing on deficits.** Why? Participants share their opinions and discuss in front of a big group.

Working Papers: "Resilience Questionnaire"

Answer YES or NO to the following statements:

1 Care and support
_____ There are some people in my life who give me unconditioned love, listen to me without judging me and oi know they are there for me
_____ I am involved at school, work, or other groups where I feel appreciated and under care
_____ I treat myself with kindness and compassion, and I spend time to take care of myself (including eating property, doing gym, and sleeping sufficiently)

2. High expectations for success
_____ There are some people in my life who let me know that they believe in my abilities to succeed.
_____I have received the message "You can succeed" at work or at school,
_____ I trust myself in majority of cases and I usually give myself positive messages about my ability to achieve the goals even when facing difficulties

3. Possibility for meaningful participation
_____My voice (opinion) and my choice (what I want) is heard and assessed in my personal close relationship.
_____ Opinions and my ideas are heard and respected sat my work or at school.
_____ I provide services voluntarily in order to help others or to solve a cause / issue in community, religious organization ort my school.

4. Positive relationship
_____ I am involved in one or more entertaining activities or hobbies I attend after school / work.
_____ I participate in one or more groups (such as clubs, communities or sports clubs) outside school/work.
_____ I feel close to many people at my work/school.

5. Clear and sustainable borders
_____ The majority of my relationships with my friends and with my family members have clear and sound borders (including a mutual respect, personal autonomy and every person in a relationship gives and takes).
_____ I rely on clear and sustainable expectations and rules at my work/school.
_____ I decide and keep healthy border for myself, not allowing other benefit from me, and to tell me "No" when I need them.

6. Life abilities
_____ I have (and use) good hearing abilities, open communication and good abilities, for conflict solving.
_____I have the experience and abilities I need to do my work as good as possible, or necessary abilities to have good results at school.,
_____ I know how to set a goal and what septs to follows to achieve it.

Theoretical Handout: Day II

Resilience Concept

How do children and teenagers "manage it", when their development is endangered by poverty, negligence, maltreatment, fight, violence, suppression, racism and discrimination? What protects them, when their parents become unable due to abuse with narcotic substances, mental diseases, or other physical diseases? How do we explain the phenomena of *resilience – children being successful,* irrespective serious challenges, with which their development is facing – and put this knowledge to work for the good of all children and society? Scientific studies on resilience started about 30 years ago, when a group of researchers started to notice the phenomena of positive adaptation with the sub groups of children which were considered as "in risk" for the later development of psychopathology (Masten, 2001). Resilience's roots are especially in the area of psycho-social needs, which are directly related to sources and protective factors. When the needs of a child are met, they are turned into sources which allow for him to face the difficult stages he went through or to go through. The term resilience comes from the area of physics and refers to the ability of a metal to recover from a stroke and to maintain its basic structure. In the area of psychology, resilience describes the ability to recuperate and to adapt after a shock or a trauma. This concept is based on observation that in unfavourable circumstances some people face and are relatively developed, while some others do not achieve something like that. The term resilience describes the characteristics of those facing relatively good. It is important to mention that resilience does not have to do simply with personal qualities, but also with the way how these qualities interact with factors within family and environment wide. A resilient person uses all sources available with him, at the psychological level (personal characteristics) or environmental (family, society). Researchers suggest that smaller children are often more resilient than bigger children".[278]

Resilience, in general, refers to the model of positive adaptation within an accident in the past or in the present. Before we identify the resilient model of adaptation, we need two distinguished judgements from one-another. First, it is judged according to criteria, upon which case it its determined that there was a very serious threat for the development or the individual's adaptation. Secondly, irrespective of risk or exposure, previous or current adaptation of the individual is satisfactory, according to some specific criteria. Resilience *definitions* are always referred to risks of good adaptation, perceived in terms as *risk, big misfortune, and negative life events.* In general, *the risk* means the increase of possibilities for a negative result. This is a term which means that the group or a part of population is considered to be at risk, that they will present difficulties to adaptation and there are fewer chances to be successful. In general, here is a lack of accuracy in relation to risk factors, which relates to their complex and complementary nature. The resilience capacity depends on the healthy self-assessment, with its roots in the attachment over a secure basis[279], which is a person, that gives the infant the feeling of protection and comfort, or an emotional attachment over an objective or project. He gathers himself, during all his life, thanks to internal and external sources, as well as protective factors. These sources come from relationships (ability to create connections) that a person has with his close or wide environments, from daily activities (feelings of ability), and to the meaning

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278 Foundation Terre des hommes, Psychosocial reference document: working with children and their environment, 2010
279   Taken from George Kohlrieser, Hostage at a table, 2004, (Inspired by John Bowlby, A Secure Base: Clinical Applications of Attachment Therapy as a source, 1988)

given to life (in connection with family, community, religious culture and values transmitted). It quickly became clear that risk factors are rarely occurring isolated. Most of all, children at big risk are in front of such risks, due to their exposure over numerous disasters, that last for a long time in their life (Masten & Wrights, 1998). In general, results worsen, while in the meantime risk factors continue to increase in the children's life and at the same time, resilience becomes more unusual. This way, it is extraordinary important to review complementary risk factors in order to foresee with more accuracy and to understand better development results (Sameroff, Gutman, & Peck, 2003). Divorce is a stressful situation that points out considerable changes of the results of children with divorced parents. Complementary risk concept helps explain this diversity of results. Divorce is not a risk factor or a single stress with limited time, but it is a long process with many stresses and life changes. Size and duration of these stresses differ considerably from a one family into another family and may occur before, during and after divorce. Lastly, some forms of big disasters are so chronic and massive, that it cannot be expected for children to be resilient until a more secure environment for their development is established. So, in case of catastrophic trauma, such as wars or tortures, resilience, in general, refers to good renewal after the end of the trauma (Wright, Masten, Northwood, & Hubbard, 1997). Another aspect for judging resilience includes decisions related to a success of a human being in his life, quality of adaptation, and his/her development. To judge positive adaptation, numerous criteria are used in literature, including here criteria concentrated on lack of pathology, of success in developmental duties with long time periods, subjective welfare, or all of them together. In the developmental literature, many researchers have determined good results based on the child's observed or reported *competence* in the accomplishment of expectations for children of an age and specific gender in their socio-cultural and historical contexts. Competence is generally assessed with the fact how well the child has met and continues to meet the expectations defined. This is often referred to like the file of child's successes in meeting the *developmental duties*, age standards of behaviour in a number of environments (physical, emotional, cognitive, and moral and behaviour). Even though these may differ from one culture into another, in general, they refer to general duties directing development and socialisation of children (see table 2.1 for examples). Children assessed to show resilience, have usually passed these developmental duties with reasonable success, notwithstanding big risks and disasters they have suffered.

Developmental Perspectives

Researches on resilience pointed out that children may have different protection vulnerability and systems in different stages of their development (Masten et. al., 1990; Wright & Masten, 1997). Due to their complete dependency on the people taking care of them, small children are quite vulnerable from the consequences of losing parents or from the maltreatment from the people taking care of them. However, they are more protective from experiencing complete impact associating war or natural disasters, as they don't understand what is going on. When children grow up, school environment and their settlement location may considerably contribute to their exposure over traumatic events. Grown up children may be dealing with unsupervised activities and their involvement with their fellow children may protect them or may even increase the risk which is threatening them. This way, although grown up children are more able to face the world alone; their independence from the protection of people taking care of them may contribute to their exposure to traumas. Even adolescence is vulnerable from another kind of loss related to friends, trust, school and government. They realise what these losses mean for their future, which cannot be understood by small children.

Examples of Protective Assets and Factors

Child's characteristics
- Social and appropriate temperament at the very early age;
- Good knowledge abilities and capability to solve problems;
- Effective strategy for regulation of behaviours and emotions;
- Good opinion about oneself (confidence, good assessment for oneself, efficiency for oneself);
- Positive opinion for life (full of hope);
- Trust and a feeling of understanding in life;
- Characteristics assessed by society and oneself (talent, feeling of humour, and attraction by others).

Family characteristics
- Supporting and stable environment at home;
  - Low level of disagreements between parents;
  - Close relationship with the responsible guardian;
  - Authoritative parental style (full of warmth, monitoring, and expectation)
  - Positive relationship with sister/brother;
  - Supporting relationship with other members of family circle;
- Parents are involved in children upbringing;
- Parents have individual qualities, aligned as protective for the child;
- Socio-economic advantages;
- University education for parents;
- Religious component.

Community characteristics
- High quality of the neighbourhood where he lives
  - Safe and friendly neighbourhood;
  - Low level of violence and bullying in community;
  - A community appreciating children;
  - A house with reasonable prices;
  - Access to entertainment centres;
  - Clean water and air.
- Good schools
  - Trained and well-paid teachers;
  - Extracurricular programmes;
  - Places of entertainment at school (for sports, music, art);
  - Presence of psychologist, social worker or the pedagogue;
- Employment opportunity for parents and adolescence;
- Public health care of good quality;
- Access to emergency services (emergency, police and fire-fighters);
- Relationship with dedicated guardians and sociable fellow community members.

Cultural and Social Characteristics

- Protective child policies (child labour, health and child welfare);

- Prevention and protection against suppression or political and psychological violence;

- Low acceptance tolerance of physical, verbal psychological violence and bullying.

Comparison over ecological and transactional systems to understand resilience marks a dramatic turning point from traditional focus on the individual into a wider focus, including here family and the network of respective community (Cowen, 2000; Cummings, Davies, & Campbell, 2000; Roberts & Masten 2004; Walsh, 1998). The developmental result is determined by complex models of interaction and transaction. Second wave studies of researches include model and analytical techniques and strategy, enabling the detection of influences in many levels. This dynamics approach highlights the need to formulate different research questions, in order to understand the process of positive and negative adaptation after stress and traumatic events. Rather than raise questions why a child is resilient, now questions are already made on mutual relationship between the child and his or her context, and these serve as focus of study. This approach urges research models to reflect it better and in more appropriate manner the individual differences in the development ways and contextual variations within the family, communities, societies, cultures and historical periods. At the same time, these studies also give a complex assessment of impacts with the family and environment. Parents do not respond the same way to each of their children neither the family environment is experienced the same way by the children of the same family (Plomin, Asbury, & Dunn, 2001). Event where there is a big conflict and lack of harmony within the family, the negativity expressed by parents may be concentrated more on one child than on the other, and the children themselves may react differently by this conflict. Transactional model of influence takes this dynamic model and points it out the importance of review of mutual interaction models, giving form to time development (Sameroff, 2000).

Session V
Concept of Family Resilience

Resilience refers to the process of successful overcoming of disasters (Patterson, 2002b). Traditional theories of resilience are concentrated on individuals and individual factors associated by the adapting regulation, such as features of personality and facing the strategy (Walsh, 1996). Researches on resilience are expanded to include a social context and wider, including here families and communities (Patterson, 2002a; Seccombe, 2002). Patterson (2002a) raised three concepts of individual resilience (Masten & Coatsworth, 1998) that can be balanced with the family resilience: 1) concept of result at family level; 2) presence of some risk which family may not manage it out; and 3) the need to understand protection factors which would prevent unwanted results. Notion of family resilience takes into account not only main processes helping families to cope with constant challenges, but also those strengthening the family unit; this way, family resilience gives possibility to the latter to stimulate resilience with all their members (Walsh, 1996). Although there are many definitions, family resilience include a) resistance irrespective of difficulty, b) reversion to previous functioning level, and c) assessment in connection to welfare despite pathology (Hawley & De Haan, 1996). Patterson (2002a) suggests that family resilience has to do with "processes with which families are able to adapt and to function with competence after overcoming a disaster or big crisis".

Characteristics of Family and Resilience

Relative processes within the family have big impact on stimulating resilience to its members. Models of family relationship may be broken down into two distinguishable dimensions: family cohesion and family adaptability. Cohesion and adaptability level describes the nature of interactions within the family system and between family members and community (Olson, Sprenkle, & Russell, 1979). These dimensions not only give a clear overview within the family dynamics, but they also have their implications in regard to the way of support and family strengthening as a unit by the community.

Family Cohesion

According Turnbull (1997), family cohesion is defined as "close emotional relationship of the family members with one another as well as the level of independence they feel within the family system" (pg. 108). The relationship scale differs considerably between families and within them, and is influenced by culture, age, and life stage of family members. Cohesion exists continuously, changing from enmeshed (very high), connected (moderate high), separated (moderate low), and disengaged (very low) (Olson, 1993). The enmeshed style of interaction is characterised from excessive identification with the family, which as a result brings extreme levels of understanding as well as limited individual autonomy and independence. Within the connected relationship, family members express their emotional closeness and loyalty, and in the meantime also friendship and entertaining activity outside the family. Connected families put the emphasis on spending time together. As per contrast, separated relationships have few activities and joint interests with family members, thus spending more time with other people outside family. In these families, there is little family closeness, but their members give more priority to independence.

Last level of continuity represents a model of disengaged relationship and is characterised by the big autonomy and poor relationship, in which there is very little closeness with the family system (Olson, 1993). Under the umbrella of cohesion, there are some specific areas. An area related to in particular the current discussion is the emotional relationship, where family inclusion and parent-child interactions are included (see Walsh, 1993, for a more complete review).

Family Inclusion

Active and emotional inclusion of family comprises a mutual relationship of resilience. Emotional inclusion refers to the degree of assessment and interest of family members in the activities of other family members (Epstein, Bishop, Ryan, Miller, & Keitner, 1993). The emphasis is put on the quantity of interest and the way with which family members display their interest and their investment to one another. Development of resilience and health adaptation with the children is increased through practices of emotional inclusion of family. Main area which is impacted positively by the active inclusion of family is the results of children in lessons. Through the active participation, children experience all the time positive stances in relation to school, which brings, as a result, a better school attendance, with fewer problems in behaviour as well as creating better customs for studies and completion of homework (Christenson & Sheridan, 2001).

Parent / Guardian-Child Interactions

Child results are impacted also by the emotional nature of parent-child interactions. The effective relationship, defined as emotional relationship between the child and human being providing care to, gives the child a feeling of security, thus guaranteeing the child that the parent or the guardian will be present in case of a disaster (Pianta & Walsh, 1996). Formation of the emotional relationship depends on the quality and quantity of answers of the parent/guardian (Epstein et. al., 1993). Reactions are characterised by warmth, care and sensitivity to the needs of the child, facilitate resilience and adaptive development (Macoby & Martin, 1983). The relationship between responsibility of parent/guardian and the functioning of the child covers numerous development areas. The high responsibility model relates to socio-emotional positive results with children (Clark & Ladd, 2000). In particular, the parent-child relationship is accompanied by the acceptance by their fellow children (Cohn, 1990), with friendship of high quality (Kerns, Klepac, & Cole, 1996) as well as with high level altruism and moral development (MacDonald, 1992). Children with secure emotional relationship present improvement of capabilities for problem solving, immediate abilities in writing and reading, and overall adaptation at school (Pianta & Walsh, 1996).

Family Adaptability

Every family is facing situations during life, in which there are challenges on the way how family members relate to each other on how a family functions, as units within community (Patterson, 2002b). Family adaptability refers to the ability of family to change its rules, role and leadership, by restoring this way a balance, a) between family members and family as a unit and b) family as a unit and community (Olson, 1993; Patterson, 2002b). Families have a different adaptability scale, which differs from *solid* (very low) in *structured* (low moderate), in *flexible* (moderate high), and in *chaotic* (very high), (Olson, 1993). Like with the idea of family cohesion, moderate adaptability scales (e.g., structured or flexible) enable better levels of functioning of family that those which

are extreme (e.g., solid or chaotic). In order to function as a healthy system, families should have adaptability and stability. Families are able to determine the adaptable time to retain stability or to treat changes, have more chances to be healthy and functional families (Olson, 1993). Families being successful in their adaptability a) are proactive in socialisation and development of members within family, and b) they understand the importance of maintaining family as a unit (Paterson, 2002a).

Styles of Parenting and Problem Solving

Type of parenting is defined as "constellation of stances communicating to family and taken together, create an emotional climate, in which the parents' behaviour are expressed" (Darling & Steinberg, 1993, pg. 493). Baumrind (1968) drafted three types of styles of parenting: authoritative, soft and convincing. Style of authoritative parenting is characterised by the high level of authority and control with a limited quantity of negotiation in relation to standards of behaviour. In contrast to this style, there is the style of soft parenting, where children are allowed to fix their activities themselves, standards and their rules have few decisions taken by parents/guardian. Convincing parenting, which is considered as the best style, is characterised between freedom and responsibility. In this style, family members are engaged in the processes of problem solving to negotiate compromise and to administer the conflict.

Common Values and Beliefs

These are important for family resilience and empower some specific models on the way of family reaction over new situations, events and crises (Antonovsky & Sourani, 1998, Walsh, 1996). Schema of a strong family shows belief in family as a unit seeing its interaction with the world from collective orientation "we" despite orientation "I" (McCubbin et. al., 1993). Families with strong schema have chances to perceive life realistically and do not expect perfect solutions for difficulties presented to by life (McCubbin et. al., 1993).

Construction of Family Resilience

Families often need the support of community to develop necessary abilities for resilience. Cohesion, emotional interactions, effective styles of parenting, and inclusion of family comprise purposes of professionals working with the construction of family resilience. To achieve these purposes, the empowering of family and improvement of family functioning has big importance. Lastly, for families to be resilient, they should be empowered. Models of empowering are for the support of families to preliminary identify needs, for the engagement of sources and the achievement of purposes through the development of capacities, personal strengths and abilities. This model is in contrast with the expert model which often leads to dependency on the professional, failure in the engagement of personal sources, and positive systems of belief and results in limited abilities for the assessment of personal needs and engagement of family sources in the future.

Services with the Family in Centre

These services aim at stimulating positive functioning of the child, parent, and family and increase possibilities that family members should base themselves for the treatment of their needs with the time passing. At the same time, these services are based on an intervention model, articulated by Dunst and Trivette (1987) which are based on four operational principles: 1) attempts of base interventions for the family identified needs; 2) use of strengths and existing abilities to engage family sources and to stimulate family abilities; 3) increase the use of family personal social network as a source of support; and 4) use of auxiliary behaviours stimulating the acquisition of abilities.

Attempts of basic intervention for the identified family needs. Services with the focus the family answer for the registered advantages from family, thus admitting that families are in the best position to identify their immediate needs. In addition, the commitment to change may be big, when the need of families is determined by them. For construction of resilience, professionals may help families to determine objectives which are needed for the achievement of short-term and long-term purposes, and cooperation strategies may be used to determine the intervention points.

Use of strengths and existing abilities of family in the engagement of family sources. The central principle of services with its focus the family is that all families have strengths and abilities. However, system conditions and the environmental ones may pose challenges to families, thus limiting their possibilities to take and use their forces. For construction of family resilience, family members may be assisted to register, take and mobilise forces and use them for the achievement of purposes set out by them themselves (Garbarino, 1982).

Development of cooperation between and within systems and partnerships is important to facilitate the development of family resilience. Relationship and positive and proactive network may assist family members mobile sources and support them, which before was perceived as unattainable. The notion of "partnership" means that family members are equal partners for registering needs and purposes, for determining strategies and drafting plans as well as assessment of results with the use of these programmes and sources (Christenson & Sheridan, 2001; Welch & Sheridan, 1995). This way, services are not executed "for" or "about' families, as active partners and participants.

School is another necessary interaction system for families with children. Schools and classes represent important contexts for development and teachers are meaningful individuals in the life of the child (Pianta & Walsh, 1996; Sheridan & Gutkin, 2000). Establishment of partnerships between family and school may have a critical importance for the increase of potential of a development of a child. Positive and constructive relationships with other principal issues (i.e. schools) may be very indispensable in helping families develop abilities and use sources on behalf of development of their children (Dunst et. al., 1988).

Use of auxiliary behaviours that stimulate the acquisition of abilities. During the construction of resilience via the services with focus the families, the role of professionals is concentrated in the development of capacities. Construction of capacities starts with understanding and assessment of the fact that "where is the family." Comparisons with the focus family try to simulate the acquisition of abilities from the family and the child more than the use of strategies to 'treat" the problem or to repair deficiencies. The emphasis on services with the focus family is not only for the final result, but also for processes in which families work together toward the desired result. In fact, the process via which professionals assist families is the cornerstone of the execution of services with its focus the family. With the assistance given to family members to register

and determine advantages, to establish reasonable purposes and draft appropriate plans, possibilities are increased in maximum for positive results of the family (i.e. accomplishment of purposes). Moreover, strategies relating to and are achievable for the family, brining desired results and providing knowledge and new abilities are very likely to be used in future by family members when they face similar needs.

Three Sources of Resilience

To overcome disasters, children use three sources of resilience features, called: I HAVE, I AM, and I CAN. The thing taken from each of these sources may be described as below:

I HAVE
- People around me who I trust and who love me, irrespective of anything else;
- People setting limits, thus I know when I have to stop before a risk or a concern;
- People telling me how to do things precisely as they do them;
- People who want to teach me to things myself;
- People helping me when I am sick, at risk and when I need to learn.

I AM
- A person that people may like and love;
- Happy when I do things for others and care for them;
- Full of respect for oneself and for others;
- Willing to take responsibilities for what I do;
- Certain that things will get fixed.

I CAN
- Speak to others about things scaring and worrying me;
- Find ways to solve problems with which I face;
- Control myself when I feel that I am doing something unjust or dangerous;
- Understand as of when it is appropriate to speak to someone or take any action;
- Find someone to help me when I need so.

Resilient child does not need all these features to be as such; it suffices only one of them. The child may feel liked/loved (I HAVE), but if he lacks the inner force (I AM), or social and interpersonal abilities (I CAN), then there cannot be resilience. The child may have a lot of self-assessment (I AM), or if he cannot communicate with others or to solve problems (I CAN), and he has no one to help (I HAVE), the child is not resilient. The child may be of word and may speak well (I CAN), but if he has no sensitivity (I AM) or if does not learn from role models (I HAVE) then there is no resilience. Resilience comes from the combination of these features.

These resilience features may seem understandable and easy to acquire, but it is not like this. In fact, many children are not resilient and many parents or guardians of children do not assist children to become resilient. On the other hand, many adults suppress or hinder resilience of children or give mixed messages and a big number of children feel unprotected, sad and loveless. This situation does not mean to be intentional; it is more because of the fact that people have no information for resilience or how to stimulate it with children. Children need become resilient to overcome many disasters, with which they face and will meet in life: they cannot do this thing only with their forces. They need the adults, who know how to stimulate resilience and who in reality become resilient themselves. There are many histories from children and adults encountering and overcoming big disasters in their lives, irrespective from the fact that circumstances suggest

that they will be defeated by these disasters. Here are some of true experiences suffered by people. Using the model I HAVE, I AM and I CAN, this is what they did to stimulate resilience in the process of overcoming disaster.

> A five-year old boy returns home and tells his mother: "That big boy continues to bully me. He punches me sometimes by fist and sometimes he kicks me. I tell him to stop. He stops, but starts again. I am very much scared of him."

Mother may use the feature I HAVE, precisely from "People around me who I trust and who love me, irrespective of anything else" and "People helping me when I am sick, at risk and when I need to learn"; features I AM of the child may be strengthened making him that he sees himself such as "A person that people may like and love" and "Certain that things will get fixed"; features I CAN of the child include "Speak to others about things scaring and worrying me" and "Find someone to help me when I need so".

The interaction between the mother and the boy was something like that: mother heard and told him that she was very sorry and calmed him down. Then, she told him that she was right to report him with the teacher and do so whenever that boy would bully him, until and as long as this concern would stop. She told to her son that he could speak to the teacher or the parents of the bullying boy, but she wanted her boy to develop a bigger independent feeling, therefore, she did not insist. The boy felt free to share his feeling and to hear about the problem solving. He understood that he was part of solution and she wanted to learn more as what he could do by himself.

> An eleven-year old girl shows this experience: "My cousin and I were climbing a mountain on one winter day. I fell down on the snow and I could not get out of it. I was terrified."

The girl may use the resilience feature I HAVE "People helping me when I am sick, at risk and when I need to learn"; the feature I AM "Willing to take responsibilities for what I do" and; "Certain that things will get fixed" the feature I CAN "Find ways to solve problems with which I face" and "Find someone to help me when I need so.

The interaction between the girl and her cousin was like this: the girl tried herself to get out of the thick snow, but she could not do so. Then she called her cousin who was in front her and she asked for help. When cousin came, they spoke of the fear they felt, but they decided that it would be better to get down to work and to get the girl out of there. They managed to do so and they felt that they had a lot of emotions for one day, therefore they returned home.

Resilience is a basic human capacity, born together with the human being. Parents and other guardians stimulate resilience with children through words, actions and environment they provide. Adults stimulating resilience make family and institutional support available for children. They encourage children to become more independent autonomous, compassionate and altruists. They teach children how to communicate with others, solve problems and treat opinions, feelings and negative behaviours successfully. Children themselves become more active in the stimulation of their resilience.

Factors Contributing to the Development of Resilience

Factors I HAVE are supporters and external sources stimulating resilience. Before the child's awareness is raised for it which is (I AM) or for it that it can do (I CAN), the child needs support and external sources to develop feeling of security that lay foundations for development of resilience. These supports continue to be important during the entire infancy, the resilient child says…

I HAVE
- **Relationship full of trust**
  Parents, other family members, teachers and friends wanting and accepting the child. Children of all ages are in need of unconditioned love from parents and guardians, but they want love and emotional support also from other adults. Love and support from others often compensates the lack of unconditioned love from parents and guardians.

- **Structure and role at home**
  Parents setting clear and routine rules, expect that the child respects them and believe that the child will respect them. Rules and routine include duties that children are expected to execute. Limitations and consequences of behaviours are clearly expressed and understood. When rules are broken, the child is assisted to understand that he made a mistake, he is encouraged to say his version for what happened, he is punished when needed, and later he is forgiven and he reconciles with the adult. When the child respects rules and routine, he is praised and thanked. Parents do not harm the child when they punish him and no person is allowed to harm the child.

- **Role models**
  Parents, other adults, grown up sisters and brothers as well as their contemporaries acting in different ways to show to the child the wanted and accepted behaviour, not only within the family but also with strangers. These people tell how to do things, such as how to dress up, or ask for information and encourage the child to imitate them. They are moral models and may introduce the child with customs of their religion.

- **Encouragement to be autonomous**
  Adults, in particular parents, encouraging the child to do things alone and ask for assistance, assist the child to be independent. They praise the child when he shows initiative and independence and help him, perhaps through practice or conversation, to do things independently. The adults are conscious about the child temperament, and theirs, in order to adapt speediness and measure, in which they encourage the independence of their child.

- **Access to health, education, welfare and security services,**
  The child, independently or through family, may count on constant services to meet the needs that are not met by his family– hospitals and doctors, schools and teachers, social services, police and protection services against fire, or equal services to them.

I AM

Factors I AM are personal internal child advantages. These are feelings, stances, and beliefs within family. The resilient child says...

I AM

- **Adorable and my temperament is attractive**
  The child is aware that people like him and love him. The child does good things for others that make him loved and adorable. The child is sensitive to the humour situation of others and he knows what he can expect from them. The child retains proper balance between excess and serenity when answering the others.

- **Loved, compassionate, altruist**
  The child loves other people and expresses this love in many ways. He takes care of this happening to others and expresses this care through actions and words. The child feels concern and suffering of others and wants to do something to stop or to share suffering or to express compassionate.

- **Proud for oneself**
  The child knows that he is an important person and he feels proud for it and for what he can do and achieve. The child does not allow the others to demote or degrade him, when a child has life problems; trust and self-assessment help him.

- **Independent and responsible**
  The child may do this alone and admit the consequences of his behaviour. This is the feeling that what he does comprises a change on the way how things develop and the child accepts that responsibility. The child understands the limits and possibilities of control and accepts when others are responsible.

- **Filled with hope, trust and kindness**
  The child believes that there is hope for him and there are people and institutions he can believe. The child has the feeling of right and wrong, believes that the right will prevail and wants to contribute to. The child has trust on moral and kindness, and may express this as trust in God or in a higher spiritual human being.

I CAN

Factors I CAN are the interpersonal and social child abilities. Children learn these abilities by interacting with others and from those teaching them. A resilient child says…

I CAN

- **Communicate**
  The child is able to express his opinions and feelings to others. He may hear it what others are saying and be aware for it what they feel. The child may solve disagreements and is able to understand and act on communication results.

- **Solve problems**
  The child may assess the nature and the importance of the problem, what he can do to solve it and what help he needs from others. The child may negotiate a solution with

others and may find a creative or pleasant solution. He insists to stay with the problem until it is finally resolved.

- **Administer my feelings and impulses**
  The chid may know his feelings, name his emotions and express them in words and behaviours which do not violate feeling and rights of others or his own rights. The child may administer the impulse to hit, to run away, to harm the property, or to act differently in a harmful way.

- **Recognise my temperament and that of others**
  The child has knowledge about his temperament (for example, how much active, impulsive and risk-taker or how calm, reflective and careful he is) as well as for the temperament of others. This helps children to know it how quickly they should act, how much time they need to communicate, and how far can he go in different situations.

- **Ask for confidentiality relationship**
  The child may find someone – a parent, teacher, grown up or an elderly person – to ask for help, to share feelings and concerns with him/her, to explore ways for personal and interpersonal problem solving or discuss conflicts in family.

Every factor I HAVE, I AM and I CAN suggest numerous activities to be taken by children and parents to stimulate resilience. No child or parent shall use the entire group of resilient factors and neither do they need such a thing. Some use a lot; others use a little. However, the bigger the group of possibilities before them, the more alternatives will have parents, children and guardians and the more flexible they will be in selection of appropriate answers over a certain situation.

Profile of a resilient individual

Social competences	Problem solving
• Responsibility • Flexibility • Empathy • Care • Communication ability • Sense of humour • Other pro-social abilities	• Abilities to think abstractly, reflectively and flexibly • Ability to provide alternative solution for social and cognitive problem solving
Autonomy	**Sense of purpose**
• Strong independence sense • Strong control sense • Self-assessment and self-efficiency • Self-discipline • Ability to divide oneself from environment	• Healthy expectations • Successful achievement/orientation • Persistence • Hope/optimism • Courage / resistance

Individual and environmental characteristics facilitating resilience

Individual characteristics	Environmental characteristics
• Use of life abilities, including good decision-taking abilities, control of impulses, and abilities for problem solving • ability to be a friend/ability to form positive relationship • Sense of humour • Internal control focus • Sharpness • Independence • Positive viewpoint of personal future • Initiative/motivation • Personal competence • Confidence	• Assesses and encourages education • Use of cordiality / low style of criticism • Establishing and strengthening clear limits (rules, norms and laws) • Encouragement of supporting relationship • Promotion of division of responsibilities, services to others "being useful" • Provision of access to sources for meeting the basic needs for shelter, employment, health care and entertainment • Expression of high and realistic expectations for success • Encouraging pro-social development of values (such as altruism) and life abilities (such as cooperation) • Assessment of special talents of every individual

Session VI
Core Principles of Signs of Safety

The development of signs of safety began in 90s with focus on solution-focused therapy and effective practices of child protection workers. It originated in Western Australia during work with Aboriginal communities. Signs of safety is an integrated framework for child prevention interventions by including principles for practice, the disciplines for practitioners application of the approach, a range of tools for assessment and planning, decision making and engaging children and families; and process through which the work is undertaken with families and children, and including partner agencies. The underlying principles of this approach include:

1. **Working relationship are fundamental with families and other professionals:** relationships must be build and maintained by having in mind child's best interest and interventions must be based upon this principle;
2. **Standpoint of critical inquiry:** emphasize that child protection workers need to take a questioning approach and remain open minded.
3. **Landing grand aspirations in everyday work:** highlights that this framework is in continue development, evolution, and innovation of the framework.

Signs of Safety Assessment and Planning

Child protection practice is probably the most demanding, contested and scrutinized of work within the helping professions, primarily because the endeavor focuses on our society's most vulnerable children. Professionals must constantly consider and decide whether the family's care of a child is safe enough for the child to stay within the family or whether the situation is so dangerous that the child must be removed.

Signs of Safety seeks to revision this territory and reclaim the risk assessment task as a constructive solution-building undertaking, a process that incorporates the idea of a win as well as a loss. Signs of Safety do not set problems in opposition to strengths and solution focus, nor does it set forensic, rigorous professional inquiry off against collaborative practice. Quite simply, the best child protection practice is always both forensic and collaborative and demands that professionals are sensitized to and draw upon every scintilla of strength, hope and human capacity they can find within the ugly circumstances where children are abused.

Signs of Safety seek always to bring together the seeming disjunction between a problem and solution focus within its practice framework by utilizing a comprehensive approach to risk that:

- Is simultaneously forensic in exploring harm and danger while at the same time eliciting and inquiring into strengths and safety.
- Brings forward clearly articulated professional knowledge while also equally eliciting and drawing upon family knowledge and wisdom.
- Is designed to always undertake the risk assessment process with the full involvement of all stakeholders, both professional and family; from the judge to the child, from the child protection worker to the parents and grandparents.
- Is naturally holistic since it brings everyone, (both professional and family member) to the assessment table.

The Signs of Safety assessment and planning protocol maps the harm, danger, complicating factors, strengths, existing and required safety and a safety judgment in situations where children are vulnerable or have been maltreated. The Signs of Safety Assessment and Planning Protocol and the questioning processes and inquiring stance that underpins it, is designed to be the organizing map for child protection intervention from case commencement to closure.

Moreover this framework aims to address three main questions that are crucial:

1. What are the worries (Harm and Danger statements)?;

2. What is going well (Strengths and Best Hopes)?;

3. What needs to happen (Next steps and Safety Plans); and

4. Where are we on a scale 0 to 10 (10 means there is enough safety for child, while 0 means that the child is abused or the child will be (re) abused

Nevertheless, this framework is guided by some applications for worker's behaviors which includes:

- Clear distinction between past harm (which refers to the harm that actually has occurred, not what the child protection worker is afraid what might happen); future danger (based on the previous harm that occurred, and what the child protector are worried that might occur if the family does not change the behaviors; and complex factors (which refers to the underlying factors such as mental health problems and/or drug and alcohol abuse that might lie behind abuse and/or neglect of the child(ren)) and makes it more difficult to solve the problems;
- Clear distinction between strengths (positive aspects of the family) and protection (actual behaviors that demonstrate capacity to protect the children, by removing triggers that might lead to abuse and/or neglect; e.g., removing the abusive parent from the home environment);
- Avoiding technical and professional usage of terms, but instead use plain language that can be understood by families, in all written and oral communication;
- Statements focusing on specific observable behaviors;
- Skillful use of authority by using statutory authority of child protection but giving families choices about how to work with authorities and how to find the best ways that work for them; and
- Assessment that is always work-in-progress.

Findings from qualitative and quantitative data has consistently found these findings when the framework of signs of safety was implemented:

1. Families feel more empowered and are more able to understand and address the concerns and requirement of child protection authorities;

2. The number of children removed from families reduces relative to the number of families with whom authorities work more intensively to build safety around the children; and

3. Practitioners report greater job satisfaction due to the clarity of the approach, the usefulness of the tools and the impact for children and families.

Children Involvement

Within this framework children's involvement is considered to be crucial, and a number of tools have been developed and implemented to actively involve children in child protection assessment, in order to understand that why professionals intervention has occurred and designing and implementation of action plans. These tools include:

1. Three Houses Tool: is a practical method of undertaking child protection assessments with children and young adults and addresses three main issues within the framework which include 1) what are we worried about; 2) what's working well; and 3) what needs to happen and locates them in three houses to make the issues more accessible for children

2. Fairy/Wizard Tool: is a similar tool to the three houses in term of purpose and objective, only with a different graphic presentation for the youngest children. Fairy's/Wizard's clothes (which represent what can/should be changed to explore and write down, together with the child, Fairy's wings and the Wizard's cape represent the good things in the child's life, since the wings enable the Fairy to 'fly away' or 'escape' her problems; and the cape 'protects' the young Wizard and 'makes his problems invisible for a little while'. On the star of the Fairy's wand, and in the spell bubble at the end of the Wizard's wand, the worker and the child record the child's wishes, and vision of their life, the way they would want it to be with all the problems solved; the wands represent 'wishes coming true' and explores hope for the future.

3. Safety House Tool: extends the three houses process and visually engages children in creating the safety plan. This tool explores five key elements with the child which includes a) what life will look like in the child's safety house and the people who will live there; b) people who the child thinks should visit and how they should be involved; c) people the child sees as unsafe; d) rules of the safety house; and e) safety to express their readiness to reunite or safety in the family.

4. Words and Pictures Explanations: are used for informing children and young people about serious child protection concerns and a safety planning method that both involves and directly speaks to children. In addition, it provides a powerful method of creating a meaningful explanation for children or young adults who are very confused or uncertain of why they have come into the care system; and

5. Child Relevant Safety Plans: the most important aspect of Signs and Safety planning is that the plan is co-created with the family and an informed safety network. This plan is operationalised, monitored, and refined carefully over time and the commitments of the plan are made and owned by the parents in front of their own children, kin, and friends. Moreover, meaningful safety plans are created out of sustained and challenging journeys undertaken by the family together with the professionals focused on the most challenging question that can be asked in child protection which is "what specifically do we need to see to be satisfied this child is safe?". Lastly, a safety plan needs to build its vision, capacity, and skill base in using these methods through a multi year learning journey.

Terre des hommes

Risk & Vulnerability

When considering abuse, it is also important to consider the **level of risk**. This will be different depending upon the nature of the risk, the unique circumstances for the child which may make a child more or less vulnerable (such as age and development), and the presence of factors which may be able to protect the child. Risk can change over time (e.g., in the short, medium, and long term).

Vulnerability and risk are not the same thing, although they are closely linked. Vulnerability refers to physical, social, economic and environmental factors that increase a child's susceptibility to protection concerns.

Factors influencing level of risk		
Nature of Risk	**Vulnerabilities**	**Protective Influences**
Parental substance and alcohol abuse	Age	Emotional Maturity
Domestic abuse	Born Premature	Mature moral development
Known or suspected sex offenders, drug dealers, traffickers	Learning difficulties, disabilities	Evidenced personal safety skills
Known or suspected neglect	Physical disabilities	Strong self esteem
Mental illness	Isolation	Evidenced resilience and strong attachment
Economic or social misadventure	Communication difficulties	Protective adults and or identified peers
Hostility and or lack of cooperation from parent	Running away from home	Demonstrable capacity by parents and the sustained acceptance of the need to change to protect the child
History of concerns or little or no change of situation	Conduct disorders	
	Mental health problems	
	Substance abuse	Strong social networks
Family not prioritising child's needs	Self-harm	

The level of intervention and support required will depending on the unique combination of risk, vulnerability and protective influences, as shown in figure 2:
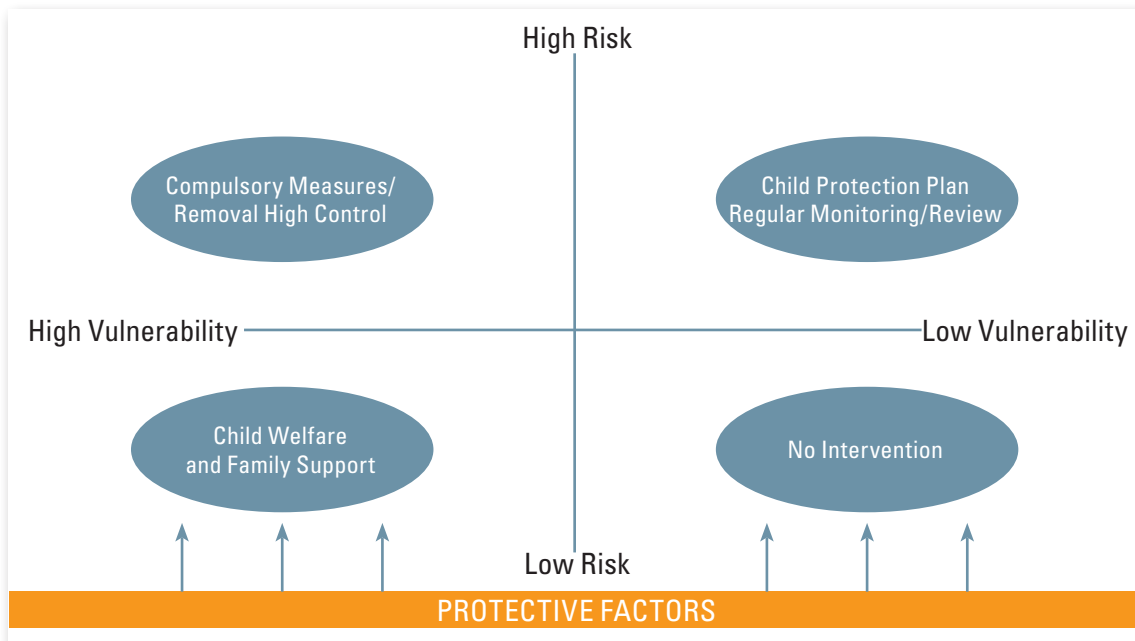
Figure 2: Dimensions of intervention

Risk Levels

The individual level of risk that a child is exposed to is determined by a combination of factors. These specifics are important to know and understand in order to, if necessary, intervene in the most appropriate and helpful way. However, for practical purposes, in order to be able to systematically manage cases and work together as a multi-agency team, it is useful to be able to broadly identify and categorize the level of risk.

- **Child at Low Risk** – The home is safe for children. However, there are concerns about the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.

- **Child at Medium Risk** – A child is likely to suffer some degree of harm if he or she remains in the home without an effective protective intervention plan. Intervention is warranted. However, there is no evidence that the child is at risk of imminent serious injury or death.

- **Child at High Risk** – A child is likely to be seriously harmed or injured, subjected to immediate and ongoing sexual abuse, or be permanently disabled, trafficked or die if left in his/her present circumstances without protective intervention.

Risk Analysis Framework

The following table provides guidance to assessing the level of risk. **The overall level of risk should be the highest indicated from the table. Unaccompanied children are always considered as high risk cases** until safe accommodation is secured for them and appropriate ongoing support is made available. Once the child's situation has been thoroughly assessed, the different sources of risk must be identified, and addressed in the Care Plan.

Risk analysis framework			
Influencing Factors	**Low Risk**	**Medium Risk**	**High Risk**
Child age and protective capacity	Child is over 10; child does not need or only very minimally needs the care and support of an adult in order to protect himself (for example by being able to recognize and avoid situations of risk). No physical or developmental disabilities	Child age 5-9; child of any age who needs the assistance of an adult in order to protect or care for himself; introverted child; has light illness, cognitive/physical disorder; has low or medium level developmental disability	Child is 5 or under; a child of any age who is entirely dependent on an adult for care and protection; a child with severe illness, cognitive disability or severe developmental disability. Child with severe behavioral problems.
Severity of Physical/Sexual Abuse	No harm or only light harm; no need to receive medical treatment; no detectible impact on the child; isolated incident	Mild physical injury or unexplained injuries; needs medical care or diagnoses; there is a history of severe discipline, non-contact sexual abuse	Needs to go to the hospital or stay in the hospital; family has a history of extreme discipline or there is a history of the sexual harassment; sexual contact between adult and child
Site of Injury	Knees, hands or buttocks	Torso	Head, face, or reproductive organs
Severity of any neglect	No detectible impact on the child; isolated incident	Concern that the caregiver cannot meet the child's most basic medical, nutrition or shelter needs even if they have the resources to do so; occasionally leaves child unsupervised	Caregiver is not willing to supply the child with medical/nutritional or shelter needs; child frequently left unsupervised (the extent of this depends on the age of the child)
History of previous abuse/neglect	No history of abuse or neglect	Previous reports of concern; protective services received in the past	Not known; previous reports of numerous or severe abuse; previous abuse with no protective services received

Opportunity abuser to contact the child	None - left the home/ area and cannot contact the child	The abuser is still in the home / area but there is another adult present who can protect the child, and the child is not left alone	The abuser lives in the home / is present in the area, and can have access to the child easily; no ability to confirm whether or not other adults have the ability to protect the child
Caregivers physical, emotional capacity & parenting skills	No intellectual or physical impairment; reasonable expectations of the child; full ability to control his/her own; emotions/behaviors; adequate parenting skills and recognizes their responsibility	Some level of disability; some cognitive limitations; mental health problems, it takes planning and support care for child; quality of care inconsistent or very low; use of substances (e.g. drug and alcohol) occasionally interferes with parenting ability	Severe disability / cognitive impairment; unrealistic expectations or perceptions about the child's behavior; low / no parenting skills; substance abuse which frequently compromises parenting ability
Availability of Other carers	Someone ready and able to take on the main caregiving role and who is able to offer support and stability	Someone in the family can take the role of main caregiver but they may not always be at home, or can only take part in meeting the most basic care requirements of the child or need additional support	No other suitable adult to care for child – either because lacks will / ability or may be a danger
Family/community support systems	Family members, neighbours or friends promise to provide support to the child; the family is involved in community activities	Family members, neighbours or friends can provide some support but this is limited	No family or community support; family and friends contribute to the problem; family lives in a remote area and are isolated; the family has no telephone or communication tools
Family living environment	The home is clean and there are no / few safety or health hazards	There is garbage and other unclean materials; no water/ power; The family lives in temporary/unstable accommodation.	The family lives in a remote place or in unsuitable housing

Family stress / other risk factors	Stable family, job, and income; close relationship with relatives	Pregnancy or a new-born baby; there is not enough income or food available; the family lacks skills for household management; there is conflict in relationships with relatives	Spouse has deceased / left or there is recent change in marital status; marital conflict; domestic violence
Family stress / other risk factors	Stable family, job, and income; close relationship with relatives / community living in the vicinity	Pregnancy or a new-born baby; there is not enough income or food available; the family lacks skills for household management; there is conflict in relationships with relatives; child at risk of exploitation, including domestic labour, trafficking and child marriage.	Spouse has deceased / left or there is recent change in marital status; marital conflict; domestic violence; child exploited, including domestic labor, or trafficked or married.

Wellbeing Indicators

In child protection, a central consideration is the child's wellbeing, and the extent to which they have or may be affected.

Five well-being indicators have been identified as areas in which children and young people need to progress in order to do well and now and in the future:

1. **Safety -** Protected from abuse, neglect or harm at home, at school and in the community.

2. **Health -** Having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

3. **Achievement -** Able to access education and be supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school and in the community. This includes having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

4. **Nurture -** Having a safe and caring place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting such as a shelter or institution.

5. **Inclusion -** Help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn. This includes having opinions and views and taken into account.

To determine the extent to which the wellbeing indicators are being met, which is an important consideration when developing care plans, it is import to consider the developmental needs of children, as children of different ages have very different needs. **Appendix 5** outlines **normal developmental milestones** (i.e. the development than can be expected to be attained as each age).

Risk Factors

The language of risk is new to child protection work. In childcare textbooks from the 1950s or '60s, there was no reference to risk assessments. The language was more in terms of child concerns, child welfare, and child well-being. The parents were not abusers but problem families, dysfunctional families, and parents in need of help. To a worker in 1960, an assessment would have meant an assessment of family functioning to see how well the child's needs were being met, not an assessment of risk.

Historically, the 'risk' of a certain outcome referred only to the probability of its happening; the term was neutral about whether that outcome was desirable or not. Hence, in a card game, there is the risk both of winning and of losing a fortune. The weather forecast might indicate a risk of rain or of sunshine. Currently it is most often associated with unwanted outcomes only; in child protection work, people talk of the risk of harm to a child but not of the risk of a happy childhood. In discussions of 'the risk society', the assumption is that we are talking about undesirable results. Child protection workers have a duty to promote children's welfare as well as protect them, to *maximise* their well-being as well as to *minimize* any danger. They cannot just work to avoid risk. For instance, they never face a choice between a safe and a risky option. All the possible avenues hold some dangers and they involve making complex assessments, balancing risks and deciding on the safest path. Also, and of equal importance, all of the options contain some good aspects, some benefits for the child, and these have to be weighed against the dangers. A classic scenario involves choosing between leaving children in their birth family or moving them to a new home. The final decision on what to do will be based on an assessment of the strengths as well as the weaknesses of the family, what the children may lose as well as gain by leaving, and what problems and advantages they might face in a foster home.

A risk assessment aims to predict the probability of a child's suffering from abuse if the situation continues unaltered. The concept of abuse has also undergone change, expanding from its early definition of severe physical abuse or extreme neglect to cover any action or omission by parents that may have an adverse effect on a child's development. Both these developments have to be borne in mind when considering how the modern risk assessment differs, if at all, from the type of family assessment that would have been conducted in the past. A child welfare worker in the 1960s would have been concerned with whether the child's needs were being met. 'Risk' and 'need', in the context of child abuse, can be defined in terms of each other. If a child's needs are not met, there is a risk of harm. If a child is at risk of abuse, then he or she is in danger of not having some needs met.

The risk assessment can refer to two crucially different processes. The first, and possibly the one the public would instinctively think of, is assessing the *immediate* danger to the child. If an allegation of abuse is made to a child protection agency, the first response has to be whether the information indicates that this type of risk assessment must be done. The second meaning of 'risk assessment' is broader, deriving from the expansion in meaning of the term 'abuse' to include all forms of adverse parenting. Will the child suffer detrimental effects on development in the long term? The distinction between immediate and long-term risk correlates, to some degree, with

different types of abuse. Serious physical and sexual abuse carries a clearer risk of short-term harm whereas psychological abuse and all but the most extreme forms of neglect present less urgent problems.

A risk factor for abuse is a feature found more often in abusive families than in the general population. Intuitively, people tend to think that the more frequently a factor is found in abusive families, the stronger it predicts risk, but this is incorrect. The crucial point is how common it is *relative to* its general incidence. Poverty is a common feature of abusive families but this, on its own, is not enough information to use as a predictor.

Factors where research evidence is fairly clear that the risks of violence, at least, are increased:

- a record of previous violence;
- level of previous offending of any type;
- being male;
- having a history of past mental health problems, particularly if hospitalized;
- personality disorder;
- non-compliance (particularly with medication);
- personal history of abuse or neglect;
- cognitive distortions concerning the use of violence.

Factors where research evidence is equivocal or insufficient:

- use and availability of weapons;
- substance abuse;
- current psychiatric symptomatology;
- misperceptions about child behavior.

In no case is the relationship absolute, or the mediator and mechanisms clear.

Victim and Situational Risk Factors

Risk factors relating to the victim:
- being young (under 5, particularly);
- being premature, or of low birth weight;
- being more difficult to control;
- giving an account of harm or danger.

Risk factors associated with the situation:
- family problems;
- low levels of social support;
- high levels of socio-economic stress;
- access to the child;
- organizational dangerousness and poor decision making.

From A. Hagall (1998) *Dangerous Care: Reviewing the Risks to Children from Their Carers*. London: Bridge Child Care Consultancy.

The Stages of Assessing Risk

1. What is or has been happening?

The level at which professionals try to establish what is happening depends, to a large extent, on what practice question they are trying to answer as they progress through a case. The following four questions occur at key stages in practice, depending on how far a case progresses.

a) *What does the referrer claim is happening?* This is linked to the practice question, 'Is this a child protection issue needing some response?'

b) *What do the family and relevant others say is happening in relation to the allegation?* The related practice question is, 'Is the allegation substantiated and/or is there cause for concern?' This focused investigation of the area of behavior causing concern contributes to decisions about whether there is an issue of concern and whether a broader assessment is needed.

c) *What is happening in this family at a wider level; that is, what is the context in which the alleged abusive behavior is happening?* This links to the question: 'Do professionals need to intervene?' It identifies what is going satisfactorily as well as badly in the family and produces a broader picture of how adequate the child care is, helping professionals decide whether they need to intervene.

d) *Why is this happening? What are the causal factors that seem to be contributing to the undesirable behavior?* The practice question is, 'How should professionals intervene?' What can be done to alter the situation so that the level of care improves?

2. What might happen?

The second stage in assessing risk, having reached some conclusions about what is happening, is to move on to the future. Speculations about what might happen are linked to a time frame so that decisions can be made about the urgency with which professionals need to respond.

The clearer and more thorough the assessment of current family functioning, the easier it is to predict what might happen. Speculations fall into three main groups:

a) Will the current problematic behaviour continue?

b) What will be the impact of known imminent events on family functioning?

c) Will parental behaviour change significantly and become more dangerous?

First, there are the cases where the family might continue with much the same style of parenting unless there is professional intervention. This might pose an immediate threat to the child, such as in those cases where the parents are using extreme forms of discipline or punishment.

The second group is where it is known that a major change is about to occur and there is concern about what impact this will have. One classic scenario is where a family is already stressed and struggling to cope and the mother becomes pregnant. What impact will the arrival of a new baby have?

The third group is where the predictions are about new behaviour. This may be about a significant escalation of current behaviour – a pattern of increasingly harsh chastisement leading professionals to speculate that this may become even more cruel and harmful. Sometimes it is about how parents will behave in a new situation they are about to enter. How will a teenage girl with drug addiction and no supportive family behave as a mother?

3. How likely are these outcomes?

The tragic image of a dead child can capture the attention so strongly that it is easy to forget to look dispassionately at how likely this is to happen. One person's high anxiety about a child can sweep the rest of the team along into an overreaction to the facts of the case. One strategy for coping with this interference is to be open about the impact the case is having on you. Discussion with a supervisor or colleague about the strong emotions generated and their impact on skewing perceptions is vitally important.

4. Stage 4: How Undesirable Are They?

Evaluating the undesirability of a risk necessarily has a subjective element. Each person's values and interests will influence that person's judgment of the relative importance of the different risks being considered. The general public seem to place a much higher value on the acute pain of a one-off physical injury than on the chronic misery of psychological abuse. Professionals, being aware of how harmful the latter is to the child's long-term well-being, might rate them very differently. This subjectivity leads to conflict. The individual professionals working on a case may disagree strongly with one another. Professional views also may conflict with those of the child victim, the family members, and the wider society.

5. The Overall Judgment of Risk

Unless an actuarial instrument has been used, this will be an intuitive judgment based on the facts, the conjectures, and the values in the case but it can be more or less explicit and structured depending on how the preceding stages have been conducted. No risk assessment should end with the crude division into safe or dangerous because this does not reflect the nature of probability assessments nor does it reflect the questions that need to be answered in practice.

Risk Factors in Child Protection

Risk factors are features of the child's circumstances that are known to be associated with heightened risk to health, development and welfare. Risk factors associated with child abuse and maltreatment can broadly be grouped in four domains:

- parent or caregiver factors;
- family factors;
- child factors;
- environmental factors.
- In addition, risk factors that need to be considered are:
- age of the child;
- domestic and sexual violence;
- parental mental health problems;
- parental substance misuse;
- parental intellectual disability;
- childhood disability;
- unknown male partners;
- families who are 'uncooperative' or 'hard to engage';
- poverty and social exclusion.

Many families often experience more than one of these risk factors or a combination of a number of them. Individually, parental mental health problems, substance misuse and domestic violence represent significant risk factors for child abuse and neglect. But the reality is that parenting problems rarely occur in isolation. Instead, they tend to be part of a complex and interrelated group of problems.

Age of the Child

The majority of child deaths from abuse and neglect are of children under the age of 4, when children are most vulnerable to physical attacks and to dangers created by lack of supervision and severe neglect, and are isolated from professionals, such as teachers, who might intervene to protect them.

- This age group is more at risk of being maltreated when they are growing up in families affected by parental substance misuse, domestic violence and mental ill health.
- Experiences of abuse and neglect can cause distress, emotional and physical pain, and overwhelming fear or terror in response to sudden separations, experiencing neglect, being assaulted or witnessing violence.
- Exposure to trauma affects every dimension of an infant's psychological functioning (e.g. emotional regulation, behavior, response to stress and interaction with others). Very young infants may be overwhelmed with intense negative emotions, manifesting in incessant crying, inability to be soothed, feeding problems, sleep disturbances, hyper-arousal and hyper-vigilance, and intense distress during transitions. Toddlers may experience intense separation anxiety, wariness of strangers, social avoidance and withdrawal, and constricted affect and play. They are likely to have reduced tolerance of frustration and problems with emotional regulation, evident in intractable tantrums, non-compliance and negativism, aggression and controlling behavior.

Risks factors specific to adolescents and young people include:

- adolescent mental health problems;
- self-harm and/or suicide;
- involvement with, or fear of, gang-related violence;
- sexual exploitation;
- teenage domestic violence.

The neglect of older children and adolescents is difficult to recognise and too often goes unnoticed.

Domestic and Sexual Violence

Domestic violence occurs across society regardless of age, gender, race, sexuality, wealth and geography. Margolin and Gordis (2000) in their study The effects of family and community violence on children state: 'Violence affects children's views of the world and of themselves, their ideas about the meaning and purpose of life, their happiness and their moral development. This disrupts children's progression through age-appropriate developmental tasks.'

The impact on the non-abusing parent/carer's ability to parent and protect the child

- What is the non-abusing parent's ability to parent and protect the child or children?
- The effects of violence (e.g. pain, distress, anger, irritability, fear, reduced mobility, hospitalization) may affect parenting capacity, as may mental illness or substance misuse problems that emerge as a consequence of domestic violence.
- Consider interlinking risk factors that may be affecting parenting capacity, e.g. adult mental health issues, substance misuse, neglect issues, adult intellectual disability, social isolation, child disability.

- Practitioners need to be aware that domestic violence incidents are not necessarily individual occurrences, but rather part of a process within the context of the child's safety and welfare.
- Check with the non-abusing parent what explanations have been given to the child about the domestic violence and the perpetrator's behavior.

Risks to children who live with domestic violence

There are many risks to children who live with domestic violence, including:

- Direct physical or sexual abuse of the child or children.
- The child being abused as part of the abuse against the non-abusing parent.
- Being used as pawns or spies by the abusive partner in an attempt to control the non-abusive parent.
- Being forced to participate in the abuse and degradation by the abusive partner.
- Emotional abuse to the child from witnessing the abuse.
- Physical injury to the child by being present when the violence occurs.
- Hearing abusive verbal exchanges between adults in the household, including humiliation and threatened violence.
- Observing bruises and injuries sustained by their mother.
- Observing the abusive partner being removed and taken into custody.
- Witnessing their parent/career being taken to hospital by ambulance.
- Attempting to intervene in a violent assault.
- Being unable or unwilling to invite friends to the house.
- Frequent disruptions to social life and schooling because of moving house to flee violence or living in a refuge.
- Hospitalization of the non-abusing parent/carer.

The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. Professionals need to have the confidence and skills to ask about violent and abusive behaviour, as well as being able to refer to appropriate services for either intervention or practical assistance.

Parental Mental Health Problems

According to the Social Care Institute for Excellence in its report *Think Child, Think Parent, Think Family: A Guide to Parental Mental Health and Child Welfare* (SCIE, 2009), between 1 in 4 and 1 in 5 adults will experience a mental illness during their lifetime. At the time of their illness, at least a quarter to a half of these will be parents. Their children have an increased rate of mental health problems, indicating a strong link between adult and child mental health. Parental mental illness has an adverse effect on child mental health and development, while child psychological and psychiatric disorders and the stress of parenting impinge on adult mental health. Furthermore, the mental health of children is a strong predictor of their mental health in adulthood.

- The Royal College of Psychiatrists (2004) report that only a very small number of children die or are seriously injured by a parent with a mental health problem. However, many more children suffer less obvious, but still damaging effects since their own development or mental health may become compromised.
- According to Green (2002), many of these children can remain 'hidden' from support because fear of consequences can result in problems not being shared with the services

that may alleviate them. There is also the potentially hidden problem of those children who care for their parents (young carers) and who may miss out on many opportunities available to other children.

- Abused women are at least 3 times more likely to experience depression or anxiety disorders than other women.
- Women who use mental health services are much more likely to have experienced domestic violence than women in the general population.

Impact on children

- Children of parents with an uncontrolled mental illness face a high risk of physical neglect. Basic needs may not be met, such as having regular healthy meals and clean clothes (Cowling, 2004).
- Parents may fail to attend to children's emotional needs, which can instill a sense of isolation and possible mistrust in children. There are risks of physical and psychological abuse by parents if symptoms of illness contribute to the parent being violent, reactive or punitive (Cowling, 2004).
- Parental mental health problems can also increase the risk of perinatal complications due to possible side effects of medications, (e.g. anti-depressants) during pregnancy and high stress levels in mothers. Attachment difficulties may arise for babies and infants of mothers with maternal mental health problems, such as depression (Cowling, 2004).
- Children of parents with mental health problems have also been found to be at risk of developing mental health problems of their own (Cowling, 2004). Problems in a child's cognitive development may also arise due to the parent's inconsistent and neglectful behaviour (Cleaver *et al*, 1999).
- The recklessness associated with anti-social personality disorder, and the tendency of those suffering from it to minimise the harmful consequences of their actions, can put a child at risk of serious or chronic illness, injury and death. In addition, the promiscuity and poor relationship choices made by some adults with anti-social personality disorder may put a child at risk of abuse from others (Newman and Stevenson, 2005).

Assessing Parental Mental Health as a Risk Factor

Attachment and relationship
- Is the child's attachment damaged due to inconsistent parenting?
- Is there consistent emotional warmth from adult caregivers?
- Is there appropriate parental response in accordance with the child's age and stage?
- Is parental incapacity affecting the child taking on too much responsibility?
- Are the child's emotional needs consistently met (including security, stability and affection)?

Living conditions
- Are the child's physical needs being consistently met?
- What are the child's living conditions like?
- Is the physical environment provided for the child good enough?

Financial circumstances
- Is there enough money to allow for adequate parenting/the child's needs to be met?

Social and environmental circumstances
- Does the parent's behavior impact negatively on the child's treatment in the community (e.g. bullied and/or excluded)?
- Is the child or young person and their family able to access resources in the community?
- Who looks after this child when the parent/career is not able to care for them appropriately and/or in treatment/on medication?

What are the outcomes for this child?
- What is the long-term impact for each child of being exposed to parental mental health problems in the home?
- How does exposure to parental mental health problems impact on the child's overall well-being and all areas of child development?
- What is the evidence on which you base your assessment and analysis?

Parental Substance Misuse

- Research supports the connection between alcohol and drugs, and child abuse and neglect.
- The misuse of drugs and/or alcohol may adversely affect the ability of parents to attend to the emotional, physical and developmental needs of their children in both the short and long term.
- Parents significantly affected by the use of drugs and alcohol may neglect the needs of their children, spend money on drugs instead of household expenses or get involved in criminal activities that jeopardize their children's health or safety.
- Studies also suggest that substance abuse can influence parental discipline choices and child-rearing styles.
- The issue of children taking on inappropriate caring roles should not be underestimated and should be explored by practitioners.
- The critical issue in considering the potential impact on a child is not the adult's use of drugs or alcohol per se, but whether that causes any form of harm to a child. Such difficulties include any short- and long-term physical risks or any lack of appropriate physical or emotional nurturing that can be attributed to the use of alcohol, drugs or solvents by anyone responsible for the child's immediate care or longer term welfare.
- With regard to pregnancy, potential risks include significant harm to the unborn child, drug withdrawal difficulties at birth or potential problems relating to the appropriate care of the newborn child. Problematic substance use is often a chaotic relapsing condition, which may require continuing review in order to identify ongoing, long-term and flexible support.
- Children often know more about their parents' misuse than parents realise and they feel the stigma and shame of this misuse, but also fear the possibility of being separated from their parents and taken into care.
- Exposure to alcohol and drugs *in utero* may cause impaired brain development for the foetus and has also been found to have some of the most detrimental effects on infants, including mental developmental delay and neurological deficits.
- Women who are in a domestic violence relationship are 15 times more likely to abuse alcohol and 9 times more likely to abuse drugs than the general population of women.

- 40% of Asian women who seek treatment for alcohol misuse are experiencing domestic violence.
- Some women are introduced to substances by their abusive partners as a way of increasing control over them.

Children with Disabilities

- Disabled children are children, first and foremost. They have the same rights to protection as any other child. People caring for and working with disabled children need to be alert to the signs and symptoms of abuse.
- Disabled children are at greater risk of abuse and neglect than non-disabled children. Disabled children in a large-scale US study by Sullivan and Knutson (2000) were found to be 3.4 times more likely overall to be abused or neglected than non-disabled children. They were 3.8 times more likely to be neglected; 3.8 times more likely to be physically abused; 3.1 times more likely to be sexually abused; and 3.9 times more likely to be emotionally abused.
- A number of studies have found that different types of disabilities have differing degrees of risk for exposure to violence. For example, Sullivan (2003) reported that those with behavior disorders face greater risk of physical abuse, whereas those with speech/language disorders are at risk of neglect.
- There are no differences in which form of child maltreatment occurs the most often between disabled and non-disabled children. For both groups, neglect is the most prevalent, followed by physical abuse, sexual abuse and emotional abuse (Sullivan and Knutson, 2000).
- Disabled children are particularly vulnerable and at greater risk of all forms of abuse, including abuse whilst being cared for in institutions. The presence of multiple disabilities could increase the risk of both abuse and neglect.

Increased vulnerability of children who are disabled

In general, the causes of abuse and neglect of children with disabilities are the same as those for all children. However, several factors may increase the risk of abuse for children with disabilities:

- Many disabled children are at an increased likelihood of being socially isolated, with fewer outside contacts than non-disabled children.
- They receive intimate personal care often from a number of carers, which may increase the risk of exposure to abusive behavior. It may be difficult for a child to distinguish between appropriate and non-appropriate touching and their right of choice about who carries out such care.
- They have an impaired capacity to recognize, resist or avoid abuse.
- They are especially vulnerable to bullying and intimidation.
- They may have speech, language and communication needs, which may make it difficult for them to tell others what is happening. They often do not have access to someone they can trust to disclose that they have been abused.
- They may be inhibited from complaining through a fear of losing services.
- Disabled children in care are not only vulnerable to the same factors that exist for all children living away from home, but they are particularly susceptible to possible abuse because of their additional dependency on residential and hospital staff for day-to-day physical care needs.

- In addition to the risk factors that exist for all children, disabled children are at risk of particular forms of abuse, e.g. over-medication, poor feeding and toileting arrangements, lack of stimulation and issues around control of challenging behaviour, lack of information, lack of emotional support, etc.
- Disabled children are often seen as having no sexual identity and/or their sexual feelings are often not acknowledged. They may lack sex education and/or understanding, and this may increase their vulnerability. Sexualized and/or disturbed behavior is frequently accepted as part of a child's disability without further thought or questioning.
- Disabled children are accustomed to being directed. They are rarely offered choices or provided with enough information to make a choice. This may mean they are less able to recognize abusive situations.
- There is a lack of recognition by many professionals and careers that disabled children are abused. Signs or symptoms of abuse may be 'explained away' as part of their normal behavior. For example, bruising could be said to be caused by a child's tendency to fall or sexualized behavior may be put down to impairment. It is important, therefore, to check out all these explanations and not accept them at face value. It will be helpful to explore whether the child's behaviour is consistent with all carers.

Communicating with children who are disabled – keep the following in mind:

- Planning for children and young people with disabilities should anticipate various eventualities that should be considered at the planning stage of any assessment and/or interview.
- Always take account of the level of cognitive, social and emotional development and indicators of vulnerability of the child.
- Ensure, wherever possible, that the individual views, wishes and feelings of the child are taken into account.
- Some children may develop their own means of communication, the interpretation of which requires specialist knowledge of the child and, therefore, could limit those from whom the child can seek assistance.
- Assumptions must not be made about the inability of a child with disabilities to give credible evidence or to withstand the rigours of the Court process.
- In planning an interview with a child with disabilities, workers need to take account of how a child communicates. It will often be appropriate to involve other professionals with skills, in particular modes of communication. The onus is on the interviewer to understand and use the child's own method or system of communication.

Disabled children will usually display the same signs and symptoms of abuse as other children. However, these may be incorrectly attributed to the child's disability. All people who work with disabled children will need to be alert to the possibility of abuse and seek advice from appropriately trained professionals (e.g. pediatricians, social workers, nurses, specialist teachers) if they are concerned that a child may be, or may have been, abused. When undertaking an assessment, practitioners should take into account the nature of the child's disability and how this may affect the interpretation of indicators of possible abuse or neglect.

Unknown Male Partners and Their History / Association with the Family

- Professionals face the challenge posed by men involved in the lives of abused children. These men may be the natural or adopting father of the child, they may be the foster father of the child, or they may be the co-habitee or casual boyfriend of the mother of the child. Whoever the men might be, and whichever race or culture they may stem from, in the past they have often been ignored or avoided in child protection work.
- The accelerating fragmentation of family life and dramatic increase in substitute father figures (e.g. boyfriends, male partners, stepfathers), many of whom have had little involvement or responsibility within the single-parent families they join, makes the involvement of unknown male partners critical.
- Research by Thorpe (1994) revealed a high number of child abuse allegations made about single-parent mothers. In the authority for which the author worked, it was found that 274 child abuse referrals were made to 6 inner city teams in a single year; over 75% (211) involved single-parent mothers. Over 60% (128) of these mothers, however, had associations with male partners who had been living with them for varying amounts of time.
- The non-involvement of men may occur during any one of the 6 principal phases of child protection work, namely: referral, investigation, intervention, case management, care proceedings or fostering. One might assume that it occurs more often during the investigation or intervention phase, but its roots may well be established long before, in what the professional thinks and does during the initial referral phase.
- There are as many differing consequences of the avoidance of men as there are types of avoidance. There are three main categories: consequences for the mother; issues in the management of the case; and consequences for the child. By leaving men out of assessments and interventions, the assessment of need and risk is inadequate.

Assessing unknown male partners

- Be clear as to who exactly lives in the household and their relationship and involvement with the mother and individual children.
- Insist on knowing the identity and carry out background checks accordingly.
- Involve and interview the new male partner as part of the assessment.
- Ensure that information on 'new men' accessing families is shared between agencies and assessments undertaken when necessary.
- The background information should include appropriate checks with other agencies and the subject of the checks should be interviewed by the allocated social worker.
- Information should also be obtained on other adults having substantial contact with the children, including occasional carers such as baby-sitters.

Families Who are 'Uncooperative' or 'Hard to Engage'

There can be a wide range of uncooperative behaviour by families or family members towards practitioners. From time to time, all agencies will come into contact with families or family members who may prove to be apparently (but not genuinely) compliant, reluctant, resistant or sometimes angry or hostile to their approaches. In extreme cases, there can be intimidation,

abuse, threats of violence and actual violence. These families are sometimes referred to as 'hard to engage', 'hard to reach', 'highly resistant' or 'uncooperative' families.

This could include families who do not demonstrate positive change despite intervention and support from child protection services. There are different ways in which families can be 'hard to engage' or 'uncooperative':

- Ambivalence can be seen when people are always late for appointments or repeatedly make excuses for missing them; when they divert the conversation from uncomfortable topics or use dismissive body language. Ambivalence is the most common reaction and may not amount to non-cooperation.
- Avoidance is a very common method of uncooperativeness and includes avoiding appointments, missing meetings and cutting short visits due to other apparently important activity (often because the prospect of involvement makes the person anxious and they hope to escape it). Extreme avoidance may include not answering the door, as opposed to not being in.
- Confrontation includes challenging professionals, provoking arguments, and often indicates a deep-seated lack of trust, leading to a 'fight' rather than 'flight' response to difficult situations. Parents/carers may fear, perhaps realistically, that their children may be taken away or they may be reacting to them having been taken away.
- Hostility, threatened or actual violence, by a small minority of people is the most difficult of uncooperative behaviors for the practitioner/agency to engage with. This may reflect a deep and long-standing fear and projected hatred of authority figures. People may have experience of getting their way through intimidation and violent behaviour. Practitioners need to be aware of their personal safety. Indicators include physical violence; shouting; swearing; throwing things; intimidating or derogatory language; written threats; the deliberate use of silence; using domineering body language; using dogs or other animals as a threat, which sometimes can be a veiled threat; racial abuse.
- 'Disguised' or 'false compliance' involves a parent or carer giving the appearance of cooperating with child welfare agencies to avoid raising suspicions, to allay professional concerns and ultimately to diffuse professional intervention (Reder *et al,* 1993). They are not overtly rejecting 'contact' from professionals and/or other outside agencies, but rather using 'avoidance' tactics (e.g. have another appointment, forgot appointment, letter of appointment arrived late, being available at unsuitable times). Other examples of disguised compliance would be a sudden increase in school attendance, attending a run of appointments, engaging with professionals such as health workers for a limited period of time, or cleaning the house before a visit from a professional.
- Adults diverting attention away from children and leading professionals to focus on adult issues and problems, causing a loss of focus on the individual child or children. The complexities of the adults' problems often overshadow and/or divert attention away from the children's immediate needs. All practitioners need to be vigilant in keeping the child in focus and direct observation of the parent–child interaction remains essential in these cases.

A family's lack of engagement or hostility can hamper a practitioner's decision-making capabilities and follow-through with assessments and plans. Other research studies describe instances where practitioners became overly optimistic, focusing too much on small improvements made by a family rather than keeping the family's full history in mind.

Professionals working with highly resistant families need to focus on the relationship between the parent and the child, rather than focusing too exclusively on the relationship between the

parent and the professional (Juffer *et al,* 2007). Working with potentially hostile and violent families or family members can place social workers under a great deal of stress and can have physical, emotional and psychological consequences for them.

Working With 'Hard to Engage' or 'Uncooperative' Families

When considering non-compliance and lack of cooperation by a parent or carer, professionals must consider if the child protection concerns have been explained clearly, taking into account issues of language, culture and disability so that parents or carers fully understand the concerns and the impact on their care and needs of the child. Professionals should seek expert help and advice in gaining a better understanding when there is a possibility that cultural factors are making a family resistant to having professionals involved.

Practitioners must inform their line manager/supervisor of any concerns they have with regard to adults whom they have assessed as hostile or uncooperative, and seek advice and support in finding the most effective way to continue to work with the family. Supervision and support from managers in working with uncooperative families is essential.

Any professional or agency faced with incidents of threats, hostility or violence should routinely consider, in addition to the implications for themselves, the potential implications for any other professional or agency involved with the family and should alert them to the nature of the risks. Information sharing is crucial to protect professionals and children. When assessing uncooperative parents, a written contract could be used that explicitly states the child protection concerns, the action that the parents/carers should take and the consequences of continued lack of cooperation.

Poverty and Social Exclusion

Many of the families who seek help for their children, or about whom others raise concerns in respect of a child's welfare, are multiply disadvantaged. These families may face chronic poverty, social isolation, racism and the problems associated with living in disadvantaged areas, such as high crime rates, poor housing, childcare, transport and education services, and limited employment opportunities. Many of these families lack a wage earner.

Poverty may mean that children live in crowded or unsuitable accommodation, have poor diets, health problems or disability, are vulnerable to accidents, and lack ready access to good educational and leisure opportunities. When children themselves become parents, this exacerbates disadvantage and the potential for social exclusion. Racism and racial harassment are an additional source of stress for some families and children, as is violence in the communities in which they live. Social exclusion can also have an indirect effect on children through its association with parental substance misuse, depression, learning disability and long-term physical health problems.

- The majority of people living in conditions of poverty and isolation do not maltreat their children. Children of middle and high income families are also at risk of neglect and maltreatment at the hands of their parents or carers.
- However, a disproportionate number of victims come from low-income families with multiple problems. Poverty, particularly when interacting with other risk factors such

as depression, substance abuse and social isolation, can increase the likelihood of maltreatment.

- Poverty contributes to parents' inability to protect their children from exposure to harm and has systemic negative effects on children's health and development, including impaired school performance, possible delinquency, early childbearing and adult poverty.
- Homelessness, which results from poverty, can exacerbate the situation.
- Stevenson (2007) makes it clear that we must explore the financial position of families when assessing and understand the impact of poverty on individual family members; consider particular difficulties in managing money; and consider including financial advice or assistance in any support plan.
- In the wider context of social isolation, it is important to ask the question as to where this family sits in the wider community and how do they access support.

Single Parents

- Lower income, the increased stress associated with the sole burden of family responsibilities and fewer supports are thought to contribute to the risk of single parents maltreating their children.
- Studies in the USA showed that compared to children living with married biological parents, those whose single parent had a live-in partner had more than 8 times the rate of maltreatment overall, over 10 times the rate of abuse and more than 6 times the rate of neglect.

Exposure to Trauma

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Such events overwhelm a child's capacity to cope and elicit intense physical and emotional reactions that can be as threatening to the child's sense of physical and psychological safety as the traumatic event itself. These reactions include:

- An overwhelming sense of terror, helplessness, and horror
- Physical sensations such as rapid heart rate, trembling, dizziness, or loss of bladder or bowel control

The ultimate impact of a potentially traumatic event depends on several factors, including:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces in the aftermath of the trauma
- The presence/availability of adults who can offer help and protection

It is important for child welfare workers to recognize the complexity of a child's lifetime trauma history and to not focus solely on the single event that might have precipitated a report. In general, children who have been exposed to repeated stressful events within an environment of abuse and neglect are more vulnerable to experiencing traumatic stress.

Day III
Topic: Process of Assessment & Dimensions of Assessment

Time:
> 1 day

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session Objectives:
- Explain the meaning of assessment process, importance and main stapes in this process;
- Describe a model on analysis and decision-taking and how can it be used into practice.

Resources:
- "The Common Assessment Framework "- HM Government
- Ministry of Health. (2012). Taken from: http://msh-ks.org/msh-organizoi-tryeze-te-rrumbullaket-per-vdekshmerine-e-foshnjave/ (roundtable on mortality of infants)
- Signs of Safety: Summary of the framework. Retrieved November 21, 2015 from: https://www.westsussex.gov.uk/media/3180/signs_of_safety_overview.pdf
- Turnell, A. (2012). The Signs of Safety: Comprehensive Briefing Paper. Retrieved November 22, 2015 from: http://www.aascf.com/pdf/Signs%20of%20Safety%20Breifing%20paper%20April%202012.pdf
- The signs of safety: Child protection practice framework, September 2011-second edition from: https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf
- Center for Disease Control (2014). Ace Study. Retrieved November 18, 15 from: http://www.cdc.gov/violenceprevention/acestudy/pyramid.html
- Larkin, H. & Records, J. (2006). Adverse Childhood Experiences: Overview, Response Strategies and Integral Theory Perspective. Journal of Integral Theory and Practice, Vol. 2, (3). Retrieved November 18, 15 from: http://aceresponse.org/img/uploads/file/larkin_aces_final.pdf
- MPCSShB, Tdh, UNICEF (2009). Protocol of workers for the protection of children
- Agani, F., Landau, J., & Agani, N. (2010). Community-Building Before, During, and After Times of Trauma: The LINC Model of Community Resilience in Kosovo. *American Journal of Orthopsychiatry, 80, 1,* 143-149.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Steps:

Activity # 1- In this activity, the trainer asks the participants to break down into groups and they are required to analyse and identify (for 10 min.) as what are some of *the child's inner troubles (attitudes and child behaviours); child's troubles coming from outer factors (risks and stressors); positive children attitudes/behaviours provided by outer environment; according to the exercise paper "Resilience diagram". Following group discussion, the group representative presents the work proving findings for every point of exercise.* At the end, the trainer makes a summary of **individual and environmental characteristics facilitating resilience,** referring to the reading material for this session.

Cases for discussion:

> *Case #1 C is an 11-year old boy. He has got two sisters and one younger brother. He is the eldest of children. C lives in a remote and isolated village, in very difficult socio-economic conditions. C's father dies unexpectedly and the boy is forced to work all day long and later in the afternoons. He goes and works twice a week at his fellow villager; this way he may earn incomes to buy food. The boy is tired a lot and at evenings he can hardly see and goes in a deep sleep. C's mother works on the field and takes care of other children. The boy C dropped out school, as now he should support his family. His relatives are very poor and they don't help him at all. In the meantime, his friends started not to hang out with him, as he doesn't attend school anymore and he doesn't play with them. C feels bad, and on the other hand he also feels well, as he is helping his mother and family.*

> *Case #2 A is a boy with mental disabilities. The child is 13-years old, and he is systematically beaten by both parents. The child was seen on streets also at late evening hours and there are doubts that he may be sexually abused. The child was reported to the social service by his neighbour, since he was seen inside a wooden cage tied up in the courtyard of his house. Parents wouldn't accept to remove the child from their home, saying that, irrespective of this situation, they love the child dearly, but don't know what to do; if they leave him free, he may be "misused" by others. In the meantime, they also have too other children, who are "normal" and attend school. Parents say that the child should receive medicines to cure the disease.*

> *Case #3 B child is nine-years old and comes from a remote rural area; he is "given" when he was an infant to another family in another village. The reason was that the family was very poor, and it had 6 other children and ever since they "gave" him, they could secure some incomes to feed other children. The "adoption" family promised to raise the child well, just as they would their child. But the child was seen times after times to flee the house and sleep outside. In addition, his guardian teacher says that the child is very isolated, doesn't sleep much, falls asleep in class, has low hygiene and won't answer to lectures. His friends time after time tease him, mock him and are in conflict with him.*

> **Case #4** D child is 13-years old and has problems with learning and she is teased in class time after time by her classmates. She is isolated and doesn't like to hang out because she doesn't feel comfortable. Parents continue to urge the girl to attend school despite all difficulties. Family lives in difficult economic conditions. The girl's father is alcoholised. There are three other children in family; two of whom take to the streets to sell packages of cigarettes. In the meantime they go to school in the afternoon. Family comes from a remote area and there are voices in the community that the father violates and treats very badly her mother too. The girl lately met a 19-year old boy and says she will get married and run away to Italy to live and work there.

Working Paper: Resilience Diagram

Individual's problems/challenges	Environment problems / challenges
Individual's strong points	Positive support of environment

Activity # 2 - Identification of risk factors

In this section, participants will work in working groups, on some study cases distributed preliminary by the trainer. The purpose of the exercise is to observe the application in practice of knowledge acquired in the previous exercise on risk factors, but by determining now the risk level in order to take decision for intervention.

1. *Determine risk level of the case,*

2. *Analyse vulnerability factors of the case,*

3. *What main factors did you rely upon to determine the risk level?*

Theoretical Handout: Day III

All children have same basic needs for survival, food and care, but due to their individuality and the way of living they need different levels of growing up, care and attention. The person meeting these basic needs should take into consideration and to precisely respond to the child's individuality. During assessment we should understand possibilities and abilities of the adult and the capacity for parenting, to meet the needs of the child.

Assessment is a process:
- a) Systematic for collection of detailed information in relation to the child at risk or child in need;
- b) To identify strong sides of the child and family, social environment in which the child and family live, as well as the need of the child for care, support and alternative protection.

The assessment is otherwise known as "road map" and helps in planning of help for the child and family, helps him to build up judgements, finding short paths leading him to taking quick decisions, but at the same time also helping the child and family. In the meantime, the process of assessment is compared to the road trip, in order to understand the information on the map; one should understand map symbols and signals. However, the collection of information is not enough; it is as much important to give this information meaning as possible, in order to plan the trip and manage the unexpected that the trip may bring. Therefore, this process together with the means used are drafted in such a way to direct and to enable the professionals a trip, where they can collect information and give meaning to this information through analysis for the needs of the child at risk, within context of family, community, circumstances changing in order to meet these needs starting from the best interest of the child. Principles directing the assessment process are:

- *Based on the development of the child* and to recognise the importance of the time factor in the life of the child. Specialists should be aware of consequences, changes and development of the child during different ages. It is critical since children may not benefit what they need at different stages of their development. If a professional is uncertain in his assessment of a child is developing within the usual parameters of development, then he should seek a more specialised opinion on this issue from a paediatric doctor of a development psychologist. Some children may have additional or specific needs as difficulty in learning; disabilities or specific medical needs.
- *Have the child on focus* and ensure that the child is always at the centre of the assessment process. All actions, plans and decisions should have the child at the centre and should take into consideration the best interest of the child.
- *Ecological access* placing and considering the child within the family and wider community where he lives. This principle requires that the assessment process should carefully consider what impact does the family, environment, school, friends; relatives have in the situation of the child. In addition, this approach allows social workers identify the potential offered by the environment and family to the child in the situation he is at.
- *Includes the active work with the child and family.* The direct work with the child and family is crucial in cases of children at risk. Many researches have emphasised the importance of partnership with parents to take care of the child. It is important to create a positive relationship, that parent / guardians feel respected and informed about the process. Partnership should be based on integrity, transparency and respect. Professionals should play an essential role in the respect of these principles.

- *Based on facts or evidence.* Assessment process should be based on facts and objective and professional evidence, and should not remain as a subjective judgement of the employee or other professionals.
- *Knows well and considers the multidimensional approach and where it is worked in partnership with children and their families.* Child needs are complex and as such they require to be addressed multi-dimensionally, where a child in need of protection may be in need for health, psychological care but also in specific needs of earning. In addition, the child's family may live in poor conditions or may have persons with disabilities who are in need of specific needs. In this way, the protection and welfare of the child are conditioned by a serious complex needs that may be accomplished by different actors. Multidimensional approach requires coordination, and a joint work among many actors to meet the child's needs and the needs of their families. At the same time, this principle should be seen closely related to partnership with the child and family.
- *Is a continuous process* and not a specific moment in the help process. Child and family needs are assessed time after time, whether these needs have been met, or not, or whether the needs differ along the period of time. Even if the child and family receive the aid considered necessary and the child may be considered to have passed the risk, it is important that social worker reassess needs and the situation of the child and family.
- *Provide equal quality and possibilities for all by* being sensitive to the different needs and circumstances of children. This principle does not mean that all children are treated equally in the way how they are worked with, but it relates to equality in the assessment process and delivery of services to all cases in need of protection. Being sensitive and intentional to the specific needs of the child and family is a very delicate and important aspect of work of the social worker in the area of protection of children. In addition, it is also as important as possible that child's circumstances and situations may change and children with specific needs for protection and their families have special situations and each case should be treated uniquely and separately.

All these principles when put into implementation give special importance to the assessment process and show that the assessment process is not work on paper or in office in front of commuter. This process cannot be simplified only to the collection of some information and viewpoints of some professionals of collection of information from some sources. In order to understand how good the situation of the child in need is and what may be his strong points, weaknesses, pressures and factors with which the family is facing, it is critical for the social worker to know the situation of the child and family. This means that one should communicate with children, adults and other family members who are in contact with the child and family. Therefore, the assessment is an ***activity of relationships.*** Social worker seeks to understand what is going on and he becomes an important and critical factor of equation and he influences the process results. Building of trust between the social worker and family is essential in order to create and achieve a clear and a joint understanding about the inclusion of the social worker and other professionals. Achieving this understanding and joint trust requires time to build. Sometimes, there are cases when quick intervention is required (e.g. cases of sexual abuse or extreme physical maltreatment); and this situation impacts on the speediness of the assessment process, trust building and relationship. However, in these difficult and urgent cases, sensitivity or quality of relationship of positive contacts of beginning with the child and family, positively impacts on process and the relationship with the child and family in the future. Therefore, the way how social worker or other professional are involved in the process of assistance, is an important factor of the efficiency of assessment activity and may influence later the efficiency of the entire process of the provision of assistance. Another aspect to be taken into consideration in the direct work with the child and family is whether there is an impact or emotional burden for the social worker or the agency involved in process.

It is essential; therefore, that supervisors, managers or heads of social services are attentive to this work aspect. Situations may be stressful, filled with anxiety; resistance, hostility by family members or other persons involved in the child situation and is some cases are also associated with violence. This complexity and insecurity which is often associated to cases of children in need for protection associated often with the conceal of situation, or not distinguishing its importance, may influence professionals and their perceptions about what is happening to the child and how they can focus and be more attentive to see the child able to be "seen but remains invisible" in the situation he is in. The assessment as a process goes through a number of stages which are summarised as follows:

- *Preparation for assessment;*
- *Collection of information;*
- *Analysing and understating the information collected;*
- *Planning of actions based on this analysis.*

Assessment process should be taken in parallel with actions and interventions to provide assistance on the case of the child identified. A critics made to professionals in the past relates to it that the case was not provided with assistance until the initial assessment process ended. It is very important that the social worker provides immediate assistance on the case, in particular when he is in urgent need, rather than wait until the assessment process ends. If the child is at immediate risk and emergency actions should be taken, the social worker and the supervisor determine actions to be taken and the level of priority to be given to the child's individual case. There are also a lot of cases when the immediate decision in the actions to help the case of the child at high risk requires the gathering of Multidisciplinary Group for the Protection of the Child. This group meeting serves to take rapid decisions to ensure the immediate protection of the child, e.g. when he should be displaced to a safer place. It is worth mentioning that during initial assessment, one of the most important aspects is the assessment of the child that may be at risk, as well as actions to be taken to ensure child's protection and welfare. After the high risk situations is managed, social worker continues with the gathering of information to accomplish the Complete Assessment or the In-depth Assessment for the case. Complete Assessment or the In-depth Assessment informs on actions or immediate interventions about the child and family and aims at bringing complete information to the child and family, data and facts for a number of activities.

Aspects which are carefully assessed are:
- Child development (physical, emotional, cognitive and social development);
- Upbringing of a child (information on whether the child attends the kindergarten, playground, school and issues related to his/her progress, such as absences, changes in behaviour, progress in school, with friend, etc.);
- Health of child (birth history until now, including vaccination, health examinations, history of disease with focus on harms or injures);
- Social child relationship within and out of the family (information about friends with whom the child hangs around, etc.);
- Relationship with parents and family (assessment of the child' relationship with parents, brothers, sisters, grandparents, cousins some relative to whom the child is more associated with);
- Finances and family expenses (assessment of financial aspect of the family, etc.);
- Living conditions of the family (assessment for sheltering, the environment where the child lives, when he sleeps, hygienic conditions, etc.);
- Other specialists' opinions (this is a very important aspect in the process of assessment and as part of the assessment process, social worker should contact and should collect

information from all others who are in contact with and who provided services to the child or family, such as: social administrator, family doctor, paediatrician, psychologists, nurse/nanny, teacher, educator, police, etc.);

- Child and family's opinions on their situation (an important assessment aspect as it is used to take direct information from the child and family members for the problems they are facing, as well as explanations to understand as of why they are in such situation);
- The existing sources in community (social worker collects information on existing sources about the child and family, such as: schools, social centres, heath centres, and/ or playgrounds with the purpose to identify potential assistance and support for family);
- Strong and weak points of family (this assessment aspect aims at bringing information on strong family points which may be supported and which may serve as sources to help the relationship of the child with family, such as strong and weak points in the abilities of the family in order to appropriately meet the child' needs and where family needs assistance and support).
- The social worker's opinion and observation (this aspect includes observations in the behaviours for parents, guardians, child's relatives on the care during the assessment stage. The analysis of this information enables the social worker to give an opinion on the type of risks threatening the child).
- Potential actions to protect and assist the child and family.

In in-depth (or complete) assessment process, there is other information that may derive during the process. The entire information is quite important to understand better child's needs and situation and as such should be documented very carefully. At the same time, it is important that the information collected presents facts, evidences and should be as objective as possible and should not only reflect perceptions, assumptions or hypotheses from the social worker and other persons involved in this process. In cases when social worker has different assumptions, the assumptions should be documented by marking or recording them down. It is worth mentioning that the assessment process is considered as process which includes the work between a group of professionals and services. Different persons and professionals included in the child's case, not necessarily have knowledge for every important child and family's case. Therefore, even when an assessment process is taken, due to the identification or referral of case, it happens that the child and family have contacts with a number of professionals. Different professionals may have their opinions and judgments about the child and family, since they can be involved in different ways (e.g., providing daily services for the child), therefore, seen from this viewpoint, every professional has an important contribution to the assessment process. They may know about information and facts with value to ensure protection or the welfare of the child. In this aspect, all professionals remember the child as an entirety and continuously think what is going on with the child's world and document and identify other necessary services which may be involved. Therefore, work "in isolation" should be avoided and information sharing should be encouraged in the best interest of the child, but the implementation of this aspect too requires that the child and family be informed fully, to understand and give their approval (if the security of the child is not impacted by this approval). An important aspect which impacts analysing and understanding information collected during assessment process for a complex situation is to ensure and understand the family history and what happened in the parent's life, previous models and past behaviours and family reactions, as well as family experiences. Often, very little importance and attention is given to the family background and to its functioning. On the other hand, the exploration and understanding of this background and the functioning of family may offer reflections and possibilities to better understand current family histories, their impact on family, as well as the understanding of needs and children's world. Their underestimation decreases and minimises possibilities to explore the potentials for change on the child's situation. As is also mentioned by Munro (2006), "the best predictor for future behaviours is the behaviour in the past".

Dimensions and Assessment Factors

The assessment framework helps professionals to give meaning to information collected during the management of a case. The assessment framework with a child is perceived as a triangle framework, which represents key aspects of the internal and external child's world:
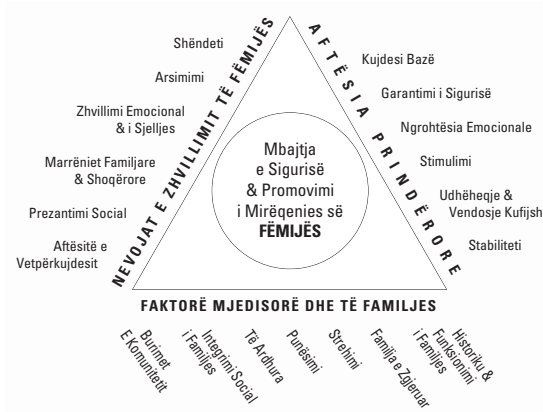
(Skema e mësipërme është përshtatur në shqip nga libri "The Child's World", 2011)

(In the language of a child, the assessment process may otherwise be interpreted in the abovementioned questions).

3 Assessment dimensions

A. Developmental child needs.

B. Capacity of parents / guardians to support these developmental needs and respond to them appropriately.

C. Factors of family and environment, which may have an impact on the developmental capacity of the child, parents and guardians who provide care to the needs of the child.

These questions provide another perspective for the same factors, thus reminding professionals of the importance of the meaning of experiences and child's perceptions, as well as the wide range of influencing factors contributing in how well a child is developing and growing up. Systematic approach to the child's world requires attention not only for family system but also the environmental system and the network of relatives, friends, neighbours, community, culture, and structures at the level of societies. This approach has been built on the theory and the work of Bronfenbrenner (1979), and was successful to understand as of how the interaction of factors impact on the maltreatment of children and their relationship with the antisocial behaviours. This framework recognises the fact that there are a number of factors which may impact in the development of the child and the capacity of parents and guardians to be sufficiently careful, acceptable and responsible to the child's needs. The development of the child is seen as a process which includes the interaction between a child under an upbringing process and the social environment. Therefore, it is important that interactions between these factors of the internal and external factors as well as interactions between different dimensions should be analysed and understood carefully. Jones and Ramchandani (1999) explain that, the child while growing up becomes more organised, integrated and more complex as an individual human being. There are a lot influencing factors in this process, where one can mention genetic, physical, psychological and family factors,

The triangle model (presented above) has been selected as a symbolic means to represent three dimensions of factors and to help professionals to keep them well into account and at the same time to think widely about the world and the reality of children, but always with the child in centre. This model at the same time is a way to assure that wide family influences and environmental factors in the family life should not be neglected along the work, but should be given the same specific importance.

At the same time, social workers and their supervisors should take into account a theoretical basis and practical one to work with children and family. The theoretical basis comes as a result of knowledge and researches in different disciplines. Practices may also be based on social policies, legislation and different government programmes. It is essential that professionals and their supervisors are consulted and are well familiarised with this knowledge as well as should ensure that they are familiarised with more advanced practices and theories which inform their work with children and families.

as well as other factors related to the wider environment such as those cultural ones. The ecological perspective, seen from this viewpoint, is important since it considers the child in an environment surrounded by wide social impacts or from the impact of wider social groupings. At the same time, not only children but also parents impact on the results of events, situations through social functioning, and their personality. This approach has helped understand the interaction
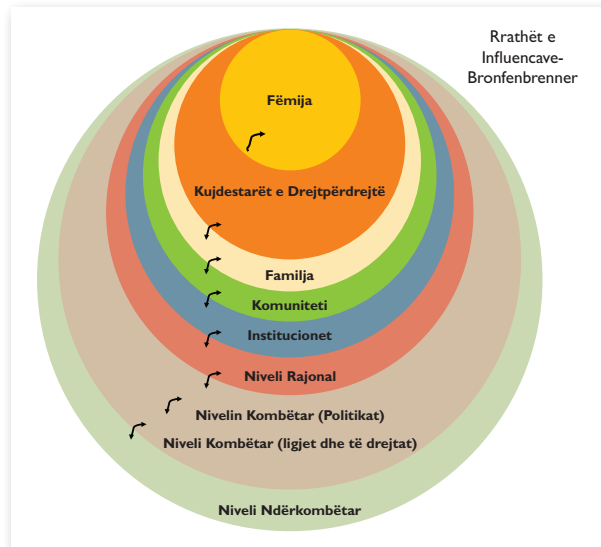
of factors in the cases of maltreatment of children and in the development of antisocial behaviours. Concurrently, it recognises the fact that in each dimension there is a number of factors which may impact the development of the child or the parent's capacity to be totally attentive, receiving and reactive to the child's needs. Therefore, the development of the child is seen as a process which includes interactions between the child under the growing up process and his social environment. Same factors may have a positive or negative influence depending on the child or circumstances. Therefore, this is the reason that interaction between internal and external factors, between the actors within a dimension or in conjunction with another one, should always be explored and understood very carefully. A mother of seven children living in a suburban area said:

> *"I dread thinking how will the future of my children look like, unless I move out of this damn place and unless I move out while they are small. I know and I feel it, that if I don't leave, they will either end up on the streets begging, or will die, or will end up as criminals in prison. They also tell me themselves, constantly to leave. They are so good, clever and I very much like to see them doing something good for themselves. Fjolla is only eight years old and she is very clever for her age; I don't want her to grow up in this hinterland. But what can I do when I have no future, no possibility to find any shelter. My children have no possibility".*

Lack of income and possibilities to provide for more for children does not necessarily have relationship with it being a parent with feelings, affection; wish to do the best for the children, as well as to raise healthy children. But on the other hand, this situation makes it more difficult the duty and the meeting of capacities of the parent to provide more possibilities to children. In the other case, a child expresses himself this way for the location where he lives: "There is so much garbage next to my house, there is a big field where cars come every day and throw garbage. I often go there because I find some toys, or find cans I collect for my father. But once, a child was cut in glasses there, because there is a lot of broken glasses, and in another case, the garbage truck run over a child, as the driver did not notice him collecting garbage". In this case, the child expresses and explains conditions of the environment where he lives, and he also mentions numerous risks that may impact on health and the welfare of the child. At the same time, this paragraph shows how a child lives, what does he do, where does he play and what is the reality of friends in that environment. Different authors used different symbolic to reflect the relationship and the impact that different factors have in the protection, development and welfare of the child. A model is the one offered by Bronfenbrenner (1979), presented also below:

Other important sources, which serve to inform workers, are: findings from studies and researches related to the field; statistical data at local and national level; different practical guidance and different policies at national level; different standards from Social Services; Alternative reports for the implementation of legislation and strategies, etc.

In addition, it is expected that practice is based on evidence, which means that professionals use the information critically from practices and studies to undertake the assessment process and to understand better the child and family's needs as well as the results of different services and interactions. In addition, they document and refresh this information systematically. They manage to distinguish source information, e.g., to take an observation, agency, from a direct interview with family; learn from viewpoints and user's opinions of the services such as children and families; they assess continuously whether the intervention is effective and if it responds to the individual needs of the child and family as well as to modify and adapt these interventions to respond to the needs; and assess rigorously and reflect constantly on the information, processes and results from the perspective of the professionals in order to develop an improved practice.

The combination of the practice based on evidence, with foundations on knowledge and considerably balanced on the professional judgement comprises the basis for an effective practice in the work with children and families.

Assessment Process

Assessment process is comprised of four interrelated stages with one another such as follows:

- Preparation for assessment;
- Collection of information;
- Analysis and understanding of information; and
- Planning of actions.

Before the process assessment starts it is important to clarify the purpose of assessment and what is expected from this assessment. The main purpose of the assessment process in the case of children in need is to undertake actions necessary to ensure protection and to promote welfare of children, and the child enjoys all rights and meets all potentials. In order to achieve this objective, the social worker should undertake an assessment process which will take into consideration: 1) developmental child needs, 2) parental capacities to meet these needs, and 3) environmental factors which influence the family and the child. This objective is realised by collecting complete and proper information, and only after this information, the professionals are able to judge whether the child is a child case at "risk situation" or is a child case "in need". These judgments impact the decisions to be undertaken and services to be provided in order to address the child' needs. In both cases, the child needs help for processes and ways of offering the services differ. In the first case, a very important element is the element or the aspect of "risk". The question arising in this case is: what risk scale is the child at? What actions should be taken for the child to be safe?

As is mentioned above, the assessment process starts with initial assessment and later continues with the in-depth assessment or complete assessment. The in-depth assessment addresses most important and most essential assessments of the child, as well as the capacity of parents/guardians to respond appropriately to these needs within the context of the wider family and community. When a professional undertakes a complete and in-depth assessment, in cooperation with other professionals, and with the child and family, he should take into account some issues and questions listed below:

- *What are the reasons of the case referral?;*
- *What happened before this assessment process and how can this assessment process be influenced?;*
- *Is the child at risk to experience harm/injury?*
- *What information is there, what information is needed, and what professionals should be involved in the assessment process?;*
- *How would the child and family be involved in the assessment process?;*
- *Is there any specific issue for the child and family which are realty specifically with race, belief, ethnicity and aspect of disabilities (learning or physical ones?);*
- *What methods will be used to collect information?;*
- *Is there any specialist needed for the assessment process?;*
- *What are the timelines for the process?; and*
- *Who will the information be divided with and how?*

Assessment process usually starts with a referral. Referrals may come from different sources, starting from a telephone call, teacher, social administrator, psychologist, parent, community member, medical personnel, police officer and/or prosecutor. The way how a social worker responds to a case which is referred may influence the entire process, future work and the work relationship with family and other professionals. Let's suppose that a teacher is constantly

Terre des hommes

angry and is dissatisfied with the way how a school psychologist has treated the case of a child referred to by him. This case ends up in police and the true work with the case starts when the police start to deal with child's parents and the family. Later due to this reaction, the teacher may not continue to cooperate or to refer cases to the social worker. Therefore, when it is planned to undertake the complete assessment process, it is important to know well, ***reasons*** for case referral; ***source*** of case referral and ***how did the*** child, family and other professionals ***react***. When it is spoken about assessing a child case violated or suspected of being violated, the social worker should ensure sufficient evidence of violence and abuse caused to or the possibility to cause harm. These evidences make it able to determine actions if immediate actions should be taken to protect the child and ensure welfare of the child. When these decisions are discussed, it is important that professionals are assured to take facts and past events into consideration or if there is a concerning background in relation to the issues of care, welfare and protection of children. This information may be gathered also from services or other professionals who have had contacts with the child and family. At the same time, as part of process and preparation for the e assessment process, one should take it into account if there is need to take immediate actions (short-term and long-term) to ensure protection and care to the child. No professional has the knowledge and abilities to fill in a complete assessment working isolated. Therefore, multidisciplinary cooperation is indispensable and in particular if there was a police investigation conducted for the case (when there are doubts or when a child suffers a situation of violence). Therefore, the joint multidisciplinary approach for the assessment process may create positive premises for good and early identification of the child's needs, as well as the avoidance of duplications of attempts and different professional actions. At the same time, other professional should also contribute in the assessment process that has contacts with the child and with guardians/ their relatives. This means that the family doctor, nurse/nanny, social worker of social centres that may have had contacts with family, police, child's teacher and others who have information regarding the child and family. In this case, the entire information serves to fill in the complete overview of the in-depth assessment process.

In the meantime, it may be necessary that in one case when the child with special needs, disabilities, it is indispensable to undertake specific specialised assessments from the field's professional. Let's suppose, a child with special needs of speaking, may be in need for an assessment by the logo therapist, or if he has mental health problems it may be necessary the inclusion and assessment by psychiatrist or psychologist which are specialised for these problems. This means, that in this case, the assessment process is turned into a process "more complex to coordinate and manage". In addition, possible difficulties relate to other factors such as: if there are specialised professionals in the area; if it is necessary that family or guardians participate in the assessment and if they express the wish to take part; and/or if there is financial cost which cannot be afforded. It is quite important that professionals s identify well and time after time, sources existing in the area, to have area built up cooperation with these professionals, as well as there should be necessary financial sources to support this specialised process. Another challenge relates to the clarity of roles and responsibilities between professionals to provide the information, to take responsibilities to undertake specific assessment. Sometimes there are clarities and lack of responsibilities, but at the same time, there are also uncertainties of roles. If in a case of domestic violence, violence is exercised both to mother and child by the father/ spouse, then the worker of domestic violence needs to work closely with the worker of Unit for Child Protection to undertake the process of assessment of cases (mother and child's case). In the case of children, a specific assessment is needed that relates directly to the best interest of children. Not always, the assessment of situation and risk which are threatening or which exists for the mother is automatically linked to the risk assessment of the child, irrespective that there is violence against both cases.

Therefore, in this case, it is indispensable for the worker of domestic violence, and for the CPU worker to work together to undertake an assessment of cases. The quality of assessment may be impacted by the way how the child and family are involved in this process. From different studies it is identified that parents or guardians who are involved in the assessment process, are not treated well, and are treated unfairly by professionals, and they express themselves dissatisfied from cooperation and relationship with professionals. It is important to point out that the inclusion of the child and family may be very low, if they feel that professionals are interested only to gather information without trying to understand opinions, perspectives, wishes, potential, challenges and their views. Therefore, the empathy and understanding of feelings and opinions of the child and of every family member is important not only for the process of information collection but also to ensure a positive and cooperative process of inclusion.

In a study conducted with social workers by Plat (2007), it has been noted that the level in which they understand the family situation impacts the level of cooperation shown by parents. In addition, in another study conducted by Brandon and associates (2000), shows that the relationship between social workers and parents/guardians impacts the contents and information collected during the assessment process. If social workers are perceived as empathetic and non-judgemental, then families may share more information at the emotional and moral level, which helps the process of in-depth assessment.

Involvement of the child and family meaningfully during the assessment process, non-judgemental stance, being open, emphatic, and active listener of opinions, feelings, wishes and child and family challenges, has big importance to understand how a day is from the child's life and what does it mean and what meaning does it have for that child.

A critical aspect in the preparation for assessment process and in the involvement of the child and family is that the social worker is prepared to understand some aspects which are as follows:

- Who will contribute to assessment;
- Focus of meeting and who will participate in it; and
- Ways how a child and family will participate in this process.

In addition, as part of planning of meeting, the social worker should take into consideration as who is in better position to ensure that the child and family understand the purpose of the assessment

process, expected results for this process and that they are able to participate in this process. Also a special aspect is that not only children but also family members/ guardians should be informed in particular for the emotional impact that participation meetings or the hearing of the assessment report and findings may have in them. In addition, it is quite critical that the social worker is able to provide emotional support for these cases, and should take into consideration that this preparation is individual for every family member. At the same time, the social worker should be aware and prepared for planning of assessment process, factors that may impact and serve as barriers during the process.

- One factor is ***personal experience*** of social worker. If the social worker has had negative experience or has had no experience in the assessment process, it is important to be aware about this impact. Often times, as identified from the different studies, the social worker dos not assess sufficiently the importance of planning of participation of the child or family in the assessment process, relating it to the personal experiences. In this case, we have to do with a subjective and unprofessional judgement.

- Another barrier encountered is ***the knowledge of the social worker of the religious beliefs,*** and the impact of these beliefs in the process of involvement of family and the child as well as recognition of own beliefs. In addition, other beliefs that should be explored by the workers themselves are the opinions of the marginalised groups or ethnic minority groups (e.g., Roma, Serbs and /or Turks), the poor; and/or individuals with disabilities. Personal beliefs in relation to these issues impact the professional judgement. If we look upon it in the viewpoint of the preparation process for assessment, it is important that the social worker recognises well the personal beliefs and should be able to divide them from professional judgment.

- Another important aspect of the preparation process for the assessment is that the social worker should analyse as what measure, ***specific qualities of the child for family may impact the process.*** If we have to do with a child with disabilities, we should analyse as of what measure this aspect may impact the involvement in the process as well as the achievement of a complete and accurate assessment. In addition, one should analyse as of how much time we may need for this case to be included and to ensure involvement? Social worker should plan and think of the questions as how to ensure the return? At what measure can this impact the collection of information, construction of relationship of the family belief?

- Another situation, which needs planning, is if ***the family does not want to cooperate or shows resistance.*** There may be different reasons such as: previous negative experiences, feeling of being threatened from the service of Unit for Child Protection, and/or failure to understand the situation and the child risk. In these situations too, workers should make attempts to inform the family about the process, and take into consideration that this resistance may change. Sometimes it may occur that the family may prove non-cooperative and resistant in the beginning of the assessment process, the social worker regards this as good that if this is the solution and the decision of family, by non-providing the possibility and attempts to share information, or to leave an open door. It is important that the social worker maintains positive attitude, and makes attempts to impact or influence this attitude of family and understand the in-depth reasons. In many cases, families may have expressed negative attitudes and resistance for the process, and later, seeing the attitude of the social worker, the assistance offered to the child, have changed attitude being cooperative and participant to the process.

- Another important factor is that ***professionals sometime don't know how to keep children involved in the assessment process.*** This may occur due to the experience of the social worker, the tools and techniques in his possession for this process; the child age; and/or cooperation with parents/family. Social workers should think and plan how

to face all these factors during the assessment process, which impact in the assessment process and involvement of the child and family in the process.

Often times, social workers experience personal barriers, when they try to involve the child and family in the assessment process. This means that they may have difficulties to show empathy to understand the perspective of the parent/child, or feel insecure for their attitude to the specific practices of parenting for different groups and cultures. In this case, it is important that the worker reflects continuously and critically, possibly with a supervisor or a colleague, in relation to these barriers and insecurities. Some of the most important issues for which one should reflect are of gender affiliation, age, ethnicity, religious belief, class, culture and prevailing policies of the agency, practices and different theories influencing the workers more widely. In addition, it is suggested to do a "cultural review" which otherwise means a critical systematic review which is realised by raising questions for specific cultural categories relating to the case. Some questions are:

- What knowledge do I have for culture, language and religious belief of the family and where does this knowledge come from?
- How is this knowledge influenced by personal life experiences?
- Do I have positive or negative attitudes or prejudgement relating to the culture of this group?
- Seeing the ages and stages of development of children in this family, what do we expect for needs, abilities and their life?
- What impact may the assessment process have on the life of family members and how can they perceive me as an individual?
- What can they expect from assessment?
- What can surprise me when I go for a visit to a family and why would it be a surprise?

These critical and personal reflections may help the social worker understand why he has difficulties in the involvement of one family member or the family as a whole and also helps plan practical ways to work with these barriers.

Identification of Risks, Analysis and Decision Taking During Assessment Process

Identification of Risk

Today's society is insecure not only for adults but also for children and this does resemble much more to western societies which are qualified as "societies at risk". Professionals are much more concerned as of how would they be able to predict what is unpredictable and unexpected, although science has advanced and technology has developed. There is a dimension of a human being that irrespective of these developments it is still difficult to be predicted. Such case is the case of abuse, death of children due to abuse and where social services for the children care have not achieved to prevent. The need is arising much more that the risk assessment is seen more attentively when it is spoken about children, and at the same time it should be treated with more professionalism and seriousness.

Risk Concept

Risk relates to the possibility that an abuse or negligence is shown or reshown in the future. The risk is the possibility that the parental behaviour is harmful or destructible for mental, physical, emotional and social child development and persons with parental responsibility are unable to behave differently with the child.

Security concept of the child refers to the situation when a child is not endangered within the family/home or when the protective capacities within the family may manage the risk for abuse or negligence. The risk is a general term which refers to "to study decisions which are subject of unpredictable consequences" (Royal Society, 1992). This term is comprised of two concepts:

1. Risk forecast which is comprised of three elements: identification and forecast of potential consequences, assessment of risk importance, and calculation of the probability to occur. In the work for protection of children, risk forecast means to calculate chances for a child to be abused, as well as to forecast how severe can this abuse be.
2. Risk assessment is the process of determining of the value of consequence of action or abuse. Life does not provide us one single solution, such as life secure or endangered. Every form or living model we choose has its own positive and negative aspects as well as the probability for these aspects to appear. Professionals in their area of protection of children know that they don't always have the luxury to make an easy solution between the case when they have to leave a child in a dangerous family and when they have to move him out from that family. There are benefits as of why should the child stay in a calm and stabilised environment; also there are risks when a child is sent in an alternative or residential care.

Although they are determined a level kind of forms, a category of risks helping us to assess the level of abuse, the gravity of the child, chances of probability that may occur again, is important to take into account that there will always be a dose of subjectivity with the social worker or other professionals. This is due to the reason that determining the abuse is a relative concept that changes from time and location where this concept is applied. Risk assessment is a more complex process, rather than simply placing into some categories of situation and the

abused child. This process is always associated with insecurity and rationalism of the worker or process. Precisely this process is associated with insecurities; it often happens that there may be over assessment of situation or underestimation of situation of the child. Social worker should be aware and conscious to make a difference of that what intuition tells him to do, to the one what facts tell him. It brings implications for the child, family, guardians, social services and community in whole. Professionals should never confuse the culture implication in determining abuse and risk, neither should they use it as justification to minimise the phenomenon and the child's situation. All children have the same basic needs for survival, food and care, but due to their individuality and the way of their living, they are in need of different growing up levels, care and attention. The person meeting these basic needs should take it into consideration and should precisely respond to the child' individuality. Because of this reason, social worker should, with his assessment, understand adult's possibilities and abilities, and their capacity for parenting, thus to meet the needs of the child. In order to help in judging the risk level, the *concept of "threshold" was developed, which is the possibility to cause or when "harm or considerable injury" was caused, which affects the normal development of the child or causes disorders of this development. The abuse assessment with the child, as is mentioned above is affected by thee aspects:*

- *Nature of abuse*
- *Gravity level*
- *Probability to occur again*

Risk factors area broken down into four groups:
- Factors related to parents or guardians;
- Factors related to family;
- Factors related to the child; and
- Factors related to environment.

Factors related to parents or guardians
- Characteristics of personality and psychological welfare;
- History of abuse;
- Abuse with substances/mental health;
- Attitudes and knowledge;
- Age; and
- Others (that may be registered by participants)

Factors related to family
- Family structure;
- Mate conflicts and domestic violence;
- Stress and anxiety; and
- Parent-child interaction.

Factors related to the child
- Age;
- Disability; and
- Other child characteristics.

Factors related to environment
- Poverty and unemployment;
- Social isolation and social support; and
- Violent communities;

Immediately as soon as the entire information has been collected, which include reports and assessment from specialists or independent specialists, CPW should display this information on the Assessment report. All decisions related to the risk level or to the determining whether the child is in need should be taken into account, using the information rather than intuition or words heard. Therefore, using the Assessment Report of the Child Protection Worker and other reports presented by other specialists, the Child Protection Worker may fill in the Risk Indicator Form which is part of the Assessment Report of the Child Protection Worker.

Level of risk of needs, abuse, negligence, neglect, trafficking or utilisation should be approved by the members of the Meeting of Child Protection and this is so due to the fact that the members invited to the meeting have different professional expertise. As a result, a combination of knowledge and their sources will provide the best results possible for the child. The level of risk has been categorised into four levels. Such a division will help professionals take into consideration the information collected during assessment and the level of response to be given to ensure protection or to meet the child's needs. Since many cases of child protection may be complicated and may have many aspects involved in it, it is important to initially consider the most urgent problems as a priority for intervention. According to the Worker's Protocol of UChP, there are four levels of risk:

1. **High risk** – under this risk level, the child may be:
    a) harmed o seriously injured;
    b) exposed to sexual immediate and continuous abuse;
    c) permanently remains with disabilities;
    d) trafficked;
    e) die, if left under the current circumstances without any protection intervention.

2. **Medium risk** – under this risk level, the child may suffer a kind of harm if he still stays at home without an effective plan of intervention for protection. The intervention in this case is justified, however, there are no evidences that the child is at risk for serious immediate risk or for risk of death.

3. **Low risk** – Under this risk level, home is safe for the child, however, there are concerns for the possibility for the child to be at risk if he is not provided with services to prevent the need for protection intervention.

4. **No action required** – caregivers or the environment is safe for the child and there are no indicators that the child may be at risk. These cases, if they would occur, will be reported to the Unit for the Child Protection and should not be underestimated.

No action taking may be an assessment decision. In the least case, an assessment report should be filled in and a decision should be approved in order not to take further actions by the Supervisor of the Worker for Child Protection, if this did not occur in the Meeting for Child Protection.

Example 1:

The child is violated by the father and he is considered at further high risk level, since the child is abused physically, sexually and emotionally by the father, who is supposed to protect the child. This makes for the child to be at immediate risk if the father is not removed from home or if family members cannot protect the child systematically and continuously against further abuses of his father. This child is at risk and may be subject to many forms of physical, sexual and emotional abuses, actions which may potentially lower the trust, ability to have academic achievements, or creation of sustainable relationship as a child and as an adult. Immediate need fort this child is protection from further abuse from his father and the assessment of his mother and family members to provide appropriate care, which would meet the child's needs. Potential caregivers should admit that this child is abused sexually by his father and the child is not an accomplice or guilty to "shake" his father. Responsibility for abusing a child is completely on the adult.

Example 2

Zana is a 12-year old girl who is not attending school regularly. She doesn't speak and she knows nothing about her father who left abroad about four years ago. She lives alone with her mother. It is suspected that her mother is a prostitute and she brings clients at home. Zana dresses badly when she goes at school and her clothes are shabby. During the school classes, the teachers send Zana home, as she would writhe and she would not stay peacefully at her desk. Pupils were surprised to see Zana having a limp, as if she had pains when she walked, since she never walked like this way before. The teacher decided to talk to CPW at the Child Protection Unit. CPW, school teacher, police inspector, and the neighbourhood doctor analysed Zana's situation in the family and gathered information, which led to the conclusion that:

- *Zana was abused sexually (high risk level) at home by a male who was brought home by her mother. Since many men come at her home, the possibility for abuse is high, if the mother is not able to protect Zana;*
- *Zana has problems with attending school (medium risk level, if she is left to continue like this for a long time);*
- *Her family is at economic difficulties, since the only financial incomes are the money that her mother earns by doing prostitution (low risk level, since the parent/guardian is not able to meet the child's needs).*

This child would be classified as high risk level to be abused sexually or physically constantly by her mother's clients; if they keep coming home. Following the decision that Zana is exposed to risk, the Worker for Child Protection should prepare an individual plan for Child Protection, including what is determined as a primary problem, what is the most urgent need for Zana, services required and the assistance to administer to protect Zana against abuse and further harm? Participants to the Meeting for Child Protection should take into consideration if Zana should be removed from mother's care or if they should work with her mother and provide services, the latter one may protect Zana against further abuse and she can take care of her appropriately.

Analysis and Decision Taking During the Assessment Process

This process may be influenced by different factors, such as time available, necessary means, fear and stress depending on case and/or the abusive parent. Therefore, it is important that workers are careful to identify these factors as well as their supervisors should also be ready to provide help and support. A critical element of the process assessment is recording and accurate documentation of information.

Some of questions helping the social worker to analyse the information gathered is as follows:

- Is the meaning of what has been reported clear?
- Are there assumptions raised, are there unsupported opinions or is the analysis supported on facts and/or observations?
- Are viewpoints, feelings of each child and each of family members clearly expressed in the report?
- What can be potential consequences of evidences collected related to the child protection and promotion of the child welfare?
- What evidence exists from practical experience, guidance, inspection reports, from literature which can support these conclusions?
- Are there other opinions, which mean that a piece of specific information may be interpreted differently?
- Are there other questions to be raised by the worker related to the case?

Analysing Information

At the moment when the social worker starts with the assessment process, they raise the hypothesis based on observations and on available information to understand family and child's situation. Some hypotheses may be confirmed, others may be rejected and some substituted with new ones, while the process of collection of information continues. It is important that while in the meantime the social worker collects new information he should look how this information may support and reject raised hypotheses and should not be left aside with the reason that it does not match with the hypotheses raised in the beginning of process. Although the process of raising hypotheses and assumptions occurs during the entire stage of collection of information, at a certain moment this information should be systemised and analysed in order to inform on necessary actions to protect and promote the child welfare. Social workers may be overloaded with the information collected not only with the accuracy, details, value and importance of information. Often, this process is associated with anxiety by the social worker. The risk in this situation is that this information is not analysed but is simply summarised, pretending to have been analysed. The summary of information is the first step to start and issue its meaning and to interpret it. In the meantime, different perspectives of family, child, worker, other persons involved in this process should be compared in order to secure a balance in analysis. For example, parents may think that that they are providing an appropriate environment for the child that he learns, in the meantime the child may not agree with this. The summary of information should include string points and difficulties identified.

Interpreting and Understanding the Information

After the information is analysed, the next step is to understand what this information tells us related to the child and family's situation. In order to answer this question, it is necessary what the researcher Hallows (2003) calls judgment of "issues". This means that the social worker build up issues or concerns in terms of child' needs, the guardian ability to meet these needs, and factors of environment and family which may impact on these concerns. In analysing these issues, one should pay, in this process, special attention and vulnerability and strong points, not only to the child but also to the family. Building of judgment in terms of the case described as a magic quality and this process includes cleaning of information from the information collected to inform the decisions related to what would be appropriate intervention. Social workers should use research, theory, and practice experiences to build up these judgements. Organisational context where the worker works, personal and professional beliefs, fear and anxieties may impact the judgment, such as e.g., starting from and completely based in past experiences with similar cases. When these judgments are built up, social workers remain focused on the child and consider development aspects and reasonable standards successfully for the child care. Some helping questions for the social worker are drafted as follows:

- *What happened to this child? Do workers understand what does it mean and how one day is in the life of the child?*
- *Which of the developmental needs of the child was met and which was not?*
- *Why did this happen?*
- *What consequences does the child have from the unaccomplished needs?*
- *How do the child and guardians perceive the fact that a part of needs is unaccomplished?*
- *Which aspects of capacities of parenting, family factors and environment have contributed that the child's needs have remained unaccomplished?*
- *Were there concerns before in terms of the child or are they current?*
- *What factors may impact that the child may have unaccomplished needs? What affects this probability?*
- *What do professionals know for the models of past behaviour of parents and child's behaviours which may inform on the judgements on the child' vulnerability?*
- *What probability is there with the case to change?*

There are two main areas, which are in particular difficult to give meaning to the entire information: a) in relation to the assessment of probability that harming or injury of the child occurs, and b) assessment of potential of guardians to change.

When workers assess risk and protection factors in relation to the potential injury what a child may suffer, professionals often times ask: "how do we know if this is going to harm the child?" A number of authors have analysed carefully this aspect and do provide a number of suggestions for the professionals:
- *The risk factor increases chances for a specific consequence: this does not mean that it is inevitable.*
- *It rarely happens that a single risk factor can impact during the development of the child; there are more chances that it is a combination of a number of factors.*
- *Same risk factor may lead to different consequences depending on development stages of the child and context in which the child is.*
- *Risk factors may not have an immediate impact: they often impact on a chain of longer-term reactions and activation of actions over the chid.*
- *Different children may react differently over the same risk factors.*
- *Risk factors may have a direct impact in the development of the child, e.g., cases of bad parenting or indirect impact such as for example cases of poverty or bad sheltering.*

Decision-Taking

After all information is collected and after all necessary judgments are made for the needs, vulnerability, strong case points, it is the moment when professionals should take decisions in terms of the issues identified. In addition, when one reaches this stage, the social worker and other professionals involved in the process have consulted the child and family. These decisions are related to the addressing the needs of the child and parents or family, which have a role and an impact on the child's protection and welfare. Often times, this process is demoralising and difficult for professionals, since they know that there are no easy solutions and often times they should choose the alternative less worse among all alternatives. Another challenge with which professionals are facing is the time available to ensure sufficient information which helps take better decisions for the child and family. Until when the professionals come to the decision-taking stage, they should have developed more understanding for some case aspects which are as follows:

- *Main issues affecting the protection and welfare of the child;*
- *Strong points of family, sources of protection and what can be further build-up;*
- *Reactions to previous interventions;*
- *Motivation and reflections of parents/guardians related to necessary changes for meeting the child's needs;*
- *Wishes and feeling of the child for those that he / she thinks should change.*
- *Guardians' opinions about their needs to undertake steps for change.*
- *Culture influence, language, religious belief, and practices pursued by the family*
- *How did guardians/parents of the child start to respond to the child' needs while they continue with the assessment process if the case is a high risk case).*

Decision-taking process, especially when spoken about children cases qualified as at risk for protection, are often criticised, in particular about difficult decisions (e.g., when the child should be removed from the family and placed into a temporary care or at a residential institution). There are cases when this decision was not taken on time and has resulted in further harm of the child or there were cases when this decision was taken and despite the wish and the predisposition of parents to change, they were not sufficiently provided with possibilities and sources to undertake these changes and keep the child at guardianship.   An effective way to explore sources and potential options is the use of the problem tree or the tree of decisions for the problem. These tools may be used during meetings of the multi-disciplinary team. Some of questions that may be raised are:

- *What decisions should be taken?*
- *What are the potential options or actions?*
- *What are the consequences of each option not only for a short-term period, but also for a long-term one?*
- *What are potential consequences for all options not only for a short-term period, but also for a long-term one?*
- *What is the probability of each consequence to occur based on what we know from theory and work practice with the child and family?*
- *What are the advantages and disadvantages of each consequence?*
- *Which one of the options provides the most desirable consequence and which option is more achievable to be executed?*

During this analysis we may also use numerical values for each option (in a scale of 0-10, where 0 is the most undesired option and 10 is the most desired one), based on this analysis in the discussion of all above questions. Later we go with the option which was assessed with more points. In some cases, it may be necessary to go with a number of decisions and the decisions tree may not be the best option to choose the decision with more points, but may help in analysing each decision and in particular when there are different opinions between professionals or between them and the family. What is essential in this analysis is related to the fact that it should be based on evidence and facts. In addition, this exercise is difficult to be executed if the existing available sources are not taken into account.

Impact of Subjective Factors in the Assessment Process

The assessment process of needs and vulnerability is the process which carries over emotions and different feelings in relation to the child and the situation where the child and the family are. These feelings experienced by professionals are different in different situations and cases, and are impacted in particular by personal and professional experiences. For example, a parent may recall the professional his parents, or a social worker may have negative experiences with a Serbian family. All these experiences impact the way how information is collected and interpreted and how family and child is communicated and involved. There are even cases when social workers may be "paralysed from feelings, anxieties, and their emotions" failing in meeting the assessment process, which leads to the loss of process focus to the needs of the child. Some ways how the assessment process may impact negatively are explained in the following table:

Subjective response	Impact on assessment process
Super optimist –a bad positive belief oriented to the guardian's abilities to meet the child's needs. Example: "The father now knows what he did wrong. I am sure that the family will be OK. I know that they are good people."	Subjective reaction of the worker results in the excessive trust of the assessment of strong points and minimisation of the family's concerns. Social worker may accept parent's perception that everything is ok and everything will be ok without being based on evidences.
Super pessimist – the belief that guardian is not able to meet the child's needs. Example: 'she is a hopeless case, it is better if family leaves that mother."	This opinion may impact that the assessment process is focused on concerns and parenting deficits, thus ignoring and minimising some strong point.
Consensus – to choose to believe what he says irrespective of evidence for the opposite. Example: "Mother is trying hard, she is very much beloved; she says she has learnt her lesson and I believe."	Social worker is focused on the guardian's perspective and requires no evidences to confirm or object these beliefs, either through the assessment conducted or from past experiences.
Fixed idea: to save a specific idea for the nature of the case and often to prejudge the situation: "I know that the problem is father drinking; why should I do assessment, this thing will be simply confirmed."	Fixed idea is formed earlier. In fact, it may have been one of the beginning hypotheses of the worker and he/she continues keeping it. In this situation, the worker tries to collect information, confirming his idea and ignores the information that rejects this fixed idea

Prevailing beliefs – to have a fixed idea for family needs and on how they can be met. Example: "If we simply clean the house, then negligence over children will be reduced too."	In these situations, the worker may have taken decisions for appropriate interventions and ignores information that may show that these decisions are not appropriate. A prevailing belief is that the family will be able to meet child's needs, when he has no evidence to show this, that the child should be removed from family.
Ignoring differences – treating families as if all are the same. Example: "another dirty family, when it stinks, even the members are dirty."	Social worker tends to categorise families and tends to judge them the same, without taking into consideration differences. This may be especially common when we work with families from ethnic or religious communities.
Avoidance: to fail to make difficult questions or to challenge what the guardian says. Example: "I didn't ask about the drink. I didn't want to bother."	This response occurs more frequently, if the worker is put in difficulty by the parent or guardian. In this case, selective information is obtained. This means that worker is confirmed the information that makes him feel comfortable and this makes not to explore the areas of concern.

All these forms of expressions of subjective reactions have big impact in the entire assessment process, the meaning of the needs of the child and family, identification of weak points, concerns and sources, which have impact in drafting the intervention plan. It is important for social workers to be conscious about these risks, to be honest on how they feel, and experience the assessment process with the case. At the same time, it is important that facts and evidences collected during the process are constantly assessed, to ensure that decision-taking is done on the real basis of facts. And most importantly is to keep focus on the child during the entire assessment process. Important decisions to be taken during this stage are rated to the following questions:

- Is child's abuse based on the legislation for protection of the child?
- Is the child at risk abuse and what is the risk level?
- Is the child safe, and if not, what care alternative would be more appropriate and less harmful for the child in this situation?
- Is security of the child cannot be achieved in family, what type and level of care would be necessary for the child?
- Does family have emergency needs to be met?
- Should family be provided with continuous services for the protection of the child?

First Decision - Verification if the Abuse Case is Abused

This decision depends on the answers of two questions: "Is the child harmed as to be called abuse or negligence?" and "Are there sufficient facts to make this case, a case of abuse?" also, a key question is: "Is the child at risk?" and "Should there be taken immediate measures?" At this stage of decision taking, information obtained from the child, family and other contacts should be controlled, if it is sufficient and appropriate to reach a conclusion that the case is an abuse. It should be also verified if facts and the information collected are based on legal definitions on abuse and negligence. At this stage, the social worker may verify if family needs have been

assessed for other services if the case is not included as subject of services for the protection of the child. The decision whether the abuse is founded or not is taken after it is verified for all types of maltreatment, which includes child negligence, physical abuse, sexual abuse and psychological maltreatment.

Second Decision - Risk Assessment

Risk factors impact the child, family, and environment in order that possibility of the maltreatment of the child increases. Risk assessment includes the assessment of situation of the child and family to identify risk factors, strong family points, sources and potential services of the system of protection of the child and community.

The Analysis of Information Obtained From Risk Assessment

Social worker should analyse the information collected to determine which information is important for the risk of abuse. The following steps are needed to assess the risk:

- Organise information according to categories (e.g., level of educations, stressors, etc.).
- Determine if information is sufficient and reliable to confirm risk factors, strong points, sources and interactions among them.
- Use risk assessment to address every risk factor and to consider every strong point.

Third Decision - Determining Child's Security

A child is considered insecure when he is at immediate risk to be heavily harmed. Determining child's security is related to the current child's situation and has nothing to do with risk assessment, which has to do with future. Social worker should decide that in the first contact with the child and family, if the child is going to be secure during the stage of investigation and elements to be assessed are the family's situation, behaviour and conditions of parents or guardians, emotional aspect, physical circumstances and the social ones. Illustration examples include harmed children, the explanations of parents which are not reliable; children under the care of people who are violent or have mental health problems; and children who have been maltreated deliberately or cruelly.

Second moment when the security of children is assessed is at the end of the investigation process. In this case, social worker should determine, if a) the child will be secure in his home with or without the continuity of services for children protection, b) in which circumstances can a case be referred to services in community, c) in what circumstances an intensive service is required at home to protect the child; and d) shall a child be placed in an alternative care outside home. To determine the security of this issue, the social worker uses his findings in the risk assessment. He identifies risk factors impacting directly the security of children, risk factors which are impacting in more risky way, or those factors, which when combined, comprise a risk for the security of the child. In this stage, the social worker measures risk factors impacting the security of the child with protective factors of the family (strong points, resilience of the child/family, and/or supporting sources) to determine whether the child is safe.

Fourth decision – determining urgent needs

In the assessment process, professionals establish contact with children and assess whether the child or family may have immediate needs of the medical nature, food, footwear, shelter, needs for mental health services and counselling with the psychologist ion case of crisis.

Fifth decision – Provision of services

The decision whether the child and family are involved in services for protection or other community services is a decision which is taken at the end of the assessment process. Decision taking is taken based on legislation applicable and procedures adopted.
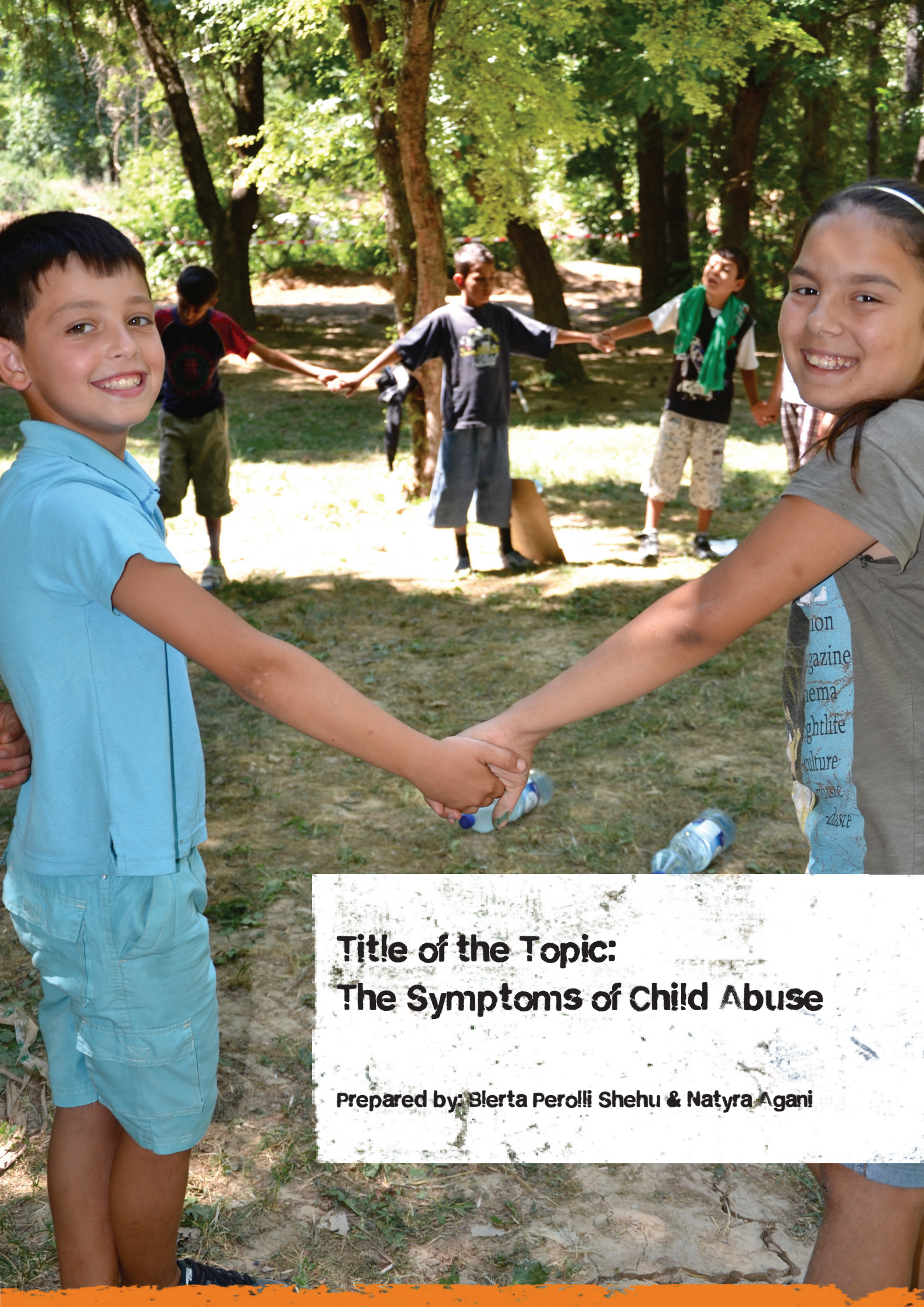
Title of the Topic:
The Symptoms of Child Abuse

Prepared by: Blerta Perolli Shehu & Natyra Agani

Main objectives

- To explain and explore in depth the understanding of the phenomenon of child abuse, social context and cultural environment, and the forces that affect this phenomenon;
- To review the definition of "child abuse" and various forms of abuse such as physical, sexual, psychological and emotional in accordance with international and national standards
- To expand participants' knowledge and skills to identify and explain the signs and symptoms of various forms of abuse and the impact on children;
- To deepen and broaden the knowledge of participants about the vulnerability of children and risk factors that lead to child abuse.
- To raise awareness on the effects of child abuse and neglect on child development

Expected results:

By the end of this module the participants are expected to:

- Be able to identify, define and discuss the concept of child abuse and all forms of abuse such as physical, sexual, psychological and emotional;
- Recognize and identify factors that contribute to the existence of the phenomenon of child abuse;
- Be able to describe at least four signs and symptoms of any type of abuse, and to provide at least two examples of their impact on children;
- Be able to identify at least a complex manifestation of abuse against children, explain the vulnerability of the child and the risk factors that lead to the phenomenon of abuse;

Module timeline:

2 days

Main issues addressed in the module:

- Defining and understanding of child abuse and neglect.
- Determination of types of child abuse (abuse, physical, sexual, emotional, psychological, neglect, exploitation, trafficking).
- Social attitudes about the phenomenon of child abuse.
- Indicators / Signs of various forms of abuse on children.
- Vulnerability and risk factors.
- The consequences of child abuse and child victims profile.

Keywords:

- Violence, abuse, maltreatment
- Domestic Violence;
- Gender-based Violence;
- Child abuse; physical abuse; sexual abuse; psychological abuse; neglect; emotional abuse; exploitation and trafficking of children;
- Social exclusion;
- Discrimination;
- The causes of child abuse;
- Consequences of child abuse;
- Social attitudes to the phenomenon of child abuse.

Main resources:

- Perolli-Shehu, B. (2014). Child Maltreatment- Research Brief. Unpublished paper.
- Perolli-Shehu, B. (2014). Child Maltreatment- A developmental-ecological perspective. Unpublished paper.
- UNICEF EAPRO. (n.d.). Child Protection Program Strategy Toolkit.
- "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- Terre des Hommes,UNICEF (2010). Child Protection Protocol. Albania.
- Tamo. A.,and Karaj.Th. (2005). Child abuse in Albania. Human Development Center. UNICEF.
- Haxhiymeri. E., Kulluri. E., and Hazizaj. A., (2005).Child Abuse in the family. CRCA. IRCCRA.
- Kulluri, E. and Kalaja, D. (n.d.). Child Abuse. Terres des Hommes Training Modules.

Metodology / Tools:

- Powerpoint presentations
- Group discussions
- Case studies
- Group and individual work

Session I

Topic# Social Attitudes Toward Child Abuse

Time:
1 hour and 30 minutes

Methodology:
- Power point presentations,
- Case studies
- Experience sharing
- Exercises in groups.
- Reflection in group

Objectives:
- Expand participant's knowledge on social attitudes towards abuse
- Build awareness on the phenomena of child abuse and its impact on child development
- Be able to identify discriminatory and harmful attitudes affecting our work with abused children

Tools:
- Flipchart,
- Markers,
- Handouts
- Case studies

Resources:
- Perolli-Shehu, B. (2014). Child Maltreatment- Research Brief. Unpublished paper.
- Perolli-Shehu, B. (2014). Child Maltreatment- A developmental-ecological perspective. Unpublished paper.
- UNICEF EAPRO. (n.d.). Child Protection Program Strategy Toolkit.
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- Haxhiymeri. E., Kulluri. E., and Hazizaj. A., (2005).Child Abuse in the family. CRCA. IRCCRA.

Summary of session:
This session focuses on the attitudes around the phenomenon of child abuse exploring and examining the level of prevalence of child abuse in the society and in the cultural context, and the level of acceptance by the people and culture. Factors influencing child abuse are explored, as well as the attitudes and perceptions around them.

Session Exposition:

Activity #1: Individual work (15 min.)
Participants are asked to read the following statements and tick the box that best describes their feelings – strongly agree, agree, disagree, strongly disagree. Afterwards, the exercise is followed by a reflective session on our own judgment/attitudes towards abuse.

		Strongly Agree	Agree	Disagree	Strongly Disagree
1	Hitting children is always wrong and is a form of child abuse.				
2	Sexual abuse of children is not a problem in this country.				
3	Using a stick as a way of disciplining children in school is OK.				
4	Reporting abuse is likely to make things worse for the child so it is better not to do or say anything.				
5	Disabled children are more at risk of being abused than other children.				
6	There is no proper legal system for reporting abuse cases, so it is not worth reporting anything.				
7	I would not trust the police enough to report child abuse.				
8	Staff employed to work with children are unlikely to abuse them.				
9	Children often make up stories about being abused.				
10	Boys are less likely to be sexually abused than girls.				
11	A faith leader would never abuse a child.				
12	Only men abuse children, women are safer.				

Activity #2: Power Point Presentation (20 min.)
Instructor gives a presentation on social attitudes towards the phenomenon of child abuse. Together with the participants, they explore the main attitudes around abuse in Kosovo society- the attitudes of adults and children, the level of acceptance, the denial of the phenomena and main perceptions around abuse.

Activity #3: Small group work (35 min.)
The instructor divides participants into groups and distributes to each group of examples of cases and ask them to discuss and follow their discussion of different based on factors of ecological model that affect child abuse that are explored in the plenary session. The instructor encourages participants during group work to bring other cases from their experience.

Worksheet

Case 1

"Dad abuses children without any reason. Based on a diagnosis, it was revealed that the father had suffered depression after the death of his mother when he was small. No one had taken care of him during his depression and he had never been treated properly. The already depressed father had become chronic in his behavior causing violence to his children ... "

Case 2

"Anila was only 13 years old when her parents separated. The mother left the house leaving the children with an alcoholic and unemployed father. Anila began caring for two younger brothers and as her father was unemployed, she was forced to leave school and go out to beg together with her brothers ... "

Case 3

"When she turned 14, Era was removed from school because she lived in the village where girls are not generally allowed to attend secondary education. And so did her father even though Era was very good student and wanted to continue learning in school.

No more than 1 year after leaving the school, they arranged a marriage for Era without ceremony, and she and her new husband left for Germany for a better life ... Era was able to tell her story of trafficking only after many years. ... "

Case 4

Besi is a 13 years old child. He lives with his mother and father. Occasionally, mother yells and even beats and bites when Besi gets bad grades in school. She becomes very nervous and looks like a different person at that moment. Dad often returns home late and does not talk much with the boy. Besi does not speak with anyone, he is afraid to show his grade to the mother, he is afraid that she will do something evil. One day he wrote a letter to the teacher to ask for help. It read "Teacher, help me. My mom does not want me anymore and I want to kill myself".

Activity #4: Group work (20 min.)
Handout – Alternatives to corporal punishment

Participants work in groups and discuss the following.
What advice would you give to parents in the following circumstances on non-violent ways to deal with these situations?

Would your advice be different depending on whether the child is a boy or a girl?

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

- *A 2.5-year-old child keeps running into the road / doesn't listen to his/her parents at all. The parents are worried for the child's safety.*

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

- *An 11-year-old is bullying other children at school.*

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

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

Theoretical Material: Session I

" *"… it shouldn't hurt to be a child…"* "

Child abuse has come to be known as a substantial problem all around the world. According to the Preventing Violence across the Lifespan Research Network (PreVAiL, 2010), worldwide each year, about 4-16% of children are physically abused and 10% are neglected or emotionally abused. International research suggests that about 20% of females and 5-10% of males report being sexually abused as children. Research indicates very young children (ages 3 and younger) are the most frequent victims of child fatalities.

Child abuse is considered to be a daily and underreported problem that affects the population of Kosovo. Worldwide child maltreatment manifests itself in different forms, including physical and psychological aggression, and takes place in the home, in neighborhoods, at school, at work and in legal and child protection institutions. Reported cases are considered to be only a partial indication of the scale of abuse, however, many cases go unreported for fear of reprisals, lack of information on how to file a complaint, or because many simply assume that physical and verbal punishment are a natural part of discipline and socialization (UNICEF, 2009). Kosovo faces the same challenge. In terms of physical and emotional abuse, the number of reported cases is slightly increasing, but there is still a very low level of awareness related to abuse and lack of institutionalized reporting and responding mechanisms. In terms of sexual abuse, establishing reliable data is quite a challenge because of the nature of these crimes, making them under-recognized and under-reported. Statistics are hard to gather and often unreliable[280].

The World Health Organization (WHO, 2002) has identified a number of factors worldwide that are thought to contribute to the development of abusive behavior including lack of knowledge on what constitutes abuse, perceptions and attitudes towards violence, thoughts about violence, having witnessed or been victimized by interpersonal violence, lack of parental affection and support, media influences, social norms supporting violent behavior, etc. Such factors have never been explored in Kosovo. In addition to all widely known factors contributing to abusive behaviors, like the socio-economic situation, unemployment, post-conflict situation and low level of education, that are present in Kosovo, there is still also a very low level of awareness related to abuse. In most families, children are still considered property of the parents, and the parents choose how they want to educate and discipline their children[281].

Preliminary data of a study being conducted in Kosovo by UNICEF (2014) confirmed that the prevalence of physical and emotional abuse towards children in Kosovo is very high. With a sample of 1088 children, it is distressing to see that 48.5% of interviewed children report to have experienced physical abuse at home, whilst 18.5% report to have experienced emotional abuse from at least one member of the family (UNICEF, 2014).

Preliminary data from the same study showed harmful attitudes towards abuse; 55% of interviewed women agree with the statement "there are cases when children deserve to be

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280 Perolli-Shehu, B. (2014)- Child Maltreatment-Research Brief
281 Same

beaten". The solution to these attitudes and behaviors is a responsibility of all levels- governmental and non-governmental organizations; international, central and local level organizations; and communities, families and individuals.

The Multiple Indicator Cluster Survey conducted in Kosovo in 2014, found a large percentage of children aged 1-14 whi experienced psychological aggression or physical punishment during one month (results in figure below), as well as large acceptance rate of domestic violence in the county.

Figure 8: Child disciplining methods, children age 1-14 years, Kosovo, 2013-2014
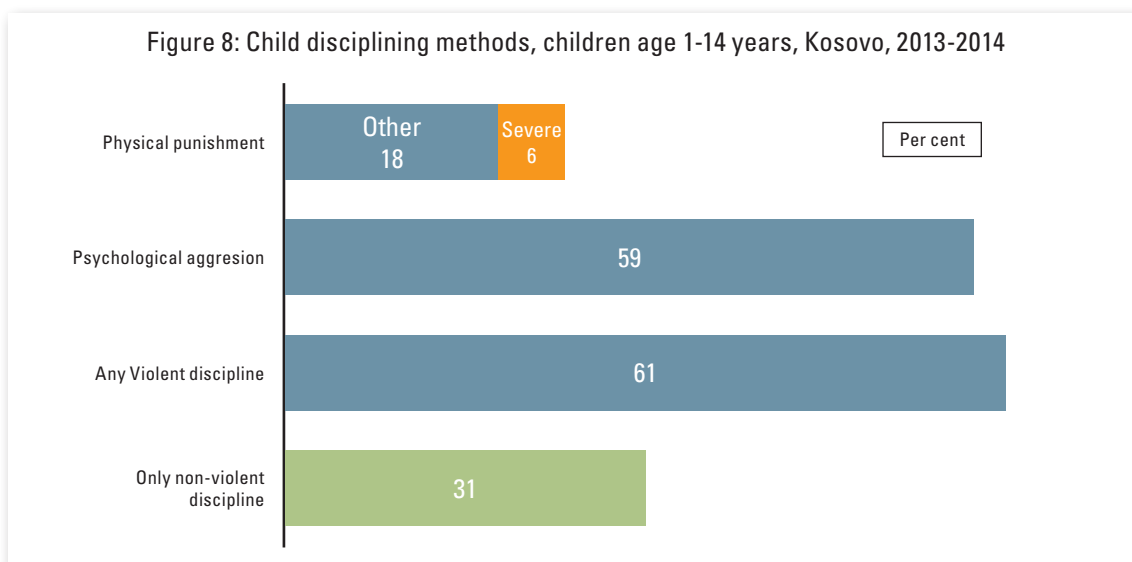
Attitudes towards domestic violence			
MICS Indicator	**Indicator name**	**Description**	**Value**
8.12	Attitudes towards domestic violence	Percentage of people age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food (a) Women (b) Men	 32.9 14.9
SS	Attitudes towards domestic violence (additional circumstances)	Percentage of people age 15-49 years who state that a husband is justified in hitting or beating his wife in at least one of the following circumstances: (1) she goes out without telling him, (2) she neglects the children, (3) she argues with him, (4) she refuses sex with him, (5) she burns the food, (6) neglects the household and hygiene work, (7) she neglects his parents, (8) she makes him jealous by her behaviour to other men, (9) she makes decisions for the family without consulting him (a) Women (b) Men	 42.4 21.9

Attitudes and Perceptions of Maltreatment[282]

The empirical knowledge on maltreatment and perceptions of maltreatment is gaining momentum around the world, whilst in developing countries the perceptions and attitudes towards maltreatment remain an area marginally studied regardless of their importance to understanding the risks of maltreatment of children. The current knowledge on maltreatment is primarily framed from perspectives of respondents in developed societies, not developing countries.

A review of literature showed that perception of abusive behaviors is largely influenced by conceptions of evidence and harm. According to the harm/evidence model, a behavior will be perceived as abusive if the characteristics of the behavior are sufficient to qualify as abusive and if these characteristics are consistent with existing laws and regulations describing the behavior as harmful. This means that social and legal considerations are given to perception of abusive behaviors, and beliefs and conclusions about abusive behaviors are influenced by existing norms, traditions and laws (Fakunmoju & Bammeke, 2013).

Perception of maltreatment is best operationalized through abusive behaviors demonstrated to result in long-term negative consequences to children. Moreover, factors such as sociocultural values and beliefs about maltreatment, knowledge of existing regulations regarding maltreatment, childhood experience of maltreatment are generally believed to influence perception of maltreatment.

Recognition of social attitudes about an abusive behavior towards a child allows us to understand the degree of acceptance by the society of certain social policies dealing with this issue, as well as help us to discern behavior that, despite being contrary to our known values, constitutes a particular social standard.

According to the report of the Human Development Centre (2005), by Tamo & Karaj it was observed that:

- Although we are aware that physical and psychological violence have negative consequences on the child, the majority of the respondents admit that physical and psychological violence also has positive effects on children's education, so it should be used when necessary, but in a lighter way and not with the very young.
- The concept of the need to use physical and psychological abuse at home and in school is internalized by the children themselves. 1 out of every 2 children at home and 1 out of about 3 children in school acknowledges that abuse is used on them when it is necessary.
- The use of physical and psychological abuse is tolerated more at home by parents or other family members than in schools or other institutions.
- The vast majority of respondents believe that physical abuse is more harmful than psychological abuse, therefore psychological abuse is seen as acceptable and useful, whether at home or at school.
- The belief that "Who loves you, beats you" is widespread among parents, teachers and the children themselves.
- Although there is some awareness that abuse has negative consequences, information about the consequences of physical abuse and, especially, psychological abuse is limited and not specific.

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Factors Contributing to Child Abuse - The Ecological Model[283]

Conceptualization of the etiology of child maltreatment has evolved from a focus on the individual characteristics of children or their parents to ecological models that highlight the interactions among individuals, families, neighborhoods, and larger communities. Brofenbrenner (1979) was the first the place child development in an ecological perspective. The development of the ecological model by Bronfenbrenner, brought a change in the emphasis from individual and family factors, to the community and the social context. The model was developed to further the understanding of the dynamic interrelations among various personal and environmental factors. According to Brofenbrenner (1979), in order to understand human development, the entire ecological system in which growth occurs needs to be taken into account. This system is comprised of four socially organized subsystems that interact to describe human behavior and guide human development. Each system depends on the nature of the person's life and offers a variety of options and sources of growth. Furthermore, within and between each system are bi-directional influences that imply that relationships have impact in two directions, both away from the individual and towards the individual.

Drawing from Brofenbrenner's ecological framework approach and bringing in Tinbergen's concern for the ontogenic development (as to how a particular parent grows up to behave in an abusive or neglectful manner), Belsky modifies the model to connect it to child maltreatment. The ecological framework of Belsky includes not only individual level cognitive, behavioral, emotional, and personality factors, but also the broader context of family, neighborhood, and societal factors. His model focuses on factors affecting parental behavior and how such factors affect child-rearing, which in turn influences child development. His framework consists of four levels as well, and these levels are the ontogenic development, the microsystem, the exosystem, and the macrosystem. Although some limitations to Belsky's framework have been noted by different authors, that the framework is mainly descriptive rather than explanatory (Burgess & Draper, 1989), or that it is not clear which factors within which levels are more important than others (Freysteinsdottir, 2004), this model has had a tremendous impact in moving away from using single factor models to more comprehensive models that take into account all levels of etiology and different interaction within levels with respect to child maltreatment.

The *ontogenic development* level refers to individual characteristics, and since child maltreatment occurs between two or more people, it examines both parent factors and child factors.

The ontogenic development level represents what individual parents, who mistreat their children bring from their own upbringing and their childhood histories to the family setting and to the parenting role. It is concerned with the personality and developmental history of the parent. Belsky (1980) talks about certain personality traits of parents like weak impulse control, depression, anxiety and low self-esteem that contribute to abusive behaviors. In the ontogenic development level, Belsky also included the inter-generational transmission of child abuse and neglect. Children may learn to be abusive from parents who model abusive behaviors, or they may have a genetic predisposition for aggressive behavior. Based on a review of studies, they found an intergenerational transmission rate of 30%. The discontinuity in intergenerational transmission seems to be affected by factors such as spousal support, strong social support networks and experience of success (Belsky, 1993).

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The *microsystem* represents the immediate context in which maltreatment takes place. It is defined as the immediate family and therefore mostly concerns the interaction patterns between parents and children. The microsystem concerns not only the relationship between a child and a parent, but also mother-father relationships and sibling relationships. As Belsky notes, traditionally examinations of the family systems focused on parents, but there are several commonly determined factors that speak to child's contribution to interaction patterns between children and their parents, including here children's health and temperament.

Belsky (1993) found that prematurely born children are at increased risk of maltreatment. Several studies found a significant relation between risk of neglect and child chronic health problems and disabilities (Freysteinsdottir, 2004). The increased stress of experiencing child health problems coupled with excessive crying and loss of attachment as a consequence of child illness and probable hospitalization can lead to maltreatment. On the other hand, the young child's temperament may also be influential in child maltreatment (Belsky, 1993; Parke & Collmer, 1975). Children with difficult temperaments and hyperactivity may elicit abusive behaviors by their parents, whereas passive children might encourage neglect. Spousal relations and parent-child relations are also included in the microsystem. According to Vondra (1990), several studies found a relationship between poor spousal relations or absence of marital relationship and the presence of child maltreatment.

The appreciation of the incorporation of the individual and the family within a larger social system, is one of the biggest contributions of the ecological perspective (Belsky, 1980). Belsky describes the *exosystem* as an interaction between societal stresses (job-related stress, poverty, social isolation) and supportive mechanisms (friends, professionals, quality of neighborhood). Parents can be subjected to numerous stressors, such as poverty, unemployment and social isolation that can in turn lead to child maltreatment (Belsky & Vondra, 1989). According to Belsky's model, the incidence of child maltreatment is increased when risk factors outweigh protective factors.

Protective factors such as *social networks* and social support can provide assistance with lessening the burdens related to family life, child care and can provide parent with emotional support during times of extreme stress. Social support can come in a variety of forms: Emotional support (e.g., talking through problems and asking for advice); instrumental support (e.g., material aid such as money or babysitting); and social companionship (e.g. spending time with friends and families in recreational activities) (DePanfilis, 1996). The larger the social support system in which child and family are embedded the more it can influence family functioning, child development and the availability of helping resources, such as universal child and health services, within communities and neighborhoods (Garbarino & Sherman 1980).

The *macrosystem* includes the cultural beliefs, attitudes, perceptions and values that influence both the microsystem and the exosystems, by affecting the parent's abusive behavior through supporting or discouraging certain individual and family life styles and community services embedded in the society. There are not many studies incorporating this layer into research, however the extent to which the system affects individual and family life is ever increasing and its importance is now widely recognized (Kim, 2004).

It is important however, to determine which are the accepted cultural practices for the child as well as attitudes towards abuse issues in Kosovo. This is not to reduce the amount of disturbances or to forgive abuse as a phenomenon, but rather to understand the environment in which it occurs and the attitude of the community towards it. The attitude of the community can be used to support public awareness campaigns against different types of violence against children.

The use of corporal punishment by parents generally in almost all levels of our society is considered as a method of disciplining the child. This punishment is often associated with the idea that "it is for the good of the child" that through his obedience to authority (parents), it helps in strengthening the concept of the family. There are even sayings attributed to the phenomenon, such as "beating comes from heaven", "wood is good for the child", "as long as the child is beaten- parenting is well done."

Of course, gender issues are another aspect contributing to abuse. Sadly, in many part of the country, little boys are taught abusive behaviors- as an indication that they are strong men, whereas little girls are used to accept the abusive behavior from early ages. As such, they are subject to violence not only by parents but also by older brothers or other family members. This kind of difference in attitude towards children boys and girls associated with corporal punishment is based on the difference in the "value" that boys and girls bring to the family. The boy is seen as the future of the family, the heir, while girls are seen as intended for "foreign door".

In terms of child protection, discrimination against girls is evident in the lack of education (removal of girls from school at an early age or early marriage of girls under the age of 18), while discrimination against boys is apparent in putting forward a level of responsibility that does not fit the child's age and development.

Terre des hommes

Session II

Topic: The Description of Meaning of Domestic Violence on Gender Basis

Time:
3 hours

Methodology:
- Power point presentations
- Experience sharing
- Exercises in groups
- Reflection in group

Objectives:
- To provide an overview about domestic violence within Kosovo context
- Identifying factors that contribute to domesic violence:
- To identify types of domestic violence and the impact it has on family dynamic
- To be able to identify the impact of domestic violence on overall children well-being

Tools:
- Flipchart,
- Markers
- Handouts

Resources:
- Burazeri, G., Roshi, E., Jewkes, R., Jordan, S., Bjegovic, V., & Laaser, U. (2005). Factors associated with spousal physical violence in Albania. A cross-sectional study. *British Medical Journal, 331,* 197-201.
- Eckman, Ann, et al. (2007). *Exploring Dimensions of Masculinity and Violence.* Retrieved July 20, 2010 from: http://www.wave-network.org/images/doku/balkan_gender_based_violence_report.pdf
- European Commission (2000). "European Campaign to Raise Awareness of Violence against Women." Retrieved July 20, 2010 from: http://ec.europa.eu/employment_social/equ_opp/violence_en.html
- Garcia-Moreno, C. & Jansen, H. (2005). WHO Multi-country Study on Women's Health and Violence. Initial results on prevalence, health consequences, and women's responses. Geneva, World Health Organization.
- Niolon, P. H., Feder, L., Wallinder, J., Whitaker, J. D., Campbell, J., Self-Brown, S., & Chivers, S. (2009). A multicomponent intervention to prevent partner violence within existing service information. *Professional Psychology: Research and Practice, 40,* 264-271.
- Tjaden, P., & Nancy, Th. (2000). *Extent, Nature, and Consequences of Intimate Partner Violence: Findings from the National Violence against Women Survey.* Retrieved July 20, 2010 from: www.ncjrs.gov/txtfiles1/nij/181867.txt

- World Health Organization. (2005). *Addressing Violence against Women and Achieving the Millennium Development Goals.* Retrieved July 20, 2010 from: http://www.who.int/gender/documents/MDGs&VAWSept05.pdf
- UNIFEM. (2001). "Masculinity and Gender-Based Violence," *UNIFEM Gender Fact Sheet No. 5.* Retrieved July 20, 2010 from: http://unifem-eseasia.org/resources/factsheets/UNIFEMSheet5.doc

Summary of Session:

This session focuses on providing an overview about domestic violence in the context of Kosovo, identifying types of violence on gender bases and the impact it has on family dynamic, as well as examining the impact of domestic violence on overall children well-being. A specific focus will be paid to factors that contribute to domestic violence.

Session Exposition:

Activity #1 – Small work groups: Identification of "statements" in public discourse (45 min.)
The aim of this activity is to start brainstorming about potential statements used in public discourse that indirectly promote and support violence in general and domestic violence in particular. By taking this approach, students will get familiarize with the everyday statements that are used in public discourse as well as evaluate the impact of words it has in enforcing domestic violence practices for families, women, and children. Moreover, this excercize has awarness elements whixh are crucial to tackle this phenomenon.

Each group will be provided with a flipchart where statements can be listed. They will be encourgared to list proverbs, urban legends, statements, verses or songs for children and adults. After the identification has occurred, the attention will be shifted to the interpretation of each statement and the impact it has on 1) society; 2) families; and 3) children.

After each group presentation specific focus will be paid to saying that enforce, promote, and legitimate domestic violence practices. Thus saying such as "whoever spanks you, loves you" should be treated and elaborated carefully within the context as well.

Activity #2 – Individual activity (20 min.)
Identification of a movie, song, or public speech that includes statements that enforce, promote, or legitimate domestic violence practices within Kosovar context.

Theoretical Material

Literature indicates that domestic violence transcends all boundaries and occurs in all cultures. According to a multi-country study on women's health and violence conducted by World Health Organisation, 40% of women reported physical or sexual abuse by their intimate partner (Garcia-Moreno & Jansenn, 2005). Thus, domestic violence crosses boundaries of race, ethnicity, national origin, and religion, and men are most likely to be the perpetrators and women the targets (Marin & Felipe Russo, 1999). Furthermore, it is acknowledged that social structures serve to maintain the legitimacy of male violence and to reinforce the patriarchal view that "male domination over women is normal, natural, and expected".

According to the WHO (2003) domestic violence is considered to be a profound health problem, leading to death and injuries, compromising women's well being, and eroding their dignity and self-esteem. Research on domestic violence demonstrates that abuse of women is a complex and multidimensional problem (Gelles, 1997). Thus, in order to explore this, factors such as culture, society, and family should be considered.

Definition of Domestic Violence

Literature suggests that there is no agreement regarding the definition of domestic violence (UNICEF, 2003). Thus, the definition varies because acts of abuse take many forms and involve women and men as victims as well as perpetrators. The term "violence against women" refers to many types of harmful behaviors directed at women and girls because of their sex. In 1993, the United Nations (UN) offered the first official definition of such violence when the General Assembly adopted the Declaration on the Elimination of Violence against Women. According to this definition, violence against women includes "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life*" (UN Report, 1993).

According to a report from UNICEF (2003) domestic violence is manifested through four types of abuse:

a) **Physical abuse:** which includes actions such as slapping, beating, arm-twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder. This form of violence also includes the traditional practice that is harmful to women such as wife inheritance, which is the practice of passing a widow and her property to her dead husband's brother;

b) **Sexual abuse:** such as sex coerced through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others;

c) **Psychological abuse:** which includes behaviors that are intended to intimidate and persecute. These forms of abuse take the form of threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression, and humiliation; and

d) **Economic abuse:** includes acts such as the denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care and employment (UNICEF, 2000).

Factors that Contribute to Domestic Violence

Kosovoar society has a long history of male domination in which women are educated to obey their husbands and accept their submissive roles, a reflection of the strong patriarchal traditions of the Balkans (Lawson & Saltmarshe, 2002). Findings from research show that the phenomenon of domestic violence is supported by the traditional and patriarchal mentality (UNICEF, 2003; Amnesty International, 2006). Such traditional attitudes have influenced the notions of gender and gender relations, which are based on customary law, known as the *Kanun*.

This continues to influence the construction of gender, and is used, and often abused, to justify the control of women's behavior, including by ill-treatment, and in extreme cases the murder of women and girls believed to have transgressed notions of family honor (Amnesty International,

2010). Thus, the Kanun remains very important and contributes significantly to the social exclusion of women (De Soto, Gordon, Gedeshi, & Sinoimeri, 2002).

According to Kanun, man has the right to beat and publicly humiliate his wife if she disobeys her husband. The man is allowed to cut his wife's hair, strip her nude, expel her from the house, and drive her with a whip through the village. Thus, many women still view their social position under this framework of customary laws.

Nevertheless, United Nations Development Fund for Women (UNIFEM, 2001) highlighted that power inequalities between women and men is the primary source of violence against women. When cultural norms in families, schools, and workplaces perpetuate the belief that women are inferior to men, women are more vulnerable to violence. Therefore, organizations working to eliminate domestic violence have increasingly focused on changing forms of masculinity that promote violence. For example a program with male youth from Bosnia, Croatia, Montenegro, and Serbia sought to help these young men develop a male identity that supports respectful and equitable interactions with women (Eckman et. al., 2007).

Education

Education is another factor that can be attributed to high levels of domestic violence. Literature shows that women with less education are more likely to experience domestic violence than those with higher levels of education (Mandro, 2008). Although some men may react violently to women's empowerment through education, when enough women achieve a higher level of education, they develop *"greater self-confidence, wider social networks, and greater ability to use information and resources"* (WHO, 2005). This empowerment can shift traditional gender roles and enable women to achieve economic independence, both of which lead to greater gender equality and to a less gender-based violence.

The Impact of Domestic Violence on Children

Children unfortunately are one of the groups most affected and most vulnerable to violence either directly and indirectly. They can be affected by violence from peers, parents, teachers, other adults, or in the community.

Violence against children takes many forms and is influenced by a series of factors, from the personal characteristics of the victim and perpetrator, culture, and environment where it occurs. However a big number of violence against children goes unreported for many reasons.

First and formost reasin is that children are afraid to report incidents of violence against them. In many cases, parents remain silent if the violence towards their children occurs from the other spouse or relative in the family, or by people with more power such as teacher or a leader in the community.

Fear is often associated with stigmatization that happens in the case of reporting violence, especially where "honor" of the family comes before the welfare and safety of the child. In particular it should be noted that sexual abuse, rape and other forms of child sexual abuse can further lead to extreme violence, including the death of the child.

Session III and IV

Topic # The Description of Child Abuse

Time:
3 hours

Methodology:
- Power point presentations
- Experience sharing
- Exercises in groups.
- Reflection in group

Objectives:
- To present and explore the concept of child abuse/maltreatment, different types of abuse and other manifestations of abuse
- To explore the consequences of abuse on children and the way they manifest in child development
- To raise awareness and personal engagement of the participants with the phenomenon of child abuse.

Tools:
- Flipchart,
- Markers,
- Handouts

Resources:
- Perolli-Shehu, B. (2014). Child Maltreatment- Research Brief. Unpublished paper.
- Perolli-Shehu, B. (2014). Child Maltreatment- A developmental-ecological perspective. Unpublished paper.
- UNICEF EAPRO. (n.d.). Child Protection Program Strategy Toolkit.
- "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- Terre des Hommes,UNICEF (2010). Child Protection Protocol. Albania.
- Tamo. A.,and Karaj.Th. (2005). Child abuse in Albania. Human Development Center. UNICEF.
- Haxhiymeri. E., Kulluri. E., and Hazizaj. A., (2005).Child Abuse in the family. CRCA. IRCCRA.

Summary of Session:
Based on the responses and level of knowledge of participants, the instructor explains through power-point presentations the concept of 'abuse', its main forms, and briefly some of the consequences of maltreatment for each of the forms. The focus of the instructor is the clarification of concepts and forms of ill-treatment that children may encounter.

Notes for trainers:
  I.   The instructor helps participants identify and determine the type of abuse (if any).
  II. Since not all scenarios are genuine abuse scenarios, the instructor helps participants to identify and clarify cases of abuse and neglect.

Session Exposition:

Activity #1 – Individual and pair work (15 min.) - Draw a picture of a child you know
The aim of this activity is to encourage focus on children. Participants are asked to think of a particular child they know or have heard about in the context of their work. If they do not know an individual child, ask them to imagine a 'typical' child involved their work. Encourage a few moments of personal reflection: Is it a girl or a boy? How old are they? What is their personality like? Their family situation? Why / how have you come into contact with them? What is their life story?

Participants draw a picture of this child on the front of their card. It can be a simple stick figure or face. The emphasis is on creating a visual reminder of that child – not on producing great art!

In pairs, they introduce their child to their partner. If someone wants to, they may volunteer to present their child to the whole group.

Ask participants: Are each of your children the same? [No – emphasize individuality, in spite of possible common characteristics].

Ask participants to keep their child 'safe' and visible in front of them throughout the workshop as a reminder of what the workshop is all about, even if children themselves are not physically present.

At various stages of the workshop, ask participants to reflect how the material in the workshop is relevant to this child / what impact it could have on this particular child. If you have drawn a picture of a child whom, because of their story, it is distressing for you to focus on, put this picture safely away in your folder and draw another child who you don't mind repeatedly coming back to.

Activity #2: Individual work (15 min.)
Instructor gives participants 10 minutes to fill the below hand-out. After that, an open discussion

Handout: 'What is acceptable to you'?[284]

Please rank the following behaviors on a scale of 1 to 5 where 1 represents behaviour which is fine and 5 represents behaviour which is totally unacceptable.

	Behaviors	Ranking 1 to 5
1	A sixteen year old boy has intercourse with his willing 15 year old girlfriend	
2	A family of children, boys of 13 and 9 and a girl of 11, play naked in a garden swimming pool	
3	Parents tease their 8 year old daughter about her liking for wearing boys clothes	
4	Mother smacks her 8 year old son on the bare bottom for stealing some money. No marks are left	
5	Mother encourages her 6 year old daughter to dress in adult fashions and use make up for a children's talent competition	

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284 "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK

	Behaviors	Ranking 1 to 5
6	Father tells his teenage children he had a gay relationship when he was younger	
7	Male staff at a facility for children with learning disabilities takes a teenage girl to the toilet	
8	A 13 year old boy, who believes that he is homosexual was constantly rejected by his parents, is fostered by a gay couple	
9	A family live in one room bed and breakfast accommodation. They try to make love only when the children are asleep. The children have, on occasions, woken up and watched	
10	A 14 year old boy goes with the same age and sex friends on a camping holiday	
11	Residential staff tell an eight year old boy it is okay for him to 'play with himself' in his bedroom	
12	Parents give their 12 year old daughter condoms	
13	A male member of staff at a school often takes showers with the boys after football	
14	Father kisses his 13 year old daughter on the mouth when she goes to bed	
15	A 14 year old boy gets up at 6am every day to do a paid job	
16	Parents allow their 13 year old daughter to smoke	
17	Care staff tolerate the use of foul language by their teenage charges	
18	Parents send their children to school in clothing which though adequate in quantity, is in poor condition. They are not particularly poor	
19	Parents often compare their child unfavourably with a younger sibling	
20	A child's nimble fingers are used for weaving carpets	
21	Parents send their 8 year old son to a boarding school	
22	A father massages his daughter's back while other members of the family look on	
23	Parents refuse to have their children immunised against childhood diseases for religious reasons	
24	A father is training his 10 year old son to be a stunt man like himself. He can now fall 5 metres. He has not had any serious injuries	
25	A 4 year old is instantly spanked when she runs into the road	
26	Brother aged 11 and sister age 8 share a bedroom	
27	12 year old sisters are regularly left alone in their home for 3 hours while their mother goes out to work	
28	Parents allow children aged 13 and 11 to get drunk at a family party	

Activity #3: PowerPoint presentation (45 min.)
The instructor explains through power-point presentations the concept 'abuse', its main forms and briefly some of the consequences of maltreatment for each of the forms. The focus of the instructor is the clarification of concepts and forms of ill-treatment that children may encounter. Groups works are paired with the powerpoint presentation.

Activity #4: Individual and Group work and reflection (35 min.)
Participants are asked to identify some of the causes of harm to children in their cultural context.

What causes harm?

What kinds of abuse/ behaviour are seen locally that cause harm to children?	Who causes the harm?	Are there any common practices, or traditions that could harm children?	How does it affect children?	Are there any laws that exist to protect children?

Some of the abusive practices that may arise include:

Shouting at a child, treating child with contempt, unfairly criticising a child, hitting to discipline, expecting sexual favours, ignoring a child, Leaving a child unsupervised, abandoning child for marriage, sending children to work, sending children to beg, making child stand on bench, ignoring a disabled child, sexually abusing a child, etc.

Activity #5: Group work (45 min.)
The instructor divides participants into 4 groups. Each group is given some of the following statements (*worksheets*), and was asked to discuss each case whether or not its abuse and describe what form of abuse it is. Then all groups present in plenary.

Worksheet

In each of the situations below, decide if this is an abuse case or not. Explain why.

1. Ana (4 years old) is arguing with her mother. Her mother smacks her in the face, but doesn't leave a sign.

2. When her father realizes Mira is smoking, he gets very angry and burns her hand with a cigarette (17 years old).

3. A mother unintentionally burns her daughter with hot milk (3 years old).

4. During wrestling practice, the father breaks Toni's hand (13 years old).

5. Arta is beaten so much by her father that she has marks all over the body. Father says he didn't mean to hurt her that much, bu she won't talk (13 years old).

6. Zana, 13 years old, is lately behaving differently with boys. She goes near them and tries to touch their genital parts.

7. You hear Ben's father telling someone that he took nude pictures of his boy and that they are beautiful. He says he will publish some of the (16 years old).

8. The parents of one boy do not have money to get him glasses. He can bearly see.

9. David is a student in his final year in high school, a good student and captain of the basketball team. You go into a game and observe his father criticizing and humiliating him in the field. He is so disturbing, he makes David go into a hot spat with him. David makes a foul in the last fifteen minutes, the father leaves with an obvious contempt. David seems relieved by the departure of his father, and even says jokes with his team.

10. Melissa 11 years old is in a wheelchair after having problems with her movements. She is alone at home every day after school until her mother returns from work.

11. Endri is coming constantly uncleaned to school. He comes from the Roma community.

12. Tony is a 13 - year old who works on the road (washes car windows). His outward appearance leaves much to be desired. His clothes are torn, his hygiene is bad. He speaks very little in the first contact. During interaction with peers Toni is not polite, is very energetic and pushes and pull friends harassed them, and often resulting in fights. His body has burn marks from smoking.

13. Ermonela is 6 months old and when crying aloud, her mother shakes her strongly and this calms her.

14. Eva (8 years), comes back from school always sad and crying. Mom asks her why she is upset and she says that children each day mock another child Ergi because he has acne. Ergi got angry and attacked the children and the teacher then punished him, she hit him and put him into the room to stand alone.

15. Ben and Andy (8 and 10 years old respectively) were in the room playing. Ben's mother enters the room to call the boys to eat when she sees that they are naked and touching each other. She is shocked by the scene and doesn't know what to do.

Activity #6: Open Discussion (25 min.)
Open discussion after the presentation, including discussion of cases from practical experience. Take feedback as a whole group on the learning points from this session. The trainers can add any additional comments or observations.

Theoretical Material: Session III and IV

" *"When it comes to damage, there is no real difference between physical, sexual and emotional abuse. All that distinguishes one from the other is the abuser's choice of weapons." - Andrew Vachss* "

Children's rights as laid out in the UN convention on the rights of the child (UNCRC) provide a framework for understanding child maltreatment as part of a range of violence, harm, and exploitation of children at the individual, institutional, and societal levels. Article 19 of the Convention states that all children have the right to be protected from being hurt and mistreated, physically or mentally. Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them. In terms of discipline, the Convention does not specify what forms of punishment parents should use. However any form of discipline involving violence is unacceptable. There are ways to discipline children that are effective in helping children learn about family and social expectations for their behaviour – ones that are non-violent, are appropriate to the child's level of development and take the best interests of the child into consideration. In most countries, laws already define what sorts of punishments are considered excessive or abusive. It is up to each government to review these laws in light of the Convention.

The Constitution of the Republic of Kosovo, in a clear way recognizes children as the most vulnerable members of society and due to this foresees and requires rights and special protection for children. The child's right to survival, welfare, development and social security in the Republic of Kosovo is also regulated through several different laws, mainly the Law on Social and Family Services and the Family Law. However, the Law on Child Protection in Kosovo is still not in force.

Child Abuse[285]

To further the discussion and respond to child maltreatment effectively, there needs to be a common understanding of the definitions of those actions and omissions that constitute child maltreatment. There are no universally accepted definitions for any types of maltreatment. Moreover, research suggests that definitions of abuse and maltreatment vary by cultures. Belsky (1980) notes that there is evidence to support the idea that rates of abuse are less prevalent in cultures that limit physical punishment. There is wide variation in how people view abuse, like corporal punishment for example (e.g., spanking, slapping), which ranges from the belief that any physical behavior directed at a child is completely unacceptable (Straus, 2000) to the view that physical punishment is an effective and appropriate method of discipline (DiLillo, Perry, & Fortier, 2006). At a minimum, child maltreatment is defined as an act or failure to act on the part of a parent or caretaker which presents an imminent risk of serious harm or results in death, serious physical or emotional harm, sexual abuse or exploitation (Toni, 2006). Garbarino and Gilliam (1980) note four factors that are needed in a definition of child maltreatment, namely *intention, effects on the child, society's value judgment and the judgment standards*. Freysteinsdottir (2004) presents a dilemma for inclusion of intention in the definition of child abuse. On one hand, including the

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intention in the definition of child abuse eliminates accidental injuries that children may receive, but on the other a definition that includes intention may be problematic, since intention is not an observable behavior. However, Knutson (1995) believes that intent should be assessed in each and every setting, whether the event had an accidental nature or not (Freysteinsdottir, 2004).

According to WHO, child abuse[286] and neglect, sometimes also referred to as child maltreatment, is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust, or power.

In principle, child maltreatment is often categorized into two main categories: abuse and neglect. Whereas abuse occurs because of an act of commission, neglect occurs because of an act of omission by an adult towards a child. Abuse can further be divided into three categories: physical abuse, sexual abuse, and emotional.

Physical abuse of a child is that which results in actual or potential physical harm from an interaction or lack of interaction, which is reasonably within the control of a parent or person in a position of responsibility, power, or trust. There may be single or repeated incidents. It is the type of abuse that has most often been studied. In 1946, radiologist John Caffey recognized a link between a distinctive series of long bone fractures in children and a history of battery. In 1962, Henry Kempe, Silverman, Steele, Droegemueller, and Silver published "The Battered Child Syndrome" in the Journal of the American Medical Association that brought early attention to the systematic, severe, intentional pattern of abuse that often resulted in severe neurological damage, broken bones, and injury to the skin and skeletal system. Understanding of this problem has evolved to include current attention to other, more frequent forms of abuse such as shaken infant syndrome.

Physical abuse is the most obvious form of abuse. It is an act that results in physical injury to a child. Punching, beating, kicking, biting, burning, breaking bones, hair pulling and shaking a baby are examples of physical abuse.

Child sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violate the laws or social taboos of society. Child sexual abuse is evidenced by an activity between a child and an adult or another child who by age or development is in a relationship of responsibility, trust or power, the activity being intended to gratify or satisfy the needs of the other person. This may include but is not limited to the inducement or coercion of a child to engage in any unlawful sexual activity; the exploitative use of a child in prostitution or other unlawful sexual practices; the exploitative use of children in pornographic performances and materials.

Types of Sexual Abuse

Non-touching sexual acts, include: Showing sexual organs; Exposure of the child to pornography; Exposure of child intentionally to a sexual relationship; Masturbating in front of a child.

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286 *"Keeping Children Safe Standards"*, Keeping Children Safe Coalition, UK

Touching sexual acts, include: foreplay, caressing the child, or his / her sexual organ; forcing the child to touch the sexual organs of an adult; Any kind of penetration into the vagina or anus of the child, not for medical purposes.

Exploitative sexual acts, include: Inclusion of children in prostitution; Use of children in pornographic movies, pictures or as models.

Neglect and negligent treatment is the inattention or omission on the part of the caregiver to provide for the development of the child in all spheres: health, education, emotional development, nutrition, shelter and safe living conditions, in the context of resources reasonably available to the family or caretakers and which causes, or has a high probability of causing, harm to the child's health or physical, mental, spiritual, moral or social development. This includes the failure to properly supervise and protect children from harm as much as is feasible.

Child neglect is the most common form of child maltreatment and often the most deadly. Definitions of neglect have been varied but the National Incidence Studies (Sedlack & Broadhurt, 1996) lists a number of forms of physical neglect, including lack of supervision, abandonment, failure to provide adequate shelter, nutrition, clothing, or hygiene. They also differentiate between situations where alternatives were available and where alternatives were not available. Physical neglect, educational neglect, developmental neglect, health care neglect, neglect of household safety, and emotional neglect are all types of neglect that have been recognized by experts in the field (Barnett et al., 2005). Neglect, unlike other forms of violence, does not always imply intentionality.

Physical neglect - is one of the main forms of mistreatment. Physical negligence includes refusing the help needed, not providing care and adequate protection for the child to meet his / her physical and emotional need. Physical neglect can severely affect a child's development, causing him / her lack of development, malnutrition, serious illness, physical impairment in the form of cuts, burns and marks on the body, due to lack of observing the child.

Educational neglect - occurs when a child is allowed to leave school or do not attend school at a time when he / she is at the age required to be educated. Educational neglect can leave the child unable to integrate into society, abandoning forever the education and school, and / or having continuous negative behavior in society.

Emotional neglect - includes actions such as continuous or extreme abuse between parents in the presence of the child; allowing the child to use drugs or alcohol; refusal or non-provision of psychological care for children, continuous contempt and the withholding of affection. This behavior could cause abuse of drugs or alcohol by the child, and sometimes even suicide. More severe forms of neglect can result in inability of the child to grow, poor development or even death.

Medical negligence - involves the denial of medical assistance for the child, although the family has the financial means to provide this assistance. In some cases, the parent or guardian may refuse to provide necessary medical assistance because of religion. Medical negligence can result in a child in poor health, as well as ongoing health problems and diseases.

Emotional abuse includes the failure to provide a developmentally appropriate, supportive environment, including the availability of a primary attachment figure, so that the child can develop a stable and full range of emotional and social competencies commensurate with her or his personal potential, and in the context of the society in which the child dwells. There may

also be acts toward the child that cause or have a high probability of causing harm to the child's health or physical, mental, spiritual, moral or social development. These acts must be reasonably within the control of the parent or person in a relationship of responsibility, trust or power. Acts include restriction of movement, patterns of belittling, denigrating, scape-goating, threatening, scaring, discriminating, ridiculing, or other non-physical forms of hostile or rejecting treatment (WHO, 1999).

Emotional abuse is a pattern of behavior that can seriously interfere with a child's positive development, psyche and self-concept. Emotional abuse is hard to identify due to no physical evidence. While this form of abuse is often accompanied by other forms of abuse as well, many experts believe that the emotional components of abuse have some of the most lasting effects.

Refusal - Parents who do not have the ability to associate with the child, often exhibit hostile behavior toward him. They may say to the child that he / she is unwanted. They may ask the child to leave, or tell a child that is worthless. Parents may refuse to talk with the child, and the child can be called guilty for all the problems of the family.

Ignoring - Adults who have had problems with the fulfillment of their emotional needs are often unable to respond to the needs of their children. They may not show emotional connection (attachment) with their child, not show them any emotional care. They (parents) may not show any interest in the child, a sign of affection or recognize the presence of the child. In many cases the parent is there physically, but emotionally he / she is absent.

Terrorization - Parents may place a child before criticism or punishment. They can laugh at him when the child exhibits normal emotions to a certain phenomenon, or expect from the child something that is outside the normal reach of the child. The child isoften threatened by parents to death, killing, cutting or abandonment.

Isolation - A parent who abuses the child through his isolation, may not allow the child to engage in activities of age with other children, can wrap the baby in his/ her room, without stimulating the exposure to society; or prevent adolescent to participate in extra-curricular activities. Parents can ask the child to stay in his/ her room from the moment they return from school until the morning of the next day, isolating or excluding him/her also from the environment at home.

Corruption - Parents may allow the child to use drugs or alcohol, to mistreat animals, to watch pornography or sexual acts between adults; observe or participate in criminal activities such as theft, violence against others, prostitution, gambling, etc.

Commercial or other exploitation of a child refers to use of the child in work or other activities for the benefit of others. This includes, but is not limited to, child labour and child prostitution. These activities are to the detriment of the child's physical or mental health, education, moral or social-emotional development. From 'World Report on Violence and Health' (WHO 1999 & 2002).

Trafficking in persons is a serious crime and a grave violation of human rights. Every year, thousands of men, women and children fall into the hands of traffickers, in their own countries and abroad. Almost every country in the world is affected by trafficking, whether as a country of origin, transit or destination for victims.

According to the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (2000), child trafficking is the recruitment, transportation, transfer, harbouring or receipt of children for the purpose of exploitation. It is a violation of their rights, their well-being and denies them the opportunity to reach their full potential.

Child trafficking is about taking children out of their protective environment and preying on their vulnerability for the purpose of exploitation. Although no precise figures exist, the ILO (in 2005) estimated that 980,000 to 1,225,000 children - both boys and girls - are in a forced labour situation as a result of trafficking.

The trafficking in children - internally in countries, across national borders and across continents - is closely interlinked with the demand for cheap malleable and docile labour in sectors and among employers where the working conditions and the treatment grossly violates the human rights of the children. These are characterized by environments that are unacceptable (the unconditional worst forms) as well as dangerous to the health and the development of the child (hazardous worst forms). These forms range from bonded labour, child domestic labour, commercial sexual exploitation and prostitution, drug couriering, and child soldiering to exploitative or slavery-like practices in the informal industrial sector.

Children and their families are often unaware of the dangers of trafficking, believing that better employment and lives lie in other countries.

Child trafficking is lucrative and linked with criminal activity and corruption. It is often hidden and hard to address. Trafficking always violates the child's right to grow up in a family environment. In addition, children who have been trafficked face a range of dangers, including violence and sexual abuse. Trafficked children are even arrested and detained as illegal aliens.

Some facts about human trafficking in children:

UNICEF estimates that 1,000 to 1,500 Guatemalan babies and children are trafficked each year for adoption by couples in North America and Europe.

Girls as young as 13 (mainly from Asia and Eastern Europe) are trafficked as "mail-order brides." In most cases these girls and women are powerless and isolated and at great risk of violence.

Large numbers of children are being trafficked in West and Central Africa, mainly for domestic work but also for sexual exploitation and to work in shops or on farms. Nearly 90 per cent of these trafficked domestic workers are girls.

Children from Togo, Mali, Burkina Faso and Ghana are trafficked to Nigeria, Ivory Coast, Cameroon and Gabon. Children are trafficked both in and out of Benin and Nigeria. Some children are sent as far away as the Middle East and Europe.

Incidence and Prevalence

According to the Preventing Violence across the Lifespan Research Network (PreVAiL, 2010), worldwide each year, about 4-16% of children are physically abused and 10% are neglected or emotionally abused. International research suggests that about 20% of females and 5-10% of males report being sexually abused as children. Research indicates very young children (ages 3 and younger) are the most frequent victims of child fatalities.

Exact data and percentages are very difficult to be found in Kosovo. According to some media reports, there are over a hundred children who have been placed in shelters due to parental abuse, but no data as two what kind of abuse they experienced. Police records indicate that the exact number of maltreated children in Kosovo is not known, because of lack of reporting.

However, according to the statistics they have, in 2013 there were 130 child maltreatment cases reported, whereas 45 new cases were reported in the first trimester of 2014. Last year, there were 30 cases of sexual abuse reported, 6 sexual assaults and 3 incidences of child rape. Among the reported cases, 67% are girls, and 33% boys. In 70% of all reported cases, children are younger than 7 years old.

The Impact of Child Maltreatment[287]

> *Resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause child's positive or negative reaction to adverse experiences. A number of protective and promotive factors- individually, within a family, or within a community may contribute to an abused or neglected child's resilience - Shafer*

Child maltreatment can have serious consequences, therefore impact of child abuse and neglect is often discussed in terms of physical, psychological, behavioral, and societal consequences (Child Welfare Information Gateway, 2013). Not all children who have been abused or neglected will experience long-term consequences, but they may have an increased susceptibility. Different sources in the literature identify many consequences of child abuse and neglect ranging from physical consequences (e.g., developmental delays, chronic illnesses), behavioral consequences (e.g., poor peer relations, academic failure, abusive behavior), psychological consequences (e.g., personality disorders, cognitive difficulties, conduct disorders, social difficulties), to societal consequences (e.g., direct and indirect costs for the society). Freysteinsdottir (2004) divides the negative effects of maltreatment on children in two broad categories: internalized behavior problems (e.g., anxious behavior, withdrawal, depression) and externalized behavior problems (e.g., aggression, delinquent behavior, conduct disorder). Beyond the negative effects on individual and family lives, attention should be brought to societal consequences as well, as the cost of child maltreatment are extremely high. The direct costs of social systems responding to abused and maltreated children and their families have a substantial impact on the society as a whole. Moreover, the indirect costs reflect the long-term social and economic consequences of child maltreatment such as juvenile delinquency, criminal behavior, substance abuse, mental health, and domestic violence. The gravity of the impact and effects of maltreatment, underlines the importance for professionals, researchers and concerned community members, to focus towards prevention of child maltreatment.

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Physical Consequences
- Abusive head Trauma
- Impaired Brain Development
- Poor physical health
- Developmental Delay
- Chronic diseases

Psychological Consequences
- Personality Disorders
- Poor mental and emotional health
- Cognitive Difficulties
- Social Difficulties
- Conduct disorders

Behavioral Consequences
- Poor peer relations
- juvenile Deliquency
- Adult Criminality
- Substance Abuse
- Abusive behavior
- Academic Failure

Societal Consequences
- Direct Costs (hospital, police, court costs; crisis intervention)
- Indirect costs (juvenile and adult crime, mental health problems, cycle of violence continuum)

Factors affecting Consequences of Child Maltreatment

- The child's age and developmental status when the abuse or neglect accured
- The type of maltreatment (physical, emotional, etc)
- The frequency, duration and severity of the maltreatment
- The relationship between the child and the perpetrator

Terre des hommes

Session V

Topic # Symptoms of Different Forms of Child Abuse

Time:
> 1 hour and 30 minutes

Methodology:
- Power point presentations,
- Experience sharing
- Exercises in groups.
- Reflection in group

Objectives:
- To clarify and broaden participants knowledge on the signs and symptoms of child abuse.
- To understand the signs and symptoms of physical abuse, sexual, psychological, emotional abuse, and neglect
- To deepen / broaden participants skills in the identification of signs and symptoms of child abuse and its typology.

Tools:
- Flipchart,
- Markers,
- Handouts
- Case studies

Resources:
- Perolli-Shehu, B. (2014). Child Maltreatment- Research Brief. Unpublished paper.
- Perolli-Shehu, B. (2014). Child Maltreatment- A developmental-ecological perspective. Unpublished paper.
- UNICEF EAPRO. (n.d.). Child Protection Program Strategy Toolkit.
- "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- Terre des Hommes,UNICEF (2010). Child Protection Protocol. Albania.
- Tamo. A.,and Karaj.Th. (2005). Child abuse in Albania. Human Development Center. UNICEF.
- Haxhiymeri. E., Kulluri. E., and Hazizaj. A., (2005).Child Abuse in the family. CRCA. IRCCRA.
- Zileniene, S. (n.d.). Work with children who have experienced violence.

Summary of session:

Based on the elaboration and clarification of concepts around forms of violence according to international standards, in this session, participants will focus on the examination/elaboration of signs and symptoms of various forms of abuse and identify the typology of abuse by working in groups and discussion of cases.

Session Exposition:

Activity #1: Recognizing child abuse- signs and indicators (45 min.)

The aim of the exercise is to highlight the signs and indicators that might suggest a child is being abused or is at risk of abuse.

Prepare 4 flipcharts with headings corresponding to the 4 categories of abuse (Physical, Sexual, Emotional, and Neglect).

Each flipchart should then be divided in half horizontally. In the top half write a heading: 'Behaviours towards a child that might result in this form of abuse'. In the second half of the flipchart use the heading 'Signs and indicators of this form of abuse'

Get the participants into 4 groups and give each group one of the flipcharts. Ask them to complete the two halves of the chart. You may wish to illustrate the exercise by taking the flipchart for physical abuse for example, and say that in the top half you would list behaviours such as hitting, punching, beating, etc. and in the bottom half you would list out signs of this.

Ask participants to list out physical as well as behavioural signs and indicators, i.e. scars and bruises but also behavioural signs such as a child being fearful, withdrawn, aggressive, etc.

Allow 20 minutes or so for this part of the exercise and then ask participants to feedback – this may be done as a 'gallery walk' (put the flipcharts up on the wall and get participants to walk around and read what each chart has said).

Gather the group together in front of the flipcharts and ask if anyone has any questions of the other groups, anything they need clarifying, any things they disagree with or would add, and also ask for any observations of what has been compiled. Participants bring cases from their own work for more concrete/practical understanding.

Activity #2: Power Point Presentation (20 min.)

The instructor presents the theoretical material on signs and symptoms od physical, psychological, sexual abuse and symptoms of child neglect.

Based on the responses and level of knowledge of participants, the instructor explains and structures knowledge through presentations on various signs and symptoms of physical, sexual or psychological / emotional abuse. The focus of the instructor is on the clarification of concepts and noting that the same signs or symptoms may be characteristic for various forms of abuse. Also, the instructor points out that forms of abuse often are combined with each other.

Activity #3: Open Discussion (20 min.)

Open discussion after the presentation, including discussion of cases from practical experience. Take feedback as a whole group on the learning points from this session. The trainers can add any additional comments or observations.

Theoretical Material - Session V

Signs, Symptoms and Effects of Child Abuse and Neglect[288]

The signs of child abuse aren't always obvious, and a child might not tell anyone what's happening to them.

Children might be scared that the abuser will find out, and worried that the abuse will get worse. Or they might think there's no one they can tell or that they won't be believed.

Sometimes, children don't even realize that what's happening is abuse.

The effects of abuse may be short-term and may last a long time- sometimes into adulthood. Adults who were abused as children may need advice and support as well.

For many children who have had experiences which are deeply distressing to them - experiencing abuse, experiencing stressful/traumatic situation, facing danger, uncertainty, coping difficulties and so on, the way they behave in their day to day lives will reveal signs of their distress[289].

In cases of a single sudden unexpected traumatic event (accident, attack, rape, death of the close person, etc.), the characteristic evidences or signs may include:

- The event is remembered in all details, "hooked" in memory, the child can tell about it in details.
- Sudden flashes of emotional experiences of the stressful event, raised by coincidental image, sound or smell. It forces to experience again the traumatic event.
- Posttraumatic stress reactions:
    - Nightmares
    - Fears – most often not understandable for adults, because they cannot see the connection with traumatic experience
    - Intense, sharp reactions of being scared by the stimuli, which should not cause this kind of reaction
    - Excessive caution, suspiciousness and alertness, especially in the places, linked with trauma
    - Avoidance – reluctance to be in certain places, with certain people or eat certain food (e.g. if the child was attacked by the man with a beard, he will avoid contact with all men with a beard)
    - Sleep disorders, mood swings, anxiety, hyperactivity

In cases of repetitive, long-lasting traumatic experiences (e.g. lasting sexual abuse, emotional and physical violence, etc.), the characteristic evidences or signs may include:

- Denial, mortification – as if to make the body dead not to experience pain. These children are prompt to various damages or consciously injure, cut themselves. The aim is – not to feel pain. They are not emphatic; do not have compassion towards other peoples' pain. To be able to do that they have to open the door to their own pain, but it is too risky and scaring.

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289 Sigita Zileniene - work with children who have experienced violence

- These children avoid talking about themselves, try to be "normal". For them it is difficult to recognize and accept their own feelings, they are indifferent to pain and avoiding closeness.
- They are furious, and their anger is often underestimated. They can suddenly "explode" without any obvious reason. Their anger can be directed towards things, animals, smaller children or adults. It can also be directed towards themselves, as self-destruction or self-injury.
- Dissociation – kind of self-hypnosis. Children who have experienced long-lasting violence are aware that the situation will repeat. The mechanisms of dissociation allow them to "run away" from traumatic situation. Sometimes they are as if out of their own body and are observing what is going on. These reactions serve as a way to "get rid" of experiences, which happened to them in reality. (e.g. Ema, who was sexually abused every night by her father, created a "Night Ema", who suffers from abuse, and "Day Ema", who can chat with father during breakfast, go to school and do not remember "Night Ema").

Dissociation can be helpful at certain moment, - helps the child to behave "normally" in everyday life, as if nothing happened. But at the same time it is very dangerous mechanism, because it impedes perception of the child, makes it difficult to understand, whether he is safe or not. Dissociation does not stop operating automatically, even when the child is in safe environment.

There are also indirect signs, how we can recognize, that the child has suffered from physical, emotional, sexual abuse or neglect. There is no "proper" behavior for the children to escape violence, because the behavior of abuser is hard to prognoze. These children have low self-esteem, feel bad and not worth to be loved, do not trust anybody, feel lonely and unsuccessful. They have learned only two roles – of a victim or of an aggressor.

Therefore we should observe changes in child's behavior:

- Lowered self-esteem
- Cautiousness in relation to adults or excessive clinging to familiar people
- Getting scared, when other children cry
- Shivering at any sudden movement of another person
- Difficulties to concentrate and keep attention
- Aggressive behavior
- Apathy, passivity, indifference to any kind of activities, lack of interest and energy
- Avoiding friends, keeping aside
- Fear of parents, fear to go home
- Strange appearance, clothing not adequate to climate or situation
- Self-destructive behavior
- Worsened performance at school
- Loss of appetite;
- Sleep disturbances;
- Headaches or other somatic complaints;
- Poor concentration, restlessness, sudden changes in mood etc.;
- Sexual behavior inappropriate to age; aggressiveness or destructiveness;
- Preoccupation with violence, suffering or separation in their play.

Ability to cope with crisis that the child is facing depends on physical and psychic characteristics of the child, his values and beliefs, experience gained in problem solving.

Factors which determine ways of coping with trauma include:

- Age and gender of the child
- Psychological and physical maturity
- Relations with the parent
- Relations with brothers and sisters
- His personal experience in dealing with crisis
- Existence of significant adults (relatives, teachers, friends), who are able to help to overcome trauma
- Changes in social environment due to crisis.

Timely intervention is very important to prevent further traumatizing and development of crisis, help to return to normal condition.

Crisis, caused by very strong traumatic event, continues from 4 to 6 weeks. In this period the child is open for intervention. With the help of qualified adult he can cope with crisis within two weeks.

In case of long-lasting traumatizing the help is belated. The child will need much longer professional help to recover. Besides professional, psychotherapeutic help, support of nearest environment (family members, relatives, friends, and teachers) is of great importance.

There are several feelings that may prevent the child from disclosing the traumatic event: These include:

- Fear of abuser
- Fear, that nobody will listen to him
- Shame
- He thinks, that nobody can help him
- Blames himself for the violence experienced
- Is afraid, that nobody will love him
- Is afraid, that if he tells someone, the same will happen to his brothers and sisters
- Thinks, that he is very bad, therefore it happened to him
- If an abuser is a close person, he is afraid to tell anybody, because something bad will happen to that person
- Might not have proper words to tell about violence
- Doesn't know, to whom he can tell
- Simply might not know, that this is an abusive behavior, and nobody is allowed to treat him like that
- Smaller children often do not remember consciously, that they experienced abuse, and who are the abusers.

When we suspect, that the child has actually experienced violence:

- Listen to them, and show them, that you understand
- Do not deny it. Believe the child, even if it is hard to believe
- Don't lose control over emotions it raised (if you are scared or angry, - these are normal reactions, but don't demonstrate them to the child)
- Do not blame them or make the feel ashamed for what happened
- Give them psychological support, ensure that they are safe, that nothing will happen to them because they told you. Maybe, the child will want to ask something. Encourage them to ask questions, and give concrete answers in understandable language

- Try to know more about the event: what was going on before, what was going on after, who was the abuser
- Provide them medical aid, bring to doctor or call emergency
- If necessary, call police
- Address Child Protection Unit, - to get support for the victim of abuse and the person who abused, if he is in close relation with the child (family member).

Adults Who Were Abused as Children

Children who have been abused or neglected may experience physical or emotional harm. The effects can be short term but sometimes they last into adulthood. If someone has been abused as a child, it is more likely that they will suffer abuse again. This is known as revictimisation.

Long term effects of abuse and neglect include:

- emotional difficulties such as anger, anxiety, sadness or low self-esteem
- mental health problems such as depression, eating disorders, post-traumatic stress disorder (PTSD), self harm, suicidal thoughts
- problems with drugs or alcohol
- disturbing thoughts, emotions and memories that cause distress or confusion
- poor physical health such as obesity, aches and pains
- struggling with parenting or relationships
- worrying that their abuser is still a threat to themselves or others
- learning difficulties, lower educational attainment, difficulties in communicating
- behavioural problems including anti-social behaviour, criminal behaviour.

Indicators of Abuse

Indicators of physical abuse are:

- broken bones, fractures;
- bruises;
- scratch, lacerating;
- burn marks;
- bruising signs in the form of vehicle or fingers on the skin;
- bleeding or unexplained illness;
- physical deformities;
- unconsciousness.

Some of the signs of possible child's behavior as a result of physical violence are:

- withdrawn or under state of depression;
- restless, disturbed sleep;
- aggressive behavior;
- anxious, clingy, depressed
- could exhibit eating disorders
- emergence of fear of some adults or adults in general;
- fear of the return home of the parent / guardian or the child's return home as well

- fear of contact with the parent / guardian or a family member;
- lack of trust in adults and low self-worth;
- misses school
- more passive attitude and constant complaints;
- use of drugs and alcohol;
- thought about suicide

Bumps and bruises don't necessarily mean a child is being physically abused – all children have accidents, trips and falls.

There's isn't one sign or symptom to look out for that will say a child is definitely being physically abused. But if a child often has injuries, there seems to be a pattern, or the explanation doesn't match the injury then this should be investigated

Indicators of sexual abuse

Children who are sexually abused may:

- Stay away from certain people
    - they might avoid being alone with people, such as family members or friends
    - they could seem frightened of a person or reluctant to socialise with them.

- Show sexual behaviour that's inappropriate for their age
    - a child might become sexually active at a young age
    - they might be promiscuous
    - they could use sexual language or know information that you wouldn't expect them to.

- Have physical symptoms
    - anal or vaginal soreness
    - an unusual discharge
    - sexually transmitted infection (STI)
    - pregnancy.

Signs/behavior indicative of sexual abuse

Specific signs and symptoms of sexual abuse are genital or rectal pain, rectal or genital bleeding, and presence of sexually transmitted diseases in children before puberty and early sexual behavior, especially if these are ongoing.

Symptoms of behavior that indicates a sexually abused child are summarized below. It is important to remember that not all of the following concerns are indications of sexual abuse. Depending on age, the child can:

- Demonstrate one of the two extremes of activity (hyperactive or withdrawn);
- Manifest low self-assessment;
- Demonstrate evidence of shallow relationships with friends;
- Expresses general feelings of guilt or shame;
- Demonstrate a body image distortion (drawings);
- Demonstrate regressive behavior;
- Displays a deterioration / decrease in academic progress;

- Eating disorder;
- Manifest sexually provocative behavior;
- Engage in compulsive masturbation;
- Sexually abusing a brother, sister, friend or younger children;
- Become sexually dangerous;
- Abandon the house;
- Suicide attempt.

Emotional abuse indicators
- Delayed or inappropriate emotional development
- Loss of self-confidence or self-esteem
- Social withdrawal or a loss of interest or enthusiasm
- Depression
- Headaches or stomachaches with no medical cause
- Avoidance of certain situations, such as refusing to go to school or ride the bus
- Desperately seeks affection
- A decrease in school performance or loss of interest in school
- Loss of previously acquired developmental skills

Neglect indicators
- Poor growth or weight gain
- Poor hygiene
- Lack of clothing or supplies to meet physical needs
- Taking food or money without permission
- Eating a lot in one sitting or hiding food for later
- Poor record of school attendance
- Lack of appropriate attention for medical, dental or psychological problems or lack of necessary follow-up care
- Emotional swings that are inappropriate or out of context to the situation
- Indifference

Parental behavior

Sometimes a parent's demeanor or behavior sends red flags about child abuse. Warning signs include a parent who:
- Shows little concern for the child
- Appears unable to recognize physical or emotional distress in the child
- Denies that any problems exist at home or school, or blames the child for the problems
- Consistently blames, belittles or berates the child and describes the child with negative terms, such as "worthless" or "evil"
- Expects the child to provide him or her with attention and care and seems jealous of other family members getting attention from the child
- Uses harsh physical discipline or asks teachers to do so
- Demands an inappropriate level of physical or academic performance
- Severely limits the child's contact with others
- Offers conflicting or unconvincing explanations for a child's injuries or no explanation at all
- Although most child health experts condemn the use of violence in any form, some people still use corporal punishment, such as spanking, as a way to discipline their children. Any corporal punishment may leave emotional scars. Parental behaviors that cause pain or physical injury — even when done in the name of discipline — could be child abuse.

Session VI

Topic: Consequences (Short and Long Term) of Child Abuse and the Profile of Abused Children

Time:
>3 hours

Methodology:
- Power point presentation
- Exercises in groups through case presentation of ACE study
- Reflection in group

Objectives:
- To provide a distinction between short and long term consequences of child abuse
- To be able to identify the impact of child abuse consequences
- To be able to identify a profile of child who might be potential for abuse
- To familiarize with Adverce Childhood Experiences (ACE) study and theoretical background

Tools:
- Flipchart
- Markers
- Handouts

Resources:
- Center for Disease Control (2014). Ace Study. Retrieved November 18, 15 from: http://www.cdc.gov/violenceprevention/acestudy/pyramid.html
- Larkin, H. & Records, J. (2006). Adverse Childhood Experiences: Overview, Response Strategies and Integral Theory Perspective. Journal of Integral Theory and Practice, Vol. 2, (3). Retrieved November 18, 15 from: http://aceresponse.org/img/uploads/file/larkin_aces_final.pdf
- Shaffer, A. (2012). Child maltreatment: Risk and resilience in ages birth to 5. CW360. Retrieved from:https://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360CEED_Winter2012.pdf
- Tarullo, A. (2012). Effects of child maltreatment on the developing brain. CW360 Retrieved from: http://www.cehd.umn.edu/ssw/cascw/attributes/PDF/publications/CW360CEEDWinter2012.pdf
- Felitti, V. J., & Anda, R. (2009). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. In R. Lanius, E. Vermetten, & C. Pain (Eds.), The hidden epidemic: The impact of early life trauma on health and disease. Retrieved from: http://www.acestudy.org/yahoo_site_admin/assets/docs/LaniusVermetten_FINAL_8-26-09.12892303.pdf
- Messman-Morre, T., Walsh, K., & DiLillo, D. (2010). Emotion dysregulation and risky sexual behavior in revictimization. Child Abuse & Neglect, 34 (12), 967–976.
- Administration for Children and Families, Office of Planning, Research and Evaluation. (2012b). Adolescents with a history of maltreatment have unique service needs that

may affect their transition to adulthood. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/youth_spotlight_v7.pdf

- Perry, B. (2012). Supporting maltreated children: Countering the effects of neglect and abuse. Adoption Advocate. Retrieved from https://www.adoptioncouncil.org/images/stories/documents/NCFA_ADOPTION_ADVOCATE_NO48.pdf
- Gold, J., Wolan Sullivan, M., & Lewis, M. (2011). The relation between abuse and violent delinquency: The conversion of shame to blame in juvenile offenders. Child Abuse & Neglect, 35 (7), 459–467.
- Xiangming, F., & Corso, P. (2007). Child maltreatment, youth violence, and intimate partner violence: Developmental relationships. American Journal of Preventative Medicine, 33 (4). Retrieved from: http://www.ajpm-online.net/article/PIIS0749379707003492/fulltext
- Xiangming, F., Brown, D., Florence, C., & Mercy, J. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect, 36(2), 156–165.

Summary of Session:

This session focuses on providing an overview between short and long-term consequences of child abouse, examine the impact on overall child development, and present a theoretical perspective for understanding the impact of adverse childhood ecperiences.

Session Exposition:

Activity #1 – Division in two groups in identification of short and long term consequences (45 min.)

The group will be divided into those who will identify short term consequences, while the other group will identify long term consequences. Flipcharts will be provided to create a list with consequences and each group will share its findings. Each group will present 15 minutes, while for another 15 minutes the discussion will be based on the similarities and differences of presented findings. Students will be encouraged to engage in critical thinking when making the distinguishment of short-and-long term consequences.

Theoretical Material:

The impact of child abuse is often discussed in terms of short and long term conseqeunces for the child. Nevertheless, most often times it is disccused in terms of the impact on physical, psychological, behavioral, and social perspectives.

Factors Affecting the Consequences of Child Abuse

Individual outcomes vary widely and are affected by a combination of factors, including:

- Child's age and developmental status when the abuse or neglect occurred
- Type of maltreatment (physical abuse, neglect, sexual abuse, etc.)
- Frequency, duration, and severity of the maltreatment
- The relationship between the child and the perpetrator

Nevertheless, researchers also have begun to explore why in given similar conditions, some children experience long-term consequences of abuse while others emerge relatively unharmed. The ability to cope, and even thrive, following a negative experience is often referred to as "resilience."

It is important to note that resilience is not an inherent trait in children but results from a mixture of both risk and protective factors that cause a child's positive or negative reaction to adverse experiences.

A number of protective and promotive factors - individually, within a family, or within a community - may contribute to resilience. These include positive attachment, self-esteem, intelligence, emotion regulation, humor, and independence (Shaffer, 2012).

Physical Health Consequences

The immediate physical effects of abuse or can be relatively minor (bruises or cuts) or severe (broken bones, hemorrhage, or even death). In some cases, the physical effects are temporary; however, the pain and suffering they cause a child should not be discounted.

Child abuse and neglect can have a multitude of long-term effects on physical health which include:

- **Abusive head trauma** is an inflicted injury to the head and its contents caused by shaking and blunt impact, are the most common cause of traumatic death for infants. The injury may not be immediately noticeable and may include bleeding in the eye or brain and damage to the spinal cord and neck.
- **Impaired brain developments** have been shown to come from child abuse, specifically related to important regions of the brain. This impairement has shown to have long-term consequences for cognitive, language, and academic abilities and are connected with mental health disorders (Tarullo, 2012).
- **Poor physical health** has been linked to various forms of child maltreatment and poor health. Adults who experienced abuse or neglect during childhood are more likely to suffer from cardiovascular disease, lung and liver disease, hypertension, diabetes, asthma, and obesity (Felitti & Anda, 2009).

Psychological Consequences

The immediate emotional effects of abuse include isolation, fear, and an inability to trust, which can translate into lifelong psychological consequences, including low self-esteem, depression, and relationship difficulties. Researchers have identified links between child abuse and neglect and the following more likely:

- **Difficulties during infancy** includes when infants and young children enter out-of-home care due to abuse or neglect, the trauma of a primary caregiver change negatively affects their attachments. Nearly half of infants in foster care who have experienced maltreatment exhibit some form of cognitive delay and have lower IQ scores, language difficulties, and neonatal challenges compared to children who have not been abused or neglected
- **Poor mental and emotional health** referes to experiencing childhood trauma and adversity, such as physical or sexual abuse, is a risk factor for borderline personality disorder, depression, anxiety, and other psychiatric disorders. Child maltreatment also negatively impacts the development of emotion regulation, which often persists into adolescence or adulthood (Messman-Morre, Walsh, & DiLillo, 2010).

- **Cognitive difficulties** have been particularly linkued with those children with substantiated reports of maltreatment were at risk for severe developmental and cognitive problems, including grade repetition (ACF/OPRE, 2012b).
- **Social difficulties** have been particularly emphasized to those children who experience neglect and are more likely to develop antisocial traits as they grow up. Parental neglect is associated with personality disorders, attachment issues or affectionate behaviors with unknown/little-known people, inappropriate modeling of adult behavior, and aggression (Perry, 2012).

Behavioral Consequences

Not all victims of child abuse and neglect will experience behavioral consequences. However, behavioral problems appear to be more likely among this group and appear to make the following more likely:

- **Difficulties during adolescence** have been linked to reports of maltreatment with specific foucs on grade repetition, substance abuse, delinquency, truancy, or pregnancy (ACF/ OPRE, 2012b). Other studies suggest that abused or neglected children are more likely to engage in sexual risk-taking as they reach adolescence, thereby increasing their chances of contracting a sexually transmitted disease. Victims of child sexual abuse also are at a higher risk for rape in adulthood, and the rate of risk increases according to the severity of the child sexual abuse experience(s) (Felitti & Anda, 2009; Messman-Morre, Walsh, & DiLillo, 2010).
- **Juvenile delinquency** and adult criminality have documented the correlation between child abuse and future juvenile delinquency. Children who have experienced abuse are nine times more likely to become involved in criminal activities (Gold, Wolan Sullivan, & Lewis, 2011).
- **Alcohol and other drug abuse** have been consistently showing that children who have experienced abuse or neglect will smoke cigarettes, abuse alcohol, or take illicit drugs during their lifetime.
- Abusive behavior has been shown to be experienced also from abusive parents. Data from the Longitudinal Study of Adolescent Health showed that girls who experienced childhood physical abuse were 1–7 percent more likely to become perpetrators of youth violence and 8–10 percent more likely to be perpetrators of interpersonal violence (IPV). Boys who experienced childhood sexual violence were 3–12 percent more likely to commit youth violence and 1–17 percent more likely to commit IPV (Xiangming & Corso, 2007).

Societal Consequences

While child abuse and neglect usually occur within the family, the impact does not end there. Society as a whole pays a price for child abuse and neglect, in terms of both direct and indirect costs.

Direct Costs

The lifetime cost of child maltreatment and related fatalities in 1 year in USA totals $124 billion. Child maltreatment is more costly on an annual basis than the two leading health concerns, stroke and type 2 diabetes (Xiangming, Brown, Florence, & Mercy, 2012).

Indirect Costs

Indirect costs represent the long-term economic consequences to society because of child abuse and neglect. These include costs associated with increased use of health-care system, juvenile and adult criminal activity, mental illness, substance abuse, and domestic violence.

Adverse Childhood Experiences (ACE)

Numerous studies conducted in the field of health and mental health have emphasized that childhood traumas are strongly correlated with mental health, and moreover are considered to have an impact on adult health risk behaviors, psychosocial and substance abuse problems, and diseases (Felitti, 2003 as cited in Larkin & Records, 2006). Therefore, in the late 90s information for the risk factors for disease had been widely researched and merged into public education and prevention programs. However, there was a need to bridge this scientific gab for the origins of risk factors, and the Adverse Childhood Experiences (ACE) study has been the largest investigation to assess associations between childhood maltreatment and later-life health and well-being. ACE has been designed as an epidemiological study that aimed to study childhood experiences in relation to the social and health outcomes throughout development. Particularly, this research shed light on the relationship between ACE and health risk behaviors and physical and mental health outcomes. Specifically, the study was designed to provide data that would help answer the question: "If risk factors for disease, disability, and early mortality are not randomly distributed, what influences precede the adoption or development of them?" By providing information to answer, it was aimed to provide scientific information that would be useful for developing new and more effective prevention programs.

The ACE Study takes a whole life perspective, as indicated on the orange arrow leading from conception to death. By working within this framework, the ACE Study began to progressively uncover how adverse childhood experiences (ACE) are strongly related to development and prevalence of risk factors for disease and health and social well-being throughout the lifespan. Thus, the main components of ACE include:

1. Abuse: Emotional abuse, Physical abuse; and Sexual abuse
2. Neglect: Emotional neglect; Physical neglect
3. Household Dysfunction: Mother treated violently; household substance abuse; household mental illness; parental separation or divorce; Incarcerated household member.

The operational definitions of the concepts in the ACE study are as follows:

Abuse

Emotional Abuse: Often or very often a parent or other adult in the household swore at you, insulted you, or put you down and sometimes, often or very often acted in a way that made you think that you might be physically hurt.

Physical Abuse: Sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at you or ever hit you so hard that you had marks or were injured.

Sexual Abuse: An adult or person at least 5 years older ever touched or fondled you in a sexual way, or had you touch their body in a sexual way, or attempted oral, anal, or vaginal intercourse with you or actually had oral, anal, or vaginal intercourse with you.

Neglect

Emotional Neglect: Respondents were asked whether their family made them feel special, loved, and if their family was a source of strength, support, and protection.

Physical Neglect: Respondents were asked whether there was enough to eat, if their parents drinking interfered with their care, if they ever wore dirty clothes, and if there was someone to take them to the doctor.

Household Dysfunction

Mother Treated Violently: Your mother or stepmother was sometimes, often, or very often pushed, grabbed, slapped, or had something thrown at her and/or sometimes often, or very often kicked, bitten, hit with a fist, or hit with something hard, or ever repeatedly hit over at least a few minutes or ever threatened or hurt by a knife or gun.

Household Substance Abuse: Lived with anyone who was a problem drinker or alcoholic or lived with anyone who used street drugs.

Household Mental Illness: A household member was depressed or mentally ill or a household member attempted suicide.

Parental Separation or Divorce: Parents were ever separated or divorced.

Incarcerated Household Member: A household member went to prison.

Results of the study showed that childhood abuse, neglect, and exposure to other traumatic stressors are common where almost two-thirds of participants reported at least one ACE, and more than one of five reported three or more ACE. The short and long term outcomes of these childhood exposures include a multitude of health and social problems. Moreover the level of ACE was associated with the following health and mental health problems:

• Alcoholism and alcohol abuse	• Risk for intimate partner violence
• Chronic obstructive pulmonary disease (COPD)	• Multiple sexual partners
• Depression	• Sexually transmitted diseases (STDs)
• Fetal death	• Smoking
• Health-related quality of life	• Suicide attempts
• Illicit drug use	• Unintended pregnancies
• Ischemic heart disease (IHD)	• Early initiation of smoking
• Liver disease	• Early initiation of sexual activity
	• Adolescent pregnancy

Session VII

Topic: The Referral Mechanism in Kosovo

Time:
   1.5 hours

Methodology:
   • Power point presentations
   • Reflection in group

Objectives:
   • To provide an overview of the referral mechanism in Kosovo
   • To familiraze with current legislation in Kosovo

Tools:
   • Flipchart,
   • Markers

Resources:
   • Agani, N., Agolli, I., & Avdiu, N. (2015). Menaxhimi i rasteve me femijet e rrezikuar dhe roli I puntorit social. Terre des homes
   • Terre des homes. (2015). Working Protocol: Intersectorial Collaboration in Child Protection Cases.

Theoretical Material:

Assembly of the Republic of Kosovo, in order to establish the legal basis for the regulation and promotion of social services for people in need and their families, in 2001 approved the Law no.02 / L - 17 social and family utilities (for more details see http://www.gazetazyrtare.com/egov/index. php?option=com_content&task=view&id=69&Itemid=28&lang=sq link).

The main purpose of this law is the regulation and provision of social services for families and individuals in need. In circumstances where there is no support from family or when it is not enough to ensure the welfare of an individual, the state has a duty to provide social and family services to those who otherwise would not be helped, which would respect their dignity as human beings and their fundamental rights based on Kosovo's legislation and international conventions on human rights. This law directly explains the role and responsibilities of all the legal mechanisms which include Ministry of Labour and Social Welfare, Department of Social Welfare, Institute of Social Policy, the General Council of Social and Family Services, municipalities, social work centers, and NGO sector.

However, this section will elaborate the role of the Centre for Social Work (CSW) in the management of cases of children at risk as well as working protocol which is an intersectional collaboration in child protection cases.

Based on the above mentioned law, each municipality is obliged to establish CSW, as a public institution comprised of professionals with appropriate training and qualifications. CSW is obliged to make professional assessments for each individual or family seeking assistance. If the professional assessment shows that an individual or a family needs for social and family services, CSW, taking into account all relevant circumstances, it offers services as it considers appropriate. Another important body is the Council of Experts, which consists of all employees of social services employed by it.

Article 9 with his amendments defines the services for families and children, which should be provided by CWS. In all matters concerning the provision of services to children and families in the best interest of the child shall be a primary consideration of the first and most important. In cooperation with families, communities, NGOs and other bodies established by law, the municipality provides social care, counseling and, in exceptional circumstances material assistance to children and their families who are in need. CSW provides social care and/or counseling in circumstances where a child is in need of Social and Family Services because:

a) he or she is without parental care;
b) parent or his parents or other care, due to lifestyle, disability or physical or mental illness, psycho-social problems, addiction or other reason, have difficulty providing adequate levels of care and supervision to;
c) he or she has a disability or mental illness;
d) he or she has a disability or physical illness;
e) he or she has difficulty in behavior;
f) he or she is delinquent;
g) he or she is suffering as a result of family conflict;
h) he or she have any other form of social problem that renders them in need.

Center for Social Work maintains a register of families and children in need who do not enjoy support from family or community, have difficulty with caring for their children when the child is at risk of neglect, exploitation or abuse, or in any form another damaged. SWC conducts regular visitation for those families in need, in order to ensure the safety and welfare of the child and provide the family with whatever services may be considered necessary. In fulfilling its duties under the Code for minors, Social Work Centre in the role of the Guardianship ensures that the services provided are in accordance with its obligations to the International Convention for the Protection of the Rights of the Child.

Working Protocol

Findings from literature show that children are best protected when different agencies work together by sharing information, taking joint decisions regarding the best interest of the child and collaborating in actions to support the child and their family. This is because children's lives are complex, and one agency or organisation working in isolation cannot hope to meet all children's needs.

Thus, this Protocol covers multi-disciplinary working under the Law as it currently stands, and in line with general current practice in Kosovo. The Protocol has been developed in order to standardise, unify and coordinate the work of all agencies who are, or should be, working together to protect children. It sets out the expectations and responsibilities of agencies, and also identifies specific actions are required, for example when a Case Management Roundtable (CMR) is required.

In addition this document includes key information to help representatives from different agencies to understand and work within a multi-disciplinary approach. This is essential for those who are nominated to participate in formal structures established such as the CMRs.

Principles Underpinning the Protocol

A number of principles form the basis of good practice with children and families underpin the Protocol:

Best Interests of the Child

The 'best interests' of the child must be a primary consideration for all decisions and actions taken and for the way in which organisations and agencies interact with children and their families. Ensuring the best interests of the child means ensuring that children's needs are met and their well-being is prioritised. This should guide all decisions made.

Do No Harm / Least Harm

Actions and interventions designed to support the child (and their family) should not expose them to further harm. Care must be taken to ensure that no harm comes to children or their families as a result of staff conduct, decisions made, or actions taken. Caution should also be taken to ensure that no harm comes to children or families as a result of collecting, storing or sharing their information.

While the goal should always be to do no harm, often in child protection there is no "ideal" solution possible, but rather a series of more or less acceptable choices which may have a negative impact on the child. For example the decision to remove a child from home because it is not safe for them to remain will have negative consequences on the child, although it may still be in their best interests because *on balance* staying at home may be more dangerous.

Non-Discrimination

Children and their families should not be discriminated against because of their individual characteristics or a group they belong to (e.g. gender, age, socio-economic background, race, religion, ethnicity, disability, sexual orientation or gender identity).

Informed Consent

In all circumstances, consent should be sought from children and their families or caregivers prior to providing services. To ensure informed consent, it must be explained to children and their families, in ways that they can understand, the services and options available, potential risks and benefits to receiving services, information that will be collected and how it will be used, and confidentiality and its limits. Efforts should be taken to ensure that even very young children are consulted or at least should have a clear explanation of what will happen.

In child protection cases, where a child is at high risk if the family or child is not prepared to consent to intervention, this may still be necessary even if against the wishes of the child and their family to ensure the child is protected. This is in line with international guidance on working with children who are at risk.

Meaningful Participation of Children & Families

Children have a right to participate in decisions, which affect their lives, and for their wishes and feelings to be taken into account. Children and families should always been consulted and involved in decision-making process.

Building Upon Strengths and Existing Resources

Children and families should not be seen as passive but as people with strengths and capacities. These should be capitalised on in order to ensure that people are empowered to effect change in their own lives and as a basis for intervention.

Providing Services in Culturally Sensitive Ways

Support should be provided in culturally sensitive ways – for example by considering how communities and families normally support each other and deal with difficulties. There are many different ways of caring for children, which are equally valid, however culture should never be used as an excuse for abuse.

Decisions Based on Child Development and Evidence

Decisions made should be based on child development and evidence, not on the personal beliefs and bias of social workers or other stakeholders (e.g., psychologist and/or family doctor).

Collaboration and Co-Operation Between Agencies

Better outcomes for children result for organisations and agencies working together. Even where only one agency is working with a case, decisions regarding child protection concerns should never be made by an individual worker, but should be made as a group/in consultation with a supervisor.

Mandatory Reporting

It should be clear to all workers that all concerns relating to the protection of children must be reported within their organisation and that individual workers cannot make decisions to keep information private when it relates to child protection. Even if a suspicion or concern is vague it should always be reported. This should be in accordance with the specific agency guidelines, which all agencies should have in place if working with children.

Organisations Should be Safe for Children

Organisations and agencies working with children should safeguard children. This means that their own organisations must ensure that the way they operate do not expose children to risk or harm. For example workers should be properly trained and supported so that they can carry out their tasks appropriately.

**Title of the Topic:
Early Intevention and
Working with Families**

Main Objectives
- Introduce the concept of early intervention and family support, as a means to decreasing both likelihood of abuse and its impact
- Explore the reasons for family visits and how to manage visits successfully
- Consider the key observation skills necessary when visiting families and practice skills
- Identify and practice skills for successful communication with families
- Explore Brief Solution Focused work and its role in early intervention and family support
- Examine the concept of positive parenting / discipline, and how to give advice to caregivers
- Identify good practices when working with families
- discuss the effect of the module on students with a problematic family history

Expected Results:
- Describe early intervention and family support and give at least five examples
- Explain how to successfully conduct family visits
- Observe a family, and give feedback linking their observations to dimensions of assessment and child development
- Explain, and demonstrate, at least three techniques for dealing with resistant and reluctant families / family members
- Explain the main theoretical concepts of Brief Solutions Focused Therapy, and give examples of how it could be used in practice
- Identify five indicators of positive parenting / positive discipline and give suggestions on how to more positively discipline children in a variety of scenarios
- Describe examples of good practice when working with families
- Reflect on family experiences of students

Module Timeline:
2 days

Main Issues Addressed in the Module:
- The continuum of services and early interventions in working with children and families
- Prevention activities
- Early interventions and family support
- Managing family visits, engaging families in the process
- Family interviewing skills
- Observation skills
- Active participation of beneficiaries (families) in the process for quicker improvement
- Techniques for early interventions and family support
- Managing aggresive members
- Positive parenting skills
- Basic skills of family counselling
- Advanced skills in working with families (solution-focused therapy)

Keywords:
- Early interventions
- Family support
- Social welfare system
- Family visits
- Interviewing skills
- Strengths interviewing

- Observation skills
- Systemic approach
- Solution-focused therapy
- Parenting styles
- Positive parenting techniques, etc

Main Resources:
- Hepworth, D. H., Rooney, R. H., Larsen, J. A. "*Direct social work practice: theory and skills*" (6th edition), Pacific Grove, Brooks/Cole, 2002
- Kilcpatrick, A. C., Holland, T. P. "W*orking with families: an integrative model by level of need*" (3rd edition), Boston, Allyn and Bacon, 2003
- Tahsini I. *"Modele dhe shprehi në punën me familjet"*, Lectures, 2005
- Tahsini I., Duci V., Ajdini J. *"Vitet e fëmijërisë"*. A training manual for child protection and child development.
- *"Child Protection Program Strategy Toolkit"*, UNICEF EAPRO, Chapter 5, pg. 328-366

Metodology / Tools:
- Powerpoint presentations
- Group discussions
- Short video
- Case studies

Session I
Topic: Understanding Early Interventions

Time:
90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Objektivat e Sesionit:
- To understand the distribution of services and interventions in child protection and the place of family interventions in them
- To present early interventions and family support, as a means of reduction and prevention of child abuse and its impact
- To explore the positive impact of early family interventions in prevention of abuse and promotion of child wellbeing.

Resources:
- Delaney S., Presentation held at "*Working with Children & Families – Early Intervention & Family Training Workshop*", Albania, November 2010.
- "*Child Protection Program Strategy Toolkit*", UNICEF EAPRO, Kapitulli 5, Fq. 328-366
- "*Keeping Children Safe Standards*", Keeping Children Safe Coalition, UK

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts
- Markers
- Scotch tape

Session Summary:
This session will include an exploration of key concepts related to early interventions and family support (not to be confused with social assistance/economic aid) and their role in protecting children within a system of child protection. Also the session will explore various types of early interventions and family support, including practical support that can be offered to them (it is very important to connect the different forms of support. For example, families with heavy financial problems cannot focus on consultations on childrearing practices, without financial issues being addressed).

Steps:
Activity # 1 – *Group work, case studies on model of family support (30 min.)*
The trainer starts by presenting three case studies, which are based in three different models of family support in Kosovo. The participants are invited to discuss in small groups (3-4 persons) on two issues

a) *To identify what kind of support is receiving/needs the family as a whole and*
b) *To understand the impact of this support in order not to allow that the situation of the child and the family deteriorates and the children are put at risk.*
c) *Reflect on what the family itself wants to change. What kind of support they consider necessary for them?*
d) *What level of intervention is being presented? (this question will be answered after the PPT presentation from the trainer)*

Each group writes notes in their flipchart and appoints a representative to present their work.

Activity # 2 – Plenary session
The groups present their discussions in a plenary session for each of the models. In the end, the trainer emphasizes some of the common and different aspects noted in each group.

Activity # 3 – PPT presentation
The trainer presents the concepts of early intervention and family support and clarifies the participant about the place of these interventions in the system of social welfare for children and families, and the level of interventions.

In the end, the participants are invited to give similar examples, based in their own practice and to reflect about the importance of these interventions.

Group work – Case studies in groups of 3-4 persons:

Work Sheet

Case 1

A family with two parents and four children (4, 6, 9 and 14 years old), in very difficult economic conditions, move to the suburbs of another city for a better life. They bought a house there, using all their life savings. Both parents were unemployed and it was very difficult for them to meet basic family needs. The family couldn't get economic aid and the children couldn't go to school and kindergarten, because they couldn't afford to pay the registration fee in the municipality of their new habitation. Also, they couldn't afford textbooks for the children. The parents started sending the children out all day, to collect cans, in order to make some money. The father started abusing with alcohol, the mother tried to work wherever she could and life got even more difficult. The family was identified by a municipality worker, which refered the case to the child support center. During the assessment process, both parents expressed their strong desire for the children to go to school and not to work, but they considered it unattainable in the time being.

After the initial assessment, the family was considered in medium risk and in need of help in his early stage of problems. At the same time, according to the municipality worker and the CPW, almost all the families in this community display similar problems, since they moved from other areas, live in difficult economic conditions, find it hard to integrate in the community, to register the children, etc.

> **Case 2**
>
> *The family K…… is composed of the parents (A, 25 years old, and J… 24 years old), two paternal grandparents and three children (9 months, 3 and 5 years old). Both parents have worked and begged in the streets since an early age. Now they have created their own family and they don't wish for their children to have the same life as them. Even so, when they beg in the streets, they take all three children with them. They have noticed that especially the youngest one attracts the attention of passers by. Sometimes, they leave the children in the sidewalk and watch them from far, because the passers by give more money if the children are alone.*

The case was identified during an investigation in the streets from a local organisation working with children in street situation. During the inital assessment the children were considered at hight risk, with the youngest child being in an emergency situation, since he was in difficult health conditions, unfed and dirty. In the first conversation with the two parents, they seemed very concerned about the health of the children, but they didn't know what to do. Also, during their stay at home, the parents played with the children and had good relationships with them. They said that begging is the only thing they know how to do, but if they could find a job, they would surely work. Later on, they added 'If nothing happened to us, nothing will happen to our children, too.'

> **Case 3**
>
> *F, a one month old child, was brought by his father in the emergency unit of the city hospital. The family lived in a deep rural area. The child had signs of burns in his body. The father was very silent and just asked to leave the child at some institution, because the family situation was very problematic. His second wife had mental health problems and disappeared from home. In the house were two other children, a girl of 15 years old, from the first marriage and and a boy of 9 years old. The father said that his second wife abused the girl systematically. Once, she even hit her with an axe, but the girl was not hurt. The recent birth had worsened her state and one day ago she burnt the baby with a cigarette, at the hands and feet, because she couldn't bear her crying. During the family visit, the child support center worker noticed that the situation was miserable: the two other children seemed extremely neglected, not properly dressed and very dirty. The children had difficulties in articulating themselves and seemed withdrawn.*

After the initial assessment and the emergency meeting of the multidisciplinary team, it was decided that the children would be removed temporarily from the family, to a residential center. Further on, the mother had to be found and given the appropriate treatment. The father was ready to keep his contacts with the children, but he was very determined to keep them way from home, because of the bad living conditions and the mother's sickness.

Theoretical Handout: Session I

The place of early interventions and family support in the continuum of services of the system of child welfare for children and families

Early interventions and family support are two closely linked concepts, with both of them aiming to reduce the likelihood that abuse happens or its impact. Early interventions:

- Usually target identified vulnerable populations
- Usually are focused on families with children 0-8 years old, especially on parenting issues and child development.

Family support:

- Includes a series of interventions – from practical help to counselling and advice
- Family support shouldn't be confused with economic aid. Also, multidisciplinary and network meetings are not family support, although they may help in the implementation and monitoring of the services offered to the family, in order to support it.

Direct work with children includes:

- Intervening in the child's life through giving support, in order for the child to get help in understanding, coping with/acknowledging its experiences, and also to be able to articulate its needs and feelings.

Fundamentals of a Social Welfare System

A social welfare system – the subsystem for children and their families – includes four sets of essential features:

1. A legal and policy framework composed of laws and policies that govern the system (defining aims, objectives, roles and responsibilities and regulating areas of intervention).
2. Structures with lines of accountability and responsibility for developing and delivering services (the structure includes three levels of provision: primary level with universal services, secondary level with targeted services, and the tertiary level with individual services). The structure also includes mechanisms for increasing capacities and maximizing resources.
3. Processes are required to identify the way each part of the system should work (for example, inter-agency guidelines and procedures). These processes promote a continuum of care that includes a predictable sequence of functions. The continuum and predictability provides consistency across different levels of service and ideally avoids gaps in responding to clients' needs (see the following diagram).
4. Finally, research and analysis is a fundamental part of the system to improve and keep on developing the system's capacity to make sure that all children are cared for, safe and protected.
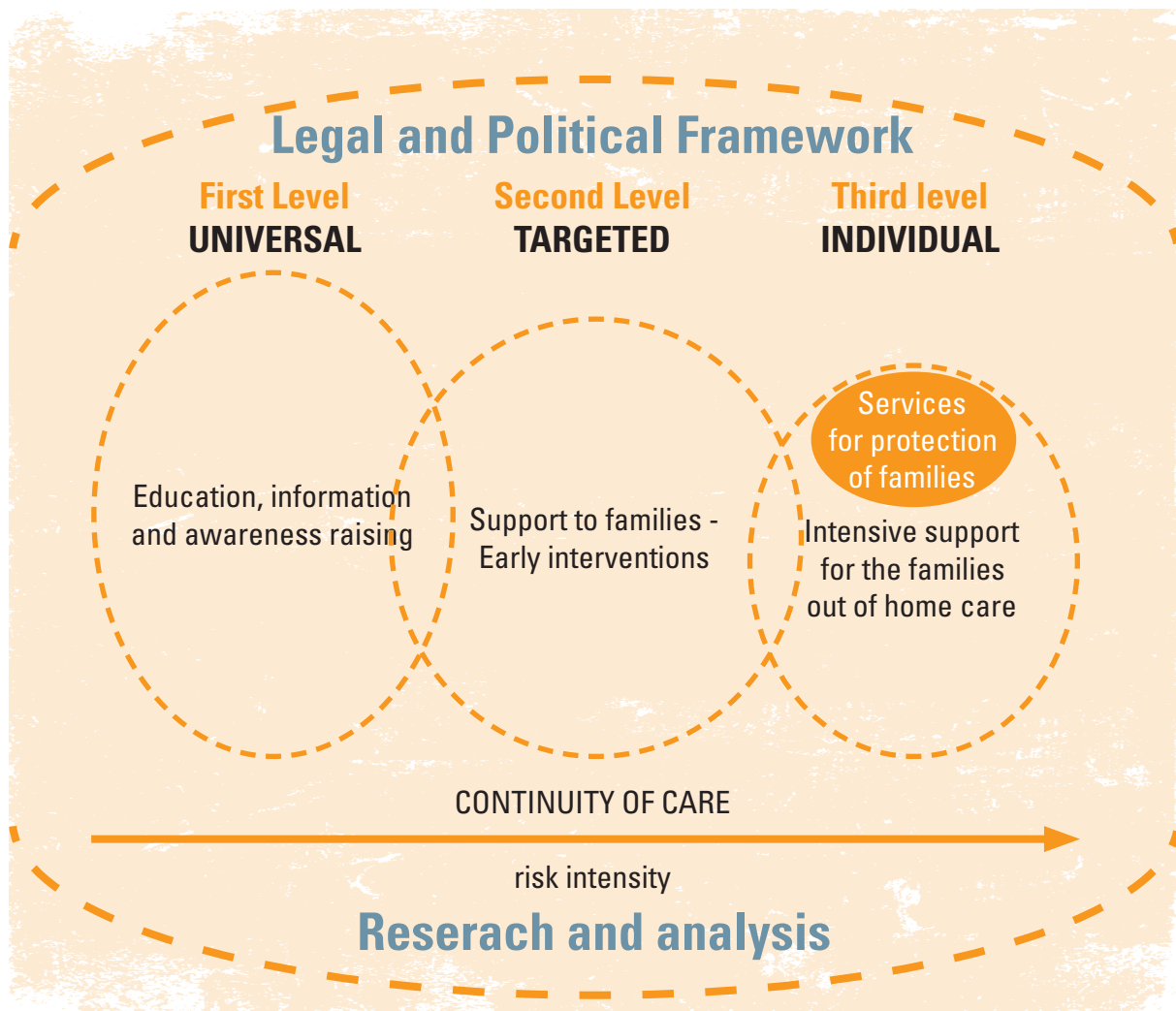
The diagram has been adapted from *"Child Protection Program Strategy Toolkit"*, UNICEF EAPRO, Chapter 5, pg. 328-366

The diagram above shows only the main simplified components: at the primary, secondary and tertiary levels. In reality, other systems interact with and influence the functioning of the social welfare system; in particular, the health, legal (justice) and education systems.

The arrow in the diagram indicates the continuum of care and sequencing of primary to tertiary services. The arrow also identifies the increase in intensity of risk to a child's well-being along this flow and the need to move from prevention levels to more professional and specialized services.

Setting Priorities - Intervention Levels

CP — **HIGH RISK** – Child is or at risk of severe harm – **TERTIARY**

CHILD AT RISK — **MEDIUM RISK** – Child at risk of harm as needs not met – **SECONDARY**

CHILD IN NEED — **LOW RISK** – Child's rights are not fully respected or met – **PRIMARY**

ANY CHILD — **NO RISK – PRIMARY**
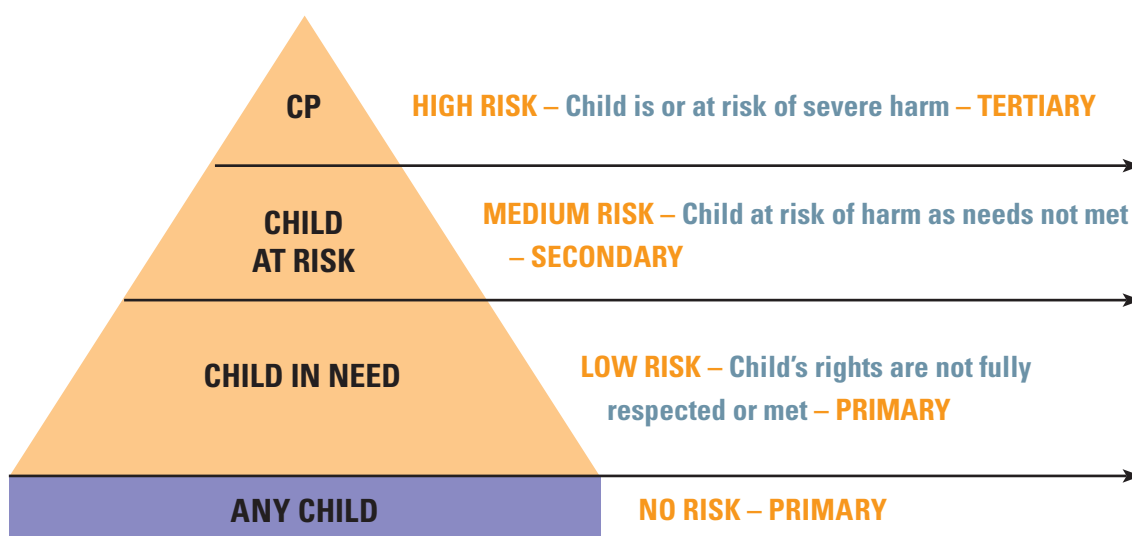
Parandalimi – Qasja Proaktive Ndaj Mbrojtjes

An important element of any social welfare system is the provision of proactive services – often called prevention and/or early intervention programmes. These services, which include what are also sometimes referred to as family support services or diversion programmes, need to be linked to the more reactive services in the tertiary level, such as child protective services.

When discussing the social welfare system, it is important to distinguish between these different levels of service. All levels of intervention can be preventive to some extent: Even at the tertiary level, the aim is to prevent further abuse, exploitation, neglect or violence as well as initiating processes for children's protection, welfare, rehabilitation and avoiding deterioration when circumstances improve. In moving along the continuum from the primary to the tertiary level, the interventions required become more specialized. As such, they require specific professional support. Given that even reactive services contain an element of preventive work and are not purely responsive, there can be a degree of overlap between the components of a social welfare system. This is not a duplication of provision – as long as it reflects a continuum of services required to respond to a wide range of needs.

The diversity of childhood and children's situations means that a variety of overlapping services is needed to avoid gaps in provision. At the same time, it is important to emphasize that these services need to be individualized, and child-centered, during the whole help process.

Primary – Universal for all Children and Families

Primary services are most commonly referred to as 'prevention programmes'. These tend to target general populations, although they may be directed towards specific groups. At this level, services promote knowledge and skills as well as strengthening the overall capacity of the community and society at large for caring and keeping children safe and protected. Preventive programs target problems before happening. This level of work is linked to changes in attitudes/ values and social behaviour change strategies. Common activities include awareness and

advocacy campaigns, such as promoting the need for alternative forms of discipline rather than physical punishment, or sensitization on the impact of domestic violence on families and on child development.

Prevention programmes can be effective in reaching the public. But because they are general in nature, they do not address specific issues within individual families. Primary activities can be limited in terms of affecting change in families in which there are complex or long-standing difficulties.

Secondary – Targeting Specific Groups of Children and Families

Secondary services often are called 'early intervention programmes' and 'family support services'. They are still preventive in nature but focused towards meeting identified needs within specific families or at-risk groups. They can be tailored to suit individual situations and thus are much less general than primary services.

Family support services provide necessary services as soon as a family is in difficulty or meets challenges that might deteriorate into serious problems. Early intervention services target families that are already at risk of engaging in abusive behaviours in order to change those circumstances before they create actual harm to a child. For example, families might seek help for separation, for mediating or dealing with disputes, for alcohol and/or drug problems, for domestic violence, for mental health problems or for difficulties in caring for children. Given this range of problems, a variety of actors provide services at the secondary level – both government and civil society organizations.

Often secondary services are combined with primary ones for higher effectiveness. When a secondary program operates within a community, and the families are identified, then services are individualized per each family. If we add to this a primary program to work with the whole community in order to support families, then we create a network of safety within the community. As a consequence, when the secondary program is closed, there are already existing structures within the community that support their members. These networks identify and address the needs of children and families, have a critical role in raising further awareness in the community on child protection issues and are influential in their advocacy towards the government authorities.

Tertiary – Targeting the Individual Child and Family

Interventions at the tertiary level are necessary to respond to circumstances in which a child is at serious risk of or is being abused, exploited, neglected or harmed in any way. These interventions may involve a child or children being removed from the home (family's or caregiver's) or place of employment when it is in their best interest. In some circumstances, a package of interventions may be first attempted, designed to avoid removing a child from the family and placing him or her in the care of the State. This package may include the use of primary prevention and secondary intervention services, along with other support and protective actions. The details of plans and programmes for individual children need to be determined by the particular context and need to be based on the principle of best interests as enshrined in the CRC.

Specialized Services

Typical examples of such interventions include intensive family support (parenting programmes, relationship counselling, mentoring schemes and practical assistance) and specialized child development programmes (specialized support regarding education, social relationships development and self-esteem work). Alongside, there may be a specialized programme of services used as an early intervention, such as treatment or counselling for drug and alcohol abuse, for mental health problems or domestic violence – or all of those combined.

Protective Services

In terms of the best interests of a child, there remains a need for statutory intervention services also called 'child protective services', provided by the State as an integral part of the tertiary response. These services are called upon when all other ways of addressing the protection circumstances of a child (through primary and secondary services) have not resulted in a positive outcome and an individual child is at serious risk of danger.

The State has a core obligation to ensure these services are available to respond to all children in danger or at risk of harm. This duty requires the State to intervene if and when the family or the community fails to protect a child.

Once a child and family are involved with child protective services, their participation is mandatory – typically with sanctions via the courts for non-cooperation. This is because of the level of harm to which the child has been exposed (or is in danger of) can, in extreme cases, be fatal.

Because the child protective services are a state responsibility, they are not typically delegated to non-state agencies. Many departments within the government have a role to play in protecting children. But it is essential that a single agency (within a government department, a separate department or agency with the relevant mandate) has the statutory role and duty to intervene and, where necessary, also to remove children from their family (or other harmful situation) and to find temporary or longer-term alternative care arrangements.

In the state of Kosovo, the social welfare system and child protective services have been decentralized since 2010 and lay mainly now with the municipal level. The responsibilities of each level of the governance are laid out in the Law on Social and Family Services No. 02/l-17. According to this law, the primary child protection services lay with the local Centers for Social Work (hereinafter referred to as CSW) wich are established in each Municipality, and maintained by the Municipal authorities.

CSWs are responsible for exercising the powers set out by Law on behalf of the Ministry and providing social and family services on behalf of the Ministry. The CSW's have constitutes the Guardianship Authority and perform the duties required of this function as set out in the in the relevant Kosovo statutes.The Guardianship authority is entitled to make proposals for protecting the rights and interests of children and adults in need, to present facts to the court, to suggest the administration of necessary evidence, the remedies and to take other legal measures. A custodian from the Guardianship Authority (appointed by munici;a court) is assigned to each child protection case and they have the role and duty to intervene, and where necessary recommend to remove children from their family (or other harmful situation) and to find temporary or longer-term alternative care arrangements.

The second level, the Municipal Directorate, is is responsible for ensuring the provision of Social and Family Services within its territory to a standard specified by the Ministry. While they have general responsibility for the delivery of Social and Family Services within their area, no elected member of the Municipal Council or Officer of the Municipality is permitted to make directions to a Director of the Centre for Social Work or his staff with regard to the professional management of any particular Social and Family Services case, nor are they permitted to have access to confidential case records. Each Directorate ensures that the Centre for Social Work in their area is resourced to the standards as specified by the Ministry. This includes the categories and numbers of professional staff to be employed.

The General Social and Family Services Council, on the other hand, is responsible for the maintenance of professional standards and discipline in the area of Social and Family Services and to this end acts as the licensing and registration authority for professionals working in this field. The Council is responsible for holding the register of Social and Family Services professionals who are licensed to practice in Kosovo. It has authority to decide who may hold a license and who may hold a license as a specialist Social and Family Services professional. It determines what continuing professional development is required by Social and Family Services professionals. It investigates complaints against Social and Family Services professionals and decides upon disciplinary sanctions that are to be applied including the removal of a Social and Family Services professional from the register. The Council also adopts a code of ethics and conduct for Social and Family Services professionals.

And finally, on behalf of the Ministry of Labor and Social Welfare, the Department of Social Welfare is responsible for the direction and oversight of all operational functions including preparation of regulations, directives and guidance relating to the provision of Social and Family Services, and the issuing of directions in respect of service level standards to be met by providers of Social and Family Services.

The 'best interests of the child' relates to the well-being of children in total: their physical, emotional, psychological, social and spiritual welfare. It should not be determined only in relation to physical care and education.

In many countries where it is unsafe for the child to continue living in their home, for example, where the abuser is living with the child, the common response has been to remove the child. In reviewing laws and practice, some States are adopting a more child-sensitive approach and opting for measures that require the alleged abuser to leave the home temporarily while a multidisciplinary team is organizing the most appropriate way to support the different family members

Out-of-Home Care (Alternative Care)

When a child is removed from the care of the family, alternative care services must be available, either managed by the State or by civil society. It is widely recognized — and reflected in the CRC — that children fare best when they remain with their family or community. Where this is not possible, or safe, then suitable alternatives are necessary.

'Substitute' or 'alternative' care includes various models with a wide range of options, from kinship care, fostering, guardianship and residential care to the permanent solution of adoption.15 Sometimes such care can be used in the short term to prevent family breakdown (and as such it would be an early intervention strategy, although only when it forms part of a wider programme

of support). However, it is essential that alternative care is part of a continuum of care provision. Decisions regarding alternative care for children should be made by a competent authority (usually this is part of the protective services agency.In the case of Kosovo this is the Body of Custody within the Centers for Social Work).

This authority should be independent from the care provider, and decisions must be based on the best interests of the child/children. Alternative care should always be understood and used as a temporary solution while other services work with children, families and communities to make sure that a child/children can be returned to the family whenever it is safely possible.

The differences between primary, secondary and tertiary levels. Some services might be the same at the primary and secondary levels and from the same provider. The key difference between the primary and secondary services is the nature of engagement with families and children and the intensity of the support. The primary services are available to all. But where some children and families have been identified as needing to make use of those services as part of an individual preventive strategy, then they are classified as secondary. The distinction lies in a referral, a suggestion or the decision of families to use a particular service.

An important point about primary preventive services and the secondary, early intervention services is that they are both voluntary. This means that children and families can choose to participate. This optional characteristic contrasts with the tertiary interventions (child protective and other specialized services), for which participation is not a choice. The compulsory nature of the tertiary services is the necessary response to a child's situation – a child is already suffering or is highly likely to suffer harm. No matter how effective primary and secondary services are, there will always be a need for high-quality and efficient responsive services targeted at individual children and their families.

Legal and Policy Framework, Research and Analysis

The two other fundamental elements interacting with and governing the social welfare system for children and families are the:

a) normative framework (the policies and procedures that set the context), which gives structure to the system, and
b) research and analysis, which bring a theoretical basis to the responsibilities and services provided.

As part of the analysis, monitoring and evaluation (with the participation of children and families) are important to ensure that services are based on research and evidence (that is, based on what works). These processes in turn should inform the development of policies and procedures.

Session II

Topic: Family visits

Time:
90 minutes

Methodology
- PPT presentation
- Movie about families
- Group discussion and/or role plays.
- Handout

Objectives of the Session
- To explore the reasons for family visits, their characteristics and their successful management, also their importance in the context of working with children
- To identify key observational skills in family visits and to practice those skills
- To practice the observational skills and give feedback, through linking their observations with child development milestones and needs

Resources
- Tahsini, I. (2005). Modele dhe shprehi në punën me familjet. Cikël leksionesh. Kapitulli 3.
- Hepworth, D. H., Rooney, R. H., & Larsen, J. A. (2002). *Direct social work practice: theory and skills* (6th ed.). Pacific Grove, CA: Brooks/Cole, Chapter 16.
- Panfilis, D., Salus, M (2003). Child protective services: a guide for caseworkers. US Department of Health and Human Services, https://www.childwelfare.gov/pubs/usermanuals/cps/, accessed on June 20, 2014.

Session Summary:
This session will explore the use of family visits and their role in working with families. this will include exploration of ways on how to make visits more effective.

The session will also focus on key observational skills and key areas to be observed, which are necessary to maximise the use of family visits. Keep in mind that family visits are used for various reasons, especially during assessment, but they are explored here, since they are very important to family support and early interventions. At the same time, they help monitor the child's progress during case management.

Steps
Activity # 1: group discussion and PPT presentation (35 min.)
The trainer invites participants to discuss in the big group on why family visits are needed. Later on, he presents the concept of family visits, goals, opportunities and strengths, main steps and how to manage them successfully. A special focus will be kept on observational skills.

Activity # 2: Observation of skills through a video (40 min.)
A video of a family situation will be shown. The participants will be required to observe carefully and share their observations with the group. They will also discuss on how they use these skills

during their current work with families. At the end, participants will discuss on how could have things gone differently in the family situation, focusing on strategies for improvement.

Activity # 3 – *Group reflection* **(15 min.)**
At the end the trainer will require feedback from the group, on what went well and what could have been done differently.

Theoretical Handout: Session II

Family Visit

Family visits aim to meet clients in their own home, in order to offer professional services there, designed to improve family functioning and/or decrease the potential for child abuse. These visits are very important for the assessment of family environment (and individuals), especially in the context of child protection. During a family visit, key information can be gathered, which cannot be available in the more 'sterile' situation of office meetings. In a wider plan, Barker (1987) cites several good reasons for family visits:

1. Clients may have limited physical abilities
2. The process of help may be more effective and efficient in a environment which is familiar to the family and children. Also visits are done to monitor how the help offered to the family is influencing changing the situation.
3. Some visits are made because the worker aims to mobilize and entire neighbourhood or city in relation to a social cause (child labor, child rights, etc). Therefore, workers need to get familiar with the community in order to gain their trust.

All these reasons should be taken in consideration by the CPW, since they emphasize the importance of family visits. Also, they need to be combined with other alternatives in order to build and maintain relationships with the child and the family, such as office meetings with the child protection worker, other professionals, etc. The information gathered this way is continuously assessed in otder to observe changes and to identify inconsistencies, if any.

> For example, the parent seems motivated to change his harsh behaviour with the child in office meetings, while the school psychologist/teacher observes that he is verbally aggressive to him, when he goes to pick up the child at schools. Also, the worker notices that during the family visit, the child never leaves the room and the parent doesn't invite him to come out and meet the worker. In this case, a healthy suspicion needs to be raised in the worker, in order to understand, through communicating with the child, the behaviour of the parent.

Family visits aim to:

a) Assess the case of the child and are undertaken during the assessment process
b) Monitor the case, in order to observe the progress of child and family and are undertaken during the case management process
c) Intervene, with the goal of informing, educating and counselling the parents and/or caregivers and children

These three main aims are usually intertwined in practice. For example, the worker may visit to monitor the results of interventions in relation to family hygiene, and during the visit many notice some new area in need of intervention, such as giving the mother information on healthy nutrition for her two year old baby, or his need for movement.

Important issues to keep in mind during family visits (especially the first one), are:

1. **Observational focus** – the worker needs to be aware that information on the family can be collected through different areas, and keeping in mind the following questions:
    a) Observing the physical environment, if it is appropriate to the child's needs, in terms of cleanliness, safety (glass tables, stairs, windows, etc), temperature, necessary individual space and tools for developing, learning and living, (homework area, space to crawl and walk, sleeping area, toys and books, necessary furniture, etc), temperature, etc.
    b) Observing the nature of communication between family members, healthy communication, barriers, conflicts, power dynamics and disbalances, gender issues, scapegoat situations, negative labelling,etc
    c) Observing if the house is visited by strangers not related by kin with the child (father's friends, mother's partner, etc)
    d) Observing improvements/deterioration of family living conditions

2. **Safety and wellbeing of the child in its living environment and assessment of risk level**

3. **Safety of worker** – before the first visit, the organisation and the worker should carefully assess potential dangers for the workers, keeping in mind the following questions:
    a) Do the child or family members have a history of violent/aggressive behaviour?
    b) Are there any visitors likely to be present during the home visit? If so do any of these people pose a threat?
    c) Is there any known substance abuse?
    d) Is there any difficulty with mobile phone reception?
    e) Are there any animals in/around the property that could present risk?
    f) Are there any other risk factors or hazards?
    g) Is there accessible parking and easy access and exit from the home?

If some of these risks are present, the worker should be accompanied by 1-2 colleagues. If all these risks are present, other alternatives to family visits should be explored.

4. **Worker's dress code** - every worker, during work hours, but especially during family visits should be dressed in a professionally appropriate way, which is not offending to the family culture, and doesn't influence negatively the relationship with them. There are not written rules in this area, but if a worker is not sure what to do, it is worthy to discuss this topic with a more experienced and respected colleague.

5. **Worker's reaction** - a difficult aspect of family visits for the worker is the often shocking nature of how people have to live and what they have to cope with, as a result of poverty or limitations. Many workers come from families with some expectations about living conditions, cleanliness and family organisation. Anyway, they have to be prepared to see beyond the extreme conditions, to remain objectives and see the situation from the client's viewpoint.

6. **Schedule of visits** – family visits should be done at an appropriate time for the family. Often, this means staying beyond the usually day schedule (9-5). Early evenings or weekends can be the only times to find a family at home. In this case, some flexibility is expected from the CPW and their managers in order to adapt the working schedules with the family needs. In further visits, their goal should correspond with the working plan prepared by the worker, in cooperation with the family and child

7. **Frequency of visits** – depending on the needs of the family and the level of risks, the frequency of visits may vary from several times a week to once a month.

The Child Protection Worker's Role in Supporting the Child and the Family[290]

The Child Protection Worker works with a child and the family on issues defined within the Individual Child Protection Plan. Among these forms we can mention that Family Visits should be made on a regular basis and be pre-arranged to ensure the welfare and safety of the child. For each visit the Child Protection Worker should have a defined reason and an objective to achieve.

The role of the CPW varies during the family visits. In some cases the CPW offer direct social work support, or he/she can serve as a linker between the family and supporting services, or can monitor the family.

It is advisable on each visit to see the child and to have a one to one conversation with the child, to listen to the child's point of view of the situation, for example, what has he/she been doing, has anything changed in the child's routine or has something good happened? In some situations, it may be better to see the child at school if this would allow the child a more favorable venue to discuss issues with the Child Protection Worker.

The family visit also allows the Child Protection Worker to observe the relationships within the family, to see if improvements or changes have been made in the home, if these were planned in the Individual Child Protection Plan. Home visits allow the Child Protection Worker to have discussions with individual members or have group discussion to air and work through issues that affect the care or welfare of the child or adult relationships difficulties.

The Child Protection Worker within his/her family visits will assess the child's growth, welfare and development. To be able to do this the Child Protection Worker will need to have a basic understanding and knowledge of the stages of child development and to have noted within the initial assessment the child's abilities and skills.

A Family Visit allows:

- The family to be observed in their natural environment;
- Observation of the types of relations or conflicts there are among the various family members;
- Observe the children's behaviour;
- Observation or assessment of one member who is scape-goated or viewed negatively;
- Assess improvements in the household conditions;
- Although the home is an informal setting, the Child Protection Worker is there in a professional role and should maintain this;
- Discussion around issues which are important to the family members, but the Child Protection Worker should empower the family to come to their own ways of working out their problems;
- For joint visits of professionals to address issues together, for example the enrollment of a child into school or vaccinations for young babies;
- For joint visits if it is assessed that there is a risk to the welfare of the child and the family will not come to the Child Protection Unit.

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290 This subsection has been reproduced (by permission of Tdh Albania and Kosovo) from the Working Protocol for Child Protection Workers, Chapter 9, subsection 9.3, pg. 75-78, MPCSSHB, Tdh, UNICEF, 2010.

An Assessment Tool for Family Visit

Terres des hommes Albania has build an assessment tool in order to help CPW to collect and structure effectively all necessary information during home visits.

Terres des hommes Albania		
Family visits – Observations/data		
DATE / TIME:	**FAMILY NAME:**	**WORKER:**
BEFORE THE VISIT		
What is the goal of the visits (part of the assessment process? Monitoring? Family support?) What you expect to achieve through the visit and how are you going to achieve that?		
DURING THE VISIT		
Who is present:		

	No concerns	Some concerns	Many concerns	Comments/Notes

Environment			
Is the house appropriate? (space, water, toilet, heating, etc)			
Is the house clean and tidy? Are there indicators that the health of the child might be at risk?			
Is there an appropriate sleeping place for the child?			
Are there evident physical dangers? (ex. Pieces of glass, knives, sharp objects around, drugs accessible for children is the building next to a high traffic street?)			
Are there age-appropriate toys?			
Observation of the child			
Is the child appropriately dressed?			
Is the child clean?			
Is the child's development age-appropriate?			
Is the child's interaction age appropriate?			
Is the child's language age-appropriate?			
Is the child playing with age-appropriate objects/activities?			
Does the child respond to instructions?			
Are there any sings of physical abuse in the child, such as bruises or unexplainable wounds?			
Does the child exhibit any concerning ('abnormal') behavior?			

Parent-child interaction (Beyond the following questions, focus on concrete behavior you observe. What do you see and how often? Add to comments section)				
Are there expressions of affection (verbal, physical) between the parents and the child?				
Do the parents give positive comments to the child at his presence?				
Are the parents controlling, or they give the child the opportunity to choose?				
Is there eye contact between the child and the parents?				
Is there a warm and natural relation between the child and the parents (or the child looks scared/hesitant)?				
Does the child seem happy?				
Is there any differentiation in parents' behavior towards children?				
If there are other children at home, are they in an appropriate relationship among them? (or one of the children dominates/scares the others?)				

Terre des hommes

Parents' observation			
Do the parents have unrealistic expectations of the child?			
Do the parents speak negatively of the child (ex. highly critical)?			
Are the parents in full control of their behavior, or they seem to be under the effects of alcohol/drugs, etc?			
Are there indicators of domestic violence?			
Are there indicators of difficulties in the relationships between the adults in the family?			
Do the parents mention ideas on childcare that can be worrying, such as physical punishment?			
Is there something 'strange' or concerning in the parents' behavior, that could show hidden problems, such as mental health issues?			
Were the parents aggressive/protective during the visit?			

AFTER THE VISIT

What were the dynamics during the visit?

Could you communicate directly with the child? If so, do you have any concerns?

Is there an issue/problem to be followed up?

Reflecting on the family visit, are you concerned about the child's wellbeing/safety? Do you think the child is in danger? If yes, please explain why.

Session III & IV

Topic: Skills on Effective Communication With Families

Time:
3 hrs

Methodology
- Powerpoint presentation;
- Role play;
- Group discussion.

Session objective:
- Identify and practice skills of effective communication with families
- Present skills on engaging the family in the process and interviewing skills
- Present basic family counselling skills
- Present specific techniques including conflict solving, to work with resistant families and aggresive members

Resources:
- Tahsini, I. *"Modele dhe shprehi në punën me familjet",* Cikël leksionesh, Kapitulli 3, 2005
- Hepworth, D. H., Rooney, R. H., Larsen, J. A. "*Direct social work practice: theory and skills"* (6th edition), Pacific Grove, Brooks/Cole, Kapitulli 16, 2002

Përshkrimi i sesionit:

This double session will present some of the main techniques of interviewing and counselling, used in family work. Also some specific techniques in working with resistant families and aggressive members will be explored (such as joining, socializing, even distribution of time and attention, emphasizing strengths and removing blame).

The participants will have the opportunity to practice skills and get feedback on their practice.

Steps:
Activity # 1 – Powerpoint presentation (30 min.)
Trajneri do të prezantojë shprehitë për përfshirjen e familjes në proces, shprehitë intervistuese, në përgjithësi shprehitë bazë të këshillimit me familjet dhe teknika specifike për punën me familjet rezistente dhe anëtarët agresivë (bashkimi, socializimi, shpërndarja e vëmendjes në mënyrë të barabartë, pyetjet drejtuar gjithë familjes, largimi i fajit nga një anëtar, etj).

Activity # 2 – role plays for practicing skills (45 min.)
The participants will be divided in groups, based on the presented case scenarios, (or they can bring their own cases) and will practice together the presented skills, taking turns in playing the social worker and family members. One of the participants will have the role of the observer during the role plays.

Terre des hommes

Activity # 3 – Reflecting in small groups and big group role plays and discussion (15 min.)
The participants will reflect in small groups about their role plays. Then, each group will conduct the role play in front of the whole audience. Further on, the plays will be discussed in terms of how things were done, what went well and what could have been done differently.

Activity # 4 – (90 min.)
The same order is repeated, using role plays and reflection to practice skills.

Working Sheet

Case studies

The participants are divided in groups according to their scenarios (each group will have one). The observer will watch carefully how the role play goes and will identify the skills used. Later, a small group reflection will be done, on the specific skills used, engaging the family and the child in the conversation, power dynamics, etc.

Case # 1 (group of five: father mother, daughter, social worker and observer)

Ela is in the sixth grade. One day she met the school psychologist and said she didn't want to go home, because she was very upset with her father, who beat her mother continuously. She was scared of him and she couldn't bear to see her mother in that situation. After talking to Ela, the psychologist consulted the case with the child protection worker, and the worker decided to meet Ela's parents, in order to discuss her situation. The parents approved of the meeting and a day was set. On the phone, the mother seems scared, while the father was nervous and suspicious. The worker felt nervous herself, she wasn't sure if she should meet them together, or apart, and how to deal with the meeting. She started planning the meeting. She had to think of the best way to collect information from both parents, without harming the mother and Ela.

Note: You, as a child protection worker, need to make a plan on how to organise the meeting and then the role play.

Case #2 (group of five: son, worker, grandfather, grandmother, daughter and observer)

Edi (15 years old) and Nertila (10 years old) are two siblings that live with their maternal grandparents. They parents have divorced and the mother works abroad. The father has disappeared. They don't go to school since three months and have been seen begging in the streets. Edi hangs around with some boys, which are known for stealing and selling drugs. The child protection worker knows both children, because the parents have asked for support for them. The worker asks to meet Edi, who seems unwilling to talk to her. Two meetings have been set, and he never showed up. In the third contact with the worker, he promised to meet her, though he said 'I have nothing to say', and "I'm a grown up now, and I know what I do'.

The worker decided to meet first with the grandparents and Nertila in order to get more information.

Note: The meeting with Edi seems to be a difficult one, because he seems refusing and aggressive. He seemed angry with the whole world. The worker had to reflect on how to manage this situation.

Case #3 (group of seven: father, two children, aunt, CPW, gender-based violence worker, observer)

Krenari is the father of two children, Ela, 12 years old and Toni, 9 years old. He used to be a policeman, and know he runs a private business. His wife divorced him six years ago because he was violent to her. Now she has remarried and lives abroad. She never showed any interest on the children, because she was scared of her ex-husband.

The children go to school, they seem quiet and Ela takes care a lot of her younger brother. The divorce has been very tough for them. When they come home from school, they feel very scared because the father may show up drunk and yell at them. Ela gets beaten up almost always in these situations. He often yells at her :'You remind me of that wh..re'. Also, when he is too drunk, he undresses her and leaves her like that for hours, after beating her hard. His sister is aware of the situation of the family. Many times she takes the children at her place, but she is scared, too. After helpin her brother so many times, now she has decided to report to the police.

The police calls the child protection worker and asks her, together with the domestic violence worker, to interview the father and the children separately.

Note: The two workers are planning together on how to manage the meetings.

Case # 4 (group of four: son, uncle's son, worker, observer)

Dritan lives with his paternal uncle's family. His parents are both dead. His uncle feeds him and offers him shelter, but he has to go out begging everyday in order to get food for himself and his uncle's family. The uncle has five children that also beg everyday since 9.00 to 22.00 at night.

Dritan's case was refered to the CPC by a church where he sleeps everyday for an hour at lunchtime, or where he is sheltered when the uncle gets drunk and beats him up. The church refered that he didn't want to live with his uncle anymore, although he loved his cousins. The worker met his uncle and asked for an individual meeting with Dritan. The uncle accepted, saying that he did all he could for him, just like for his children. Dritan was brought to the worker's office by one of his cousins, 17 years old.

The worker noticed that Dritan was full of bruises and marks. Also, she noticed that she had difficulties in articulating his words and thoughts. This made her think that the situation was grave, so she has to collect as much information as she could, immediately.

Theoretical Material: Session II & IV

Basic Skills in Working With Families

From the beginning of the profession, social work dealt with the family as a unit and as the focus of intervention. Nichols & Schwartz (1998) find the contributions of social work at the family level, from the friendly visitors of Charitable Societies up to work the work done with the families. According to them, the focus of the profession on the person and the environment, was preceded by the "ecological model of family therapy, long before the introduction of the theory of systems". The justification for the conception of the family as a system was clarified by Mary Richmond's classic text, "Social Diagnosis" (1917), in which the family is conceived as a system and its treatment is presented as a unit.

The family has the greatest importance in between the different systems, which concern social work. The family, consisting of people who share the history, as well as the future, performs the essential functions of "meeting the needs of social, educational and health care for its members[291]". Mainly within the family that the character is built, life roles are learned and the members are socialized for participation in society.

Social workers work with families, in a variety of settings and with a variety of problems. In some cases, their practice includes family interventions designed formally to have an impact on the family structure and processes. In many other cases, social workers work with family members, on a particular concern with a particular function of the agency. E.g. social workers in the health care environment and care for the elderly, often focus on issues of health, safety and independence of the elderly or sick, as part of a multidisciplinary team. In child care settings, they focus is on the health and safety of children and the preservation of the family.

Definition of the Family

In our constantly changing society, social workers will be faced more and more new types of families. By applying a wider "target" on how to determine the family, Carter & McGoldrick (1999) include as components of the family, the relatives and relatives of the wider community / neighborhood and cultural group. These broader definitions of family are a challenge for the social worker, in assessing the family functioning. To overcome this challenge, Meyer (1990), based on a less standard view of what is called family, encourages social workers to break free from personal and professional bias, that forcibly frame families to a specific context and create the illusion of pathology. They can conceptualize the modern "family" with two or more people who join an intimate relationship. As the needs and circumstances are different, the assessment of families by targeting a certain level of functioning, strengths, migration and lifecycle status is also an important factor. This model allows for more collaborative practice, in which the strengths and differences in culture, race and lifestyle, can be explored in the context of change and problem solving.

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291 For easier reading, we will refer to "family members" mainly as members

A Specific Framework to Assess Family Functioning

As mentioned above, it is important to take into account the many ways through which one could become a member of a family. Members can enter the family system through marriage or engagement (such as cohabitation), birth or adoption. Also, you should consider informal arrangements, family relationships that extend beyond the existing home/settlement. Such links may include friends, intergenerational and community networks or as Weston calls it (1991) " the created family ".

A key feature of any system is that all its parts are in interaction. Between systems and their components there is an interdependence, meaning that everything that affects the system, whether internal or external, in some way affects the whole. According to the general conception of the systems, the system as a whole is greater than the sum of its parts. Systems are in constant exchange with other systems. They manage inputs from other systems by preserving the borders. When faced with the input, a system can attempt to provide stability or balance, change or remain in stable condition.

Systemic framework is useful to assess the families, since the focus can be placed on internal family systems, but can also include the impact of larger systems on the family. The assessment of the internal functioning of the family, the family history or relationships is facilitated by the completion of a genograme. Similarly, the eco-map helps us focus on the interactions between the family and wider society. The culture-gram also (Congress, 1994) is a useful tool to assess the family dimensions in the context of culture, as Green (1999) states that systemic perspective restricts consideration of important cultural issues.

Families, like other systems, are divided into subsystems - parents, siblings and relatives, which come together to perform various family functions. Members of the family system influence and are influenced by any other member, creating a special system governed by implicit and obvious rules, which specify the roles, power structure, forms of communication and ways to negotiate and settle problems. Roles, power structures and patterns of communication are dynamic processes of the system and its constituent parts, interconnected and interdependent. Since the family is a unique system, the use of systemic framework allows social workers, to analyze and assess the ongoing context of family activities, as well as external influences.

Also, although this issue will be mentioned later, one can never emphasize to much the fact that despite the work in the system with each member, individual work is important. This is vital in child protection work, where individual work with children is crucial to understand the family situation. Cases where the amateur social worker is satisfied by what the parent / adult says and begins to develop interventions in the absence of comprehensive information, which would come from the child, must be avoided. Some dimensions important to assess the family functioning are:

1. The family context

Factors involved in the assessment of the family context include culture, race, form the family, sexual orientation, key resources and experience of oppression and discrimination. Remember also the stress factors discussed previously. Families learn to live in a context, often facing situations that over time lead to damages within the system, which affect the welfare of the family.

The dimension of the family context involves measuring household access to basic resources such as food, health care, residence, economic assistance, vocational training and their ability

to provide these resources. Often, the first and foremost is helping families meet their needs for survival, which comes naturally before interventions to change family dynamics, or to learn the communication skills of parenting. For families who are struggling to survive, these are irrelevant for the moment.

More important is the observation of family within its cultural context, sexual orientation and family form. McPhatter (1991) observed that in exploring the structure of a family, the social worker should not make assumptions about the composition and type of family, based on a traditional definition of the family. Today family groups may include one-parent families, informal networks of relatives, extended family members, and parents of the same sex and families formed through friendship or community, who are committed to each other. McGoldric (1982) states that mainstream American determination that focuses on the nuclear family does not exist to the Italians, who do not recognize the nuclear family. "For them, family means a strong three or four generations, including godfathers, also old friends".

The Chinese go beyond that, including in the family all ancestors and descendants. Even in the Albanian family, it seems that the nuclear family is more the exception than the norm. Historically, for the Albanians, the family had a similar meaning as to the Italians, a strong bond of several generations, dependless whether this was for tradition, or economic conditions. Even today, it seems that the nuclear family is more the exception than the norm. Even when the family living under the roof is made of only the couple and the children, yet it seems that the traditional definition of the family continues to prevail. This is worth keeping in mind for the social workers, as although the family who comes to you for help is "nuclear", factors that contribute to its concerns, can be found even in members, who belong extended family. On the other hand, supporting elements can also be found, which are very important and often necessary for family, whn facing stressful situation that affect family welfare.

Although the family contexts are quite different, foreign systems of the dominant culture strongly influence the functioning of the family. Carter & McGoldrick (1999) note that homosexual couples experience harassment, violence, denial of rights and key legal protections. This lack of protection, coupled with the lack of roles and language for these families are not only stressful, these families suffer the stigma of the community, resulting in fewer resources for them, as well as social isolation.

Therefore, for a professional assessment of the family, social workers need to get to know the family in their surrounding reality. This includes culture, bi-cultural, ethnic status, language, social class, customs, history and sexual orientation. In order to empower families to filter how important these factors are, we can apply the "dualist perspective", as Norton (1978) and McPhatter (1991) call it. This includes "the systematic and conscious process of perception, understanding and comparability at the same time, of the values and attitudes of the broader social system, family systems closest to the clinet and the community system."

Kilcpatrick & Holland (1999), in the context of ethnic families, suggest that "dualistic perspective keeps solving the problem, in synchronization with specific values and customs of the community." Moreover, they suggest that this perspective notes that families are members of the two systems, "one of which is dominant or holder and other offers nourishing care. The attention to the influence of both is important."

Using dualistic perspective helps identify points of conflict within the family and larger systems. This, for example, can be seen in the evaluation of couples of the same sex. These couples live in a homophobic environment. Consequently, they risk their job, custody of the children and their homes.

Using this perspective, social workers can see the functioning of a family, within the context of what is "normal" for the culture of the family, since it can function in one culture, but not in another. However, it is very important that social workers are aware that this argument can not be used ever, when it comes to child abuse, especially in cultures like ours, which have still a high tolerance to violence and a tendency to normalize it.

Numerous authors tell social workers to be careful, not to impose their cultural perceptions, to the families they work with. Such errors can make them intervene in ways harmful to the family system. For example, the terms "confusion", "fusion", etc., may be inadequate when describing the interdependence of some families. Also, although women have a common history of discrimination, gender, when combined with race or ethnicity one should not assume that this is the most important factor for women of color, because their life is shaped by other oppressive realities. Likewise, in many Albanian families, the extended family structure has been and is very important for the economic, social and spiritual survival. Failing to understand the practice discussing important decisions with family or support with family contributions, to follow a certain course of action (eg putting a house on mortgage, that a member can receive a loan, etc.) leads to a break in the relationship between the social worker and the family.

Also, social workers need to understand that members of different groups can have strong variations from descriptions or profiling of typical behavior. Within these groups there are major differences in language, culture, etc. The values of a community group are not always embraced by all members. Changes can be seen in different generations. E.g. toddlers of families coming from the north and living in Bathore, can adapt to the new culture more quickly than their parents, due to their exposure to the dominant culture through the school, or due to years of scarce experience within the original culture.

2. Strenghts of the family[292]

Almost all families have strengths as individuals and as a group, which should be identified. This is why social workers should change their perceptions, to discover strengths, which can go unnoticed at first sight.

The social worker must be aware that many families, especially those discriminated against by culture, feel powerless to cooperate with the serious circumstances they are facing. But still, they have many strengths, which should be identified and used in the training process, to empower families to achieve the desired changes. During the assessment, the questions that explore the strengths and resources, focus on the family traditions, patterns of help-seeking behavior, individuals or institutions that the family can use in difficult times as well as hopes, dreams and aspirations of the family.

Initial Contacts With Couples and Families

Since clients do not usually think in a systemic perspective is important to manage the initial contacts in a way that paves the way to work with members of the family system, instead of agreeing immediately with an individual request for service.

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292 More on family strenghts can be found in the subsection "Inventory of strong points"

Request for Service

Your initial contact with the client can happen anywhere, at their home, in a school or hospital environment, in your office or by phone, depending on the environment where you work or the type of reference you are doing. If the family has been assessed preliminarily to work with, according to the model family of another employee by phone, then its enough to specify the details of the meeting. If not, you should achieve two main objectives. The first is to determine whether it is appropriate to intervene at the family level. You can set a family model of treatment, when initial contact expresses difficulties involving other family members or other persons living under the same roof, as a relative, friend or partner. When problems include eg parents living elsewhere, the social worker usually leaves an initial meeting with the individual who started contact. The second objective of the initial contact is agreeing on who will take part in the first meeting and creating a rapport with potential clients, who made the request for services. It is important to maintain balance between offering empathy and setting expectations. The initial contact should be short and focused on objectives, not to cover too much on individual perception of family problem. For this, the instructions below should help:

1. Ask for a short description of the problem by the client and respond with empathy to his messages. When you realize that you set the rapport and have heard the case, make a summary of the problem, according to the client's feelings and emphasize the needs or desires of the client.

2. In the case of referral, show the main data of the referral such as source and scope of referral. Client should clarify the choices they can make, even decide on whether to meet or not. Especially in the case of children, you must make sure that the child understands well the purpose of the meeting, to explain how the information will be used, and ask if he wishes to continue with the meeting. (this should take into account the child's age and developmental capacity).

3. If it results appropriate to include family, introduce the client to the family model of treatment, e.g saying:

"To help people with problems similar to those described by you, it is often best to come to meetings, with other family members. From my experience, when family members influence each other's problems, other members experience stress. Also, changes in one member require changes and adjustments in others as well. These changes that you want are more quickly achieved when all members work together. "

4. Specify which members you want to meet in the first meeting. To facilitate the management of the initial contact (since if the whole family appears, this requires advanced skills), consider these suggestions:

When a parent identifies a problem related to the child, ask the parents or parent to come to the first meeting with the child (or children), except in special cases (eg child threatens to kill himself). Also it is recommended that the meeting includes every other adult who has an executive or parental function at home (eg grandmother). Also, in case of meeting with a CPU employee and the child and the parent, you must take care that in addition to the joint meeting, to have the opportunity to meet separately with eachof them as well.

However, you must respond to the request of the client when they require that other members are not included. But it is important to explore the reasons, if not over the phone, then at the first meeting. If clients do not change their position, then you should start "where the client is", meeting those who the client brings. Its not necessary that every member is in every meeting, eg children may be excluded from sessions, if the focus is on the relationship between parents. When clients say that other members do not want to participate, ask permission to contact these people directly. If you are given permission, after introducing ourselves and the purpose of the call, you can say something like:

> *"As you know, ... I was contacted about some of your family problems. I understand that you are very busy, but I thought about calling you personally to ask you to participate. Your participation would be very helpful, as I am interested in the way, how you see the problem of the family and this can help in its solution. Is it possible to come to the meeting, eg at ..., on ...? "*

Once you give this message, you must examine the reaction of the individual and respect the decision not to take part, although you can emphasize that participation in at least one meeting is very important. Pressuring the client removes and destroys the possibilities for inclusion in the future.

Managing Initial Contacts With Parents

As mentioned above, the initial sessions include only the parents or any other family member, who act as the executive or the parent. This gives social workers more time to:

- get to know the problem;
- plan strategies for the inclusion of other members (in cooperation with the supervisors);
- establish rapport with the parents, increasing the possibility to influence them in the later sessions, which will include children as well;
- assess the need for interventions with the parents, before the meeting with the children. (eg some parents display styles so unproductive in dealing with children, that first meeting with the whole family would be a total failure);
- clarify the systemic nature of the problems and point out the need (if any) to change the behavior of the parents themselves;
- refrain others from labeling children who have been identified as problem (clarifying to parents, although they believe that one child is responsible for the difficulties of the family, starting the meeting with this mindset will place the person identified as the problem on the defensive and refuse to be involved in the process. The social worker can add that, although one person can cause considerable stress on the family more, all the members are involved in the problem and need to make changes. He can suggest shifting the attention from the "problematic" member, to the involvement of all members in a discussion of the changes that everyone would like to happen to ease family problems. The social worker may want to ensure the parents, that they will help the child to change, but we must emphasize that the change is less difficult if the child does not believe that other members expect him to make changes, just to ease them. (A similar strategy is appropriate when the problem is identified as an adult);
- plan the best way for a child's involvement in the process, e.g. instead of separately meeting the child, the social worker can meet with a peer brother / sister, or can meet

all the children together, thus indicating that he sees the problem as a system rather than a person . Having interviewed the parents first, the social worker can help them explain to their children why they are seeking professional help and train them how to prepare the child. Parents' explanation should clarify that the family has a problem (not that the family has a problem with the child). Parents also need to give children a general explanation of what to expect when they meet with the social worker and should listen carefully to all their hesitations, related to the participation in this process;

- train parents to behave constructively when children are in session, creating a climate that encourages communication, by not sending incriminating messages, focusing on positive behaviors of children and listening to their concerns.
- If parents bring the "problem" child at the initial meeting, the social worker must request permission to interview the child first, giving him a chance to tell his story first. This way the social worker will not be biased, based on information provided by the parents (as the child perceives it). At the same time, he should not give the impression that he is forming an alliance with the child, so this request has to be explained to parents. In special cases, the separation of the child from the parent can be problematic, so in these cases, the social worker, after interviewing the child, has to also interview the parents and keep the last meeting for the whole family. Finally, he should emphasize the systemic nature of the family problem, to help members share common goals with each other and formulate family goals.

Leading the First/Initial Meeting With the Family

Engagement / bonding. Usually the first meeting with the families is made when they are in a state of crisis. Often the discussion is outside the house placement of one or more children. The "Executive Ability" family is inappropriate or reduced for many reasons. The absence of the family and neglect of children can lead a new practitioner in blaming parents, but usually there are several issues that must be considered. Often these families are suspicious of anyone who offers assistance. However, they often are in a state of crisis so severe that they will respond well, to someone who is capable to meet them in ways suitable for the family. Usually, family involvement in a subsidiary relationship is the most difficult parts of the process of intervention. A variety of techniques seem useful.

First of all, "starting where the clientis " provides the employees and the family the chance to start. Intervention can begin by asking the family what is crucial for them[293]. Many of these families wait for someone to show them, even ask them to "do something", as this is common intervention with which they are accustomed. To intervene successfully with these families, they are seen as equal in a partnership that aims to build the strengths of the family, to improve the overall functioning.

Some service delivery models form teams of professionally trained clinicians (usually with postgraduate qualifications in Social Work) and local community workers. These employees are often essential in engaging the family, because they see them as people who truly understand the situation. Sometimes initial contact with the family is made by the local community worker, who then is introduced as a specialist practitioner of "the system". Always, it is important and potentially empowering, that clients are considered "experts" of their family. In the context of

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293 As we mentioned above, at the "Definition of the family", in the context of the work of employees to protect children, even before this step, we must ensure that that is the family with which we will work and guardians of the child. Often children do not live with their biological parents and guardians circle is unlike any typical family model.

Albania, a similar model, is the cooperation of CPU employees with non-profit organizations, which provide services in collaboration with community and social administrators, who know families closely.

Often, they exhibit creativity and very good accustomization in dealing with family and community issues. Most of the help they need, may be in the area of intervention in the social system, which exists outside the family. For these reasons, it is essential for the family to engage and commit to working with the team or external practitioners. If the family is not involved, this is often an indication that it has been approached inappropriately.

Inventory of support and strengths. In the initial phase of the intervention, many families feel that professionals will include in-depth discussions of family problems, or professional jargon "of psycho-pathology of the family". This model does not seem to be useful when working with families with children at risk. A better way is to develop a list of potential resources, such as extended family and a list of the strengths of the family, which can lead to a more productive intervention, as these resources and strengths are the foundation upon which the family functioning is improved. Sometimes it may seem that families do not have strengths. A further review may indicate that once there were many strengths, but now they are no longer visible. Sometimes a strong point is simply the fact that things are not worse than they are. Another small strong point is that the family is ready to work with professionals. In any case, it is useful to sit down and discuss the resources and potential strengths. Using genograms could be useful for professionals. Sometimes, some families fear the use of a written format, which they do not immediately understand. So it can be important, at least during the first phase of the intervention, that the clients feel comfortable with the assessment methods. Use the "ethnographic interview" in the natural environment of the house or community family allows members to use their own words to inform professionals, instead of trying to enter into a standard format that can be culturally or ethnically biased or that might scare clients who feel uncomfortable with some aspects of the opening of oneself. Eg a question like "How long have you been married?" may seem harmless. But for a single mother with four children, it may seem threatening or judgmental. Allowing the client to describe the nature of family relationships, a professional can quickly see inside the "life" of the individual family. It is important that the professional / team joins the family in assessing clients, rather than impose a set of "family values" to clients for whom these values can be foreign and often offensive.

Caring for the family. Using the client-professional relationship is perceived as a means of change, but it is only one among many interventions with behavioral orientation, which are used to help families. Experienced clinicians point out immediately that all behavioral interventions appear to have been most successful when applied in the context of a strong, positive relationship among family members and the professional / team. In fact, many parents need a supportive relationship with a person who is sincerely interested to hear. With parents, professionals and family workers can take the supporting role of "guardian/caretaker". This often takes the form of a support expressed with participation in the daily activities of the parent, such as preparing meals and cleaning the house. At the same time, such support may be the only "adult" with whom the parent is in constant contact. This care is often "followed by" children in the family, as adults begin to have more confidence in their abilities. This is a common result of the relationship of care between professionals and parents.

Modelling the roles. Professional-client relationship often creates space for modeling roles. If a relationship of trust is reached, many clients require parental self help skills. Very often, the acting ability of the family is improved, while the parents see the professionals demonstrate concretely (in vivo) new ways of dealing with old problems. Although this information exists in

books and brochures for the upbringing of children, these families may not have access to these materials, or can not use them without the help of someone who will answer their questions or helps with reading habits. Sometimes, even when parents refer to parenting classes, they do not participate in them, as the don't have whete to leave their child, or because they are embarrassed to be attending. Concrete intervention (in vivo) allows the continuation of care for the child while learning process occurs.

Conflict resolution. Many families are unable to easily solve small conflicts within the family or community, simply because they have never learned methods or techniques of conflict resolution. Sometimes, just the idea of a family meeting, where every member can express their feelings and solutions, is brand new to these families. Through role play and learning, families can see for themselves that there are alternatives to them.

Domestic conflicts usually arise when two parties are unable to perceive each other properly. The more we become angry with a person, the more we would see the as negative, of ourselves as innocent victims. Because they think that the other person is wrong, there is no trust between the parties. In this situation, cooperation for the solution of the conflict is impossible. In such cases it is better for a third party to facilitate discussions, in this case a social worker. Normally, to come to a solution quickly, the facilitator should follow certain principles such as do not always intervene in the discussion, do not take sides, encourage emotional disclosure, to give positive examples, etc. Among the techniques of conflict resolution, the six steps technique is prominent and very suitable for family environment. The steps suggested by this technique are (1) the parties calm down and their consent is asked to start discussion, (2) each person express their feelings and the problem, as they sees it, using "statements with I", i .e. I think, I feel, etc., (3) the other party is not accused, not offended, not interrupted, (4) every person expresses how they are responsible for the problem, (5) together they try to find solution and opt for that solution, which satisfies both parties- a win-win solution, and (6) they confirm the deal, shake hands and give thanks, as a sign of taking responsibility for the conflict and readiness for change.

Advocacy. Many families in this level of need are often victimized by homeowners, sellers, sometimes even by employees offering different supportive services. Many families are shocked and wondered, that there are people who want to help and that they know the system, so as to be able to offer help families. When families see professionals defend their rights, eg in obtaining economic aid, they learn how to protect these rights themself. So, in many ways, they begin to see that they have an active role in their lives and not simply that "life is happening to them."

In the following part, will go into more detail on how the first meetings take place, how the employee retains focus and what specific questions help us get as much information from the family.

The purpose of gathering the family together is to identify concerns, highlighting the perspective of different family members. The first session (wherever it happens, in the office or home) is called the social or union stage. This meeting is important to establish the relationship and build an alliance with the family. Besides the viewpoint of each and everyone on the problem, it is useful to restate the reason for the contact and information gathering for the family. In facilitating this process, listening is particularly important, that everyone feels understood and accepted. This process is facilitated by a social worker, arguing "What can I learn from this family and for this family, that can help me to work with them", and ensuring that all members can speak without being interrupted by others.

The experiences of clients in this meeting is very important. They determine whether clients will be engaged in the process or not. They perceive the meeting as the model of the whole assistance process. To create good foundation for future work, the social worker must achieve several objectives, which are listed and explained below. This list can be used as a guide for planning, as well as to assess the initial sessions.

1. Setting a relationship with each member and an alliance with the whole family

This double task is achieved through the following techniques:

- *Socialization* technique includes simple social conversations, used briefly at the beginning of the meeting to reduce tension.
- hrough the technique of *union* (Minuchini, 74), social worker "joins with" or speeds up its entry to the family system in several ways: by respecting the rules of the family, allowing one to be the spokesperson, although later the social worker can intervene to change this rule, highlighting the strengths, supporting members threatened, using the language and expressions of the family and finding intentional similarities with the social worker (eg, "Oh, I've had a similar cat").
- A third technique- that of *facilitating*, involves the use of verbal and non verbal empathetic responses to establish emotional ties with individual members, especially those who are more reserved. Eg when someone does not speak, the social worker can excite a response ("Vera, I think you did not say what you feel upon learning that will come here. Can you tell us how you felt?") and then answer empathetically to what the client says ("Yes, I understand why you feel so"). The social worker encourages members to withdraw, but without putting pressure on them. Self empathic responses and his sincere interest expressed verbally and non-verbally, often causes some members to become more active participants.

In addition, the social worker should aim to allocate relatively equal time and attention between members, to highlight individual strengths and intervene when a member says something to the other, or when one member is the target of blame (techniques discussed later). In this way, the social worker shows a positive assessment for individuals and the value that he provides to the unique contribution of each member.

Also, he creates the relationship by directing questions and observations to the *family*. This not only creates an alliance at the group level, but the awareness of the family often functions as a common unit and they as members have frequently common goals, even common emotions. Connecting effectively with families may require social workers to understand the socio-political and cultural context of the family, as well as the strengths of their abilities. Often, due to the latter, the family has been able to function, regardless of other factors.

2. Clarifying expectations and exploring reserves in the helping process.

Members often have misconceptions of the process and may be reluctant to participate. To identify obstacles it is useful to get answers from all members the following questions:

- *What are your concerns about meeting with me?*
- *What do you hope will happen in our meetings?*
- *What are your fears for what might happen?*

Sometimes we may be use with caution even more specific questions such as:

- *Are you concerned that your family may be judged?*
- *Are you embarrassed seeking help outside the family?*
- *How do you think I can help your family?*

Then expand the focus by directing to the family: "Did the others have similar concerns with ...?" When members notice the similar feelings, they begin to understand that in addition to some reserves, there are also common concerns, which brings them together as a unit. Exploring the reserves decreases negative feelings and helps clients continue the process. Also, be sensitive to cultural norms about the expression of emotions, and the fact that some clients may be misled by the questions that explore feelings. In these cases, it is good that these questions be avoided or measured well, because they can bring strong reactions or total absence of reactions. If clients continue to exhibit strong resistance, you can ask these questions and explore their answers:

- *What can make you feel better about getting involved here?*
- *Given your concerns, do you want to stay until the end of the meeting and then decide whether to continue?*

The good will of social workers to negotiate terms of participation and acceptance of the right of clients to decide, often reduces their not sympathetic behavior to the level that they agree to stay until the end of the interview, and sometimes even return for further sessions. To bring reluctant members, a paradoxical directive (strategic model technique) can be used, eg. The client is required to attend sessions without being forced to participate. Paradoxical techniques does not exercise direct pressure on the client to contribute when the client I told not to speak at all, read a book or simply to be present at the meeting.

Depending on the cultural context, the specific values of the family, or belonging to a minority or stigmatized group, families can pose strong resistance, which should be seen as a protective function, not as opposition to change.

3. Clarifying the role and nature of the helping process.

This can be done near the end of the first meeting, when the social worker includes clients in the negotiation of the contract. The social worker clarifies its role and the role of clients. Its main role is to create an atmosphere and structure, where the solution of the problem to occur.

4. Clarification of options to participate in the process.

In a referral case, the social worker again clarifies the message said in the initial contact, and the client is free to decide to continue and what to continue, regardless of the referral. Also, the client is told that the customer can choose to talk about other issues. Eg if we focus on the structure or family dynamics, putting aside their reality, like housing, food, etc., it can hinder the process of bonding.

5. The discovery of how the family perceives the problem.

To begin the discussion of problems, ask questions such as:

- Why did you decide to seek help?
- What changes do you want to achieve?
- How could things be different in your family?

Jensen and Harris (1997) discuss the role of social workers in structuring and initial discussion of family problems. Since each person has his own perspective, for the problem as well as for the solution, it is important to require the support of every member in the process of consensus about the problem. The social worker at the moment should be aware of changes in interpretations, in roles, in the socialization, related to gender, power and limitations. Rosenblatt (1994) encourages social workers to observe the language and metaphors. In particular, how members express their views, reflects culture, their reality and meaning of family experience. Family experience includes exploring the role of spirituality and religion in family life. At the end of the meeting one should be taking the opinions of the whole family, and all opinions about the efforts to solve the problem.

6. Identifying the needs and wishes of the members.

As the social worker engages the family in a discussion of the problems, he listens to the implicit needs in their messages and can inform clients about what he's doing, i.e.:

> "You're here because some of your needs and desires are not fulfilled in the family. I would ask you to help me to identify them. Then we will have in mind when we formulate goals and plan efforts for change. "

Since the beginning of the meeting the social worker explores the needs of members, through empathic responses. Other members, perhaps from embarrassment where this discussion could lead, may terminate. Here the social worker, not allowing members to circumvent the exploration of needs, uses the technique "wait a while in line", i.e.:

> "I understand the concern for your son, you do not want him be left aside. I understand and want to hear your perspective, and I will soon. But at first I will ask you to listen to the perspective of ... and how he describes his needs or desires. "

In initial discussion of needs, social worker also corrects misperceptions, that often several members have, that discussing of the needs of one person means that the social worker will support that person's position. In the following message social worker eases the fears of a father that the social worker can support the boy's desire for independence and that this desire is favored over his concern as a parent.

> "Before solving the problem we identify the needs and conflicts around differing views. When we get to the discussion of solutions, we will find alternatives to help with the problems that you layed out and select those that meet the needs of both. "

7. Determination of the problem as a problem of the family and the re-labeling of problem individuals or problem situations.

Despite efforts to achieve this, often you will encounter a powerful trend of some members to blame others as a problem. Your task in this case is twofold:

First, you must *monitor your performance* to ensure that they are not plotting with these members, by labeling others as the problem, thus contributing to the difficulty of the family. Here it is important to model the circular pattern explaining the causes of behavior. A useful rule for you is that if you find yourself in such a situation, immediately withdraw from the conversation, to gain a perspective on how the other members are contributing to the behavior of the person concerned.

Your **second** task is to *re-label the individual identified* as problematic and to include members in taking responsibility for the part they play in the family's problems.

A key strategy in this case is to *explore the relationship between members, not focusing on the behavior of the members separately*. Eg social worker focuses on double bonds, brother-brother, then triple connections-son-son- dad and finally explores the relationship involving all members: mother-father-son-son.

Another re-labeling strategy is to *focus initially on the role of complainant himself on difficulties for which he complains*. This strategy works against the tendency of these members for attributing blame to others and illuminates the fact that they are also contributing to the problem. One way social workers can keep the focus on the applicant is, if this person changes his complaint to a request, as follows:

> **Daughter** (to the mother): *I am not allowed to go to dinners with friends, as always when I get back, you'll find something to quarrel with me about and to argue.*
>
> **Social worker**: *Eni, can you tell Mom what you would like her to change?*

This strategy shifts the focus from the individual identified as a problem and makes the complainant think about the behaviors that *they would like and will provide* information to others about the desired changes.

When helping family members to take responsibility about the change (instead of waiting for change from others), it is essential to stress that members could change the dynamics of a situation, focusing on changing the behavior or personal reaction.

8. Begin emphasizing strong individual and family points.

At the individual level, social worker monitors the strengths and resources of each member, pointing them out in front of family ("I like your sense of humor"). At the household level, he reports strengths noting how members function as a group (eg "In your family I see that, although there are problems, it seems you have a strong sense of loyalty to each other", "The way that your family maintains the tradition, it seems that connects you more"). Strengths can be used to communicate a focus on the future, in particular: what are your hopes and dreams, talents or abilities of individual members and the family unit, that give power to solve the current difficulties?

9. Ask questions to get information on behavioral patterns and family structure.

- What brought the family here? Who made the decision and how did the decision-making process takeplace?
- How they are usually decisions made in your family?
- Who has more conflict in the family? Who less? With whom?
- Who helps more with the housework? Who does this less?
- When the social worker's culture differs from that of the family, he can make the following questions:
- What are the traditional ways in which families in your culture address this issue?
- How do families in your culture express anger?
- How do you show affection?
- Who is involved in decision-making in your family?

10. Start to draw attention to the family's repeated communication problems and discuss whether they want to change these patterns.

At the beginning of the first meeting, social worker intervenes often to these communications, but without focusing on them, often by translating a blaming message to a neutral one or apologizing tothe person interrupted. Later he starts to draw attention to communications, i.e.:

> *"I noticed (describes the behavior and situation) … How do you see that?"*
> *"Did you notice a reaction from family members when you talked about …?"*
> *"How would you like to handle these concerns?"*
> *"How do you want to solve these problems?"*
> *"How do you want your relationship to change?"*
> *"Seeing how the behavior creates problems in the relationship, how important it is for you to change this behavior?"*

11. Start to help members connect with each other in a positive way.

Strategies for this are discussed below.

12. Communicate hope that the family may change.

This can be achieved by helping individual members to see how they can make changes that reduce the pressure. When they feel that the only hope involves changes by others, they feel helpless and therefore failed.

13. Determine individual and family goals based on previous exploration of the wishes and needs.

Goals to be explored here, should include individual, family, and subsystems goals. This can be facilitated by exploring the miracle answer to the question, used by Shazer (1988)[294]:

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294 For more info, related to this question and the author, real the theoretical materian 5- Solution-focused therapy.

> *"Suppose one night when I was sleeping, a miracle happened and your family (marriage) was perfect, just as you like. When youe awoke in the morning, how had the family (marriage) changed?*

14. Assess the interest of members to return to other sessions and negotiate a contract.

15. Negotiate the tasks to be completed during the week.

Here it is worth noting that the duties should be linked directly to the goals identified by family members or by the system. Helping families to explore and decide what steps can be taken during the week, helping them to focus attention on solving problems.

16. End the meeting by summarizing the problems discussed and goals, tasks and progress.

Closing of the meeting summarizing the main themes, goals and tasks performed in the session, nourishes hope and enhances the pace of efforts to change.

A common element of the abovementioned theories is that all allow a persective of "strengths" and not weaknesses. This perspective requires a different way of looking at individuals, families and communities. So the focus of the intervention is on internal strengths of the family and not on the problems that exist within them. Usually, the strategy of intervention is to identify the strengths to the family and then work on these points. To achieve this, the employee should play a variety of roles as teacher, role model, advocate and friend. Employees who work with these families need to be flexible and to put aside the notion of "therapeutic distance" of objectivity. In this case, often the key to success is the subjective involvement of employees and family. In many ways, the relationship between employees and family seems to be a "tool" of the intervention.

Focusing on Change

Families often are frustrated and possibly fed up with their problems. When social workers meet with families, they have the responsibility of creating and structuring an atmosphere of hope and a therapeutic climate that eases family stress and leads to change. A major obstacle to change is the tendency of families and couples to focus on what is wrong and not on what they would like to happen in the future. Solution-focused model[295] offers social worker techniques that shift focus from problems to solutions. Eg social worker can make the miracle question: "*What can you do about this in the future*?" or "*How would you will feel, if you wake up one morning and the whole family was togethe*r?". Also, *scaled questions* can be asked to assess the level of a potential goal. Eg "*When you called, you were feeling depressed. Imagine how you will feel on a scale of 1 to 10, once you reach your goal*".Such questions are useful to help reformulate and families feel they have more control over their lives. The focus on change and focusing on the future can be used as follows:

- Discussion of an argument can lead to a discussion of what will each one of them do to prevent such a controversy *in the future*;
- A complaint or criticism can be translated into an information, what changes of others will help in the future;

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[295] Same. A number of techniques on the issue are based on solution focused therapy

- A communication barrier can be analyzed from this perspective: "What can we learn from what happened to apply *in the future*?";
- Conflicts of interest can make clients understand the need to use "win-win" problem solving techniques - "how can I solve this problem now to feel good about *the future*?".

Focusing on the future as a philosophy, removes the guilt from the relationship. The future, not the past, is important, and the future is fresh, hopefully, without tension and stress. This course requires each client to deal only with those that will make people in the future, not to monitor other activities. Each client must ask themselves, "How can I improve myself?", "What did I do well that brought this communication to agreement today?" Or "How can I repeat this in the future?" Clients monitor successes, not failures, and each accepts changes made by others. Each focuses on what is possible and changeable, not on what is impossible. This puts all clients in a team.

By filling this model, Weiner-Davis (1992) teaches clients to focus on "exceptions / special moments" to see what works, why, and then encourage them to bring to practice these moments or these new positive behaviors. So, through this, clients are taught to focus on the moments when they exhibit positive new behaviors rather than focusing on those that are working.

Focusing on the future encourages clients to increase positive *feedback* to others, a major therapeutic goal. Positive feedback from others (eg expressions of care, approval, encouragement, affection, appreciation and other forms of positive attention) is a vital source of food for self-esteem, emotional security, confidence and feeling appreciated by others. So, helping clients to add this feedback, feeds the welfare of individuals, but also the harmonious relationships with others. To achieve this, the social worker must be skillful in

1. Engaging clients to assess the level of sharing positive feedback;
2. Educating clients about the essential role of positive feedback;
3. Cultivating positive cognitive models;
4. Increasing susceptibility to positive status.

Tasks for Parents

Beforehand, you can ask parents to align functional and dysfunctional behavior of each child. Then ask them to rank the three behaviors that you would like to change. The next step is to agree on a task where parents give positive feedback at appropriate points during the week, when the unwanted behavior does not occur (eg when the child was not fighting with the brother). Further parents are instructed to give positive feedback when children perform behaviors that parents would like to replace the negative ones (eg when children are playing together in harmony, when the child is telling the truth or when he has finished the task assigned). If children do not perform any of these behaviors, then parents primarily need to motivate children by offering certain bonuses if they perform the desired behavior.

As the attention of parents to the child's behavior is a powerful force for behavior modification or reinforcement, the social worker should work intensively with parents, so that they learn the habit of positive feedback, and learn to appreciate systematically the positive behavior of children. So next, the social worker asks parents to reinforce desired behaviors mentioned above, increasing the number of positive responses to them. Unfortunately, parents are not prone to take into account when children perform some desired behavior, eg care for others or perform a certain task, and they do not emphasize this. But children need to know, that what they are doing now

is liked by their parents. Thus, if used consistently, positive feedback has a significant impact on the cultivation of desired behaviors. I.e.

> *"I liked it very much, that you found the time to go to the grandmother. She was overjoyed when she sees you."*
>
> *"When I asked if you pushed your brother, you said yes. I appreciate very much the truth. I know that it was hard for you, because when I asked I was angry. For me, honesty is very important and I am glad that you decided to tell me the truth."*

In addition to positive messages, parents can reinforce the behaviors, offering tangible rewards. Also, they should be aware that they are themselves models of behavior. Children learn by observing others. Step by step change and ongoing reward strategy can be especially helpful with small children. This process is a configuration process that separates the desired behavior in subparts, offering contingencies and rewards until they reach the appropriate behavior. Eg if the target behavior is "child sits comfortably in the chair, to listen attentively to the teacher, raise his hand and wait until he's named to respond", then we may initially reward "sit ting" as a subparts of the whole (Bekvari and Bekvari, 2000).

Modifying Misconceptions and Distorted Perceptions

Client cognitions are often within erroneous beliefs that produce dissatisfaction in marriage and family relations, anger towards others and contribute to the dysfunctional interactions. Three common examples of false beliefs that appear in couples, families and groups are as follows:

1. It is important to pay back (revenge) to people who hurt you or take advantage of you;
2. All people in positions of authority (eg police) use their authority at the expense of others;
3. We must hide the fact that we have a conflict in the family; otherwise others will feel sorry for us.

The two other misconceptions that contribute to interoperability problems are unrealistic expectations of others and myths. Like rules, myths and unrealistic expectations are often not obvious and sometimes must be pointed out, exploring client expectations for each other, marriage and family relations. Myths are similar to the rules, as well as those governing domestic actions, shaping the beliefs and expectations of spouses, family members and other relatives. Goldenberg and Goldenberg (1992) identified the myths and many unrealistic expectations, which may affect the interactions in the family and couple relations. Common examples of these myths are:

- Family members must fulfil all the emotional needs of other family members;
- Partners should know (without being told) the needs, wishes and feelings of their partner;
- If partners are good and found love for each other, this will results in an effortless successful relationship.

To eliminate misconceptions and break myths, clients must be aware of them, helped cautiously to admit their errors and misconceptions to focus on how these interactions affect the couple, family and group. Since misconceptions and myths usually protect clients from dealing with an

unpleasant reality and achieve changes that are perceived as threatening, they often do not give up without effort. To facilitate making changes, you must have in mind that this process involves overcoming fears and taking into account the risk of consequences that learning and implementing new behaviors brings. Empathic response to these fears and provision of emotional support to clients, as they struggle with their ambivalence towards change, often provides stimulus, support for which clients need to change their patterns of interaction.

To illustrate this process, what follows is the case of a family with a teenager, 17 years old experiencing extreme tension and anxiety. During family sessions, it has become clear that parents have intense pressure on him, to have high academic results and have made it clear that they expect him to become a doctor. It is also manifested that they believe in the myth that if one tries enough, anyone can become what he wants. In efforts to reduce the pressure on the boy, bringing down the myth and modifying expectations of parents, the social worker arranges a meeting with the parents separately. The following is from that meeting.

Social worker: I was very concerned that Andy has made almost superhuman efforts, to do well in chemistry and physics, but still has difficulty in these subjects. I have the impression that he believes he should become a doctor by any means and that one of the reasons it is so tense, is that he understands he won't succeed, despite his efforts. It's terribly important for him to meet your expectations, and he is not succeeding, despite trying.

Father: I know he's working hard, and he will make it. He can become a doctor, if he really wants it. Even I could become a doctor, if I tried, but I didn't it. I wasted time instead. I don't want Andy to make the same mistake. He has the benefits, that neither I nor his mother had

Social worker: I feel your concern for Andy. However, my impression is that you make the two children belief that they can become whatever they want and Andy is blaming himself, because he's not able to achieve that, no matter how much he is trying.

Mother: You do not think that anyone can succeed in any direction, if they tried enough?

Social worker: This belief is not compatible with what we know about the differences between people. People have different skills, talents and diverse learning styles. Some are able to make the kind of work that requires skills of fingers. Others are able to see the spatial relationships. All have certain abilities and limitations. It is important for career planning to discover what one's skills are and make choices consistent with them. I wonder if you yourself are able to identify talents and your limitations.

Note that trying to break down the myth of the family, the social worker focused on the devastating impact of the myth to Andy. This tactic shifted its focus from the abstract to the concrete, and provided an opportunity to review their belief. The social worker tried to devalue further the myth, asking them to apply to themselves.

Social workers also meet with clients often distorted perceptions of each other, contributing to the dysfunctional interactions. Eg labeling is a common form of such distortions in perception. The impact of labeling is the same as using jail cells as they obscure perceptions of strengths,

limitations, feelings, beliefs, interests, goals, attitudes, expectations of others. Instead, the perception of a person is limited to the attributes and behaviors that are included in the labels. When you observe the process of labeling, it is an important step to highlighting the negative impact of it on the person (labeling puts the person on the defensive and brings anger) and the fact that the labeling limits the perception of the other person, making the latter not engage.

When you focus on the negative impact of labeling, you should be careful to label the process not the client. Moreover, it is important to respond with empathy to the frustrations experienced by the client and help him explore feelings and cognitions associated with labeling and make specific requests for change.

Modification of Dysfunctional Family Groups

All families form connections between members that enhance or inhibit the opportunities for individual growth or family's ability to perform key actions for its survival. The functional structure, namely the invisible package or covered pacage with requirements or codes, that represent and govern the family, determines transactional models (Minuchini, 74). This section is based on the techniques of the structural model, to guide intervention strategies when family functioning is impaired. The structural model, by Goldenberg and Goldenberg (2000), states that "well-functioning families are organized hierarchically, which means a cohesive parental executive subsystem, age-appropriate roles and responsibilities and privileges for the kids." Interventions to modify groups are generally suggested in the following cases:

1. *When there are weak links between the spouses or other individuals that form the parental subsystem or other members;*
2. *When the alliances are confusing, there are rigid or too restrictive boundaries between members, limiting the appropriate connections with other members (or outsiders);*
3. *When two members of a family are trying to cope with frustration or conflict in their relationship, forming a coalition with the third member of the family. This phenomenon, called triangulation, in most cases involving marital partners, using a child as a victim in their battles;*
4. *When family members are not engaged or cold to each other, acting each on their own and relying very little on each other for emotional support;*
5. *When family members have formed alliances with people outside the family (eg friends and relatives), which interfere with the performance of appropriate family roles or provision of adequate emotional support to other family members.*

In interventions to modify groupings, we can use the structural *maps* technique of the structural model, to mark the family boundaries and emphasize and modify transactional interaction models (According to Minuchin 1974, building such map helps the employee to organize the complex material, obtained after several meetings with the family and to identify recurring patterns that characterizeit) :

- *To develop alliances* - this includes cultivating new alliances or strengthening relationships, which are less developed. This way, you can help a father and a boy who just found one another, to become familiar and to explore how they can develop a relationship, or you can work with their brothers or sisters, who were away from each other, to strengthen their emotional ties;

- *To reinforce an alliance* - this includes actions to keep the alliance, or to amplify its purpose and / or its strength. Eg a social worker may enable parents to enhance their ability to operate as an efficient executive subsystem;
- *To differentiate individuals and subsystems* - which includes helping members, who so far have been confused, to reinvest a part of the emotional energy to others;
- *To enhance family interactions* in families without commitments, to strengthen ties, changing how members relate to each other;
- *To help family members accommodate changing circumstances or transitional periods,* by softening rigid structures that are not functional;

As it can be understood from the examples above, structural problems can arise when family structure is unable to properly adjust to changing circumstances, which are the result of external environmental forces or transitional periods of stressful interactions within the family. Before social workers intervene, they must realize that structural change is unique to the family situation, and the nature of structural dysfunction. Thus, they need to include the family to determine whether changes should occur and how. The first task of the social worker is to help family members observe the nature of clusters/groupings. This can be achieved by asking questions that encourage them to review their groups:

- *If you had a difficult problem and needed help, who would you turn to within the family?*
- *Sometimes family members feel closer to some members than to others and can be assembled in pairs or in groups. Which of your family members are grouped together?*
- *In most families, members argue between them. Who do you argue with you? Who do other members argue with?*

The social worker also may highlight family groups, they appear during the meeting. i.e.:

To the Partner: *"It seems that you are the center of the family. Most of the conversation seems to run through you while you (the other partner) seem to be an observer or spectator of discussions of the family ".*

The the member of the family: *Who did you talk to before you made the decision?*

While family members become aware of their groups, the social worker should help them think if they want to move closer to others and to identify obstacles that might arise in connection with this. Family grouping can actually include configurations described by Boyd-Franklin (1989), as "expanded complex models", involving clans or members of tribes, relatives, friends or members of religious organizations, which are involved in the family decisions.

Also, another strategy to help family members analyze the structure of their family, is that they be included in the *family sculpture* (Nichols and Schwartz, 1998). This is a technique used in eksperiential models[296] and is a way to enable family members, monitor their groups and make decisions about possible changes. This technique allows family members to communicate nonverbal spatial relationships within the family on a thumbnail to help families recognize problematic family groups and to differentiate the need to regroup their relationship.

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296 Experiental models are models that use cognition, emotions, communication and interpersonal relations - what people think and feel. They include understanding and use listening. They are focused on the present, "here and now"

A third strategy is to ask members to draw on a letter their family relations. They are instructed to use rectangles in their drawing to represent each person in the family. Rectangles can be of any size and be put in any place in the paper. Social workers direct members, to position rectangles in ways that describe the relative closeness and distance between family members, as well as perceptions of power. Once members have completed their drawings, the social worker asks them to draw relationships, as they would be like them to be on the other side of the paper. In further discussion, the social worker asks members to share with each other drawings of their existing family relationship and then helps the family to formulate conclusions about the nature of groups and proximity of emotional distance, experienced by members in their relations with others (eg, "It seems that the father and Berti feel quite close to each other, but you Adi do not feel close to father, as Berti does"). The social worker then asks members to explain the second drawing, showing how they would like their relationship to be. During the discussion, the social worker emphasizes the wishes of the members, to enhance their closeness with others and helps them to formulate goals that reflect the changes they would like to do.

The actions of social workers to engage in discussions related family with their family structures, often encourage family members to start to change the nature of their groups. Social workers can help members also modify various groups, using one or more of the following interventions.

Strenghtening Parental Coalitions and Defining Inter-Generational Boundaries

In well-functioning families strong parental coalitions exist and inter-generational boundaries are clearly defined, so that the parents nor the children form triangles, or allow them to interfere with parental systems. In working with families that exhibit weak coalitions, social workers face the challenge to help partners strengthen their relations and to present a united front in their interactions with children. Otherwise, children learn to relate mainly to the parent who is more tolerant and address him/her with requests for privileges, emotional support and affection. Some of these children form skills, to turn a parent against the other, which feeds the separation between parents, and produces stress between children and the "excluded" parent. Risks for developing such an inappropriate family climate are particular in large second families / recreated families with older children, as they may be lacking loyalty and emotional attachment between parents and children. The difficult challenge facing these families is the development of unity and cohesion, as the two families come together.

Strategies to strengthen the marital coalition can include negotiating agreements that parents present a united front in parent-child relationships that require decision making and / or disciplinary action, of course unless the other partner is really harmful or abusive to the child. Strengthening the boundariesis a separate process, for most families and couples and can be subject of treatment, throughout the helping process. You can help clients streamline boundaries and disolve the dysfunctional political alliances with quick interventions, which show the relation of rules to decision-making.

Formulating Tasks That Strengthen the Relationship and Elicit Group Readjustment

You may modify groups, asking different groups of family members to undertake tasks. Eg when connections between a father and one son are strong, whereas between father and the other son are weak, it is important to maintain a strong relationship for the first, and strengthen the connection in the second. So you can formulate a task with his father, that he spends a certain amount of time each day with each boy and plan activities both together, at least once a week. In another situation, a social worker can seek to modify a parent-child coalition held by the mother, which encourages one child to spy for another child, who is excluded from the coalition. To dismantle the coalition, the social worker may ask the favored child, to undertake the task of reporting to the mother of the good behavior of the other child during the week. On the other hand, the social worker can negotiate with the mother, the task of rejecting negative feedback from the child (eg, "I do not need to know this. Anyway, thank you.") And reward the child when he conveys positive information about the other.

Session V
Topic: Solution-Focused Therapy

Time:
1 hour and 30 minutes

Metodology:
- Powerpoint presentations;
- Case studies;
- Group discussions.

Session Objective:
- Present solution-focused therapy and its appropriatness in early interventions (*brief solution therapy* - BST);
- Discuss how to use the techniques, in cases of children and families with protection issues.

Tools:
- Powerpoint presentations;
- Case studies:
- Theoretical materials

Resources:
- Tahsini, I. *"Models and habits of working with families",* Cycle of lessons, Chapter 10, 2005
- Kilcpatrick, A. C., Holland, T. P. "W*orking with families: an integrative model by level of need"* (3rd edition), Boston, Allyn and Bacon, Kapitulli 7, 2003

Sumary of Session:
Solution-focused therapy is a technique that has proven effective in working with families to help them solve problems. Taking a proactive comprehensive approach when addressing the needs of children, youth and families sends a clear message to all about the accountability of social workers, which then results in the creation of trusting relations between the parties. When all along prioritize issues (problems) and focus on goals and targets, the solution is much easier. This session will present key techniques, which will be followed by an exploration of how and when therapy can be used to focus on the solution in working with families.

Session Exposition:
Activity # 1 - Presentation of case study combined with the practice group / pairs step by step (90 min.)
The trainer will present a case study of a family, which has decided to undergo solution-focused therapy. Further, it presents a solution-focused therapy, and its founder, leading authors and theories that underpin it. Further, the main techniques will be presented, clarified with examples from the case presented below. The session will close with a panel discussion, which will discuss the strengths and appropriateness of interventions, focusing on choice in child protection work.

The case presented is selected to reveal all stages of solution-focused therapy. It is not a typical case, faced by child protection worker. Consequently, consideration must be given (and this is one of the challenges of solution focused therapy) to the fact that in this kind of approach there is a risk that the employee focusing on solutions, might oversee the realistic assessment of risk that threatens the child. Solution focused therapy offers very concrete tools for intervention and this is a strong point of it, but on the other hand, caution should be taken in each specific case, the employee can use this strong point, without rushing to switch to interventions, without making a realistic assessment of the risk and be attentive to the child. This becomes even more crucial in a "manipulative family ", where the gravity of the situation is mispresented, for various reasons.

Case Study

This case study is presented at the beginning of the session, so that participants are aware of and enter the theme.

Initially, participants are asked only to read the case. Once the instructor introduces the main theoretical concepts and begins to introduce the techniques of intervention, he starts asking the participants what they think might happen or what can the therapist do in this case.

The mother, daughter and father come to a clinical practice for solution focused therapy. The employee askes what made them seek help. The mother explains with much emotion that her daughter (she seems like she is in the beginning of high school) "has to go to school". Mother further explains that if it were not for the girl'sboyfriend, she would be going to school. She concludes by saying that her daughter "is beginning to be bad, because her boyfriend is bad." She asks rhetorically: "Where did my little girl go and who is this stranger, who lives now in my house?" Father and daughter sit quietly. Employee agrees that it is difficult for mothers to lose "their little girls."

The girl explains: "I know I have to go to school". Employee expresses his surprise and appreciates the fact that girls know the importance of education. "Oh, you know this? Not all young people your age know. Mom, did you know that your daughter knew that? "The girl further explains that if her mother wouldn't pressure her so much, she would feel less stressed and more comfortable about attending school.

Father diplomatically summarizes the interaction, suggesting: "If our daughter would go to school, my wife probably would oppose less if my wife would oppose less, maybe our daughter would go to school ". Mother and daughter sit quietly.

The employee asks for exceptions to this rule: when the girl goes to school, the mother and daughter have a non-adversarial relationship. Both mother and daughter agree that their relationship was non-adversarial before the boyfried "entered the stage". The girl says she manages to go to school when there is an exam. The employee, surprised, appreciates this, and asks her to continue to talk about this.

Finally, the employee makes to each of them the miracle question: "Imagine when you go to sleep tonight, a miracle happened, but since you were sleeping, you did not notice. The miracle is that, when you wake up, you will not have the problem that brought you here. At the moment of awakening, which would be the first sign that the miracle happened? "For the mother, it would be that her daughter will go to school and would make real

Theoretical Materia: Session V

Solution Focused Therapy

Solution focused therapy (SFTh), as the name implies, focuses on solutions rather than the problems. Eg if a child frowns, an employee can focus the child not frowning (focus on the problem) or the smile of a child (focus on the solution). If children laugh more, they consequently frown less. To achieve this dynamic, however, some assumptions must be made.

Assumptions

1. *The family is the specialist*. Unlike therapies with a focus on the problem, where the employee is seen as a specialist worker, employees of therapy focusing on solution (SFTh) believe that families have the knowledge, resources and effort to find their own solutions. The employee is there to guide them towards solutions. Moreover, since the employee is not focused on hiw own cultural background, SFTH is sensitive to the cultural identity of the family, allowing cultural differences to shape a solution.

2. *Problems and solutions are not related*. If we accept this assumption, diagnosis and evaluation issues are secondary. SFTH believes in a certain moment, a problem has arisen because of a precedent (cause that preceded it). However, it is unnecessary to reveal precedent or help the client to reflect on it. It is better to determine what clients prefer to do, instead of continuing with the problem.

3. *Make unsolvable problems solvable*. Clients present problems to employees, which in their view are unsolvable. Consequently, the task of the employees is to redefine or reformulate the problem in terms of making it solvable. Eg a customer says, "I can not be happy, because I am desperate". Now imagine an employee who asks: "Are there times when you are less depressed?". This brings a slight change in the definition and this definition, different from that of the client, is open to change.

4. *Change is constant and inevitable*. This calls into question the idea of a system, striving to maintain homeostasis. According to this view, the problem can be seen not only as necessary for change, but also as part of the process of change. The idea here is not to eliminate the problem, so that the system can be restored in stable condition, but the problem is determined as part of the process of change. This allows the system to not stall (to the problem) during the process of change and encourages the system to achieve change (resolution). In other words: "Your child is frown because he is sad " (problem) becomes "your child is frown, because he sees this as a way to communicate with you" (new definition). "How would you like your child to communicate with you?" (Client as a specialist). "I would like my child to smile more" (solution).

5. *Only a small change is needed*. De Shazer uses the analogy of a person walking in the desert. He says that if a person makes a angular difference of one degree to the right in the beginning it will not seem like a big thing, but over time, he will end up many kilometers away from the original. This means that employees need to promote only a small change in the system, rather than solve each problem individually, or attack the

most serious problem and this small change, over time, will lead (like an avalanche) to dramatic changes.

6. *Be brief.* Because of the focus on solutions, the time spent on evaluation, the clinical diagnosis and relief through reflection, is often avoided. Instead, with an emphasis on what the client would like his life to look like, the interaction becomes positive, motivating and future-oriented. However, this shift from "speech problem" to "speaking for the resolution" should occur under the direction of the client.

Assessment
(Read the case study)

Theoretical Basis and Basic Principles - Beyond Milton Erickson

SFTH, similarly to strategic therapies (Haley, 1976), structural therapies (Minuchin, 1974) and communication therapies (Satiri, 1964), has its roots at Milton Erickson's lessons. All these therapies have in common the use of union, normalization, reformulating, paradox, focus on systems, non-patologism, focus on small changes and a small number of meetings. However, SFTH differs from these therapies in two main aspects. While in each of them there is a specialist employee who drives the client toward solving a problem, SFTH sees the client as a specialist and employee as an assistant in building a solution. In other words, the clients own all building materials (strengths), the employee helps them decide what they want to build (the resolution) and then helps them build it. De Shazer explains that one might follow the footsteps of Milton Erikson, or rely on own shoulder and see what is ahead. In other words, what Eriksson started, can be improved.

This concept of improvement leads to a dynamic structure of SFTH. A group of students once asked De Shazer, what should they read to learn SFTH and he replied: "Read what I have not written yet." However, the best that can be done is to read his recent writings. Eg I read his writings earlier, where he discusses the skeleton keys, where a key (choice) can be adapted to many locks (problems. This is not consistent with his later works. The new idea of De Shazer (1997), problems and solutions are not related, may make unnecessary the use of a key.

Miracle Question is the Heart of SFTH

A principle that is not likely to be deemed unnecessary is the miracle question. It can be said that it is the heart of SFTH. In other words: "When you go to bed tonight, imagine that there is a miracle, but because you were sleeping, you did not notice. The miracle is that when you wake up, you will not have the problem that brought you here. On awakening, which will be your sign that the miracle happened?"

The miracle question has a strong foundation on the theoretical work of Polak (1973), Toffler (1974) and Frankl (1963). These researchers conclude that when people have a positive vision of their future, they will succeed, but without such a vision they will fail.

Polak tried to find out why some countries survive and others do not. He found that it was not about the size, power, strategic location or resources. Nations that had a powerful vision for their future (Constitution, Declaration of Independence, etc.) Survived, those who had not, disappeared.

Tofler's writings inspired teachers to find out, which students excelled in life and which failed. They found that high scores on tests, averags high and growing up with advantaged families (wealth, education and resources) were not essential for success. In fact, they found that the students, who would be successful, would be the students with a positive vision for the future (with strong purpose of what they wanted to reach).

Frankl discovered that prisoners, who survived the experience of concentration camps, were the youngest and healthiest. In fact, he found that those who survived were those who still had something important to achieve in their lives. They had a positive vision for their future.

The aim of the miracle question in SFTH is for the client, with the help of employee, to build a positive vision for their future. It is a future where the current problems do not exist and where they will also have other positive experiences, which do not exist in current life. This positive vision for the future, therefore, becomes the motivating factor, for clients to improve their lives. According Pole, Toflerit and Franklin, without this person fails, with it he succeeds.

The Glass is Half Full

When clients present their problems, these problems have become the main focus of their lives. Despite all possible motives, they have lost focus of one of the positive experiences in their lives. Clients are focused on half empty. It is the duty of the employee to refocus their attention on half full. Note the question of affordability, "Given all these difficulties in your life, how you manage to cope?" This changes the focus from speaking about the problem, to speaking about solving it (positive in their lives). The task of the first meeting (which was mentioned in the above assessment of the case) is also an example of client refocusing on the positive side (de Shazeri and Molnar, 1984).

Language Builds Reality

SFTH attaches great importance to the use of language. The sentences are constructed in such a way as to create an alternative future through questions of assumption. Eg "When the problem is solved, what would you be doing differently?" *When* is used instead of *If*, to suggest a positive future for the client. This use of language is consistent with the use of hypno-therapy by Eriksson. However, de Shazer thinks the the same suggestive situation can be achieved through appropriate choice of words, instead of a formal suggestion. In fact, he (1994) later wrote the book "Words were originally magic", describing how the German philosopher Ludwig Wittgenstein (1974) solved the philosophical problems (we can not know anything for sure) of Bertrand Russell (1959), focusing on words that when used in context, create meaning, when used out of context and create problems, thus the context is crucial. Namely, the question of Russell how could we "know" something, certainly brings out the word "know" out of context, which is commonly used. Russell said Wittgenstein made such question and could not receive a response. Wittgenstein's question if we "know" our name, uses the word *know* in context and makes such question that can be answered. E.g.:

> **Employee:** *How should we change things, to make you happy?*
> **Client**: *I can never be happy, because I am desperate man.*
> **Employee**: *Then, what should happen to make you less sad?*

Finally, in the use of language, Berg & DeZhong (1996) suggest using vague words. According to them, the use of words such as *seems, maybe, can*, sow ideas in the mind of the person who later develops them into productive solutions. E.g .: "It seems that maybe you can change very quickly".

Goals of the Treatment

In an ideal environment of SFTH, the employee meets with the family in a dy-faced mirror room. The family signs an agreement, with which they agree to be recorded on videotape and observed by a team of two members on the other side of the mirror. In the room there is a phone that can be used by the team, to call the employee, asking questions for the family. Also, the family is informed that after about 45 minutes, the employee will leave the room, shall consult with the team and will be back with some recommendations.

To illustrate a classic process according to SFTH treatment, a model can be illustrated by three meetings.

Meeting 1

The employee usually asks for a "buyer". This is the one most motivated to change. As motivation and other characteristics of the client account for 40% of the reason why clients improve (Garfield, 1994), the effort is worth it. In fact, it is this person, who will ensure the achievement of changes in the system. Often this is the person who makes the call to seek treatment or whoever speaks first in the meeting. Another way to ensure this is to ask family: "Who is the first person most interested to solve this problem? What about the second? And the third? "

Then the employee listens to clients, using basic skills to create relationships, empathy, unity, reflection, abstract, etc. As he listens, he still expects the alignment of problems to end, repeats the list of all the difficulties and asks the client the coping question, "Given all these difficulties in your life, how you manage to cope?" The purpose is to move from talking about problems, to talking about solutions. If clients change the tone of their voice to a more positive tone, being able to explain at least two or three, if not more, strengths and continue in this direction positive, it means that the employee has created the atmosphere for change. If the client still can not continue to talk about solutions, but turns to the problem, then employee also turns to the problem.

If talking about the solutions is reached, the employee goes to the miracle question. When the first meeting goes well, the main focus becomes the miracle. The employee elicits the family to describe the miracle, eg "After the miracle happens, what you will notice right away? And then? What will your husband notice? "

Once the question of the miracle is broken down, the employee asks the scale to measure how close we are to reaching the miracle. If the client says 5, then the employee expresses his praise to him, having gone half way. Then the employee asks what need to happen to move from 5 to 6. If the client says this is a big move, then the employee asks for a move from 5 to 5.1.

Finally, the employee pauses for consultation, dependless of whether there is a team of two men behind the mirror, and returns with a prescription (recommendation). Employee starts with compliments, normalizations and reformulations. Then describesthe task of meeting the first formula: "When people start counseling, they begin to change. However there are things in your life, you do not want to change because they are positive. So, until the next meeting, pay attention to these positive things in your life and we will discuss next week. "

Meeting 2

Employee starts repeating the task of the first meeting and asks the clients what they discovered. When clients mention positive changes, the employee takes these changes further (encourages clients to talk more broadly). Eg if clients say they went to the cinema, the employee asks: "Is this a new behavior? How do you explain? How quiet you could not dwere you able to do it? How can you continue doing this? "If clients say nothing positive and further eliciting does not help (" Nothing!? "" Are you sure!? "), employee breaks down in detail the activities of the family, from the moment of their departure from the office. And the positive changes emerge.

Given that this meeting focuses primarily on positive changes, the employee makes again the question of scale, compared with the previous week. In most cases, the answer is on the rise. At worst, it remains where it was. If it were to go down, the employee would ask: "What did you do to prevent it from falling further down?"

Finally, the employee pauses for consultation. When the employee returns, he again makes compliments, normalizations and reformulations for the family. Then he describes the task of the second meeting: "Progress is always two steps forward and one step back. If you find yourself taking a step back this week, pay attention to what you do to move forward again. "

Meeting 3

Employee starts repeating the task of the second meeting. If no steps back, the employee asks: "What did you do to move back up? How did you do that? It must have been very hard, but somehow you managed to do. How will you continue to do this in the future? "In this way, the employee continues to deal with all the steps back, one by one. In matters where there were steps backwards, or if there has been no setback in general, the employee asks how they prevented taking steps back. At the moment, the case can be closed or at least the date of the last meeting can be postponed.

Epilogue

As we said earlier, this is a model of the treatment process. If clients do not feel bad about what is happening in their lives, it is unlikely that they come for counseling. If the employee is not sensitive and empathetic to the feelings of the clients, they will not return. Although SFTH does not stir towards discussions about problems ("Tell me how your problem is interfering with your life"), it is a serious mistake to move from talking about the problem, to be talking about solutions, if the client is not ready. If these feelings are unexpressed or histories untold, SFTH does not move towards talking about solutions, until the client is ready. These are the most common reasons for a necessary and appropriate of the number of meetings.

Application

Using this model of treatment process, the process can be adapted to the appropriate assessment of the previous family.

Meeting 1

If we recall the case of the family assessment: "How old is your daughter? In what class she is? How many days a week she is absent from school? How long have you been married? How long has the father been unemployed? "Some might say, given the assessment of the case of the family, the SFTH employee sets aside very important information. However, if the family is the specialist how can we support the family if the employee asks questions, and the family answers? Moreover, since the problems and solutions are not related, why seek information, if its not related to the resolution? These last two questions are compatible with an assessment of a SFTH employee.

What the employee does instead is try to find buyers. The buyer is the person most concerned about the problem. So, logically the buyer may be more motivated to solve the problem. An employee joins with the mother, allowing her to speak first, using her language ("little girls"). Normalization also starts to help transform insolvable problems ("Where did my little girl?") to a solvable problem (she is growing). As long as the employee joins with the mother, the mother will keep the family in counseling until they agree together to close the process.

Once the mother has explained the situation, the girl agrees to go to school. Since this is a solution presented by the mother, the employee encourages the girl to discuss further. Also, the employee wants the mother to hear, why the girl thinks she should be in school and see the mother and daughter agree. Now the family has given grounds that will turn into compliments, at the moment of the recommendations or prescriptions. First, the mothers, as well as the girl agree on something. Secondly, the girl is smart enough to realize that school is important. Thirdly, parents have raised an intelligent girl.

When the father is asked for his view, he is able to sum up briefly the situation between mother and daughter. His attention and diplomacy will also be complimented at the moment of prescriptions. Later, the employee asks for exceptions to the rule: moments of the past or the present, when problems existed or were not easily resolved. This is a source of solutions. It can be revealed that the family had solutions in the past, but has forgotten. Since the family is the specialist, the employee uses the resources of the family. Moreover, the exceptions to the rule show the family how the circumstances should be different, for the solution to emerge (goes to school when there is an exam). The girl's ability to understand the importance of passing the exams, can also lead to the prescription of compliments.

As family members come to talk about positives in their lives and say positive things about each other, the employee may present the miracle question. If members reject the question ("Miracles do not exist", "I do not remember anything "), then the question can be done very quickly. The employee must continue to talk about problems. Another explanation is that the client does not withdraw the possibility of miracles. In that case, the employee may make such inquiries, "If you were lucky," or "If I win the lottery". In general, the mood of the client is probably the best indicator, when it's time to ask the question of miracles. In this case assessment, family members manage to digest their miracle. If there are similarities in their miracles (the girl who hears laughter), it becomes a potential compliment to be prescribed.

To determine how close the achievement of the miracle is, the members of the family, take a scale question. If a member says they are at 5, the employee expresses praise, they are halfway (all figures can be mentioned in a positive way). Even at 1 (although there are techniques to not ever get a 1 response), clients can be said to have begun their path to miracle or have entered the game. Later, the employee asks what should happen, for them to move from 5 to 6. If clients say it is too much movement, the employee requests to move from 5 to 5.1. In assessing the case, the mother says 5, so that the employee expressed praise, the mother is halfway toward her miracle; the girl is at 6, so he supports by saying she is at half of the road; the father is at 5, so he is supported. All these rankings certainly provide further ground for the time of prescription.

Finally, employee breaks counseling, meets with the team to return to the family with a prescription to give. When the employee leaves the room, the family wonders what he and the team will have to say. De Shazeri (1985) believes that this puts the family in a sensitive position, making them more open and receptive to the prescription. In our case, the prescription may look like this (except in a real case the names are used):

Prescription

"Mother, the team agrees with you, it is hard for a parent to see her daughter grow up and wonder where the little girl has gone. A child, who was easily spoken to, becomes a girl who now looks like a stranger. This must be very difficult for you. Th team was impressed by your efforts and commitment in dealing with this situation"

"Girl, the team sees your difficulty in the management of the school, family responsibilities and social life. It seems premature for a person your age to try to do this alone, but considering how smart you are and considering your potential, we realize why you try. It seems that you have inherited the efforts and commitment of your mother ".

"Dad, your diplomatic perspective of the situation between your wife and your daughter is impressive. You managed to stay impartial and in doing this, you became the diplomat between them ".

"Parents, the team congratulate you for raising a very intelligent girl. She is aware of the importance of school. Few children of her age fail to realize how important school is for their future. "

"All you have formed miracles that take into account not only your happiness, but also that of the other members. You mother, the girl who goes to school; you guys, laughing at home; you dad, finding a job. All these situations bring happiness to your family. Moreover, all are halfway, a step further in achieving your miracle. Although achieving miracles is not easy, this family owns the work and commitment necessary to achieve miracles. "

"Finally, we want to give everyone homework. Each of you should choose a particular day, when you pretend you moved to a point in your degree. Mother and father, it means a move from 5 to 6, and daughter, from 6 to 7. You can not tell others what is your special day. Additional task will be for each of you to find out what others have chosen as a special day. "

Meeting 2

The employee enters the room, sits and observes that family members were smiling. Mother is dressed less formally than last time (jeans instead of suit); daughter and husband are dressed more carefully (new denim pants, instead of teared).

The employee begins with questions on the assignments. Mother begins by explaining how she rose in the morning, she went to the kitchen to prepare breakfast and had a nice conversation with her husband and daughter, who were actually still asleep. When the girls returned home late mother thought that she was out with her boyfriend to buy a gift for mother and this is why she was late. Seeing a movie, she recounted it to her daughter and her husband, as if they were interested. The mother said that she had enjoyed it. The employee praised the mother for her creativity. Girl and father told similar stories, eg father who "smashed a joke" making the mother and daughter laugh (truly, not allegedly). It was not surprising that they managed to find the specific day of each family member.

Mother and father went to a date that included a dinner and cinema. The girl smiled, seeing both, and as they told their story. The employee shows support and asks: "Is it something new for you- this date? What did you two do for that to happen? How will you continue to make this happen in the future? ". Once he gathers all the information, the employee asks: "Do you have other positive changes that occurred during the week?"

The girl smiles and explains how she went to school every day. The employee encourages her and asks: "Wow, how did you get to do that?" The girl explains that she knows the importance of school.

The father explains that he is ready to start a temporary job or part time job, until he finds something better. The employee encourages him and asks:, "Is this something new for you? Readiness to start a part-time job until you get a full-time job? "The father claims that this is something new for him.

Finally, the employee asks them to recall how they calculated how much closer to achieving the miracle they were, on a scale of 1 to 10. Then he says to the mother: "Last week you were at 5, halfway to reaching your miracle . But now, where are you? ". Mother says she is at 6. The employee encourages the mother, and makes the same questions to the father and daughter and discovers that everyone has moved to a point on its scale.

Epilogue

The family received compliments and was given the task of the second meeting, about the progress that is always two steps forward and one step back. At the third meeting, they still showed improvement (school attendance, discussions, meetings), so the fourth meeting was scheduled two weeks later and the whole process ended.

Interventions

Union

This is the way the employees use to establish relations with the family. Initially SFTH finds the buyer and ensures that the employee joins with the buyer. Sometimes, before the meeting starts, they make simple conversation to break the formality and give indirect compliments. E.g.: "People sometimes find it difficult to find the Center. Was it hard for you? "" It is often difficult to park around here. Did you manage to find parking easy? "Using the language of the client (their sentences) is crucial to unification with the family. When the family hears these words, they understand that you are listening. SFTH maintains an unconfronting stand with the family. Clients can say they are confused or surprised by an information that does not seem stable, but

SFTH never confronts them. Finally, abandoning the concept that clients "resist" (de Shazeri, 1984) helps the employee to join with the clients. Berg (1995) says that clients who are called "involuntary" do not resist counseling. She says that if they were resisting, then they would not be sitting in your office.

Normalization

For clients, the problems are not a normal matter. Consequently, it is reasonable that if the employee suggests to clients that the issue is normal, then it will cease to be a problem (by definition). E.g. .: "How do you know that this is a rebellious attitude and not just part of being a teenager? Rebellious behavior is a problem, being a teenager is normal behavior.

Circular question

People can act based on what they believe others think and not on what others really think. To discover this mystery, a SFTH employee may ask: "What you think, your mother thinks of you, for not going to school?" The answer to this question helps the mother see, how the girl believes that she (mother) sees the situation. In our assessment of the case, if the girl would say that she believes the mother sees her as stupid, this is likely to lead to a compliment from the mother about her daughter's intelligence. Also this helps to clarify misunderstandings. A further level of difficulty in connection with this type of questions would be: "What do you think, your mother thinks, you think, about missing school?" In short, these types of questions help members understand how family members act in certain ways.

The coping question

This question helps the family to move from talking about the problem to talking about solutions. At some point in the meeting, when it appears that the client has described all their problems, the following question can be used: "Given all these problems (list the all), how did you manage to cope?" If the client fails to mention the positive aspects and to maintain this positive direction, he or she is getting ready for the miracle question. If, on the other hand, the client has little to say or says something positive, but goes back to the problems, then the employee should continue to hear the problems, until the client is ready. Perhaps positives cannot be discussed until the second meeting. When the employee gives the task, it should be directed towards the positive research (the task of the first meeting). This prepares the ground to ask the miracle question in the second meeting.

The scale question

This question is used to determine the starting point and progress in behavior, purpose, etc., therefore: "On a scale from 1-10, where 1 means you are so desperate that he cannot even get out of the house, but as you are here, it means you are at least in 2 and at 10 you would be so happy, that you would have no need to meet with me, how would you assess your level of happiness?". This example helps prevent the client to say that he is at 1 and turns a degree of a happiness scale, which may not work for every client (those who believe they will never be happy).

If the clients says he is at 1, you can remember how he started the game to happiness, or begun the road to success, meaning that at 2 they are almost halfway through the half-way, at 3 they are half to half , at 4 they are almost halfway and at 5 are halfway , at 6 are beyond the half-way, and so on.

When a client gives a number on the scale, then the employee asks what needs to happen to move a number above. If one scale number is too large a movement for the client, we can use decimal points (from 5 to 5.1). This way you get a response.

Exceptions from the rule

This is a team effort between the employee and client, to find solutions to a problem, which the client has either forgotten or has never used, in connection to another problem. E.g .: "Was there a period in your life when this problem did not happen? When was the last time that the problem occurred? At the time when the problem appeared, there was a period that you've managed to stop the problem occur? Have you had problems in the past, similar to this problem? How do you prevent these problems from happening? "

Tasks/assignments

These are tasks that are suggested at the end of a SFTH meeting, as the final part of the prescription. The task of the first meeting usually is: "When people start counseling, they begin to change. However there are things in your life, you do not want to change because they are positive. So until the next meeting, pay attention to these positive things in your life and will discuss next week. "Other tasks of the first meeting could be:" Do not change anything "or" Do something different ". All these tasks accept the assumption that the client is a specialist and can therefore find a solution to the problem. Traditional task compels the family to make changes. "Do not change anything" is more ambiguous and suggests how they can keep the situation that does not deteriorate, and therefore, at a time can improve. "Do something different" promotes family to find a solution. Whatever they do differently, can solve the problem.

The task of the second meeting usually is: "Progress is often two steps forward and one step back. If you find yourself taking a step back this week, pay attention to what you do to move forward again". Another possibility is: "Pay attention to what you do when you get the desire to (perform that behavior)." Both of these tasks encourage the client to pay special attention to the solution. The first offers the value of normalization or reformulation of regression. If a step back, some families forget any progress made until then: "Things are as they have always been." Accepting that we take steps back, reformulates it as part of progress and as a way acceptable to them. Also, sometimes families advance quickly and members express worry or fear of regression. This exercise helps them. As a variation of this task, the social worker may suggest that family make a step back next week. It turns into a situation without loss. If the family does this step, then they are taking the normal path of progress, if not, it is certainly positive. Sometimes, when a family is required to make a step back, it causes a debate with the employee, saying they strongly reject such a thing. It certainly is a good sign.

The hypnotic situation

These are situations that make the family more sensible, to what the employee suggests. Above we discussed how pausing from counseling serves to make the family more sensitive to the recipe, wondering what the team will have to say. During the moment of compliments of prescription, the employee seeks to create an "assertive situation ". If the family approves and nods to a series of consecutive compliments, then it is more likely that they agree with the subsequent statement. This can be a statement, in which the family has been difficult to agree during the meeting, e.g.: "Your daughter wants to go to school".

The team

When there is a luxury of teamwork, it turns into an invaluable source of intervention material. They can keep track of favorite client statements, prospective compliments and suggestions for assignments. Also, they may call the employee, when he is working with the family and suggest any changes. Finally, they can allow him to join with the family, against the team, e.g.: "I agree with you. No need to take a step back. But the team thinks otherwise ". This team can parallel the efforts experienced by the family, about the possibility of regression.

Note: At the end of the session (the last 10-15 minutes), the coach invites participants to reflect on how this technique can be used in cases of families and children at risk, highlighting key issues, principles and how these can be put into practice.

Session VI & VII

Topic: Parenting advice and information

Time:
   3 hours

Methodology:
- PPT presentation;
- Individual Questionnaire;
- Group discussion

Session Objectives
- Present parenting styles and how the relate to child welfare
- Present positive methods of disciplining children

Resources
- Tahsini, I. *"Models and habits of working with families"*, Cycle of lessons, Chapter 9, 2005
- Kilcpatrick, A. C., Holland, T. P. "W*orking with families: an integrative model by level of need"* (3rd edition), Boston, Allyn and Bacon, Chapter 8, 2003
- Tahsini I., Duci V., Ajdini J. *"Childhood years"*. Manual for child protection and development, World Vision, Fq. 180-190, 2009

Tools
- PPT presentation;
- Questionnaire;
- Theoretical material

Summary of Session:

The ability to provide advice and support parents about their parenting is a key intervention to support families. Relying on knowledge from previous modules (in particular, on "The needs of children"), this session will review the different parenting styles and how they affect the welfare of children.

Further on, the session will explore methods of positive parenting and disciplining children, where participants will be given the opportunity to explore the advice and the specific approaches. This will be done taking into account the effectiveness and appropriateness of each, based on the family context, age and other characteristics of the child.

Session Exposition:
Activity # 1 – *Introduction to parenting styles (30 min.)*
The trainer will present the most known categorization of parenting styles (authoritarian, authoritative, permissive) and their impact on the welfare of children.

The trainer invites participants to an open discussion on the styles that they recognize; that they have seen and how they affect children (can also refer to personal experiences, but not necessarily).

Activity # 2 – *Test and work in groups (30 min.)*
Depending on the time, a short test on the individual parenting styles can be realized.

Further, we will continue with a panel discussion, based on the results of the test, where participants can share their reflections on how to create a parenting style and how it affects children and their relationship with them. Questions for reflection:

- *How the behavior of the parent influences the child?*
- *How the behavior of the child influences the parents?*
- *What kinds of parents raise happy children with themselves and friendly to others?*
- *What parenting style is related to unhappy, insecure and aggressive children?*

Activity # 3 – *Reflection large group (30 min.)*
In the end all groups come together for reflection about parenting styles, the meaning of this concept in our culture, the influence of factors such as poverty, social exclusion, race, ethnicity, age of the child, disability etc. (pause, then continue the session).

Activity # 4 – Presentation of Positive Reinforcement (20 min.)
Further on, we will introduce the concept of positive discipline, where participants will be introduced to a range of skills, according to the categories: self-management skills, communication skills and problem-solving skills. Also, the presentation will focus on how aspects of culture, race, gender, disability and age influence positive discipline. Participants are encouraged to reflect by bringing specific cases.

The trainer pays attention in this discussion also on how personal subjective beliefs influence in matters of positive discipline (what is tolerated / considered damaging on a personal level and what is tolerated / considered harmful at the professional level).

Activity # 5 – G*roup work and reflection (30 min.)*
Later, they will be invited to discuss together the efficiency and adaptability of these habits, based on context, age and other characteristics of the child. Participants are asked again to focus on the impact that experiences and personal beliefs can have on these issues. Some questions for reflection:

1. *What is your goal? What would you like to see happen?*
2. *What are you doing to achieve this goal?*
3. *Is that helping you, to achieve the goal?*
4. *If not, what will you do differently?*

Activity # 6 – *Reflection on big group (30 min.)*
In the end all groups come together for reflection about positive discipline techniques and methods of use. Also, they are invited to reflect how they would advise parents / guardians or other employees with these techniques.

Activity # 7 – *Summary by the trainer (10 min.)*
At the end of the two sessions, the coach goes through everything again and reviews sessions for parenting and positive discipline, focusing on the main issues that affect and are affected by the work of employees of the CPU.

Questionnaire
(one copy distributed to all participants)

Find your style

1. **A neighbor comes to visit and your five years old son hides behind you. You:**
    a) *Would criticize him for being shy and force him to greet the guest;*
    b) *Would ignore his shame and will let him overcome it gradually, as he grows up;*
    c) *Would apologize for his behavior and explain that he is still very young;*
    d) *Will ignore his shame, but will show your satisfaction, whenever he communicates with the neighbor.*

2. **Your ten year old daughter wakes up late to eat breakfast and is still not dressed. Now it's too late for her to get dressed, eat and go to school on time. You:**
    a) *Would criticize her for being late and will limit her activities in the afternoon and evening;*
    b) *Would allow her to go to school late and resolve the situation with the teacher herself;*
    c) *Would dress her up while she's eating and bring her to school on time;*
    d) *Would let her choose- get dressed and eat on the way, or go to school without eating. But let her choose.*

3. **Your son gets a low grade and feels bad. You:**
    a) *Would remove TV privileges until he gets a better grade;*
    b) *Wouldn't say anything because his other grades are good;*
    c) *Would comfort him and prepare his favorite food;*
    d) *Would say that you understand that he feels sad, but he has done well in other subjects and that you appreciate his efforts.*

4. **Your daughter tells you that the younger brother cheated in the game. You:**
    a) *Would criticize your son who is cheating and will temporarily remove his toys;*
    b) *Would tell her to stop worrying, because he is still small;*
    c) *Would play yourself with your daughter for a while and say you are proud she is not cheating;*
    d) *Would tell her that you know it's not nice to cheat, but you believe that she will solve the problem herself.*

5. **Your son is walking with muddy shoes on the kitchen floor. You:**
    a) *Would criticize and ask him to clean;*
    b) *Would ignore, since it was an accident;*
    c) *Would clean it yourself, as boys are as they are;*
    d) *Would say that you are upset and that he must either clean his shoes before he enters, or not enter home. Then you discuss cleaning the floor.*

6. **Your son promises to return home for dinner, but arrives an hour later. You:**
    a) *Would punish him and not let him eat;*
    b) *Would not say anything, because he came home safely;*
    c) *Would say that you were concerned about him;*
    d) *Would tell him how you feel when he does not keep his word, then let him eat the cold supper.*

7. **Your six year old daughter refuses to eat dinner. You:**
   a) *Would insist that she eats before she gets up from the table;*
   b) *Would let her not eat;*
   c) *Would tell her how important it is to eat nutritious;*
   d) *Would give her something nutritious that she likes.*

8. **Your nine year old boy comes to the table unclean. You:**
   a) *Would tell him he is unclean and ask him to wash himself;*
   b) *Would allow him to eat just because "boys are always like that";*
   c) *Would take a napkin with water and soap and clean him yourself;*
   d) *Would remind him of the rule of the family that we always sit at the table clean and would take away his plate until he does it.*

9. **Your 12 year old daughter refuses set the table, as you had agreed. You:**
   a) *Would make her do it and would take her TV privileges that night;*
   b) *Would let it slide, since no child is perfect and she will learn to do it once she has her own house;*
   c) *Would set the table for her, but will remind her how much you appreciate when she does it;*
   d) *Would delay dinner until she completes her task.*

Interpretation of the Questionnaire

Now, calculate how much a, b, c and d you have accumulated. Depending on that, your style of parenting is:

a) **Strict**
   This style is characterized by strong parental control and is often used by people who want to be always in command. These parents expect their children to observe and do what they are told, with little explanation and discussion.

b) **Relaxed**
   Relaxed style is characterized by a very tolerant attitude towards children. These parents respect their children's ability to solve problems and allow them to develop their own pace.

c) **Caring**
   This parenting style is at its most maternal. Here children are given love and affection in abundance, not expecting much in return, except love. Since children are loved unconditionally, they feel deeply valuable and important. This style makes the most building the self-esteem of a child.

d) **Flexible**
   This style is usually seen in families of children happy. It consists of a combination of the previous three, used almost equally and generally democratically.

Note that the really flexible parent can choose responses from three other groups also. This is because the d solutions are not the only ones efficient or appropriate to situations presented. Thus, a somewhat uniform distributed model also shows flexibility.

Theoretical Material: Session VI & VII

Parenting and Parenting Styles

Many parents and also professionals working directly with children and their parents, very quickly and naturally raise these questions:

- *How the behavior of the parent influences the child?*
- *How the behavior of the child influences the parents?*
- *What kinds of parents raise happy children with themselves and friendly to others?*
- *What parenting style is related to unhappy, insecure and aggressive children?*

In fact, it is not possible to give a precise answer to these questions, because based on the studies; there is no direct relationship between child rearing patterns and what the child becomes. According to systemic model, the outcome of any growth model for any child depends on several factors that interact with each other, like the child's age, sex, temperament, personality characteristics of parents, personal history, economic circumstances, the needs of all members of the family and cultural values. This means that the method of parenting is one of the decisive factors in this regard, although not the only one, and as such it should be recognized, in order to assist parents in this regard. Although there is no fixed rule to disciplining and raising the child, Diana Baumrin (1967) makes a classification into three main groups of parents (of course, there is no clear cut between them):

1. **Authoritarian parents** are very strict and demanding, who believe in the authority and absolute obedience. Children formed in this way are afraid of them and feel intimidated to the challenges and experiences they have, because they can be punished.

2. **Liberal parents** are quite soft; do not set limits, raising children that are disrespectful and unable to make their own choices. They are more likely to have problems with their children's behavior

3. **Parents with authority, but not very strict**, have more opportunities for success in the struggle for educating their child's behavior. These parents set rules, boundaries, but explain why they are needed and seek the opinion of their children when deciding the rules. They communicate regularly with their children and urge them to be independent.

Although knowledge of these categories helps the parents, as well as professionals, the daily life of each parent is not so clearly defined and precise. Even when a parent would be "more comfortable" to stay within a single category, the child will not so easily fall in it. Imagine this situation:

After five minutes, a 5-year-old girl should go to bed. She should wash your teeth and wear her pajamas. If she asks, "Can I stay just a little bit more and watch television?"

Depending on the style of parenting, parents are likely to respond in one of the following ways:

1. **Authoritarian parent:** *You know the rule. Straight to bed, right now.*
2. **Liberal parent:** *Don't you think it's about time to go to bed? There's nothing on TV…*
3. **Parent with authority:** *What TV program is on? You may stay, after you have brushed your teeth, wore your pajamas, and promise me that you will wake up willingly without crying, to go to the kindergarten*

But, it could also happen like this:

> *Suppose that the five-year old insists the program is interesting. You know you should not touch her, but you should not let her watch either. You turn the TV off. She turns back and cracks a "battle" for the remote control. You begin to yell and tell her to go to her room, (without counting up to 10 J)…*

So, what happens is that depending on the cooperation of the child, parents with authority may feel forced to become authoritarian or liberal. Good parenting requires patience, creativity and skills, as well as involvement. In fact, a review of the parent-child relationship suggests that a key element is not simply the type of punishment or the nature of the rules, but the involvement of parents with children (Machoby and Martin, 1983). This means that the liberal and authoritarian parents, can succeed if they can show children that they care. E.g. yelling to a child "go straight to bed" may not be so problematic if the parent also explains that children need their sleep and later goes into the room to kiss them goodnight, as always. It is much worse for the children be afraid to ask for even one exception to the rule or extra time to do what they want, because that is easier for the parent.

Regarding aggression and affection, studies show that parenting styles:

- *Aggressive and dismissive parents have higher probability to have aggressive and antisocial children.*
- *Parents, who are judgmental, abusive and unhappy with their children, have higher probability to have children who are unhappy with themselves.*
- *Parents, who are insensitive to the views of their child, have children, who are less able to understand the views of others.*

The opposite is also true:

- *Caring parents, who understand and accept their children, usually raise happy and friendly children.*
- *Parental attitude are especially important during the pre-school age when the child's concept of self is formed and when they are seen as the invincible by them.*

Further observations have brought a further breakdown of parenting styles, which has similarities, but differences also, compared to the previous categorization and it results interesting for parents. The "questionnaire" that follows further facilitates the identification of a style, and starts a reflection on how the parent feels when using that style. It is recommended to initially complete questionnaire and then read the following information on the categorization of styles, in order to get a more realistic answer, and therefore a more useful one.

Positive Methods of Discipline

The relationship of the professionals with the family

Develop a positive relationship is essential for effective interventions with the family. To achieve these goals, the family should be first helped to establish positive expectations to change, as these families have a negative outlook on their opportunities to change. It appears to them that they have tried everything, but to no avail. The process of preparing the family for success begins with:

1. *Determining that all members are hurt by the circumstances.* Most families try to find a guilty person for their problems. Objects of impeachment may be the child, parent, judge, social services system, settlement, teacher, school, etc. Saying that the whole family is in pain, is accepted by all that every member is hurt and blaming will not solve the problem.

2. *Normalization of family problems.* Families can communicate hopelessness or feelings "Why me?" They should be informed that all families have problems and although theirs for the moment may seem severe and uncontrollable, other families in similar situations have successfully overcome their conflicts.

3. *Highlighting the strengths and positive motivation of the family.* Although many families can declare early their reluctance to cooperate, the fact that so far they are with you, shows that they are still concerned about their family and hope that they can change a little bit.

4. *Communication of empathy.* The family must believe that a professional understands how the family feels, experiencing all these problems.

5. *Communication of hope.* Although family problems can be large, they need a positive attitude and the ability to see hope and the irony to the situation.

Consistency

Prior to applying any technique or strategy of disciplining children, children should be informed about what is considered right and what is wrong, what are the rules and the consequences for breaking the rules. In order to have a positive effect disciplining, the parent must be consistent-meaning respect the rules and act consistently every time the rule is broken, regardless of external circumstances. For example, the mother and her 3 year old son agree that the son will no longer draw in the walls of their home, and if he does, he will lose some toy privileges. The son breaks the rule twice, and the mother punishes him, as agreed. The third time, he break the rule in front of guests, so the mother doesn't want to appear a bad parent and doesn't punish. This form of inconsistent disciplining always fails in proper child education.

Training of Self-Management Skills

For individuals, who cannot win and are unable to maintain control of emotions and behaviors, it's very difficult, if not impossible, to interact in a positive way and with respect to other family members. A study by Morris (1988) found that fathers of aggressive boys were five times more negative about their family and eight times more negative about their children than fathers of better behaving boys. This discovery supports more the confidence that the processes of ill-adapted thoughts of the family members for each other, should be amended, if they hope to build a more functional family environment. Self-control strategies that can be used to teach members to earn and maintain self-control are:

1. **Relaxation**
Learning self-control by learning to control bodily reactions through training exercises, deep breathing, progressive muscle relaxation, etc.

2. **Positive reconstitution.**
A parent, who is constantly interrupted by the child, may think that he is a great misbehaver. This belief can make parents react in a negative way. But, if the child's reactions are reshaped as an attempt to gain the attention of the parent, then the parent changes his beliefs and therefore reacts more positively. This reshaping is an attempt to replace disturbing and irrational thoughts with calming thoughts, to allow family members to interact in more healthy ways.

3. **Child self-control strategies.**
The best way to teach these strategies to children is to train parents to teach them. Turtle Technique (Schneider and Robin, 1976) helps young children gain control of aggressive and impulsive behavior and teaches them to slow down, "get back in the shell", calm down and think about their behavioral intent[297]. This strategy encourages the child to think before they act.

4. **Disciplinary strategies.**
In families where parental authority is affected, it is important to learn regaining control through sustainable and efficient disciplinary methods. Many parents have resorted to beatings, lectures or grounding, to punish children for their behavior. These penalties are usually inefficient, especially when parental authority is not safe or respected. The emphasis on modeling, direct instruction and repetition, parents can learn to develop strategies that allow the child to experience the effects of his behavior, similar to:

Time-Out

Resting is useful for general disobedience by the child, or when there is an immediate need to stop the behavior. It is the most effective short-term technique with children before the age of 10 years and requires the parent to take the child to a non-stimulating place, for a specific period of time to recover and to regain self-control.

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297 Schaefer, C. E., Reid S. E., *"Game Play: Therapeutic Use of Childhood Games"*. John Wiley and Sons, 2004

Premack Principle (The Grandma Law)

Otherwise called "Grandmother's Law", this principle requires that the child perform a desired or expected activity before they do something they themselves like. This strategy, which is a form of contract, often misused, and becomes inefficient. E.g. children should eat vegetables before cookies, this is an appropriate contract. But, when the boy was yells and cries, many parents allow him to calm down by giving him a cake. Consequently, he will continue to refuse to eat vegetables. So, he has won the battle.

Natural and logical consequences.

Especially useful with irresponsible children, natural and logical consequences allow children to experience the consequences of their behavior, so that the child learns what behaviors have negative consequences and what behaviors provide positive rewards.

The Assignment of Additional Chores

Used effectively with older children and adolescents, additional chores are assigned to children who lie, steal or damage items. Children should be given one hour of work for each violation. It is important that the additional chore is something that would not disturb other family functions, if not carried out (e.g. cooking dinner). Also, children are prohibited phone privileges, friends, food and entertainment until they perform the chore. In case of damage or theft of items, the child should be expected to pay and otherwise compensate.

Loss of Privileges

To be effective, the loss of privileges should include something that the child appreciates. E.g.: telling the child will not take him to your job, when he has not ever liked it, is not efficient. Also, parents do not have to exaggerate. If a child loses a privilege for a long time, he will quickly find something of equal value or greater, to replace and the denied privilege will lose its effectiveness. Loss of privileges is often effective when other disciplinary strategies have been unsuccessful.

Training of Communication Skills

Communication of healthy and functional family starts with being sure that the message we want to send is the message the other listens. Family members should be specific, concise, and use I-messages instead of you-messages, if they are hoping to increase the efficiency of their communications. Effective communication includes:

1. *Claiming your share. Individuals should express their wishes and opinions, not to expect others to "guess them" or "read minds".*
2. *To find out what others are thinking. Many people are wrong to think they know what other members think. To be sure, members should ask each other what they are thinking.*
3. *Telling others that you listen. Maintaining eye contact, demonstrating interest and trying to understand what others are saying, will communicate the interest and commitment to clear communication.*

4. *To ask questions when you are confused. If the members do not understand what the other is trying to communicate, they should ask him to clarify.*
5. *To stop and let others realize that communication is eroding. During conflicts, many words are spoken in haste and anger that might harm or displease others. Good communication is interrupted before it reaches this stage and all wait until they can develop a more relaxed discussion and rational.*

Behaviors that hinder communication should be avoided, e.g. insults, blaming, denial, defense, mind reading, surrendering, etc.

Training of Problem-Solving Skills

Many families are relatively inefficient in solving problems in many aspects of their lives. To overcome these shortcomings, the interventions will assist members in problem-solving exercises, specially designed for the specific problems of each family. A core element of this training is to *brainstorm* alternative solutions to specific problems. A model especially important with these families is to make the questions:

- *What is your goal? What would you like to see happen?*
- *What are you doing to achieve this goal?*
- *Is what you are doing helping you to achieve the goal?*
- *If not, what will you do differently?*

Session VIII

Topic: Good Practices In Working With Families

Time:
1 hour and 30 minutes

Methodology:
- PPT Presentation;
- Case Study;
- Group discussion.

Session Objectives
- To present examples of good practices in working with families
- To identify success factors in this practice and the role of CPU employee in impacting the success

Tools
- PPT Presentation;
- Case Study;
- Group discussion.

Resources
- Tahsini, I. *"Models and habits of working with families",* Cycle of lessons, Chapter 6, 2005
- Kilcpatrick, A. C., Holland, T. P. "W*orking with families: an integrative model by level of need"* (3rd edition), Boston, Allyn and Bacon, Kapitulli 3, 2003

Summary of the session
With the aim of integrating the knowledge and skills developed through this module, the final session will consider best practices in working with the family, and invite the participants to reflect on examples from Albania, their practices and experience of the individual. Also, special attention will be paid to highlighting the success factors in these experiences.

Session Exposition
Activity # 1 - *Presentation of one or two case studies as a model of good practice (15 min.)*
The trainer presents a case study as a model of good practice in working with families and early intervention.

Activity # 2 - *Discussion in groups (20 min.)*
Then participants will be invited to discuss in small groups (3-4 groups), on how the interventions were used. They write their answers in the flipchart.

Also, they will be invited to share similar cases from the practice of their work and reflect on how they have used the interventions and what interventions could have been done differently.

The instructor wants to be focused to discuss some key issues such as:

- *The child's age, development capacity and needs of the child;*
- *Family involvement and motivation in the process of change;*
- *Discussion of parenting models;*
- *Parents' / guardians' understanding the needs of the child;*
- *Information obtained from the child's on the family situation and positive parenting;*
- *Consideration of the gender aspects of parents, the involvement or work with the father and / or mother.*

These should be the focus of the assessment of interventions and suggestions to further improve early intervention practices and work with the family.

Activity # 3 - *Presentations of groups in the plenary session (45 min.)*
Then all the groups come together in plenary session where they share discussions of small groups.

The instructor asks them to explain in detail the above questions and issues.

Activity # 4 - *Overview (10 min.)*
The instructor finally makes a summary of the session focusing on positive practices, factors that affect or influence the work with families and interventions

Case Study

Case study – M and her family

All families with children at risk face a number of problems. Young professionals are often frustrated when problems align one after another, with no end in sight. On the other hand, the experience makes them recognize that all families have some strong points. For this reason, the valuation model should focus on these points. A successful program with these types of families operates under the postulate that "there are strengths in each family, which once identified, can be used efficiently." Focusing on the negative experiences of the past, may not be related to the current situation. Some families may not be aware of their strong points, as they feel overwhelmed by the myriad of problems they have. In this situation, part of the task is the installation of hope within the family.

M. is a 27-year-old Roma mother with four children. Two of her children, for the moment, are in the children's home. The other boy lives with Aunt M. M is now living with her newborn daughter, Aurora, in a hut with a single room, which is falling apart. The social worker of the case, who works on community care center for children, is concerned about the ability of M. to care for the child, because she has a history of abuse with sedatives and according to her family members, "she suffered from nerves ". M. denies the use of sedatives. The social worker is very concerned about M., because she says "she would like to have died, but she will not kill herself because she needs to care for Aurora." The social worker notes that M. takes good care of the girl and the girl is doing fine. When she offers to help M., linking her with community mental health center, M. does not agree to go, saying: "Why go? No one can help me. "

Since M. has no phone where she lives, the first visit was made without prior announcement. Although initially M. was suspicious of the social worker, she cooperated and verbally expressed her desire to help. Aurora seemed well kept and her development seemed normal. She had a range of toys and accessories for the baby, but complained that they were running short of vegetables. She said she took the girl to the local counselling center regularly.

From the information obtained in the child's home, the social worker realizes that M. was suggested for wavering of parental rights, so that children are put for adoption. M. understands this, but seems to be in a denial stage, constantly seeking assistance from the center for a home and a job, so that she could live with her four children.

M. is well fed and look fine. She has been to the doctor to get medicine for sleep, as she says that she wakes up every day early in the morning and cannot sleep again. She says the main need is housing and there is no hope to provide a home.

When asked directly about her children, M. immediately began to cry and said that she had "lost" them because she was not a good mother. When asked why she had sent her children to the child's home, she explained that there were moments of "forgetfulness", when she stayed in bed all day and did not eat. During that time she forgot to feed her children. These "forgetfulness" moments lasted for weeks, but it gradually improved, especially if her mother came to help with the children. During this time she lost the job as cleaning lade in two families.

M. looks better oriented about the time, place, people and situations. Her memory was within normal limits, but reported that when she is "forgetful" it was hard to remember to do simple things, such as get up in the morning.

M. said that sometimes she heard her mother calling her name, especially when falling to sleep. When asked further, she said that her mother had died two weeks before the birth of Aurora. At this moment she began to cry, saying: "Everybody leaves me. Even the kids' father left me. My mother left. My sister does not speak to me anymore". When asked about the children's father, M. said that he did not want to talk to her.

M. does not have a history of mental health treatment or a family history of mental illness. She said that several family members had told her that her father's death in a car accident was in fact suicide. She said she was small and did not understand the word suicide.

The social worker was concerned that M. would send Aurora to the children's home, as she may soon be left homeless and had no other resources to care for the girl.

Even in this family there are strengths, if you look for them. M. has a strong relationship with the little girl. She looked after her health and daughter during pregnancy. Also, she took contraceptives, to wait at least three years between pregnancies and this was a strong point, she wanted to have stability in life and to provide quality care for her children. Another strong point was her ability to seek and receive assistance.

Treatment Goals

The immediate goals in this family were child protection, prevention of unnecessary placement of her child in the children's home, promotion of family support, as a foundation for healthy growth and development of the Aurora. The main goal was that M. had healthy children, lived in a suitable environment that strengthened healthy development. With the help of M. some timely objectives were development, that would lead to the achievement of the goals of treatment. These objectives were:

- Addressing the issue of housing;

- Continue health care with the local neighborhood office;

- The discovery of available resources for M., through her extended family or community organizations;

- Develop and implement a plan to help M. in making the assessment and treatment for depression;

- Preparation to provide constant care for Aurora if M. begins work;

- Maintain the relationship with neighborhood doctor for consultation and to facilitate a plan of contraception;

- The client assertiveness skills training, to prevent her from being used and to assist her in finding services;

- The beginning of a positive relationship with the client, to help her recognize the strengths, skills and resources;

- Arrange a shelter for her in case of emergency;

- Provide food, clothing or other items needed in an emergency, to prevent the placement of Aurora in the child's home;

- If the placement of Aurora in the children's home is inevitable, supporting the parent-child attachment relationship, facilitating visits of the mother.

The final goal, in any case, is the renegotiation of goals and objectives, according to the expressed wishes of the family, while other issues and opportunities emerge.

Tools for Assessing Knowledge Gained From Training

At the beginning of the first day and the end of the second day of training an assessment form will be distributed (in the form of pre-test / post-test), which will include open and closed questions, to test the knowledge obtained during two days of training.
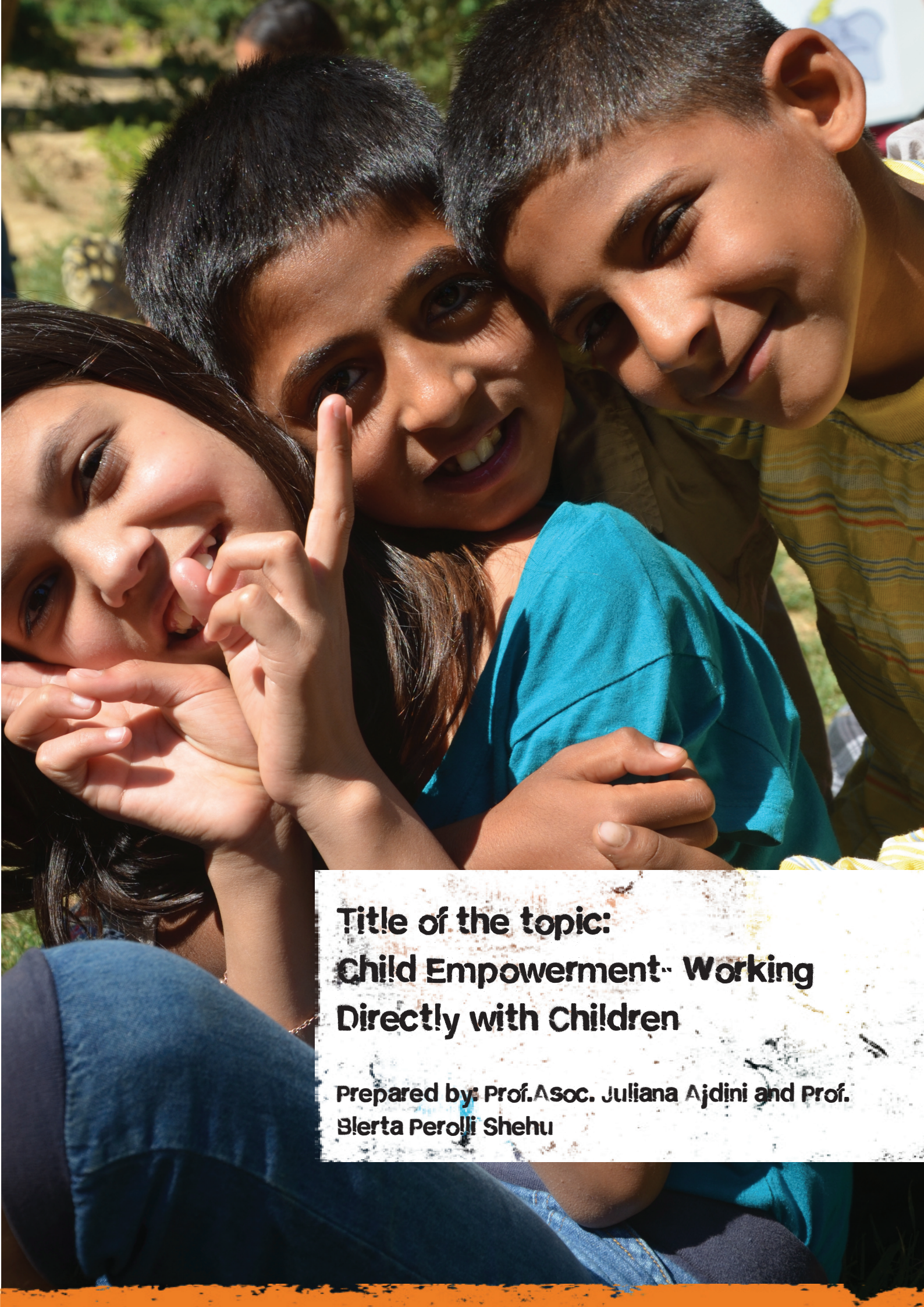
Title of the topic:
Child Empowerment- Working Directly with Children

Prepared by: Prof.Asoc. Juliana Ajdini and Prof. Blerta Perolli Shehu

Main objectives
- Introduce the concept of communication in social work practice
- Explain the importance of effective relationships with parents to improve child outcomes;
- Introduce the dynamics and basic principles of interaction with parents;
- Explore basic concepts of effective communication which enhance relationships between parents and their children
- Build participants communication and helping skills through group work
- Identify the particular challenges that working with children places on adults' communication skills
- Describe and apply the key attitudes, approaches and skills that facilitate communication with children
- Learn the importance of using playful and creative techniques to engage with children and to access their world in a manner that is comfortable and enjoyable to their stage of development.
- Practice examples of how learned skills can enhance communication between children and social workers during the main points of engagement in child protection and welfare assessments: investigative interviews, direct work and home visits.
- To understand peer education process in working with children.
- To practices the learning skills during group discussion and role-plays.

Expected Results:
- Appreciate the importance of effective communication in working with children and parents
- Learn skills to encourage disclosure of events by children
- Learnhow to engage with uncommunicative children
- Demonstrate communication skills and techniques
- Describe good practice examples
- Be able to strengthen child communication skills through play and empathy
- To improve the knowledge of the participants in addressing of ethics dilemmas during help process.
- To practices ways of empowering children during the help process.
- To practices the knowledge learned through group discussion and role-plays.

Module Timeline:
2 days

Main Issues Addressed in the Module:
- Parent-caseworker relationships
- Relationships with children
- Impact of culture in communication
- Communication skills
- Observation skills
- Active participation of beneficiaries (families) in the process for quicker improvement
- Techniques for building rapport
- Parent-child communications
- Child participation guidelines.
- Empowering children to self-defense and to make healthy choices.
- The importance of peers in education and support.
- Ethical dilemmas in working with children (cases of abuse, involvement in decision-making, etc.).

Keywords:

- Honesty
- Communication skills
- Observation skills
- Play therapy
- participation
- psycho - social welfare
- empowerment
- ethical dilemmas
- peer education

Main Resources:

- Hepworth, D. H., Rooney, R. H., Larsen, J. A. (2002). Direct social work practice: theory and skills (6th edition), Pacific Grove, Brooks/Cole.
- Rice, K., and Girvin, H. (2014). Engaging families, Building relationships: Strategies for Working across systems from a social exchange perspective. Advances in social work. Vol. 15, No. 2
- Crowther, K. and Cowen, G. (2011). Effective relationships with vulnerable parents to improve outcomes for children and young people. Final study report.
- Zolten, K. and Long, N. (2006). Parent/child communication. Center for Effective Parenting
- Wilkinson, H., Smith, M., Gallagher, M. (n.d.). Engaging with involuntary service users in social work. Good practice guide.
- The National Center on Parent, Family and Community Engagement (n.d.) Positive Parent-Child Relationships.
- Advocates for youth (2015). Parent-Child Communication Basics: An Education Program to Enhance Parent-Child Communication.
- "Child Protection Program Strategy Toolkit", UNICEF EAPRO,
- "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- O'Reilly, L. and Dolan, P. (2015). The voice of the child in social work assessments: Age-appropriate communication with children. British Journal of Social Work.
- Gjermeni, Eglantina. **Shprehi në praktikën e punës sociale. Tiranë 2010**
- Cournoyer, Barry. **The social work skills ëorkbook**, second edition. Amazon 2008
- Okun F. Barbara. **Effective helping,** second edition. Cole Publishing Company 1992.
- Flekkøy G. Malfrid and Natalie H. Kaufman, **The Participation Rights of the Child: Rights and responsibilities in family and society. Children in Charge Series 4,** Jessica Kingsley Publishers, 1997.
- Hart, Roger A., **Children's Participation: The theory and practice of involving young citizens in community development and environmental care, Earthscan,** London, 1997.
- Lansdoën, Gerison**, Promoting Children's Participation in Democratic Decision Making,** UNICEF International Child Development Centre (noë Innocenti Research Centre)**,** Florence, 2001.
- Malkin J.Stuart, **Empowering Children: Book Two: Looking for a** Better World**. 2005**
- Bogart, Jane. **Presented at the Advanced Peer Education Training of Trainers in Parnu**, Estonia, 2003.
- Delaney**,** Stephanie **CHILD PARTICIPATION: Theoretical Models,** March 2003
- Terre des hommes, Child Protection : Psychosocial Training Manual, 2008

Metodology / Tools:

- Powerpoint presentations
- Group discussions
- Case study
- Role play

Session I
Topic # Establishing Relationships With Parents About Communicating With Their Children

Time:
> 1 hour and 30 minutes

Methodology:
- Power point presentations,
- Exercises in groups.
- Reflection in group

Objectives:
- Understand the importance of effective relationships with parents to improve child outcomes;
- Understand the dynamics and basic principles of interaction with parents;
- Explore basic concepts of effective communication which enhance relationships between parents and their children
- Build participants communication and helping skills through group work

Tools:
- Flipchart,
- Markers,
- Handouts
- Index cards

Resources:
- Hepworth, D. H., Rooney, R. H., Larsen, J. A. (2002). Direct social work practice: theory and skills (6th edition), Pacific Grove, Brooks/Cole.
- Rice, K., and Girvin, H. (2014). Engaging families, Building relationships: Strategies for Working across systems from a social exchange perspective. Advances in social work. Vol. 15, No. 2
- Crowther, K. and Cowen, G. (2011). Effective relationships with vulnerable parents to improve outcomes for children and young people. Final study report.
- Zolten, K. and Long, N. (2006). Parent/child communication. Center for Effective Parenting
- Wilkinson, H., Smith, M., Gallagher, M. (n.d.). Engaging with involuntary service users in social work. Good practice guide.
- The National Center on Parent, Family and Community Engagement (n.d.) Positive Parent-Child Relationships.
- Advocates for youth (2015). Parent-Child Communication Basics: An Education Program to Enhance Parent-Child Communication.
- "Child Protection Program Strategy Toolkit", UNICEF EAPRO,
- "Keeping Children Safe Standards", Keeping Children Safe Coalition, UK

Summary of session:

Developing positive relationships with parents is critical to providing the best care possible to their children. Strong family relationships help children develop self-esteem, resist peer pressure, and act responsibly when making decisions. How and what they communicate a can make a significant difference in the health and well-being of their children. The session is focused briefly on developing relations with parents, and on strengthening parent-child communication parents through partnering with parents in guiding them to effectively communicate with their children. The session includes reflective practices to grasp the full concept of effective communication.

Session Exposition:

Activity #1 – Individual and pair work (10 min) - Draw a picture of a child you know
The aim of this activity is to encourage focus on children. Participants are asked to think of a particular child they know or have heard about in the context of their work. If they do not know an individual child, ask them to imagine a 'typical' child involved their work. Encourage a few moments of personal reflection: Is it a girl or a boy? How old are they? What is their personality like? Their family situation? Why / how have you come into contact with them? What is their life story?

Participants draw a picture of this child on the front of their card. It can be a simple stick figure or face. The emphasis is on creating a visual reminder of that child – not on producing great art! In pairs, they introduce their child to their partner. If someone wants to, they may volunteer to present their child to the whole group.

Ask participants: Are each of your children the same? [No – emphasize individuality, in spite of possible common characteristics].

Ask participants to keep their child 'safe' and visible in front of them throughout the workshop as a reminder of what the workshop is all about, even if children themselves are not physically present.

At various stages of the workshop, ask participants to reflect how the material in the workshop is relevant to this child / what impact it could have on this particular child. If you have drawn a picture of a child whom, because of their story, it is distressing for you to focus on, put this picture safely away in your folder and draw another child who you don't mind repeatedly coming back to.

Activity #2 - Reflection in big group (10 min.)
The trainer invites participants to discuss in the big group on why effective communication is important for healthy family relationships. Participants' responses are listed on a chart. Use examples to stimulate the discussion. Acknowledge that other reasons exist and that all the reasons are important

Activity #3 – Power Point Presentation (30 min.)
The trainer will explain the principles of building relationships with parents, strengthening their engagement in the helping process and will go through basic communication patterns with parents and children and between them.

Activity #4 – Joint work in small groups and plenary (40 min.)
Road Blocks and Building Blocks to Effective Communication Exercise[298]

Participants are asked to discuss of some common ways that our words, the tone of our voice, and the way we approach someone physically can shut or close the door to communication (*Road Blocks*) or strengthen and build healthy, respectful communication (*Building Blocks*). Verbal communication is the words we use; nonverbal communication is how we say the words (our tone, emotions, and body language).

In the tables below are some situations that illustrate *Road Blocks* and *Building Blocks* to effective communication. Situations or statements from a child are on the left. Possible adult responses are on the right.

Participants are given two sets of index cards with adult responses on them. The white index cards are the Road Blocks responses and the blue index cards are the Building Blocks responses. The index cards are numbered to correspond to the situations or statements in the tables below. The facilitator will read the situations or statements and the participants will contribute the responses from the index cards.

Road Blocks to Effective Communication

White Road Blocks index card are distributed to small groups. The definitions of Road Blocks are displayed on a chart. Beginning with the Road Blocks, the facilitator reads a situation or statement from the left side of the table below and ask the participants who have the corresponding, numbered response to read it with energy, as a parent or adult who might say it in this situation.

Referring to the definitions chart, the facilitator explains very briefly what this Road Block is called and what it means. The exercise closes asking the participants to share examples of when they have experienced these Road Blocks and discussing the effect of road blocks on maintaining healthy relationships.

Situations	*Adult Responses (on white index cards)*
S-1. Mom, I'm not sure what to do about my class schedule this year. It's really tough with all the extras I've got to do.	R-1. You should take every math and science course offered. You ought to see how important that is.
S-2. Dad, that boy just took my truck.	R-2. It's your problem. You solve it.
S-3. Mom, the jar of glue just fell over on the floor.	R-3. Look what you did! The carpet is ruined! It's all your fault!
S-4. Your 8-year-old got dressed for school - orange and blue shirt, green and yellow striped pants, red socks, sandals, and a baseball hat.	R-4. Only a clown would dress like that for school!
S-5. Dad, it's not my fault my math teacher hates me.	R-5. Let me tell you about my boss. You think you've got trouble!
S-6. I think I'll go to the movies tonight Mom.	R-6. You will not. You're going to stay home and study. You're going to bring your grades up.

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298 Parent-Child Communication Basics: An Education Program to Enhance Parent-Child Communication - Advocates for youth

S-7. But Dad, it's the last night of the circus show and I want to watch it."	R-7. If you don't study, there will be no going to the grandma's this weekend.
S-8. Mom, I really need to know if I can go to the concert on Saturday night.	R-8. We'll see - I'll think about it.
S-9. I'll pick up the puzzle later Dad.	R-9. I'm not going to tell you again. I've told you ten times to pick it up. Now!
S-10. Your child comes home from school, slams the door shut, drops his/her clothes on the floor, kicks the cabinet, and turns on the TV.	R-10. You frown, cross your arms, tap your foot, and stand in front of your child.

Definitions of Road Blocks to Effective Communication

Verbal		Examples
S-1. Judging	Making a judgment	You should … You ought to …
S-2. Rejecting	Giving no support	It's your problem, not mine.
S-3. Blaming/Criticizing	Placing fault on the other person	It's your fault.
S-4. Labeling	Calling names or words that are negative	Only a dummy would do it that way.
S-5. Transferring	Not listening and jumping in with one's own problems	Let me tell you what happened to me.
S-6. Ordering	Giving solutions with no choices	You must do this now.
S-7. Threatening/Bribing	Using threats or bribes to try to make someone do something	If you don't do what I want … If you do what I want, I'll do this for you.
S-8. Waffling	Not being clear and consistent in setting limits	Well, maybe … We'll see … I'll think about it …
S-9. Nagging	Persistently repeating orders or requests	I've told you a thousand times … How many time do I have to ask you to …
Nonverbal		Examples
S-10. Acting	Using body language that sends negative messages or that rebuffs; being physically abusive	Crossing arms; not looking at speaker; walking away; tapping feet; shaking finger in face; hitting; kicking

Building Blocks to Effective Communication

Blue Building Blocks index card are passed out to participant. The same procedure is followed as with the Road Blocks exercise. The definitions of Building Blocks are displayed on a chart.

10 Building Blocks to Effective Communication

Situations	Adult Responses (on blue index cards)
S-1. Dad, it's been a terrible day. Absolutely horrible—I really messed up!	R-1. Would you like to tell me about it? I'll just listen.
S-2. Look at what I made with my blocks and trucks and sticks!	R-2. You worked a long time to build your city and look at how you used every block.
S-3. I hate you!	R-3. I love you and feel very sad when you say that.
S-4. Mom, I don't know what to do. He says he will break up with me if I don't go all the way.	R-4. What can I do to help you with this tough decision?
S-5. I can't believe that my teacher is giving me a "C" on my paper. I worked really hard and did everything he told me to do.	R-5. You sound very frustrated and disappointed? Is that right? Would you like to talk about it?
S-6. She is a good driver. She is careful and makes everyone wear a seatbelt. Can I ride to the lake with her?	R-6. I know I can trust you and you have good judgment.
S-7. Dad, look at me, look at me! I swam to the other side of the pool.	R-7. You are such a good swimmer and know how to be safe in the water.
S-8. You won't believe what she said and did to me. I'll never be her friend again!	R-8. You sound very angry with her. Is that right? Would you like to talk about it?
S-9. I hate him. He's such a dumb-dumb. I don't care if I ever play with him again.	R-9. Can you tell me more about what happened with him?
S-10. Your child comes home from school, slams the door shut, drops his/her clothes on the floor, kicks the cabinet, and turns on the TV.	R-10. You sit next to your child, hold his/her hand, look him/her in the eye, and then tell him/her that you would like to know why he/she is so angry.

Definitions of Building Blocks to Effective Communication

Verbal		Examples
S-1. Listening	Focusing on the present; not bringing up past problems or mistakes; creating safety to express anything	I feel that right now you need me to just listen to you.
S-2. Praising	Giving earned rewards frequently; recognizing efforts rather than products or end results	You worked so long and so hard on the project.

Terre des hommes

S-3. Feeling	Sharing feelings such as anger, joy, and frustration; using "I" statements	I feel … I'm so angry when you … I love you.
S-4. Respecting	Letting others make decisions; avoiding judging and advising; trying to help him/her make his/her own decisions	It's your choice. What can I do to help you?
S-5. Listening	Identifying the feeling as well as the content and asking the person to confirm it	It sounds like you were very frustrated by the class change. Is that right?
S-6. Trusting	Being consistent; asking for input and understanding that children need to learn in their own way even if they make mistakes	I know you will be thoughtful and responsible.
S-7. Affirming	Finding the positive to express	You are so competent. You make me happy when you …
S-8. Reflective Listening	Reflecting what another says; paraphrasing a person's words so he/she know he/she has been heard	You sound angry about your friend's response. Is that so?
S-9. Clarifying	Asking for more information when unsure	Could you tell me more about your fight with your friend?
Nonverbal		Examples
S-10. Acting	Finding physical ways to show care, concern, and attention	Making eye contact; touching when appropriate; hugging; staying near the person

The Building Blocks exercise is closed with a discussion as you in the Road Blocks exercise. The group is asked to brainstorm feelings they had as the adult's response was read. The facilitator explains that Building Blocks help people feel valued, listened to, understood, respected, and/or loved. Stress that listening, especially reflective listening, is emphasized as a Building Block because it is the cornerstone of effective communication.

Finally, participants are asked to construct Building Blocks responses to the Road Blocks situations. The exercise is done in pairs.

Finally, the facilitator summarizes the discussion with the following key points.

- *Effective, healthy communication skills can be learned.*
- *Children deserve to learn communication skills from adults who are honest, respectful, and caring.*
- *Nobody is perfect. We all sometimes lose our patience and say and do things that we regret. But, we can say we're sorry—and use the Building Blocks to strengthen our relationships.*

Theoretical Material: Session I

Building Relationships with Parents

As a caseworker, you soon discover that parents and children are a two-for-one agreement: Developing positive relationships with parents is critical to providing the best services possible to their children. Research going back many years has consistently told us that parents are the most important people in their children's lives, and that their support for their children's development is crucial.

The field of child welfare has moved toward the strengths-based perspective, with practitioners emphasizing the importance of harnessing families' strengths (Alpert & Britner, 2005). Engagement of families is foundational in this process and can be conceptualized as a way to protect the rights of children and families. In child welfare, the relationship between employee and client is viewed as the mechanism through which families may be engaged. Evidence suggests that the formation of a strong connection between the worker and client is prerequisite for effective intervention (Holland, 2000). Failure to establish a helping relationship has been associated with poor outcomes (Landsman, Groza, Tyler, & Malone, 2001) such as lack of connection and effective communication between the parent and child.

Social work is a profession grounded in social justice and the empowerment of others. Empowering families involved with child welfare help child outcomes. Hegar and Hunzeker (1988) argued that certain characteristics of child welfare workers prohibit the development of a helping relationship. A number of qualitative research studies have documented specific caseworker skills, identified by both the client and the caseworker, as being associated with a helping relationship. Reoccurring themes in these studies include *worker supportiveness, genuineness, empathy, helpfulness, respect, non-judgmental attitudes, accessibility, and use of effective communication skills*. Winfield and Barlow (1998) assessed the strength of the helping alliance between the client and caseworker, finding that 95.6% of clients reporting a positive relationship viewed their caseworker as friendly.

Yatchmenoff (2005) reminds us that organizational factors can influence clients' level of satisfaction, and thus the ability to develop a helping relationship. Findings revealed most clients' perceptions of the "system" were negative as they did not "believe my family will get the help we really need from" Child Protective Unit. Therefore, more than ever, effective collaboration between the child welfare caseworker, family, and other service providers is an essential practice method to foster engagement and development of a helping relationship.

When we wish to establish good relations and communication with children, we must first develop these relations with the parents. Many parents who become involved with CPU have been abused or rejected as children, and/ or marginalized by society as adults; thus, it is difficult

for them to form good working relationships. Accordingly, parents value caseworkers who are caring, respectful, accepting, friendly, genuine, responsive, supportive and trustworthy.

On the other hand, caseworkers being judgmental, uncaring, lacking in understanding, authoritarian, and denigrating risk all possible grounds for developing a mutual helping relationship. Judgmental attitudes including labeling parents as poor family managers, as abusers, or treating them as guilty until proven innocent make parents feel that workers do not seem to understand the difficulties they are facing with their lives and their children

Roberts (2009) in Early Home Learning Matters describes how Braun and others (2006) set out the following list of qualities that underpin what they call 'a helping relationship and partnership'.

Respect: valuing parents as individuals, believing in their fundamental ability to cope and make a difference in their family lives, and working within an ethos of partnership.

Empathy: showing an understanding of the challenges a parent is facing in their lives, and being able to see the situation from their point of view.

Genuineness: being sensitive, honest, undefensive and trustworthy. Humility: working in the context of an equal relationship and using parents' strengths, views and knowledge alongside your own at every stage of the process

Quiet enthusiasm: bringing a friendly, positive energy to the relationship and a consistently calm, steady and warm approach.

Personal integrity: in addition to empathizing with the parent, being able to hold alternative views and offer these when appropriate.

Expertise: the knowledge and experience that the helper [practitioner] brings to the work to complement the parent's existing knowledge and skills, both in building the relationship and in providing information and support.

Social support is one of the greatest protective factors against parental stress, depression, and low self-efficacy (sense of competence) (Simpson & Rholes, 2008). Social supports, along with a general sense of emotional security, strongly predict positive parent outcomes such as: feeling capable as a parent (parenting self-efficacy), positive ways of understanding children's temperament and development, and overall parenting satisfaction.

Effective parent engagement can also help parents feel less stressed, more effective, and less alone. Parents' feelings of competence can be strengthened when the caseworker invites parents to:

- share their knowledge about their child and family,
- spend time in the classroom to play and learn with their child,
- engage with their children during home visits, and
- share experiences from home.

By engaging parents in the direct work, we reinforce parents' relationships with their children. This increases our chance of success, parental satisfaction, and improves children's developmental outcomes

Staff can also learn from families about the cultural values and norms that shape their goals for their children at different ages. These goals may mold the ways in which parents are sensitive and responsive to their infants, toddlers, and children

Therefore, the key to all successful engagement of families is working in partnership, acknowledging what families bring and what practitioners contribute. Engagement of parents can be improved by making clear at every contact what the purpose of the intervention is, what they have control over and what they do not, what is going to happen next and what the likely consequences will be. In all interactions with families, open and sincere communication is key to building real relationships. This depends on making time to talk one to one, and giving individual attention either in the home environment or in a welcoming environment outside the home and at appropriate and convenient times for parents.

Knowledge-sharing between parents and practitioners, to enable all adults to work most effectively in supporting the child.

Knowledge from practitioners

Knowledge from home

Shared with parent

The Child

Shared with practitioners

Parent acts on practitioner knowledge

Practitioners act on parent knowledge

Adapted from Whalley, M (ed) (2007) Involving Parents in their Children's Learning. (second edition) London: Paul Chapman.

Parents have their own specific knowledge of their child and their family. Practitioners have a more general knowledge of child development and learning. Through sharing both sets of equally important expertise, knowledge and understanding, the provision and outcomes for the child are improved.

All relationships have give and take, although the balance of this exchange is not always equal. Social Exchange theory explains how we feel about a relationship with another person as depending on our perceptions of:

- The balance between what we put into the relationship and what we get out of it.
- The kind of relationship we deserve.
- The chances of having a better relationship with someone else.

There are several ways how a caseworker could contribute to developing a balanced relationship with the parents. Recognizing parents' expertise in their own children and lives, doing things with families rather than to them is crucial; acknowledging their circumstances and understanding

their histories; listening closely to their experiences; trying to understand how they feel about their family, their children, and the intervention they are undergoing, empowers them to have more confidence in themselves; re-asserting social work professionalism. Achieving the right balance of exchange between practitioners and parents, avoiding one (mainly practitioner) being perceived more knowledgeable or authoritarian, ensures a proper give and take relationship. i.e. The following is an excerpt of an impact evaluation of a social program:

> *Parent: When the project worker first visited my house, she was the only one to accept a cup of coffee and sit down with me and listen to what I had to say. All the others, who came to my home, just stand in the middle of the room and tell me what I'm doing wrong. She really helped me to realize I can be a good mum and relate to my children's needs. And, she asks about my opinions and then… she listens to me. I really look forward to her visits.*
>
> *Caseworker: I was a little anxious going to my first meeting with her but having accepted the cup of coffee I moved into the first part of the visit programme, building rapport with the parent. I visited weekly at first, working with her to build her trust in my competence, and increase her observational skills of her children's development, asking open-ended questions and listening carefully to her concerns. She enjoyed the activities I modelled, and increasingly asked questions about child development. As she grew in confidence the visits became fortnightly and then monthly. Her increased parenting skills impacted on her two older children who are making good progress – and to think the children were heading for being taken into care.*

The statements above show how little is needed for the parent to perceive the caseworker as a partner she genuine supporter, rather than a threat. However, this should not be mistaken as an easy process. For most of the families (parents), the involvement with social workers is not voluntary, but mandated by law (i.e. families in the child protection system). Therefore, these families, frequently called involuntary clients, range from those who do not respond to any contact, to those who cooperate because they believe they don't have any other choice. They often begin with negative attitudes towards social workers. It is important to understand what the initial resistance is about and get beyond that. Many families have had bad experiences which leave them struggling to trust professionals. Working with these families is really challenging and successes are hard to achieve. This is why establishing a proper relationship is essential. Some of the aspects that might support this are[299]:

- *Maintaining continuity by avoiding frequent changes of worker.*
- *Striking a balance between exercising social work authority, and empowering the client to control the process where possible (see above).*
- *Giving practical assistance, e.g. advocacy, helping clients to fight for their rights.*
- *Paying attention to what is positive in the client's behavior and celebrating all achievements.*
- *Showing the client your humanity, e.g. by finding a common interest, revealing something about yourself, showing empathy or 'going the extra mile' in working with them.*
- *Empathy, on the other hand, is crucial for maintaining engagement even where difficult issues are being discussed.*
- *Avoiding professional and management jargon and acronyms.*
- *Too much information (e.g. long, complex reports) can be as unhelpful as too little.*

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299 Good practice guide - engaging with involuntary service users in social work. University of Edinburgh.

Once the relationship with the parent/s is stable and balanced, before starting direct communication and work with the child, it is essential to build strong communication patterns between parents and children. Remember, the key is to treat parent as partners. This way, they will voluntarily be your direct link to the child.

Fostering Parent - Child Effective Communication

Positive parent-child relationships provide the foundation for children's learning. With parents' sensitive, responsive, and predictable care, young children develop the skills they need to succeed in life. Early parent-child relationships have powerful effects on children's emotional well-being (Dawson & Ashman, 2000), their basic coping and problem-solving abilities, and future capacity for relationships (Lerner & Castellino, 2002). Through these interactions, children learn skills they need to engage with others and to succeed in different environments (Rogoff, 2003). They learn how to manage their emotions and behaviors and establish healthy relationships with adults and peers. They also learn how to adjust to new situations and to resolve conflicts.

Open and effective communication of parents with children is very important for the health and wellbeing of the whole family, as it benefits not only the children, but every member of the family. Relationships between parents and their children are greatly improved when there is effective communication taking place. In general, if communication between parents and their children is good, then their relationships are good as well. Children learn how to communicate by watching their parents. If parents communicate openly and effectively, chances are that their children will, too. Good communication skills will benefit children for their entire lives. Children begin to form ideas and beliefs about themselves based on how their parents communicate with them. When parents communicate effectively with their children, they are showing them respect. Children then begin to feel that they are heard and understood by their parents, which is a boost to their self-esteem. On the other hand, communication between parents and children that is ineffective or negative can lead children to believe that they are unimportant, unheard, or misunderstood. Such children may also come to see their parents as unhelpful and untrustworthy[300].

Children, especially at younger ages, tend to rely on their families, on their parents to resolve internal and external conflicts. Fostering a healthy relationship in early ages ensures a smoother transition to adolescent age, with the child being more self-confident and empowered to deal with personal development, identity formation and social inclusion. Equally important, this will foster a much closer, positive relationship between parents and their children. Constant input of sincere positive reinforcement helps children feel good about them and enables them to function well. Constant criticism, on the other hand, causes children to feel bad about them and hinders their growth and development. Therefore, it is important to learn effective ways for interacting with the child. Parents who gain expertise are the ones who usually find it easy to get positive responses from their children, while those without the information often have great difficulty.

Communication builders - what follows are some examples of things parents can say to open communication lines with their children

"I'd like to hear about it."   "Tell me more about that."
"I understand."   "What do you think about ..."
"Would you like to talk about it?"   "Is there anything else you'd like to talk about?"
"That's interesting."   "Wow!"
"I'm interested."   "Explain that to me."

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300 Kristin Zolten and Nicholas Long - Center for Effective Parenting

Terre des hommes

Since the next sessions are more focused on increasing caseworker skills for communicating with children, here we focus a bit more on increasing and supporting parental capacity to engage with their children. Children's psycho-social well-being is inextricably bound up with that of their parents or other carers, and it is with this in mind that measures to enhance parental competence and to develop protective factors for parents are important to promote the well-being of children. Empowering parents means empowering their children as well, and focusing on building parents' capacities to communicate shapes building block for better communication with children.

Ways to Communicate Positively with Children[301] - Guide for Parents

Starting Effective Communication While Children are Still Young

Before parents and their children can communicate, both must feel comfortable enough to do so. While their children are very young, parents should begin setting the stage for open, effective communication. Parents can do this by making themselves available to their children when they have questions or just want to talk. Furthermore, parents who provide their children with plenty of love, understanding and acceptance are helping to create a climate for open communication. Children who feel loved and accepted by their parents are more likely to open up and share their thoughts, feelings, and concerns with their parents.

Sometimes it's easier for parents to feel acceptance for their children than it is to actually show it. Parents must demonstrate to their children that they love and accept them. Parents can do this in both verbal and nonverbal ways. Verbally parents can let their children know they accept them through what they say. Parents should try to send positive messages to their children. For example, when a child picks up his toys after he or she is finished with them, parents can let him or her know that they appreciate it by saying something like, "I appreciate it when you pick up your toys without being told." When talking with their children, parents should be careful of what they say and how they say it. Everything parents say to their children sends a message about how they feel about them. For example, if a parent says something like "Don't bother me now. I'm busy," their children may wind up thinking that their wants and needs are not important.

Nonverbally, parents can show their children they accept them through gestures, facial expressions, and other nonverbal behaviors. Parents should try to eliminate behaviors like yelling and not paying attention to their children. Such behaviors get in the way of effective communication. Practice makes perfect: Parents must learn to show acceptance in ways their children will pick up on.

Communicating at Children's Leve

When parents communicate with their children, it is important for them to come down to their children's level both verbally and physically. This is also valid for caseworkers. Verbally, parents should try to use age-appropriate language that their children can easily understand. With younger children, this can be done by using simple words. For example, young children are much more likely to understand a direction such as, "No hitting your sister," as opposed to "It is not acceptable to hit your sister." Parents should try to know what their children are able to understand and they should try not to communicate in ways that their children are not able to understand. Physically, parents should not, for example, tower over their children when talking

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301 Same

or communicating with them. Instead, they should try to come down to their children's level by lowering themselves, either by kneeling, sitting, stooping, etc. This will make eye contact much easier to maintain, and children are much less likely to feel intimidated by parents when they are eye to eye.

Learning to Really Listen

Listening is a skill that must be learned and practiced. Listening is an important part of effective communication. When parents listen to their children they are showing them that they are interested and they care about what their children have to say. Here are some important steps to becoming a good listener:

- Make and maintain eye contact. Parents who do this are showing their children that they are involved and interested. Children might get just the opposite message - that their parents are not interested in what they're saying - if minimal eye contact is made.
- Eliminate distractions. When children express a desire to talk, parents should give them their undivided attention. They should put aside what they were doing, face their children, and give them their undivided attention. If parents, for example, continue to read the paper or to watch television while their children are trying to communicate with them, children may get the message that their parents aren't interested in what they have to say, or that what they have to say is not important. If children express a desire to talk at a time that the parent is unable to, parents can schedule a time later on to talk with their children.
- Listen with a closed mouth. Parents should try to keep the interruptions to a minimum while their children are speaking. They can offer encouragement, for example through a smile or a touch, without interrupting. Interruptions often break the speaker's train of thought, and this can be very frustrating.
- Let the children know they have been heard. After children are finished speaking, parents can show them that they have been listening by restating what was said, only in slightly different words. For example, "Boy, it sounds like you really had a good day in pre-school." Not only will this let children know that their parents have been listening. This will also offer an opportunity for clarification if the parents are misinterpreting the message their children are trying to get across.

Keeping Conversations Brief

The younger children are, the more difficult it is for them to sit through long speeches. One good rule for parents is to speak to young children for no longer than 30 seconds, then ask them to comment on what was said. The goal is for parents to pass on information a little at a time while checking that their children are paying attention to and understanding what is being said at regular intervals. Parents should let their children decide when enough is enough. Parents can look for clues that their children have had enough. Some clues include fidgeting, lack of eye contact, distractibility, etc. Parents need to know when to communicate with their children, but they also need to know when to back off, too.

Asking the Right Questions

Some questions help conversations along, while some can stop conversations dead in their tracks. Parents should try to ask open-ended questions in their conversations with their children. Such questions often require an in-depth response that will keep a conversation going. Open-ended questions that begin with the words "what," "where," "whom," or "how" are often very

useful in getting children to open up. Parents should try to avoid asking questions that require only a yes or no answer. While asking the right questions can help a conversation along, parents need to be careful not to ask too many questions while conversing with their children. When this happens, conversations can quickly turn into interrogations, and children will be much less likely to open up.

Expressing Own Feelings And Ideas When Communicating With Children

For communication to be effective, it must be a two way street. Not only must parents be available to and listen to their children for effective communication to take place; they must also be willing to share their own thoughts and feelings with their children. Parents can teach their children many things, for example, morals and values, by expressing their thoughts and feelings. When expressing their ideas and feelings, however, parents must be careful to do so in a non-judgmental way. It seems logical that the more parents open up to their children, the more their children will open up to them.

Regularly Scheduling Times to Talk

One very useful communication tool for families with older children is the regularly scheduled time to talk. This can be done in a number of ways. First of all, there is the family meeting. Family meetings can be scheduled, for example, once a week, and/or whenever there is something that the family needs to discuss. Families can use family meeting time to iron out the details of daily living, for example chores, curfews and bedtimes. Family meeting time can also be used to air grievances and to talk about problems. These times can also be used to talk about positive things that have occurred during the last week. What's important is that each family member be given time to talk to and be heard by other family members.

Regularly scheduled times to talk and communicate don't have to be as formal as the family meeting. For example, families can use the dinner hour each night as a time to catch up with each other. Or, parents can set aside time to play communication games, such as picking specific topics of discussion and giving everyone in the family a chance to express their opinions. What's important is that families set aside time at regular intervals to communicate with one another.

Admitting When You Don't Know Something

When children ask questions that their parents can't answer, they should admit that they don't know. Parents can use such instances as learning experiences. For example, parents can teach their children how to get the information they're looking for by taking them to the library, using the encyclopedia, etc. It's far better for parents to show their children that they're human and thus don't know everything than it is to make up some answer that might not be true.

Trying to Make Explanations Complete

When answering their children's questions, parents should try to give them as much information as they need, even if the topic is something parents don't feel comfortable discussing. This doesn't mean that parents must go into great detail. It's just important that parents know how much information their children need and then give it to them. Parents should make sure that the information they give their children is age-appropriate. Parents should also encourage their children to ask questions. This will help parents figure out just what information their children are looking for. Not giving enough information can lead children to draw conclusions that aren't necessarily true.

Avoiding Negative Communication

Unfortunately, many parents aren't aware of just how often they use negative forms of communication with their children. These parents may, as a result, be planting the seeds of mistrust and low self-esteem in their children. This is why it is so important for parents to become aware of and to correct any negative forms of communication they may be using with their children. Below is a list of examples of negative communication. Parents should go through this list and identify any of these negative communication patterns that seem familiar. After identifying problem areas, parents can then begin making changes. Keep in mind that the list below does not contain every possible example of negative communication. There are probably many things that can be considered negative communication that are not included on the list below.

Examples of negative communication parents should avoid

- Nagging - repeating something that has already been said
- Lecturing - giving more information than needed without stopping to listen to other opinions
- Interrupting- denying children the opportunity to finish what they're saying
- Criticizing - directly attacking children's thoughts, feelings, ideas and/or children themselves
- Dwelling on the past - mentioning past conflicts/ problems over and over again
- Trying to control children through the use of guilt- making children feel guilty because of their thoughts, feelings or actions
- Using sarcasm - implying the opposite of what is said through the tone of voice
- Telling your children how to solve their problems - telling children how they should do things instead of letting them have some input into solutions from problems
- Putting children down - name calling, ridiculing, judging, blaming, etc.
- Using threats - making children feel powerless
- Lying - ignoring uncomfortable topics through lies
- Denying children's feelings - failing to show understanding when it comes to child's feelings and belittling their importance

Session II & III

Topic # Habits and Skills of Communicating with Children

Time:
> 3 hours

Methodology:
- Power point presentations,
- Exercises in groups.
- Reflection in group

Objectives:
- explain why skills in communicating with children are an important element of upholding their rights
- identify the particular challenges that working with children places on adults' communication skills
- describe and apply the key attitudes, approaches and skills that facilitate communication with children
- appreciate the importance of effective communication in working with children

Tools:
- PowerPoint presentation
- Flipchart,
- Markers,
- Handouts

Resources:
- Hepworth, D. H., Rooney, R. H., Larsen, J. A. (2002). *Direct social work practice: theory and skills* (6th edition), Pacific Grove, Brooks/Cole.
- Zolten, K. and Long, N. (2006). Parent/child communication. Center for Effective Parenting
- Wilkinson, H., Smith, M., Gallagher, M. (n.d.). Engaging with involuntary service users in social work. Good practice guide.
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- Advocates for youth (2015). Parent-Child Communication Basics: An Education Program to Enhance Parent-Child Communication.

Summary of session:
Communicating with children is a core skill required for case workers, and those who regularly work with children need in-depth specialized training in this field. Communicating effectively with children requires specific skills some of which are distinctively different from those involved in communicating with adults. Furthermore, the inter-personal interaction between adults and children needs to be conducted in a way that is sensitive to cultural norms. The first part of this session is focused on child's right to communicate and express, and is also aimed at sensitizing

the beneficiaries on the importance, principles, methods and modes of communication. The session further focuses on the development of practical skills on how to become effective communicators by internalizing personal virtues such as active listening, empathy, reflection, etc.

Session Exposition:

Activity #1 - Reflection in small groups (15 min.)

By the end of this exercise, participants will be able to identify the key qualities and skills needed to work with children.

Ask participants, individually, to recall a difficult situation they faced during their childhood and an adult who was helpful: identify the qualities which enabled them to confide in him/her and the responses which they found helpful. Then in small groups make a composite list of the qualities and attitudes of the people who were experienced as being helpful to them as children. Then in plenary session review the lists and summarize key points.

Activity #2 – Power Point Presentation (80 min.) + Open discussion at the end (15 min.)

The trainer will explain the process and skills of effective communication, the skills needed to approach children, the factors influencing good communication, and active listening skills. Activity 3, 4 and 5 will happen during activity 2. At the end of the 3-hour session, participants openly discuss about the topic

Activity #3 – Group work (10 in in small groups + 15 in plenary)

By the end of this exercise, participants will be able to explain the main cultural factors in communicating with children and describe the impact of these on effective communication.
In small groups, ask participants to identify a list of cultural norms which regulate patterns of communication between adults and children within the particular cultural setting. Ask them to consider, for example, the following:

1. *How is adult authority understood - e.g. are children expected to relate to adults with a sense of reserve and respect - and what are the implications of this?*
2. *What impact would this have on seating arrangements, physical distance, eye contact and the degree of mutuality between adult and child?*
3. *What are the norms regarding physical contact between adults and children, and what gender issues are raised by this?*
4. *What norms are there regarding the expression of feelings? Are these norms the same for both genders?*
5. *What norms are there regarding what topics can be discussed by whom?*
6. *How does the culture define the appropriateness of playful interaction between adults and children?*

In plenary session, combine the contributions into a composite list: then consider to what extent these cultural norms facilitate or inhibit the kind of communication required in the work of the participants. Where they inhibit effective communication, what can be done to help children to communicate?

Activity #4 – Reflection in small groups (25 min.)

By the end of this exercise, participants will be able to describe possible strategies for facilitating the self-expression of distressed children.

In small groups, invite the participants to explore, in an open way, the use of activities such as story-telling, drawing and painting as a means of communicating with children and ask them to try to apply their ideas to their own work situation. *What issues do children face in expressing themselves and the difficult experiences they have had?* Review the key points in a short plenary session.

Activity #5 – Group work (20 min.)
We divide the participant in pairs, A and B. We ask A to reveal a personal emotional event to B, and we ask B to practice active listening. After 5 minutes, they switch roles. Then they discuss among themselves, and in plenary, about how they felt in both roles.

Theoretical Material: Session II & III

Communication and the Convention on the Rights of the Child

The human rights of children are fully articulated in the United Nations Convention on the Rights of the Child (CRC, 1989), offering the highest standard of protection and assistance for children under any international instrument. It provides the most comprehensive framework for the responsibilities of States parties to all children within their borders: by ratifying the Convention, national governments have committed themselves to protecting and ensuring the rights of all children without discrimination[302].

The rights of children, as delineated in the CRC, include a variety of communication rights: the right to be heard and to be taken seriously; to free speech and to information; to maintain privacy; to develop cultural identity; and to be proud of one's heritage and beliefs. Thus, their voices need to be heard and taken seriously; the possibility for expressing their needs and opinions and their access to important information should be expanded. Communication supports the need to respect children's privacy and dignity and foster their self-esteem and confidence. Where efforts are made to provide children a "voice," it must be more than a token attempt that reflects the perspective of adults: it should support their holistic development or problem-solving skills. We need to fully recognize children, in each stage of their development, as having unique needs and skills, as well as personal voices that deserve to be listened to with respect and empathy.

Several UN CRC articles lay out the need for effectiveness and skillfulness in communicating with children. Specifically, in cases when children are facing violations, or are being abused for example, they are within their rights and protected by the UN CRC when it comes to the right to freedom of expression and the right to express his/her views in all matters affecting him/her. Beside this, they have the right to be interviewed by staff, who have good skills in enabling to articulate their claims, needs and rights.

Children's rights to expression and participation in decisions affecting their lives are very often violated as children are mistaken to be very young to be aware of what is happening, or very young to take decisions as they do not understand what "needs" to be done. The CRC strongly emphasizes child participation and several articles are important in the context of communicating with children, specifically:

Article 3 states that in all actions concerning children, the best interests of the child shall be a primary consideration.

Article 12 emphasizes the right of the child, who is capable of forming his or her own views, to express those views in all matters affecting him or her.

Article 13 refers to the child's right to freedom of expression - including the right to seek, receive and impart information and ideas of all kinds.

Separated children (*articles 9 and 10*) require effective communication if their care and protection needs are to be met.

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Communication with both children and adolescents can be difficult and demands skills significantly different from those used when communicating with adults. The ability to communicate effectively with children is hugely important whether for the purposes of getting information, enabling the child to communicate his/her concerns, or in protecting and helping the child. The provision of accurate and truthful information can be empowering to children and facilitates their involvement in making appropriate decisions and choices. It is doubtful that the best interests of any particular child can be determined if it is not possible to effectively communicate directly with him/her[303].

Communication as a Process and Skill

Communication is the exchange of information between two or more people. It is a process of transferring a message from the source to the receiver, a process of realization of a meaningful contact, an exchange of thoughts and concepts between people, through which an individual gains orientation on self, on own behavior, and experiences emotional satisfaction. Through communication we achieve our goals and develop sense of connectedness and belonging.

To understand the process of communication, we first need to address the principles of communication, which are:

1. If two people are in a situation that they can look into each other's eyes, than it is impossible for them not to communicate. Even if they don't talk, but they are facing each other; they are communicating- they are sending a message concerning whether they wish to continue conversing or not.

2. Every communication between people, is composed of two aspects
   a) The content i.e. explanation of the situation, characteristics of the event that is being told
   b) The relationship between people having the conversation i.e. the same message can be interpreted differently if it is being conveyed by someone we care for vs. by someone we hate or fear.

3. The way how a communication unfolds depends on its starting point- if we start communicating with accusations and stressed out voice a different route unfolds in comparison to starting it more softly i.e. a young girl who is late from school will respond differently to a mother who, as soon as she sees her, yells "Where have you been?!", in comparison to a mother who would start with "Thank God you're home, I've worried so much"

4. Communication can be intrapersonal (communicating with own thoughts and reflecting), interpersonal (between two people), public (through lectures, seminars, etc.), or massive (through media)

5. People communicate through words (verbal communication) and through a wide variety of gestures, body language, tone of voice etc. (non-verbal communication).
   a) Verbal communication is the transmission of meaning through words and speech (oral or written). The goal is to transmit information, feelings, attitudes, thoughts and try to influence others through these.

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b) Non-verbal communication is the transmission of meaning through body and face. With facial expressions, we express joy, sadness, shame or fear. Through eyes we convey specific attitude towards the communication we are having- eyes often indicate how much someone is interested in what you are saying, and how sincere the intentions of our fellow converser is.

It is important to note that there are significant differences in the way different cultures use non-verbal communication such as gestures. It is particularly important when working with children to be sensitive to what they communicate non-verbally as this may give important clues to what they are really thinking or feeling, especially when it is difficult to put their ideas into words. Equally, children can be highly sensitive to adults' non-verbal behavior so it is important for the adult to be aware of what he or she may be conveying to the child.

The way you talk to others has a direct relationship to how they interact with you. It can make a positive difference when you are working with a child and perhaps what services the child will receive. Communicating with children is different from communicating with adults, as children have different needs and abilities, therefore communication requires several basic skills of the caseworker:

1. Ability to use age, culture and development stage appropriate language, so that children can understand and relate to the context of what's being communicated
2. Ability to engage with children in a manner that suits them- i.e. using play.
3. Having the patience to develop the needed connectedness for the child to confide in you. Most of the children who meet with caseworkers have undergone some type of distressing experience and have difficulty trusting others, specifically adults. Developing this trust requires time and patience
4. Ability to understand child's way of understanding and explaining situations. Children may avoid talking about important topics by emphasizing issues that may seem unimportant; they may fantasize; they may invent things that never happened, etc.

Contributing Factors to Successful Communication

Several factors influence the success of the communication/work with the child. Below we disclose some of these factors:

The Location/Environment

The effectiveness of communication is largely influenced by the setting where we have formal/ informal conversation with the child. For most children, a non-distracting environment with comfortable seating may be the ideal choice (comfortable seating helps children feel relaxed), though for others going for a walk, sitting on the ground, or playing together may provide the best opportunity for communication.

Privacy

For children that have been exposed to an environment of uncertainty, change and anxiety, privacy can be essential, especially when the interview relates to personal or potentially painful information. Sometime children prefer to be accompanied by a trusted adult or friend. Confidentiality should be respected, but it is also important to explain carefully why information

is being collected, who will know about it and how it will be used. Also, one needs to be careful while taking notes. Taking notes during the interview may be distracting for the child and raise questions and uncertainties about confidentiality. If it is necessary to take notes, it is important to explain the reason and seek the child's permission first.

Culture

There are different norms about interpersonal communication in different cultures. There are some cultures where particular topics are considered inappropriate to be discussed with children i.e. it will be very difficult in some cultures to interview child victims of sexual abuse, as its forbidden to discuss sex topics with people outside of the family, and Kosovo is one of these cultures. It is important for caseworkers to understand these norms, so that they don't make things worse by encouraging children to express themselves in a way that contradicts these norms.

Then there is also the issue of appropriate physical and social distance with children, including seating arrangements for the child and the adult (sitting on the same level is often found to be appropriate, with no barriers (such as desks etc.) between the two people), the use of physical touch, eye contact, level of formality that might further or limit the exchange of personal information and feelings.

Attitude

Attitude is an essential driver or inhibitor of children's self-expression. Some of these aspects are mentioned above under basic caseworker skills. This includes how we approach a child, how we start the interaction, how we introduce ourselves and the purpose of the meeting with the child, using simple language so that the child understands us, etc. A non-judgmental attitude which conveys acceptance of the child, whatever he/she has or has not done is essential. It is important to convey respect for his/her beliefs, feelings etc. and not to judge his/her behavior.

Building raport

Patience and adequate time needs to be given to help the child to feel relaxed, to develop mutual trust and to enable the child to feel that he/she is being taken seriously. Time for playing together may be helpful in developing rapport, and conversation about neutral issues (school, games etc.) may be appropriate before more personal or painful topics are discussed. It is important to allow for children's limited concentration span: a series of shorter meetings may be more effective than a few longer ones.

Engaging the child

Providing the child with an opportunity to ask questions, say anything else which he or she would like to say etc. and summarizing what has been said or agreed may help the child feel that he or she has been taken seriously.

Age-Appropriate Communication

Children need and have a right to clear and interesting child-centered (not adult-centered) communication. Children at different stages have very different needs and interests and learn in different ways from different forms of interaction. Children learn best when communication is tailored to their specific developmental age, needs and interests. Good-quality and effective communication begins with an understanding of the basics of child development and how to best nurture this development and learning. Each age group also has specific strengths and interests that translate into the most appropriate choices in selecting storylines, characters and specific content. Fundamental to each group is the level of conceptual difficulty, with progressive age groups able to understand and requiring more complex content, contexts and forms.

Communicating With Children Ages 0-3 Years Old

Children at this age communicate with the surrounding world through gestures, facial expression, body movements, eye contact, etc. Gradually children begin using words to express clearly and replace their gestures as they want to be understood by others. Although it seems that they are unable to respond, there are ways to interacting with children of this age for purposes of building rapport and gaining information. The caseworker should pay attention to how they express emotions and how they interact with the social environment, the caseworker should respond by smiling, by calming the down if they are crying. A lot of mimicry should be used, more eye contact and gestures. The caseworker should try to phrase and give meaning to child communication, try to verbalize what the child is doing in order to set a positive model for enriching the vocabulary. With children at the age of 3, we verbalize their emotions and we play with them, allowing them guide us through their game. We mostly use simple language with descriptive and sensory words, repetition, rhythm and song, as well as animal and human characters.

We use toys and drawings. Children tend to give roles to toys and tend to animate the events from their life. Play can be used both as a diagnostic and a therapeutic tool. Animals for example are usually very likeable toys by children this age, and whilst playing with them children portray family roles and interactions.

The communication needs of children at this stage include:

- To know they are loved and safe
- To develop positive feelings about themselves and others
- To know that the range of emotions and fears they have are normal
- To feel good about new learning and experiences
- To develop resilience by learning to "bounce back" and to seek help

Communicating With Children Ages 3-6 Years

Children in this age group are mostly included in certain social groups where parental monitoring is more limited, so that through communication you can understand more about the skills level of child development, the child's emotions, their socialization etc. In interaction with children of this age we encourage the child to talk about his/her experiences i.e. "Tell me how you spent today, with whom did you play", etc. We encourage the child to talk about his/ her feelings, and feel the freedom to express. If the child starts talking to self while playing, we focus and reflect on what they're saying.

During this age, children start experiencing new and oftentimes frightening emotions, developing from total dependency on others to separation and autonomy, evolving awareness of their own and others' emotions, growing in understanding that others think and feel differently, playing with others, learning to resolve very simple conflicts and to cooperate, and furthermore showing signs of empathy, prosocial and helping behaviors. Their needs are the same as of the previous age group. We should encourage them to talk about their feelings, both positive and negative, and discuss the possible causes for the emotions. Fostering good communication and self-exploration with this age group helps them in developing resilience and personal strength.

The best techniques used with preschoolers include storytelling and drawing. Although we should be careful as preschoolers experiment with pretend and fantasy play; sometimes they talk about imaginary experiences and mix them with pretend.

Communicating With Children Ages 6-12 Years

Children aged 6 -12 years old, they have a rich vocabulary, are more inquisitive, more detailed ask questions. They begin to understand and talk to other people and begin to observe their behavior influenced the others. They ask more questions, can relate past experiences in vivid detail and seek more information and justification for the way things are. They can understand and talk about the perspective of another person and are beginning to recognize the influence their behavior can have on others. School-age children can handle more pieces of information at the same time and with assistance from adults can effectively engage in goal setting and problem solving.

Communication helps them understand the implications of their behavior for others; can encourage them to talk about their feelings and the possible reasons for their emotions; can help them learn conflict management skills. Helping children learn how to manage conflicts effectively while preserving positive relationships is essential.

The case workers can focus on offering strong, positive adult and child role models with high moral standards; introducing sensitive topics that show other children dealing with social justice or difficult issues like death, anger, abuse, disability, etc., in creative and healthy ways; showing children making a difference in their own and other's lives, even in difficult circumstances (realistic heroines and heroes).

The communication needs of children at this age are:

- To nurture positive feelings about themselves, others and the larger world
- To explore and test their own ideas, skills and talents
- To be guided in using their potential in positive ways
- To have their feelings and worries understood and respected

Communicating With Children Ages 12-18 Years

Adolescents are interested in talking in depth about themselves and about their relationships with others. They want to understand who they are becoming and what others think and feel about them.

Adolescents want to talk about how they are different from their parents and the rest of the world. They are beginning to recognize that their parents are imperfect people. Adolescence is a time when children typically act more negative and have more conflicts with their parents. They spend more time alone and with their friends and less time with their families.

We need to be actively sensitive and responsive to the adolescent experience. Remember, each adolescent is going through major social and physical changes; practice putting yourself in the adolescent's place when you find yourself disagreeing or growing impatient.

Use conversation as an opportunity to keep up with adolescent activities and relationships. Stay interested in the adolescent and gently ask questions and seek explanations for adolescent behavior.

Children of this age group need to be informed and guided into adult life, including about behaviors that put them at risk, to have strong, positive role models with high moral standards; to have recognition and respect of their opinions and ideas; and to be allowed to learn from mistakes and correct self-destructive behaviors.

For all age groups, when it comes to helping children understand their emotions better, one should:

- Be a sharp observer of children's emotions.
- Recognize that children's emotional expressions provide an opportunity to get close. Make the most of these moments.
- Empathetically listen and respond to children's emotions; tell them that you understand their feelings.
- Help children to verbally label their different emotions.
- Set limits while helping children problem solve the emotional experience.

Helping the Child Self-Expression

There are various techniques which may help the child to express himself or herself. A quiet tone of voice can help the child to feel safe, and shows that the adult is being sympathetic. Gestures such as nods of the head (or whatever is appropriate within the particular culture) can encourage the child to continue to talk. An appropriate degree of eye contact also helps the child: again this will vary with culture. Listening attentively and demonstrating that you have heard the child - e.g. by summarizing what has been said, seeking clarification etc. confirms to the child that you are actively listening. Showing respect for the child's feelings is also important - e.g. by reflecting the feelings ("that must have made you feel very sad/angry", etc.). This helps to convey empathy - the capacity to identify with the child's situation and feelings. Avoid interrupting the child. Asking open questions generally will encourage the child to explain something in his/her own way: for example, an open question such as "tell me about life in your village" may elicit a more free response than a closed question such as "where did you live?". It is usually best to avoid leading questions - i.e. those which suggest an answer to the child such as "You like school, don't you?"

Active listening

A significant portion of a caseworker's job involves interviewing clients and other parties involved in a client's care. To provide the most effective services and counseling, a caseworker must develop the ability to listen carefully and pay attention to details. This may involve learning to take detailed notes so as to easily recall what was said later. Effective listening also involves paying attention to how the caseworker reacts as the client is speaking. This means avoiding giving signs that the social worker disagrees with something a client has said, interrupting a client, rolling eyes, doodling, multitasking, or yawning and appearing generally disinterested in what the client is saying.

Active listening is a concept that goes beyond just listening. Active listening means being attentive to what someone else is saying. The goal of active listening is to understand the feelings and views of the person. In fact, active listening comes from the person-centered therapy of Carl Rogers. But, active listening is not only used in the therapeutic setting - it's an essential component of effective communication.

Active Listening Techniques

Within a social work setting, it is essential for the caseworker to understand the client's concerns, feelings, thoughts and perceptions accurately. It is also essential to convey respect and acceptance and to withhold judgment. Outside of this setting, the same things are important. All people need to feel understood and accepted and to know that others care about them.

When listening to another person actively, good eye contact is necessary to convey engagement. If one is truly listening, with the intent of understanding and conveying empathy, then good eye contact should take place naturally and without effort.

Principles of active listening
- Put yourself in your client's shoes
- Carefully observe your own and your clients' body language
- Provide regular non-verbal encouragement (i.e. nodding)
- Allow for sufficient time to listen
- Ensure the other that you understand what they are saying
- Focus on their feelings without judging them
- Avoid things that distract you

How do we know we are not listening?
- When we compare self with others, or clients between themselves
- When we have a negative attitude towards the person
- When we give advice
- When we constantly agree with the client
- When we think how we will respond
- When we look for the hidden message

In addition, there are specific active listening techniques that can be used.
The following are examples of active listening techniques that have proven effective to convey both understanding and empathy.

Paraphrasing is to restate what has been said, with the goal of conveying that one has heard and understood. For example, a student goes to the counselor at the college and shares that she has not had enough time to study because of her work schedule and her grades are suffering. The counselor might say: 'So it's been hard for you to keep up with work and school and you're concerned about your grades.'

Summarizing is similar to paraphrasing, but conveys an understanding of what the other person is conveying overall. For example, your friend shares with you that she has recently been feeling depressed because of the break up with her boyfriend. You might say: 'So, the breakup has been hard for you and it's been affecting how you feel about everything.'

Session IV

Topic # Habits, Skills and Methods During the Process of Direct Support While Working With Children who are at Risk or are Being Abused

Time:
  1 hour and 30 minutes

Methodology:
- Power point presentations,
- Exercises in groups.
- Reflection in group

Objectives:
- Learn the importance of using playful and creative techniques to engage with children and to access their world in a manner that is comfortable and enjoyable to their stage of development.
- Practice examples of how learned skills can enhance communication between children and social workers during the main points of engagement in child protection and welfare assessments: investigative interviews, direct work and home visits.
- Learn skills to encourage disclosure of events by children
- Learn how to engage with uncommunicative children

Tools:
- PowerPoint
- Flipchart,
- Markers,
- Handouts

Resources:
- Hepworth, D. H., Rooney, R. H., Larsen, J. A. (2002). *Direct social work practice: theory and skills* (6th edition), Pacific Grove, Brooks/Cole.
- Zolten, K. and Long, N. (2006). Parent/child communication. Center for Effective Parenting
- Action for the Rights of Children (2002). Working with Children. UNICEF.
- Advocates for youth (2015). Parent-Child Communication Basics: An Education Program to Enhance Parent-Child Communication.
- O'Reilly, L. and Dolan, P. (2015). The voice of the child in social work assessments: Age-appropriate communication with children. British Journal of Social Work.

Summary of session:
Approaching children at risk or abused children requires knowledge, skills, confidence and great deal of self-reflection. This session focuses on direct work with children in distress- it explores play techniques that can be used to foster trusting relationships and ease the child's disclosure, and also explores techniques of conversing with children to encourage disclosure. The session

is focused on the development of practical skills on how to become skilled communicators and child helpers, including gaining abilities to encourage children to disclose sensitive information for child protection matters.

Session Exposition:

Activity #1 – Power point presentation (30 min.)
The trainer will explain the importance and models of play therapy, the skills needed to approach children, and to encourage disclosure, how to behave when talking to children, and how to deal with uncommunicative children. Activity 2 and 3 will happen during activity 1. At the end of the session, participants openly discuss about the topic.

Activity #2 – Reflection in small groups (25 min) + plenary session (10 min.)
By the end of this exercise, participants will use their personal experience of being helped to improve their skills in communicating with distressed children. In small groups, participants are invited to identify the emotions they experienced after a negative personal experience - either as children or as adults- and to discuss how long it took each individual to come to terms with the experience, and what helped them most through the experience and the feelings it engendered. Excessive self-disclosure should be avoided, as this is a training session. The small group discussions should not become therapy groups! Each group is asked to list the qualities and the activities of persons who were perceived as being helpful. These lists are then compiled into a composite list during a plenary session, where these qualities are discussed. The personal qualities of people who are experienced as helpful may include the following: sympathetic, understanding, accepting of feelings, respectful. The activities of people who are experienced as helpful may include the following: gave time, made themselves available, listened attentively, enabled them to express their feelings, provided emotional support, avoided giving advice etc.

Activity #3 – Reflection in small groups (25 min.)
By the end of this exercise, participants will be able to try out and assess their own skills of interviewing children. Divide the group into small groups of 3 or 4 people. In each group, one person is to role-play the child, one the interviewer, the rest act as observers. Using provided case studies or case studies brought by participants themselves, participants get into roles. Participant can enrich background story themselves. Feedback should be given within the small group, with key points brought back to the plenary session.

Case study 1:

An eight-year-old child came into school looking unusually dirty and uncared for and has seemed miserable during school all day. The teacher decides to have a quiet word with her after school to try to find out if something is troubling her.

Case Study 2:

Two orphaned brothers aged 8 and 13, with lower than average developmental level are placed in kinship care. During a regular visit, you notice that they are extremely quiet, obedient and avoiding eye contact. The older child seems to be used as a servant of the family. You decide to talk to the younger brother.

Case study 3:

Neighbors report child abuse in a family. When you go for a visit, you realize children are left alone. They have no father, and their mother works all day. There are three children-girls aged 10 and 7, and a boy aged 5. They are left alone every day, from morning till evening. The ten year old doesn't attend school.

Distribute a checklist for observes containing the following questions:

1. How did the interviewer begin the conversation?
2. Comment on the seating arrangements for the conversation. Were they appropriate?
3. What techniques were used to encourage the child to talk and to express his/her feelings?
4. What kind of questions were used – closed, open, leading questions?
5. Comment on the interviewer's tone of voice - did it encourage the child to talk?
6. How sensitive was the interviewer to the child's non-verbal behavior - gestures, tone of voice, body language etc.?
7. How was the child affected by the interviewer's tone of voice, gestures and body language?
8. How did the interviewer convey interest, active listening, empathy etc.? Did you notice clues or pointers from the child that the interviewer did not?

Theoretical Material - Session III

Social workers need to be skilled communicators to engage with children about deeply personal and painful issues. Evidence-based research demonstrates that approaches ascertaining the voice of the child can be applied in front line practice and the benefits of using age-appropriate communication with children during child protection and welfare assessments. Children are not always put at the center of assessments and social workers do not always engage with them in a meaningful way. Direct work with children is a crucial component within assessments and involves seeing; observing; talking, doing and engaging with the child. Furthermore, social workers must be familiar with the child's preferred method of communication and the process must be child-centered. They are encouraged to be creative while engaging with children and to use play, drawing and painting to facilitate the process. There is a wide range of research that maintains play is the language of children and the most effective way to learn about children is through their play, therefore play skills can largely support effective communication with children. The term 'play skills' is used to describe a variety of techniques that are used during assessments of child abuse and/or neglect to support children to communicate their thoughts, feelings and experiences. O'Reilly and Dolan (2015) designed a Play Skills Training (PST) programme and it delivered to a team of social workers, who assessed the relevance of play skills in front line practice.

Play has long been recognized as the primary medium to learn about children and play is described as their preferred method of communication (Landreth, 2002; Schaefer, 1993). Landreth (2002, p. 529) states that play therapy is a 'developmentally based and research supported approach to helping children cope with and overcome the problems they experience in the process of living their lives'. Play therapy for children is an age appropriate intervention, which parallels the counselling experience for adults.

Koprowska (2010) outlines the importance of social workers being highly skilled communicators. She asserts that the principal reason for working with children is their right to have their voices heard and, if social workers overlook or misinterpret communication from children, erroneous decisions may be made (O'Reilly and Dolan, 2015). She maintains that children do not like sitting down and talking face to face with adults for too long and recommends that social workers get comfortable using age-appropriate toys and creative activities, which is more likely to result in successful engagement with a child.

Children who have experienced abuse should not be requested to describe this experience or their reaction in words, since they do not have the 'cognitive–verbal' ability to do so; they are more comfortable with play and initiating verbal contact with a child can create an automatic barrier, which sends them the message that they must meet the adult's level of communication.

Play is the primary way children learn about the world and start to organize and understand their experiences. It is valuable tool for engaging with children in many child welfare disciplines (counselling, psychology, and speech and language therapy) and there is a strong emphasis on engaging children in a child-centered manner in all matters affecting them in social work policy and literature.

According to O'Reilly and Dolan, the following approaches can be used and are needed in establishing communication with children:

Introduction to play media - the objective is to engage and become familiar with the materials recommended for age-appropriate communication like Puppets; people; animals; figurines; dolls house and furniture; toy food and cooking implements; vehicles; play-dough; clay; paints, crayons and art materials- to break the ice and start communication with children

Non-directive play (Axline, 1969) - the objective is to allow children to communicate their thoughts, needs and feelings through the medium of play. To help children develop a positive self-concept, self-acceptance and self-respect. In this case, children take the lead in all play activity. Pace and direction of child is respected. Opportunity to play out feelings and experiences is encouraged.

Therapeutic stories (Davis, 1990) - stories are read or co-created with children to help reduce fear and to highlight the importance of making disclosures.

Six-piece story (Lahad, 1992) - to assess a child's coping skills. This method gives insight into the child's attitudes, beliefs, emotions and expression. Child creates six pictures: (1) Hero/ heroine and where they live; (2) What is their task or mission; (3) Who or what could help them (if at all); (4) Who or what obstacles prevent them from completing their task; (5) How will the main character cope with obstacle; and (6) Then what happens.

Sand play (McNally, 2001) - child creates a story/picture in sand and worker asks about the story/picture. Worker may choose items if there is something specific they would like to focus on.

Drawing techniques (Oaklander, 1978) - To explore certain issues or perceptions children have of their own experiences. Child creates their world on paper using lines, shapes, colors, but nothing real. Child gives a general description: makes a statement about each person/object: or says something they like and do not like to each.

Worksheets (Jennings, 2005) - Assesses children's feelings; where they feel safe/unsafe: who they would telephone for help, etc. Child is presented with worksheet relevant to their situation and asked to fill it out.

Birds nest drawing (Kaiser and Deaver, 2009) - Child and caseworkers create a nest. Content of nest is examined, e.g. Does nest include baby and parents? Is nest supported or secure?

The child needs to be the primary focus of all child protection activity. Play is the language of children and it is an important element of social work practice in ensuring the child's voice is represented in all assessments of their well-being and future care decisions.

Through such playful interaction with the child, a proper trust relationship is build and rapport is strengthened between the child and the caseworker, meaning that the ground is solid to continue with other more direct techniques as well. During play and similar interaction with children the case worker is able to identify children at risk, or children who are in distress. The next section highlights important aspects in identifying children, and then fostering open communication with them.

Identifying Children in Distress/Need[304]

For many children who have had experiences which are deeply distressing to them - experiencing abuse, experiencing stressful/traumatic situation, facing danger, uncertainty, coping difficulties and so on, the way they behave in their day to day lives will reveal signs of their distress.

In cases of a single sudden unexpected traumatic event (accident, attack, rape, death of the close person, etc.), the characteristic evidences or signs may include:

- The event is remembered in all details, "hooked" in memory, the child can tell about it in details.
- Sudden flashes of emotional experiences of the stressful event, raised by coincidental image, sound or smell. It forces to experience again the traumatic event.
- Posttraumatic stress reactions:
    o Nightmares
    o Fears – most often not understandable for adults, because they cannot see the connection with traumatic experience
    o Intense, sharp reactions of being scared by the stimuli, which should not cause this kind of reaction
    o Excessive caution, suspiciousness and alertness, especially in the places, linked with trauma
    o Avoidance – reluctance to be in certain places, with certain people or eat certain food (e.g. if the child was attacked by the man with a beard, he will avoid contact with all men with a beard)
    o Sleep disorders, mood swings, anxiety, hyperactivity

In cases of repetitive, long-lasting traumatic experiences (e.g. lasting sexual abuse, emotional and physical violence, etc.), the characteristic evidences or signs may include:

- Denial, mortification – as if to make the body dead not to experience pain. These children are prompt to various damages or consciously injure, cut themselves. The aim is – not to feel pain. They are not emphatic; do not have compassion towards other peoples' pain. To be able to do that they have to open the door to their own pain, but it is too risky and scaring.
- These children avoid talking about themselves, try to be "normal". For them it is difficult to recognize and accept their own feelings, they are indifferent to pain and avoiding closeness.
- They are furious, and their anger is often underestimated. They can suddenly "explode" without any obvious reason. Their anger can be directed towards things, animals, smaller children or adults. It can also be directed towards themselves, as self-destruction or self-injury.
- Dissociation – kind of self-hypnosis. Children who have experienced long-lasting violence are aware that the situation will repeat. The mechanisms of dissociation allow them to "run away" from traumatic situation. Sometimes they are as if out of their own body and are observing what is going on. These reactions serve as a way to "get rid" of experiences, which happened to them in reality. (e.g. Ema, who was sexually abused every night by her father, created a "Night Ema", who suffers from abuse, and "Day Ema", who can chat with father during breakfast, go to school and do not remember "Night Ema").

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304 Sigita Zileniene - work with children who have experienced abuse. Unpublished guide.

Dissociation can be helpful at certain moment, - helps the child to behave "normally" in everyday life, as if nothing happened. But at the same time it is very dangerous mechanism, because it impedes perception of the child, makes it difficult to understand, whether he is safe or not. Dissociation does not stop operating automatically, even when the child is in safe environment.

There are also indirect signs, how we can recognize, that the child has suffered from physical, emotional, sexual abuse or neglect. There is no "proper" behavior for the children to escape violence, because the behavior of abuser is hard to prognoze. These children have low self-esteem, feel bad and not worth to be loved, do not trust anybody, feel lonely and unsuccessful. They have learned only two roles – of a victim or of an aggressor.

Therefore we should observe changes in child's behavior:

- Lowered self-esteem
- Cautiousness in relation to adults or excessive clinging to familiar people
- Getting scared, when other children cry
- Shivering at any sudden movement of another person
- Difficulties to concentrate and keep attention
- Aggressive behavior
- Apathy, passivity, indifference to any kind of activities, lack of interest and energy
- Avoiding friends, keeping aside
- Fear of parents, fear to go home
- Strange appearance, clothing not adequate to climate or situation
- Self-destructive behavior
- Worsened performance at school
- Loss of appetite;
- Sleep disturbances;
- Headaches or other somatic complaints;
- Poor concentration, restlessness, sudden changes in mood etc.;
- Sexual behavior inappropriate to age; aggressiveness or destructiveness;
- Preoccupation with violence, suffering or separation in their play.

Ability to cope with crisis that the child is facing depends on physical and psychic characteristics of the child, his values and beliefs, experience gained in problem solving.

Factors which determine ways of coping with trauma include:

- Age and gender of the child
- Psychological and physical maturity
- Relations with the parent
- Relations with brothers and sisters
- His personal experience in dealing with crisis
- Existence of significant adults (relatives, teachers, friends), who are able to help to overcome trauma
- Changes in social environment due to crisis.

Timely intervention is very important to prevent further traumatizing and development of crisis, help to return to normal condition.

Crisis, caused by very strong traumatic event, continues from 4 to 6 weeks. In this period the child is open for intervention. With the help of qualified adult he can cope with crisis within two weeks.

In case of long-lasting traumatizing the help is belated. The child will need much longer professional help to recover. Besides professional, psychotherapeutic help, support of nearest environment (family members, relatives, friends, and teachers) is of great importance.

There are several feelings that may prevent the child from disclosing the traumatic event: These include:
- Fear of abuser
- Fear, that nobody will listen to him
- Shame
- He thinks, that nobody can help him
- Blames himself for the violence experienced
- Is afraid, that nobody will love him
- Is afraid, that if he tells someone, the same will happen to his brothers and sisters
- Thinks, that he is very bad, therefore it happened to him
- If an abuser is a close person, he is afraid to tell anybody, because something bad will happen to that person
- Might not have proper words to tell about violence
- Doesn't know, to whom he can tell
- Simply might not know, that this is an abusive behavior, and nobody is allowed to treat him like that
- Smaller children often do not remember consciously, that they experienced abuse, and who are the abusers.

When we suspect, that the child has actually experienced violence:
- Listen to them, and show them, that you understand
- Do not deny it. Believe the child, even if it is hard to believe
- Don't lose control over emotions it raised (if you are scared or angry, - these are normal reactions, but don't demonstrate them to the child)
- Do not blame them or make the feel ashamed for what happened
- Give them psychological support, ensure that they are safe, that nothing will happen to them because they told you. Maybe, the child will want to ask something. Encourage them to ask questions, and give concrete answers in understandable language
- Try to know more about the event: what was going on before, what was going on after, who was the abuser
- Provide them medical aid, bring to doctor or call emergency
- If necessary, call police
- Address Child Protection Unit, - to get support for the victim of abuse and the person who abused, if he is in close relation with the child (family member).

Communicating With Children at Risk

In case we suspect the child might be at risk of abuse, we need to prevent maltreatment. We have to warn the children about possible maltreatment towards them – to give information, but not to scare them. This information can be given in a form of training on safe behavior. It can help the child to speak, or to be able to speak in future, to know that adults can interfere and protect from violence.

Communicating With Abused/Maltreated Children

Distressed children may find it extremely difficult to talk to others about what they have experienced. Some will have had experiences which make it especially difficult to trust adults, especially those they do not know well. Some children will be afraid of being overwhelmed by their emotions if they express them to someone else. Some will probably try to avoid adults: others may use particular behaviors to "test out" whether adults will react critically or sympathetically towards them. Some children will be feeling guilty or ashamed - for example they may feel a sense of responsibility for what has happened: such feelings may make it doubly difficult to talk about what has happened. In many societies, it does help distressed children if they can be helped to talk about their experiences with understanding and supportive adults, and to express their feelings in cultural appropriate ways - perhaps through singing, dancing, drawing or play. Where others have shared similar distressing experiences, group activities may be the most helpful way of helping the child.

If the child has gathered up all her courage to tell you about the abuse, how you handle the conversation will determine how you will be able to help the child. Where a child communicates a need or desire to talk, the following may help in this difficult task:

1. *Help the child feel comfortable* – talking about abuse is not easy for the child. Respect the child's privacy and talk to him in a quiet and private place. The place should be familiar to the child. This will help the child feel comfortable.

2. *Allow the child to set the pace* – children should not be forced to discuss or reveal experiences and the lead should always come from the child. Give the child time. Let him/her talk to you at his/her own pace. If the child is unwilling to talk or seems uncomfortable, don't pressurize him/her to do so. If the child seems uncomfortable when talking about certain specific things, don't press him/her for details. You can change the topic to something that the child is more comfortable talking about.

3. *Give adequate time to the child* – don't expect him/her to reveal the whole story in one session. Very often it is best for the child to reveal a little of his/her painful memories at a time. Don't rush to fill silences - these may provide important spaces for quiet reflection.

4. *Reassure the child that it is not his/her fault* – most children who are abused feel, or are told by their abusers, that they are to blame for their own abuse. It is very important to tell the child that he/she is not guilty and that he/she is not responsible for the abuse. Let them know that they have not done anything wrong.

5. *Don't react with shock, anger, disgust* – your reaction to that the child tells you is very important to the child. He/she will be watching your reaction closely. Be calm. When you react with disgust or anger, he/she will not feel comfortable talking to you anymore. He/she may also feel scared and confused. This will prevent you from acting promptly and getting help immediately.

6. *Don't force a child to show injuries* – if the child is willing to show you his/her injuries, you may allow him/her to do so. However, when a child is unwilling to show you his/her injuries, you may not insist that he/she do so. Also, you cannot insist that a child take off his clothing so that you can see his/her injuries.

7. *Use terms and language that the child can understand* – if the child says something that you don't understand, like a word for a body part, ask the child to explain or to point to the body part. Don't correct or make fun of the words the child is using. When you use the same words as the child does, it helps the child feel less confused and more relaxed. The child will feel that you understand him/her.

8. *Don't 'interview' the child* – the purpose of your discussion with the child is to gather enough information so that you can make an informed report to the CPU agency or to your supervisor. When you have the information you need, you must stop the discussion. Don't try to prove that abuse has happened.

9. *Ask appropriate questions* – the questions that you ask the child must be appropriately worded. Choose your language carefully. This ensures that you get correct information from the child. For example, if you see a bruise on a child and you suspect that it is the result of abuse, you may say to the child, "That looks painful. Do you want to tell me how you got it" or "Do you want to talk about that bruise you have". It would be inappropriate to say, "Did you get that bruise when someone hit you?" Remember that you can do more harm by supplying a child with words and ideas. Let the child tell his/her own story and give you the answers.

10. *Don't ask 'why' questions* – why questions like, "Why did he hit you?" or "Why she do that?" will only confuse a child more. Remember that children who are abused often do not understand why it is happening. These types of questions will force them to think about the reasons for the abuse. 'Why' questions also will not give you any helpful information.

11. *Don't teach the child new terms or words* - don't teach the child new words or give him/her new ideas. This is harmful. When you do this, you are biasing the child. Also, when you teach a child a new term or word, you are changing the child's original disclosure. This is important in relation to the court and law.

12. *Find out what the child wants from you* – a child may ask you to promise not to tell anyone. He/she may ask you to take him/her home with you. He/she may ask you what you are going to do. It is good to know what the child is expecting from you. This will help you in deciding what your course of action should be.

13. *Be honest with the child* – let the child know what you are going to do. This will build trust. Be honest about what you can do for him/her. Don't promise him things that cannot be done. For example- let him/her know that you may have to tell someone so that he/she will not be hurt anymore. Then he/she will not be surprised or afraid when he/she finds out that someone knows.

14. *Confirm the child's feelings and accept them* – let the child know that it is okay to feel scared, hurt, confused or angry. Accept the child's emotions, such as guilt and anger, even if they seem to you to be illogical reactions to events. Talking through painful experiences may enable the child to view them in a different light - for example to let go of a sense of responsibility for what has happened. Talking through events that led to the child being abandoned, for example, may enable him/her to understand the situation that was faced by his/her parents and this may lead to the child being able to let go of feelings of anger and bitterness. It is often helpful to convey to the child that the feelings he/she is experiencing are quite normal and understandable.

15. *Be supportive* – let the child know that you are glad he/she told you about the abuse. Let him/her know that you believe him/her and that you care about him/her. Some children may think that you will not like them anymore because of what they told you. Assure him/her that you are still his/her friend. Provide emotional support and encouragement to the child, in whatever ways are appropriate to the child's culture and stage of development

16. *Talking about difficult situations may enable children to work out their own solutions* – this is especially the case with older children and adolescents. Simply listening to the problem in an attentive and supportive way can be experienced as extremely helpful. If young people can arrive at their own decisions, this is often more satisfactory than being provided with advice from an adult. For example, it may be more helpful for a separated child who is not attending school to talk around his/her situation and discuss the advantages and disadvantages of attending school than for the adult simply to advise him/her to attend.

17. *Sometimes it is necessary to allow regression* - i.e. a return to behavior typical of younger children: for example, children or adolescents may need personal care, affection and physical contact more characteristic of younger children in order to overcome the emotional problems they are facing.

18. *Remember*: the safety of the child is most important. Be sensitive to and aware of the child's safety. Keep in mind that a child might be further abused if he/she reports that he/she has spoken to someone about the abuse. If you feel that the child is in danger, you must contact CPU immediately

Responding to the Uncommunicative Child

One thing that many people do not know about abused children is that they often love the person who is hurting them. This is very hard to believe but it is true. This happens because the person who is abusing them is often someone they know well and trust a lot. Children are therefore hesitant to reveal that they are being abused because they fear that they will get the person into trouble if they do so. Another reason for children not wanting to disclose abuse is that many times they have been frightened or threatened by the abuser.

A child who has been abused may start talking to you about it. He may do so because he trusts you and wants to share the burden he is carrying with you. Hearing a child talking about being abused is very difficult. You may react in different ways. Your reaction is very important to the child. If you react with disgust or don't believe what he is saying, he may stop talking to you about it. He will feel that you don't trust him. This will prevent him from getting help. It also prevents the abuse from stopping.

When distressed children continue to find it difficult to communicate, it is important to try to identify possible reasons for this - is the problem perhaps with the adult?

1. Are you expecting the child to confide in you before establishing mutual trust?
2. Has the child been given an explanation of your role and the purpose of the interview?
3. Is language being used which he or she doesn't fully understand?
4. Are you uncomfortable or embarrassed by silence or the child's emotions, or talking too much or responding in a way which is perceived by the child as critical?
5. Do the child's experiences bring back painful memories for you from your own experiences that you are struggling to deal with?

If you are satisfied that the reasons lies within the child and his/her experiences, not with you, then the following may help to unblock communication.

1. Be patient and allow time to build up trust. Give lots of positive messages of warmth and acceptance.
2. Use games, activities, drawing, writing, outings etc. to help develop trust and open lines of communication.
3. Avoid pressurizing the child to talk: continue to communicate but also continue to allow silences.
4. Find out more about the child from others who know him/her.

Child Friendly Space

The communication from the child can be strengthened via child-friendly spaces as well. The "child-friendly space" is a structured and safe place where children and young people meet other children to play, learn competencies to deal with the risks they face, be involved in some educational activities and relax in a safe place. It gives the children the sense of safety, structure and continuity that provides support amidst overwhelming experiences.

Such a place is used for:

- **Play** – A fun place with sports, team and cultural activities to allow children to switch off from their worries and concerns.
- **Formal and informal education** that is more holistic and less academic for example: literacy and numeracy, life skills, health education in new environments, psycho-education (learning that each child is having a normal reaction to an abnormal situation).
- **A place to express and voice their feelings** to help them realize that they are not alone through role-plays, dances, talking and traditional coping activities. Connecting these with local culture is important as it gives rise to and restores positive cultural identity.
- **Learning important information** on what is happening around them helps them regain a sense of control in their lives.
- **Allow parents/caregivers to also attend to their daily activities** without worrying for their children's safety. A place for parents to meet and support one another.

A child-friendly space is a pragmatic approach as it aims at building capacities for coping with the abuse. It focuses on wellness rather than on ill health.

General point to have in mind when talking directly to children

- Accept what the child says
- Keep calm
- Don't panic
- Don't seek help while the child is talking to you
- Be honest
- Look at the child directly
- Do not appear shocked
- Let them know that you need to tell someone else
- Assure them that they are not to blame for the abuse

- Never ask leading questions
- Try not to repeat the same questions to the child
- Never push for information
- Do not fill in words, finish their sentences, or make assumptions
- Be aware that the child may have been threatened
- Take proper steps to ensure the physical safety and psychological wellbeing of the child. This may include referring them for medical treatment or to a psychologist
- Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure
- Do not permit personal doubt to prevent you from reporting the allegation to the designated child protection officer
- Let the child know what you are going to do next and that you will let them know what happens

Things to say
- 'I believe you'
- 'I am going to try to help you'
- 'I will help you'
- 'I am glad that you told me'
- 'You are not to blame'

Things not to say
- 'You should have told someone before'
- 'I can't believe it! I'm shocked!'
- 'Oh that explains a lot'
- 'No not...he's a friend of mine'
- I won't tell anyone else'
- 'Why? How? When? Where? Who?'

At the end of the disclosure
- Reassure the child that it was right to tell you
- Let them know what you are going to do next
- Keep evidence if necessary

Sesioni V & VI
Topic # Child Participation and Inclusion

Time:
3 hr

Methodology:
- Power point presentations,
- Exercises in groups.
- Reflection in group

Objectives:
- Explain the concept of child participation and inclusion;
- Understanding of the trainees of the terms "participation" and "inclusion" of children;
- Introduction of the main approaches to the principles and models of child participation.

Tools:
- Flipchart,
- marker,
- handouts,
- Scissors.

Resources:
- Flekkøy G. Malfrid and Natalie H. Kaufman, **The Participation Rights of the Child: Rights and responsibilities in family and society. Children in Charge Series 4,** Jessica Kingsley Publishers, 1997.
- Hart, Roger A., **Children's Participation: The theory and practice of involving young citizens in community development and environmental care, Earthscan,** London, 1997.
- Delaney, Stephanie **CHILD PARTICIPATION: Theoretical Models,** March 2003

Summary of session:
This session will explore what it means participation and inclusion of children. The participation of children can happen at all level, at home, in the family, at school, in other institutions where learning process happened, community and national level, and in advocacy and development policy processes.

Sessions will address the importance of children and the inclusion of children at all levels of decision and will examine in particular way some key aspects that should be taken into account in these processes in order to ensure their meaningful participation. A special attention will be paid to the role of CPU employees in promoting active participation of children.

Session Exposition:
Activity # 1 – Reflection in small groups on the concept of inclusion and participation of children (35 min.)
The coach opens the session by dividing participants into groups. The division into groups can be done in different ways (for example, counting 1, 2, 3, and so on, by putting together a group

of participants to the number 1, all 2 together, and so on). Then coach distributes Worksheet A. Each group presents the answerers in a narrative form.

Worksheet A

In your group discuss these two situations and reflect on the question:
Which of the two cases has participated more in the process? Why, what are the reasons?

A- Beni was invited to attend a training session with games. He came, was activated and was very pleased.

B- Kela was invited to attend a training session with games. She decided not to participate in this session.

Discuss also group the following questions

- What means "participation" and "inclusion" of children in activities, decisions, processes, consultation, etc?
- Why is it important?
- What are some of the principles of this participation?
- Who benefits from this participation and how?

In the end, each group presents their works. After the discussions, the coach continuo's the PPT presentation by supporting and highlighting the contributions of groups work.

Activity # 2 – Introduction, clarification of concepts for inclusion and participation (30 min.)
Based on the responses and the level of knowledge of participants, coach explains the concept of 'participation', 'inclusion', the principles of participation, the importance and ethical issues to be considered. The focus of the coach should be clarification of concepts and emphasis concrete ways to involve children in any decision-making process where they are direct or indirect beneficiaries.

Activity # 3 – Work in groups
Later, coach leads the group into the activity B1 and B2. Then in big group, the participants share their reflecting about the level of participation of children on decision-making.

Worksheet B1

Hart's Ladder of Participation

Objective: To provide an overview of Roger Hart's ladder of participation
Duration: 40 mins
Resources: Flipchart, pens, markers, Post-its, Trainer Briefing
Activity:
- Prepare a flipchart with Hart's Ladder of Participation.
- Split participants into groups of 3 or 4 and ask each group to discuss examples on each of the levels of the 'participation ladder' based on their own experience in the communities they live and work in.
- Together, participants and facilitators discuss different aspects to 'participation' using people's experiences and the 'ladder' model.

Facilitator Notes:
The theoretical nature of the description of the participation ladder can make it difficult to understand for some participants. It is therefore helpful to refer back to the ladder of participation throughout the training.

Worksheet B2

Other models of participation
Objective: To review alternative models of participation in relation to children and young people
Duration: 60 mins
Resources: Flipcharts, markers, papers, Post-its, Trainer Briefing

Activity:
- Prepare a flipchart with two other models of participating of children.
- Present these two models to participants, highlighting their similarities and contrasts with the ladder concept and with each other.
- Ask participants to reconvene in their groups (from activity B1) and to discuss which models appeal to them and are most relevant in informing their work.
- A nominated speaker from each group presents the conclusions to the wider group.
- The facilitator addresses the issues coming up from the discussions.

Facilitator Notes:
Whole group activity is very important for interaction after working in separate groups and to understand the perspectives of each group. If group work overruns, instead of having each group feedback to the wider group, you can instead do a walk around to look at flip charts with notes from each group, and the facilitator can do a short summary of key issues and themes.

Reading materials - Session V & VI

Child Participation is defined as active engagement of children in all issues that affect their lives.

I. What is Child Participation?

Child participation is (the process of facilitating effective and appropriate participation of children in social development process especially in defining and implementing programs that affect their development and welfare) a process of child development that provides an opportunity for children to be involved in decision making on matters that affect their lives and to express their views in accordance with their evolving capacities. Child participation recognizes that children are not a passive, powerless target group, but rather capable communicators, who can effectively engage in activities within their communities. This participation is both vertically with individual adults and organizations and horizontally with their fellow children through the child-to-child processes.

The term *'participation'* is used to refer generally to the process of sharing decisions which affect one's life and the life of the community in which one lives. Participation is the fundamental right of citizenship. The degree to which children should have a voice in anything is a subject of strongly divergent opinion. Some child advocates speak of children as though they were potentially the saviours of society. But many will say that participation by children is a naive notion for children who simply do not have the decision-making power of adults. Others feel that children should be protected from undue involvement and responsibility in the problems of society; that they should be allowed to have a carefree childhood. Children need to be involved in meaningful projects with adults. An understanding of democratic participation and the confidence and competence to participate can only be acquired gradually through practice; it cannot be taught as an abstraction. Young people can design and manage complex projects together if they feel some sense of ownership in them. If young people do not at least partially design the goals of the project themselves, they are unlikely to demonstrate the great competence they possess.

Young people's community participation is a complex issue which varies not only with a child's developing motivations and capacities, but also according to the particular family and cultural context. In cultures where adults themselves have little opportunity to influence community decisions, young people can become the initiating force for change. Most commonly, however, the degree of opportunity for a child to collaborate in the everyday management of family, schools, neighbourhood and community groups is a reflection of the participatory opportunities for adults in that culture. Intervening to improve children's participation is one means of fundamentally improving the whole society, but this should always be done while keeping in mind the child's family and the impact that a child's empowerment may have on his relationships within the family.

II. Principles of Child Participation - "BE THE CAUSE!"

The principles of child participation are based on the "BE THE CAUSE!" slogan. In consultations, with organizations and advocacy efforts, adults should view their role as a catalyst, a cause in a child's development. As a result they have a great responsibility to lead from the best interest of the child. This requires proactive involvement and attention. By putting in such care, they will

see the effects in the child's growth. Have the confidence that you too can set up a child for the greatest success in their lives - to be key contributors to society. In every situation where you involve children, you must follow the following fundamental principles - "*BE THE CAUSE!*" These are "must do" guidelines for any engagement with children:

B – Best Interest of the Child
E – Ethical Approach
T – Transparency and Informed Consent
H – Honoring
E – Equal opportunity and democracy
C – Care, safety and protection
A – Appreciation, recognition and mutual respect
U – Uphold non-discrimination and inclusiveness
S – Staff effectiveness
E – Evaluation and follow-up

III. Genuine and effective child participation requires:

* An ongoing process of expression and active involvement in decision making at different levels in matters that concern them;
* Information sharing and dialogue between children and adult based on mutual respect.
* Power for children to shape both the process and outcome;
* Acknowledgment that children's evolving capacity experience and interest play a key role in determining the nature of their participation.
* Capacity building among children by strengthening their skills base as well as building an enabling social environment.

IV. The need for a clarification on the definition

It incorporates child participation as a right in a number of articles. Child participation is a human right and is interwoven with other rights in the UNCRC. Child participation is embedded in several articles in the UNCRC. At the national level, legislation for children as well as policy documents provide for the participation of children.

The United Nations Convention on the Rights of the Child (UNCRC)

The four key principles of the rights of the child are the pillars that should inform and guide child participation practice:

Non-discrimination (Article 2) which states that no child shall be subjected to any form of discrimination on account of his/her age, sex, disability, religion, custom, colour, birth or other status, race, language, political or other opinion, national, ethnic or social origin.

Best interests of the Child (Article 3) which calls on state parties to ensure that in all actions concerning children, their best interest is a prime consideration, that children are adequately protected in all actions taken by them or by adults in their favour, and that adults working for the care and protection of children are competent especially in matters of safety.

The right to life, survival, and development (Article 6) Which states that children have a right to survival, should be protected from any form of violence, abuse or neglect and that they may grow up in an environment that ensures their physical, mental, spiritual, moral, psychological and social development and prepares them to live as individuals in a free society.

Respect for the views of the child (Article 12) provides for the child's right to be heard and for state parties to ensure that children are allowed to express their views in a manner consistent with their evolving capacities as well as ensuring that their views are included in legal provisions, policy and judicial decision in accordance with the relevant UNCRC provisions.

Other articles include:

- Article 13: The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, or written or in or print in the form of art, or through any other media of the child's choice.
- Article 14: Freedom of thought, conscience and religion
- Article 15: Freedom of association
- Article 30: Freedom of cultural expression
- Article 31: Right to participate in cultural life

V. Why Child Participation is important

Children's participation is important in enabling children to realize their rights. Participation enables children to:

- Fulfill legal obligations – The right of children to be consulted is included in the UNCRC and the Children Act 2001
- Improve services for children – Consulting with children enables them to influence the choices made in the provision of services and development of better policies and programmes for children.
- Improve decision making – When children participate they are better informed and have access to more accurate information and choices.
- Enhance democratic practices – When children are provided with opportunities to represent other children's interests in the community, it helps create frameworks to sustain democratic values and principles.
- Enhance children's protection – They easily voice and report cases of child abuse thereby enhancing child protection.
- Develop Life Skills – Children develop their ability to protect themselves from abuse.

VI. Inclusive of children

Encourage children to participate means to involve them in all aspects of society. It includes the recognition and support of their contribution to the community, their involvement and giving voice in decisions that affecte them. Participation is more than consultation process. Consultation is a form of participation - and there are many others. True participation occurs when adults share decision -making with the kids and the kids feel like "own" policy, service or specific program. It should also be noted that during the process of participation included:

- Children with disabilities like those with difficulty in movement, seeing, speaking, hearing, learning; mental retardation, epilepsy and multiple disabilities
- Child Labourers for instance domestic workers, those employed in commercial farms or in different trades
- Children living in emergency situations, refugees and internally displaced camps
- Separated children who may be living in orphanages, foster care, child-headed households, remand homes, approved schools, vocational training institutions, boarding schools children living on streets
- Abused and exploited children
- Orphans
- HIV/AIDS infected and affected children
- Children in conflict with the law
- Children in 'hard to reach areas' including islands, rural and hilly areas.
- Children in resource limited families and communities

VII. Key points to consider during child participation

- Children's participation is not an activity, but a way of doing other activities.
- A single participatory activity is not 'participation' – children's participation should be mainstreamed into all areas of life.
- Children's participation is shaped by the context, task to be performed and children and adults involved.
- Children's participation should always be voluntary, informed, meaningful and in the best interest of the child.
- Children's participation should empower children, especially those who are disadvantaged.
- Children's participation should help them to develop the knowledge, attitudes and skills they need to realize their potential and become responsible citizens.
- Children's participation can help them to protect themselves from harm and exploitation.
- Project and programs on child labour can become more relevant, with a greater chance of achieving their overall objectives if they consult and involve children.
- Children should not be manipulated to promote an adult agenda through decoration or tokenism.
- Care should be taken to ensure that the atmosphere in which children participate is relaxed, friendly and democratic.
- Relations between children and adults should always be respectful.
- Participation should aim at including the largest possible number of children.
- Methods and activities should be used that are appropriate to the capabilities, needs and interests of children.
- Children rather than adults should decide which children to take on responsibilities or participate in outside activities.
- Child rights practitioners must ensure that activities do not put children and staff at risk.
- Participation can be an integral part of the rehabilitation and reintegration of children in the worst forms of child labour.
- Discuss any follow-up children wish to plan, and help them to access the necessary support.

VIII. What Child Participation involves?

Child Participation	
Involve	**Does not involve**
Recognizing the value of children's knowledge and opinions	Suggesting to children what they should think or say
Sharing experiences and expertise with children	Thinking adults have nothing to learn
Learning from children to understand their rights and responsibilities	Devaluing adults' experience expertise
Finding ways to make it easy for children to make decisions and implement them	Using children to do adults and no duties for children
Helping children and adults to	Handing over all power to children
Sharing power with children	Keeping things the way they are now
Working towards respect for the rights of younger citizens	Using or manipulating children to endorse programs that do not promote their interest
Strengthen the capacity of children to effective partners in social development	

Table nr.1

IX. Benefits of Child Participation

Societies have long believed that "children should be seen and not heard." Many adults feel they know what children want. Decisions benefiting children are solely led from an adult perspective, not a child's. This shuts children down, diminishes their confidence, curbs sharing of ideas and feelings and stints development.

Experiences of child participation both nationally and internationally indicate that children's involvement is a clear overall benefit to them and schools, organizations, communities and political leaders:

Importance and benefits of participation to children:

- Helps to identify their key concerns
- Critical to designing programmes specifically tailored to them
- Provides children with a greater sense of ownership and responsibility, especially in programme development
- Develops life skills including empowerment, self esteem and self confidence
- Enhances democracy and the democratic process
- Increases sensitivity to perspectives and needs of others - develops competencies such as cooperation, tolerance and collaboration
- Exposure to social networks, skills and enjoyment
- Promotes group responsibility – sharing experiences and solutions
- Preparation for leadership

- Creates positive relationships among children
- It inculcates a sense of patriotism in the children.

Schools - In schools where children and young people have opportunities to be involved, it improves their discipline, promotes transparency, enhances skills, promotes learning and strengthens the quality of learning and interaction between staff and the pupils/students.

Organizations and institutions – When children are included in organizational planning, programmes and processes, it increases commitment and understanding of their rights. Also stakeholders and constituents become sensitive to children's issues and priorities and programmes become more sustainable.

Communities – As communities begin to consider children and provide a platform for them to be heard, this enhances community ties and increases awareness of children's issues directly from the source. Also promotes family harmony, respect and trust from children, reduces crime, builds social networks and helps communities to make plans that are all embracing.

Politicians – When politicians engage children and carry forward their concerns, they validate their commitment to this marginalized group. From the LC1 level to the President, all those who create laws and policies must put a spotlight on issues of key concern to children, especially at times of planning. Although children do not vote, they have a lot of influence over their parents and other adults close to them. When politicians support children's aspirations, they win the trust of children who constitute more than half of the population-a win for children is a win for the nation. By giving children a voice, politicians are able to make policies, laws and budgets that are sensitive to the needs and interests of children.

X. Barriers to children's participation

Barriers to children's participation include:

- thinking that children lack the experience to participate
- not valuing children's views
- a lack of resources and time
- thinking that it's not appropriate to involve children in decision-making
- not knowing how to contact children
- concerns about safety and ethics
- thinking that children don't want to participate
- language and cultural barriers
- not knowing how to involve children and how to discuss issues with them
- thinking that the processes are too complex and time-consuming
- financial constraints.

Empowerment

Protecition
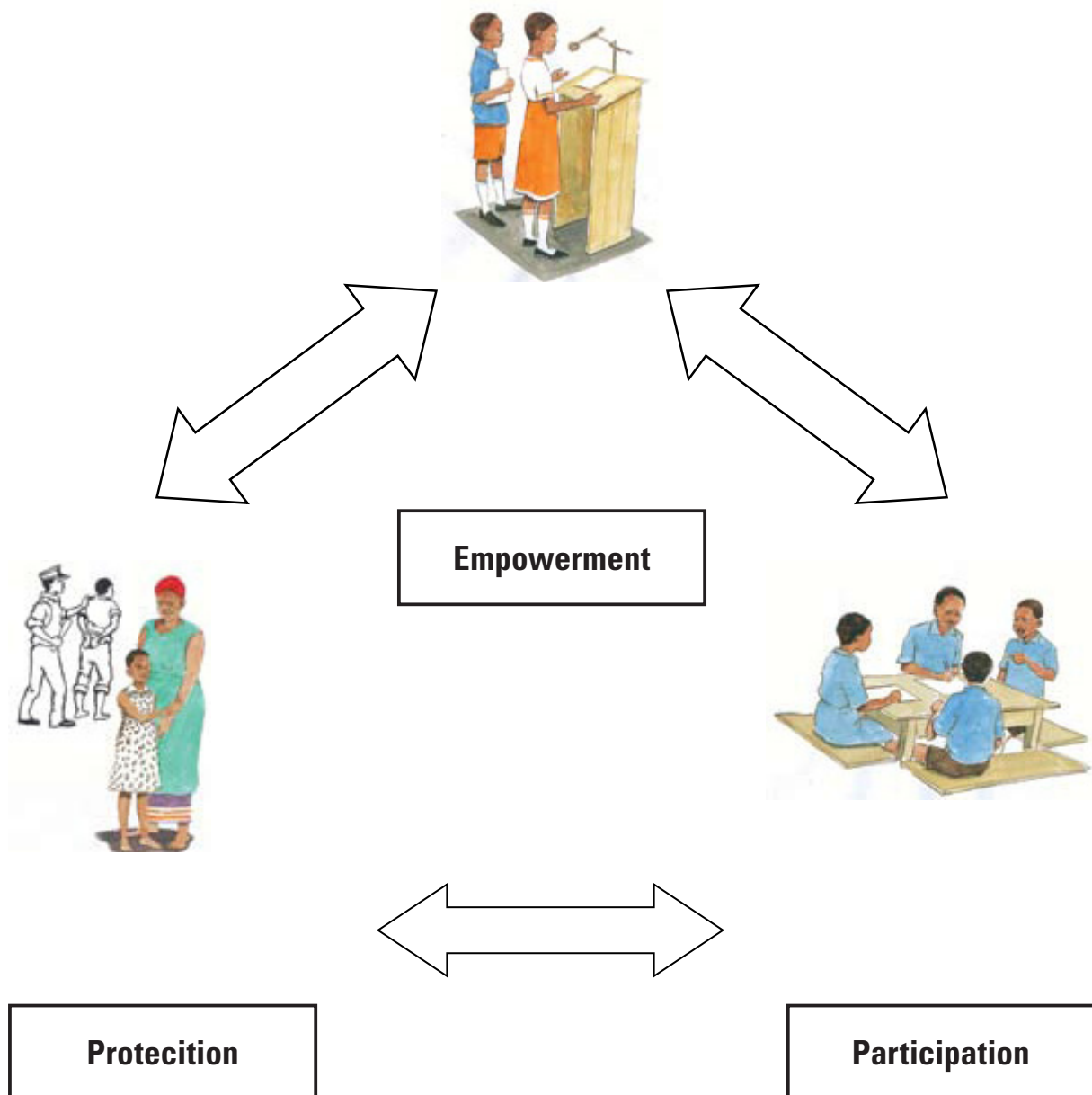
Participation

- **Hart's 'Ladder of Participation' (1992)**

The Ladder of Participation Hart Rogers` Ladder of Participation has over the years been used as a standard of measurement for the application of child participation. The ladder distinguishes between tokenistic participation and effective, decision making participation. Hart uses a ladder as a metaphor to illustrate the varying levels where children can be involved in a project or an activity. Hart's ladder illustrates different stages of child involvement and the various forms in which adults (project holders) engage children.

'Ladder of Participation'

8. Child designed with shared decisions with adults
7. Child designed & directed
6. Adult designed & shared decisions with children
5. Consulted & informed
4. Assigned but informed
3. Tokenism
2. Decoration
1. Manipulation
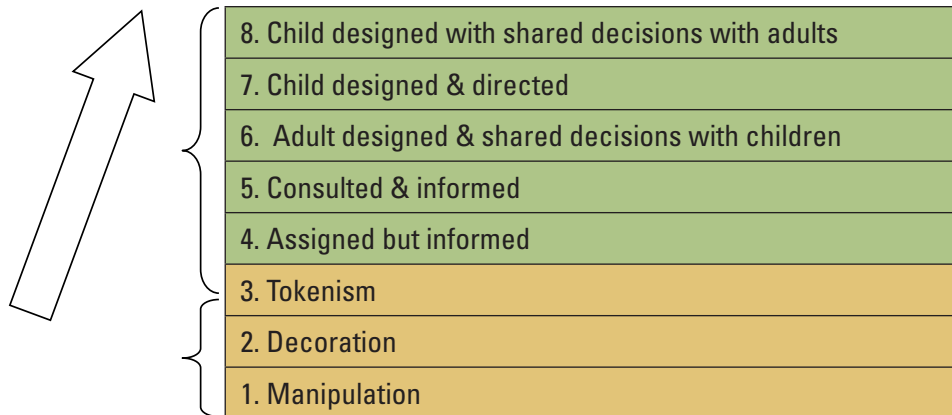
Figure 1

The Ladder of Participation can be used as an evaluation tool and can put a critical spotlight on real and meaningful participation.

Definitions of each rung:

Rungs 1-3 = Non Participation

- **Rung 1:** Manipulation - young people are manipulated, adults rule and make all decisions
- **Rung 2:** Decoration - involvement of children is just a show/ window dressing
- **Rung 3:** Tokenism or symbolic participation - children are involved as part of a process to merely show that children are represented. They are not consulted nor their opinion taken into consideration

Rung 4-8 = Participation

- **Rung 4**: Children assigned and informed - children and young people are invited, assigned or given tasks by adults and are informed of the significance of the project
- **Rung 5**: Consultation - adults initiate the activity, children are consulted and their views respected. Children fully understand what is being done and why.
- **Rung 6:** Adult initiated - adults initiate the activity and children are involved in planning and implementation and have a role in decision making
- **Rung 7**: Child initiated - children lead and initiate action supported by adults. Children initiate the idea and consult adults in its execution
- **Rung 8:** Shared decisions with adults - Children in charge and they initiate the activities and decide how it will be carried out. Adults are available and only play supportive and facilitative role.

There are many more evaluation techniques that a facilitator may use and children themselves must be encouraged to suggest ways of evaluating their work. All evaluation techniques must be age, gender and culturally appropriate and must encourage children to suggest ways of evaluating their participation – this is an important ground rule at this stage.

- **Tim Davies – Six principles of online participation**

The six principles of online participation start from the UN Convention on the Rights of the Child (UNCRC), which provides an internationally agreed foundation for policy and practice with respect to young people. Commentators commonly divide the 41 substantive rights enumerated in the convention into three main categories: provision rights; protection rights; and participation rights. The resulting triangle collapses with any side removed – each set of rights is essential to support the full realization of the others. No set of rights are prior to the others in the triangle: the framework is as much participation, provision, protection model, as one for protection, participation and provision. Applied to consideration of young people's online lives, we can see how the tri- partite model can capture research insights into the relationship of opportunity and risk.
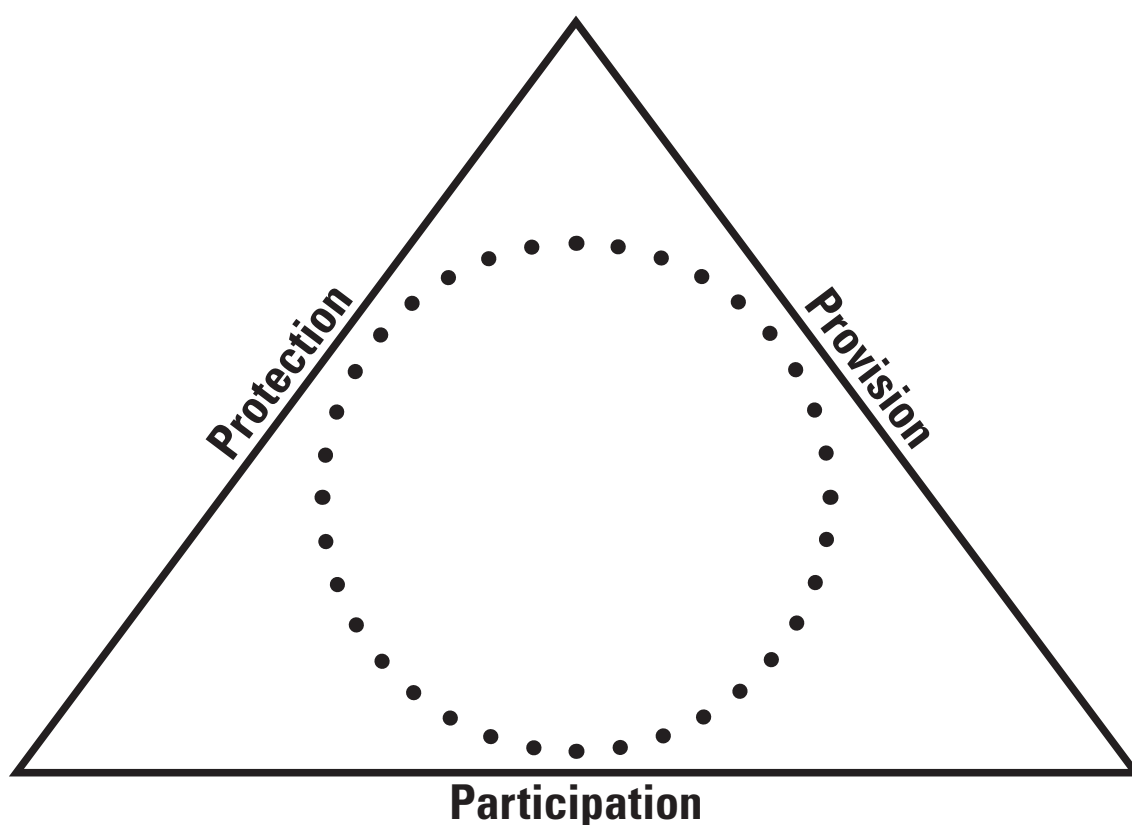
Any project addressing young people's online lives should seek to consider it's contribution to (1) Supporting digital citizenship, (2) Empowering young people, (3) Responding to risks, (4) Promoting resiliency, (5) Providing positive spaces and (6) creating youth shaped services.

- **Sherry Arnstein – Ladder of Citizen Participation**

Sherry Arnstein's ladder of citizen participation, published in 1969 in the Journal of the American Planning Association, is considered one of the classic and most influential participation theories. Arnstein rests her theory on the declaration that citizen participation is citizen power, arguing that participation cannot be had without sharing and re-distributing power:

The ladder of citizen participation:

Rung	Level	Category
1	Citizen Control	Citizen Power
2	Delegated Power	Citizen Power
3	Partnership	Citizen Power
4	Placation	Tokenism
5	Consultation	Tokenism
6	Informing	Tokenism
7	Therapy	Nonparticipation
8	Manipulation	Nonparticipation
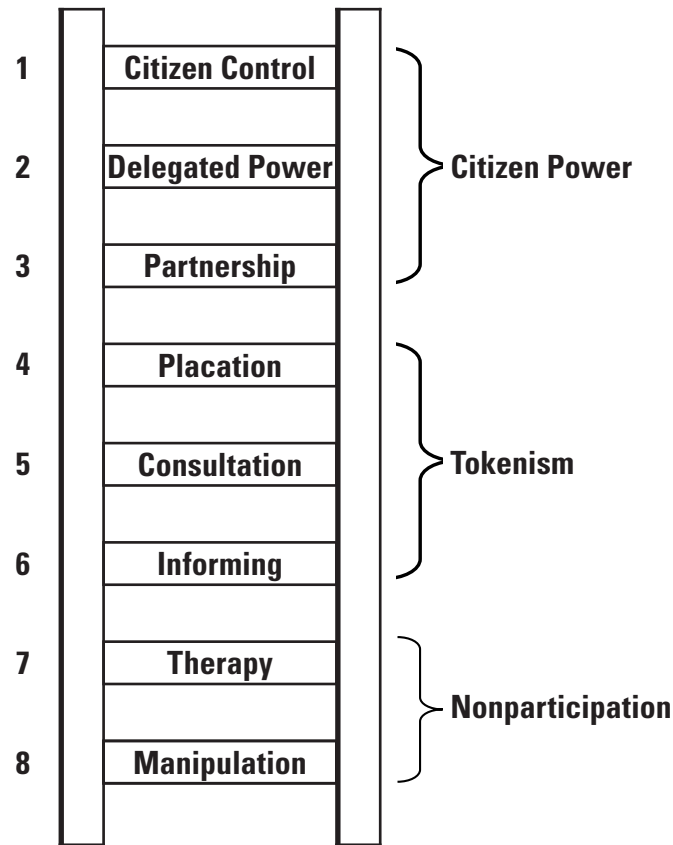
"Citizen Participation is Citizen Power"

Because the question has been a bone of political contention, most of the answers have been purposely buried in innocuous euphemisms like "self-help" or "citizen involvement." Still others have been embellished with misleading rhetoric like "absolute control" which is something no one - including the President of the United States - has or can have. Between understated euphemisms and exacerbated rhetoric, even scholars have found it difficult to follow the controversy. To the headline reading public, it is simply bewildering.

Citizen participation is a categorical term for citizen power. It is the redistribution of power that enables the have-not citizens, presently excluded from the political and economic processes, to be deliberately included in the future. It is the strategy by which the have-nots join in determining how information is shared, goals and policies are set, tax resources are allocated, programs are operated, and benefits like contracts and patronage are parceled out. In short, it is the means by which they can induce significant social reform which enables them to share in the benefits of the affluent society.

Among the arguments against community control are: it supports separatism; it creates balkanization of public services; it is more costly and less efficient; it enables minority group "hustlers" to be just as opportunistic and disdainful of the have-nots as their white predecessors; it is incompatible with merit systems and professionalism; and ironically enough, it can turn out to be a new Mickey Mouse game for the have-nots by allowing them to gain control but not allowing them sufficient dollar resources to succeed. These arguments are not to be taken lightly. But neither can we take lightly the arguments of embittered advocates of community control - that every other means of trying to end their victimization has failed!"

- **David Driskell – Dimensions of Youth Participation**

David Driskell developed his dimensions of young people's participation in the framework of a practical manual on how to conceptualise, structure and facilitate the participation of young people in community development. Driskell's model borrows the eight degrees of participation and non-participation from Arnstein and Hart and arranges them in a diagram to construct a conceptual framework that focuses on two dimensions:

- first, the power of young people to make decisions and affect change;
- second, the interaction of young people with others in their community

Driskell contends that, while participation cannot be real without some degree of power-sharing, real participation provides both power and interaction.

The combination of these two aspects sheds a new light on the unresolved debate around the ultimate goal of participatory work with young people. Driskell argues that it can be a powerful experience for young people to be fully in charge of their own project, but that they will only be allowed to do so in smaller projects. Where young people are, however, treated as equal and valued partners through shared decision-making, influence can be gained on larger issues and the power to make decisions and affect change can be maximized.

XII. When to involve children in decision-making

Children can participate in decision-making on a wide range of topics. If you're making an important decision, consider engaging children just as you would any other interested people or groups. Remember, it may not always be appropriate to involve children; it depends on the issue and the children's maturity.

The following questions – and their answers – may help you decide whether it's appropriate to involve children:

- Why do you want children to participate?
- What will they gain from it?
- What will the policy or service gain?
- What will your organization gain?
- Are you and your organization committed to effective participation?
- Where in the decision-making process will you involve children?
- Are there enough time and resources to do the participation exercise properly?
- Can your organization provide an appropriate facilitator, support for and feedback to the children?
- Does the facilitator have the right level of skills?
- How will you measure the effectiveness of the participation process?

XIII. Ethics, consent and confidentiality

When engaging children, it's critical to keep in mind the following:
- Get permission from adults/caregivers first
  - o Especially if the event has never been done before, adults/caregivers need to know the scope of the event and the role they want the children to play

- o Tell everyone who needs to know. Oftentimes, more than one adult needs to be informed about the participation of each child, such as the teacher – to miss school, parent needs to know teacher has giver permission
- o Sometimes children will not want their parents/caregivers to know they are engaged with you or your agency. Get permission first!
- o Explain the benefits of child participation, how it will be useful to them and the whole community (if you have testimonials, this will especially come in handy).

- Get permission from the children
  - o Although it is important to get permission from the adults to involve children, it is even more critical to get agreement from the children themselves
  - o If a child does not want to contribute their views all the time let them! In many cases, children may not be ready to communicate their opinions. This is fine. No child should be put under pressure. In most cases, as long as the consultative process is ongoing and potential barriers are addressed, these children eventually come around and start participating actively in consultative processes.

- Children need time - establishing and building rapport
  - o Many children and even adults may have never had a chance to participate in matters that affect them. Any consultation process must be sensitive to this reality especially when working with orphans and vulnerable children (OVCs) - children with disabilities, out of school children, child laborers and abused children
  - o Very few children have the luxury of making decisions and often lack confidence in expressing their views. Help them to understand their role and how their opinion will be utilized
  - o Spend time helping children and young people understand the issue being discussed
  - o At the initial stage of the consultative process, raise awareness of primary duty bearers like parents or guardians about the principle of child participation. This is important since these very same people potentially can be a barricade to child participation in the child's real world!
  - o Keep in mind - facilitating children's consultations and participation is an ongoing process and not a onetime event.

- Techniques and methods used must be child friendly, allowing the children to express their views freely in a respectful environment.
  - o Confidence boosting techniques like small group discussions and individual exercises can be utilized to minimize stage fright and maximize opportunities for genuine, non coerced participation.

- Use of culturally, age-appropriate and gender-sensitive communication techniques is of critical importance. The physical environment for consulting children must be a safe and comfortable place.
  - o Adequate preparation in form of planning for translations, matching age groups and gender groups is required. Provisions for children with communication challenges or learning disability must be thought through ahead of time.

- All children must be given a chance to participate.

- Children's views must not be distorted by adults!

- Children's views must not be influenced by adults, especially in situations where children who have communication challenges or very young ones are aided by adults as they express themselves.

Confidentiality

Before you invite children to participate, let them know whether their individual contribution will be treated as private and confidential or may be published or shown to others (and, if so, whether their names or other identifying information will be revealed). If the media are likely to be at a participation exercise or event, let the children and their parents know. Clarify any confidentiality and privacy issues with them and the media.

Consent to Participate

Consent is an important issue for child participation. It is preferable to get consent from parents and guardians of children under 18 years old and essential for younger children. When obtaining consent, think about the ways children will be participating, the information they will be providing and their family and community backgrounds.

It's a good idea to get consent from children (and their parents and families where appropriate) because:

- it shows you are taking their participation seriously
- it avoids situations where the parents' consent is taken as permission when the child may not want to participate
- it means the child knows and understands:
  - o why they are participating
  - o who is involved
  - o what their involvement is all about
  - o that they can choose not to participate or decide to stop participating at any time
  - o that they can access the information they give and the results of decisions from the exercise
  - o the upsides and downsides of participating
  - o how confidential their information will be kept.

Remember, you may also need to get consent to record children's names in any report or publication, to quote their words or to show their images in photos, video or other records.

Session VII

Topic: Empowering Children to Make Positive/Good (Healthy) Choice

Time:
1 hour and 30 minutes

Methodology:
- PPT presentations',
- Short lessons
- Group working

Objectives:
- Explain the concept of empowerment and its importance;
- Develop skills and abilities to help children to make healthy choices
- Explanation of the strengths perspective

Tools:
- flipchart
- marker
- Handouts
- PowerPoint

Resources:
- Breton, M. (1994). On the meaning of empowerment and empowerment-oriented social work practice. Social Work with Groups, 17(3), 23-37.
- Burke, A. (2010). Ready to learn: Using play to build literacy skills in young learners. Toronto: Pembroke Publishing
- Lee, J. A. B. (1994). The Empowerment Approach to Social Work Practice. New York: Columbia University Press.
- Lietz, C. A. (2007). Strengths-based group practice: Three case studies. Social Work with Groups, 30(2), 73-87.
- Malkin J. (2005), **Empowering Children: Book Two:** Looking for a Better World**.**
- Morrow V (1999). "We are people too": children's and young people's perspectives on children's rights and decision-making in England. The International Journal of Children's Rights, 7(2):149–170.
- Mullender, A. & Ward, D. (1991). Empowerment through social action group work: The 'self-directed' approach. Social Action in Group Work, 16, 125-139.

Summary of session:
Empowering children to protect themselves and to show violence / abuse is a priority task for adults. This session will focus on building the skills and knowledge to empower children to use the alignment of strengths as well as to encourage other actors to create a stimulating and supportive environment for children.

This session will also provide some practical advice that can be given to children to better protect themselves (being assertive, etc.). These tips will be provided on the basis of the child's age and development.

Session Exposition:

Activity #1 – Reflection in big group (20 min.)

Initially they asked participants what they understand by the term "empowerment". The opinions of the participants are written on a flipchart. On the basis of what is written, the coach starts explaining the concept, purpose and its importance.

Activity # 2 – Discussions in small groups (40 min.)

The coach invites participants to divide into small groups and share different cases of the worksheet A. How do they react in these situations? After working in groups, the answers will be discussing in the large group. The answers are written on flipchart.

Given the specific situations, coach starts and explains the strengthening of children's habits, guidelines and methods to be used to empower children to make healthy choices for themselves and for others

Worksheet A

What would you do in this situation?

It's hard work to keep a team working well together. What would you say to or do about a team member in the following situations?

1. Is always late.
   …………………………………………………………………………………………..

2. Whispers to others or starts side conversations during discussions.
   …………………………………………………………………………………………

3. Gets upset when his/her recommendations are not followed.
   …………………………………………………………………………………………

4. Hogs the conversation/discussion.
   …………………………………………………………………………………………

5. Leaves before the job/work is done.
   …………………………………………………………………………………………

6. Constantly tells jokes and gets people off track.
   …………………………………………………………………………………………

7. Refuses to work with another "certain" team member.
   …………………………………………………………………………………………

8. Won't share in the leadership role.
   …………………………………………………………………………………………

9. Falls asleep.
   …………………………………………………………………………………………

10. Just sits there.

……………………………………………………………………………………………

Activity # 3 – Reflection in small groups (15 min.)
Coach distributes worksheet B. Participants have 5 minutes to complete it. The condition is that the strengths column should have more quality than in the column of weaknesses. Participants are invited to present themselves according to the qualities that have written.

Worksheet B

Strength Points	Weakness Points
	1.
	2.
	3.

Activity # 4 – Presentation and discussion (15 min.)
Finally trainer underlines the importance of the strengths perspective and provides some guidance on where to focus our work with children to encourage them.

Theoretical Material - Session VII

I.   Empowerment as a Definition

Empowerment is not a new term to the society. It is the process of enabling people to increase control over their lives, to gain control over the factors and decisions that shape their lives, to increase their resources and qualities and to build capacities to gain access, partners, networks, a voice, in order to gain control.

Empowerment is now increasingly used and connected to social development groups such as poor people, youth, older persons, persons with disabilities, Indigenous Peoples and marginalized people.

Empowerment is related to the word power. In English, the concept leans on its original meaning of investment with legal power - permission to act for some specific goal or purpose (Rappaport, 1987).

The new meaning of the concept includes mainly references to power that develops and is acquired. People are managing to gain more control over their lives, either by themselves or with the help of others. The form to be empowered relates to what is both a process and an outcome - to the effort to obtain a relative degree of ability to influence the world (Staples, 1990).

Empowerment is a process of internal and external change. The internal process is the person's sense or belief in her ability to make decisions and to solve her own problems. The external change finds expression in the ability to act and to implement the practical knowledge, the information, the skills, the capabilities and the other new resources acquired in the course of the process (Parsons, 1988).

Principles Guiding Empowerment Practice

The principles of action that stem from the values of empowerment are not rules which determine specifically what the professional should do, but guidelines for selecting suitable practices.

1. *Empowerment has to be a permanent component in any problem-solving process, irrespective of the theoretical approach that shapes this process.* As a meta-practice, it can and must be integrated into every kind of professional thinking, irrespective of the sort of program or the methods exercised. (Rose & Black, 1985).

2. *Giving help.* Those who receive help need to be able to give help as well. Hence, as already noted, self-help groups are considered as distinctive promoters of empowerment. Active participation in programs is an empowering principle, and to achieve this it is worth causing a deliberate under-manning of social frameworks (Rappaport, 1985).

3. *Lack of power cannot be compensated for by means which increase lack of power.* Economic dependence, which is one of the forms of powerlessness, cannot be improved by means of a program that humiliates and oppresses those in need of it. Hence, an empowering professional ascribes the same importance to the means of activating social programs as to their objectives (at the same time, it is necessary to be cautious

and to avoid programs where the means are strongly emphasized but the goals are unimportant).

4. *Think big and act small.* An important principle in empowerment is to analyze phenomena on the macro level, but to intervene with attention to the micro level. Empowerment demands simultaneous concern for the environment, the collective, its organization and the individuals who organize. This is the distinctiveness of the integration of the personal change as part of the organizing for social justice (Friedmann, 1992).

5. *The collective is a central principle of the empowerment process*. Even when the objective is individual the means are collective. Collectivity provides a true rationale for empowerment (Staples, 1990); if the empowerment process were solely individual, it would have no social significance. Collectivity is the source of the synergy in the process, because it grows in power and extends the boundaries of its influence.

6. *Empowerment is a multi-leveled concept*. It integrates individuals, groups, organizations, communities and states, as well as contexts—the environmental, cultural, and historical contexts. The influence that each of the levels of empowerment radiates upon all the other levels is of much importance. The principle of levels leads to the conclusion that we should aspire to a policy of empowerment, and to the conjecture that professionals need empowerment in order to be able to empower people who need their help (Rappaport, 1987).

The Empowerment of the Children

Our definition of empowering is turning over control to the children so they have power over their own lives. The following suggestions are possibilities that can be used in response to the neglected homework challenge:

a) SHOW FAITH: "I have faith in you. I trust you to figure out what you need. I know that when it's important to you, you'll know what to do."

b) RESPECT PRIVACY: "I respect your privacy and want you to know I'm available if you want to discuss this with me."

c) EXPRESS YOU'RE LIMITS: Share what you think, how you feel, and what you want without lecturing, moralizing, insisting on agreement, or demanding that anyone give you what you want. "I'm not willing to go to school to bail you out. When your teacher calls, I'll hand the phone to you or tell her she'll need to discuss it with you." A respectful attitude and tone of voice is essential.

d) LISTEN WITHOUT FIXING, DISCOUNTING, OR JUDGING: "I would like to hear what this means for you."

e) CONTROL YOUR OWN BEHAVIOR: "I'm willing to take you to the library when we come to an agreement in advance for a convenient time, but I'm not willing to get involved at the last minute." "If you need my help with your homework, please let me know in advance."

f) DECIDE WHAT YOU WILL DO WITH DIGNITY AND RESPECT. "I'm available to help with homework between 7:00 and 8:00 on Tuesdays and Thursdays. I won't be available to help with last minute projects. If you'd like, I can teach you time management skills or show you how to set up a routine."

g) FOLLOW THROUGH WITH KINDNESS AND FIRMNESS. "I can see you are stressed about waiting until that last minute. I'm sure you'll figure it out. I'll be available Tuesdays and Thursdays from 7:00 to 8:00."

h) LETTING GO OF THEIR ISSUES WITHOUT ABANDONING THEM: "I hope you'll go to college, but I'm not sure it's important to you. I'm happy to talk about your thoughts or plans about college anytime you like."

i) AGREEMENT NOT RULES: "Could we sit down and see if we can work on a plan regarding homework that we both can live with? Let's put that on the agenda for the family meeting so we can work on an agreement." 10. LOVE AND ENCOURAGE: "I love you just the way you are and respect you to choose what is right for you."

j) ASK FOR HELP: "I need your help. Can you explain to me why it isn't important to you to do your homework? "

k) SHARE YOUR FEELINGS: Share your truth by using the "I feel _____ because _____ and I wish _____" process without expecting anyone else to feel the same or grant your wish. This is a great model for children to acknowledge their feelings and wishes without expectations. "I feel upset when you don't do your homework because I value education so much, and think it could be very beneficial to you in your life and I really wish you would do it."

l) JOINT PROBLEM-SOLVING: "What is your picture of what is going on regarding your homework? Would you be willing to hear my concerns? Could we brainstorm together on some possible solutions?"

m) RESPECTFUL COMMUNICATION: "I'm feeling too upset to talk about this right now. Let's put it on the agenda for the family meeting so we can talk about it when I'm not so emotional."

n) INFORMATION VS. ORDERS: "I notice you spend a lot of time watching television and talking on the phone during the time you have set aside for homework." "I notice you often leave your homework until the last minute and then feel discouraged about getting it done."

o) ENCOURAGE LEARNING FROM MISTAKES: "I can see that you feel bad about getting that poor grade. I have faith in you to learn from this and figure out what you need to do to get the grade you would like." As you look at the list of enabling responses and the list of empowering responses can you see how easy it could be to role-play based on your own experience with all the enabling behaviors? Do you, on the other hand, feel a lack of experience and skills in the empowering responses?

Preparing Children for Everyday Life

Promoting children's physical, social and emotional health by boosting their powers is the key to preparing them for everyday life. Building up healthy self-esteem and encouraging children to respect and have empathy for others are essential, and parents are important role models. Healthy self-esteem can be developed in many ways and includes:

- **Respect for individuality**. Help children to take pride in their own individuality. Teach them the importance of respecting others as individuals and to recognize diversity as something that makes everyone special.

- **Self-assertiveness and expressing needs and feelings.** Teach children to recognize and accept their feelings, to speak out about their needs and to reject unjustified and inappropriate proposals.
- **Problem-solving and decision-making skills.** Encourage using these skills in everyday life when confronted with a challenging situation. Avoid doing things for children or telling them what to do. • Self-respect and respect from others. Encourage children to respect themselves and to expect respect from others. Help them to set clear boundaries for unacceptable behaviour; talk about what to do if someone crosses these boundaries.
- **Respect and empathy for others**. Teaching children to respect and empathize with others is an important part of becoming responsible individuals. Clear rules should be set with regard to acceptable behaviour towards others both at home and at school, with clear limits and boundaries. When rules are broken and children have not paid attention to the consequences of their behaviour, adults should be consistent in their reactions. Children should be active participants in setting up the rules and defining the consequences when broken.

Advocacy has been described as an empowerment service for children (Scutt 1999; Dalrymple 2005; Vis et al 2011). For example, Dalrymple (2005) reviewed evidence of impact from five advocacy services provided to vulnerable children (e.g. children in care, with learning disabilities) and the findings showed that children particularly valued the independence of advocates and the fact that they were there for them alone, listening to their views and speaking on their behalf or supporting them to speak for themselves. This gave children an enhanced personal position which enabled them to participate in professional decision making.

Efforts focused on empowering children to prevent sexual abuse can be channeled into the following:

- preparing for everyday life;
- identifying and responding to potentially dangerous situations;
- identifying, preventing and stopping sexual abuse;
- seeking help.

Promotes good health and encourages children to make healthy choices:

- models and encourages exercising, taking care of teeth, washing hands, using their own hair brushes, using tissues to clean their noses
- encourages children to refine their self-care and self-help skills such as using cutlery, fastening buttons, putting on shoes, making lunch, packing their bags
- provides food choices at snack-times and lunch-times to extend children's knowledge and experience of a range of healthy food options from different cultures
- discusses food, where it comes from, how it is prepared, and how it is cooked and eaten, encouraging children to take part in cooking and food preparation as appropriate, for example buttering toast, chopping up bananas, picking strawberries, gathering herbs and vegetables from the garden
- includes physical activities in the daily routine to help build children's fitness

Six-Step Problem Solving Model

Problem solving models are used to address many issues that come up on a daily basis in the workplace. These problems may be technical or issue-based. While many of you have probably already engaged in solving problems, you have probably used many different approaches in order to achieve a solution. Issues and operational problems in a committee can be solved more easily and with better results by using a problem solving model, i.e. a structured, systematic approach to solving problems and making improvements.

There are several reasons for using a structured, systematic approach to problem solving:

- To ensure consistency
- To help manage the group process
- To solve problems effectively
- To build a convincing case for change
- To present a clear and convincing rationale for action

There are several important characteristics to this model:

- The steps are repeatable
- The process is continuous

Step One: Define the Problem

The first step, identifying the problem, is a broad review of the current situation — a fitting together of information, like pieces of a puzzle. In this first stage, a group identifies and discusses the symptoms and scope of the problem. That is, it determines what "hurts," the degree to which the symptoms are shared, and the urgency of relieving the symptoms. Groups use tools such as brainstorming, interviewing, and completing questionnaires to gather this information. As you go through this step, you will find yourselves raising, reviewing, and discarding statements of the problem as you sort out what are merely symptoms of the problem and then look behind those symptoms to make a tentative definition of the underlying problem.

Step Two: Determine the Root Cause(s) of the Problem

Once you recognize the symptoms and have tentatively defined the problem, your group can begin to collect information about the nature of the problem. At this step, you may use tools such as the Fishbone diagram, or Pareto analysis to help you organize this information and zero in on underlying causes of the problem. In this way, you determine the root causes of the problem. When you restate the problem, your definition will reflect the causes. Your efforts over the next two steps can thus be directed to finding solutions that address the roots of a documented problem, not merely its random symptoms.

Step Three: Develop Alternative Solutions

Once you have defined a problem, your "knee-jerk" reaction may be to jump toward a particular solution. However, creative problem solving requires you to explore a full range of viable solutions before reaching a conclusion. To assemble a variety of solutions from which to choose a final solution, you must:

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- generate as many potential solutions as possible
- relate each solution to the causes of the problem
- merge similar or related solutions

At this stage, you are still not ready to select the best solution. You simply want to reduce redundancy, and eliminate any possibilities that don't address the causes you identified earlier. Force field analysis is a good tool for preliminary screening of this solution field.

Step Four: Select a Solution

As a fourth step, evaluate each potential solution for its strengths and weaknesses. Selecting a solution entails searching for the most effective solution by applying two general criteria.

An effective solution:
- is technically feasible
- is acceptable to those who will have to implement it

Step Five: Implement the Solution

Choosing a solution does not immediately solve a problem. Putting a solution into action may prove as difficult as deciding on one. The implementation stage requires action planning:

- What must be done?
- Who will do it?
- When will it be started?
- When will key milestones be completed?
- How will the necessary actions be carried out?
- Why are these actions a solution?

Step Six: Evaluate the Outcome

In simplest terms, evaluation is the monitoring that any project needs to ensure that milestones are met, costs are contained, and work is completed. Unfortunately, most groups neglect or short-change the evaluation step, and therefore do not get the continued results or performance they were hoping to achieve. Effective groups, however, plan additional feedback mechanisms to detect the need for midcourse corrections and to ensure that the problem is solved without creating new problems. Collecting data and reporting on what has been accomplished also keeps a group credible with its constituents. Finally, reflecting on its own processes and results keeps a group effective. It also brings the problem-solving process full circle, as reflecting on results helps a group identify its next step.
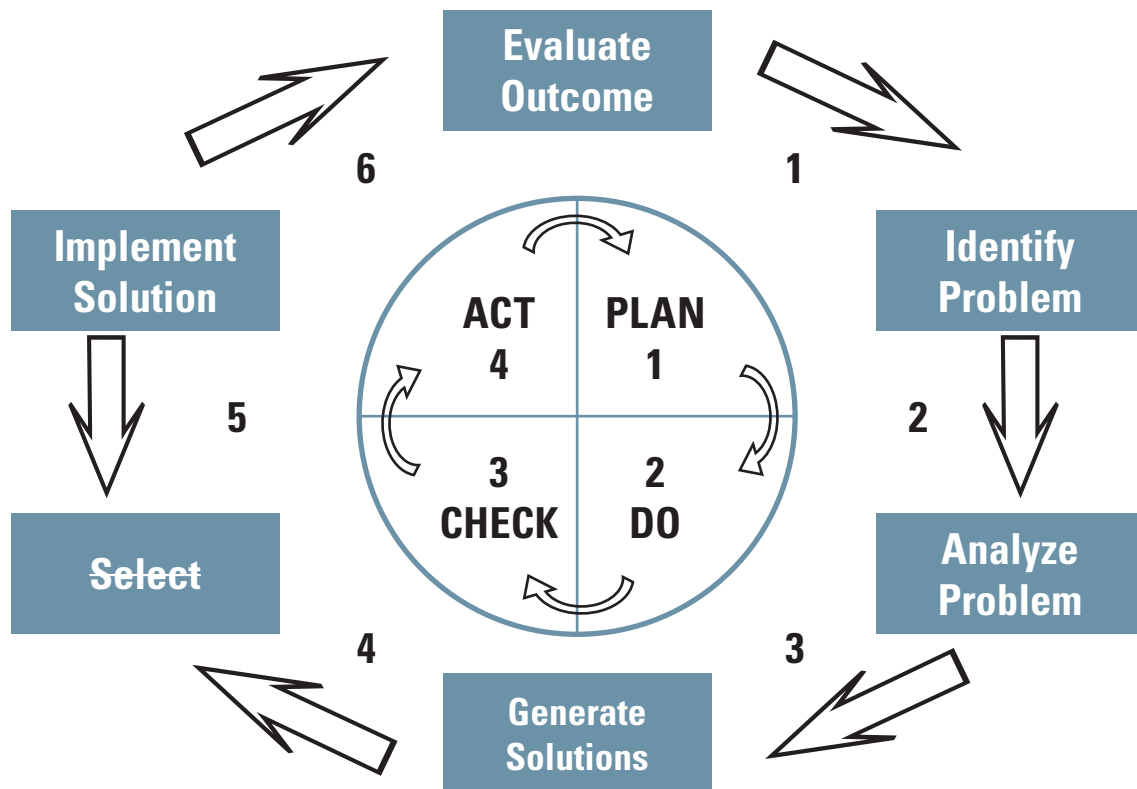
Problem solving is an ongoing process that is an integral part of everyday life either at home or at work. A problem must first be felt, understood, and alternative choices created before effective groups can consider its solution, implement the decision, and evaluate how well the solution is working.

Defining Strength-Based Practice

What is new is the clear evidence that children and families in complex communities cannot only be resilient, but thrive in the face of adversity and the labels placed upon them. It is an invitation for community members and care providers to view children and their families as *"having potential"* as opposed to just being *"at risk"*. Those who embrace a strength-based perspective hold the belief that children, youth, and their families have strengths, resources and the ability to recover from adversity (as opposed to emphasizing problems, vulnerabilities, and deficits). A strength-based paradigm offers a different language to describe children's and families' difficulties and struggles. It allows one to see opportunities, hope and solutions rather than just problems and hopelessness. The new paradigm avoids labeling and assumes power in children, youth and families to help themselves as well as casting service providers as partners rather than as experts, authorities, initiators and directors of the change process. This fundamental shift means working with and facilitating rather than fixing, pointing to health rather than dysfunction, turning away from limiting labels and diagnosis to wholeness and well-being. Embracing a strength-based paradigm encourages seeing beyond the risk behaviours and characteristics of children, youth and families in high need communities to the potential of what can be.

A shift to the strength-based paradigm requires careful attention by community agencies and care providers to system change processes, evaluation, and appropriate research and best practices. Essential to success will be the collaboration between different community care

providers embracing the same philosophy of strength-based practice and development of staff skill sets that enable effective engagement, collaboration, facilitating and mentoring of complex risk children, youth and their families. Community agencies will require long-term and stable funding that allows for targeting of interventions reflecting relationship and capacity building as well as strengthening key processes for resilience that are meaningful to the intended clients and the community they live in. There needs to be a commitment from community agencies to work as co-partners with local schools, parents and other significant community supports to develop informed and evolving effective practice models of nurturing resiliency for high risk children and their families. In doing this, children and their families become more resourceful in dealing with crises, weathering persistent stresses, and meeting future challenges as opposed to developing dependence on the system.

The strengths approach as a philosophy of practice draws one away from an emphasis on procedures, techniques and knowledge as the keys to change. It reminds us that every person, family, group and community holds the key to their own transformation and meaningful change process. The real challenge is and always has been whether we are willing to fully embrace this way of approaching or working with people. If we do, then the change start with us, not with those we serve.

The strengths-based approach needs to be embraced as a philosophy for working with people. The starting point is "what's right with people" and external resources are added when required in ways that help change occur in ways that complement people's strengths and goals.

Desired Outcome of Strength-Based Practice is Resilience

The mindset of a resilient person:

- Feel special and appreciated – strong sense of hope and optimism
- View life as a dynamic journey that involves them writing the next chapters – by how they perceive themselves and who they invite on the trip.
- Have learned to set realistic goals and expectations for themselves
- Rely on productive coping strategies that are growth-fostering rather than self-defeating
- View obstacles as challenges to confront – not avoid
- Are aware of their weaknesses and vulnerabilities, but purposefully build on strengths
- Strong self-esteem and sense of competence
- Have effective interpersonal skills and can seek out assistance and nurturance from others (formal and informal relationships)
- Know what they can and cannot control in their lives
- Strong understanding of the need to give back – support others in their journey

Core Principles of Strength-Based Practice

Researchers and practitioners have developed the following principles that serve as the foundation for guiding and implementing strength-based practice.

1. An absolute belief that every person has potential and it is their unique strengths and capabilities that will determine their evolving story as well as define who they are - not their limitations (not, I will believe when I see – rather, I believe and I will see).

2. What we focus on becomes one's reality – focus on strength, not labels – seeing challenges as capacity fostering (not something to avoid) creates hope and optimism.

3. The language we use creates our reality – both for the care providers and the children, youth and their families.

4. Belief that change is inevitable – all individuals have the urge to succeed, to explore the world around them and to make themselves useful to others and their communities.

5. Positive change occurs in the context of authentic relationships - people need to know someone cares and will be there unconditionally for them. It is a transactional and facilitating process of supporting change and capacity building– not fixing.

6. Person's perspective of reality is primary (their story) – therefore, need to value and start the change process with what is important to the person - not the expert.

7. People have more confidence and comfort to journey to the future (the unknown) when they are invited to start with what they already know.

8. Capacity building is a process and a goal – a life long journey that is dynamic as opposed to static.

9. It is important to value differences and the essential need to collaborate – effective change is a collaborative, inclusive and participatory process – "it takes a village to raise a child".

Session VIII

Topic: Peer Education

Time:
1 h and 30 min

Methodology:
* PowerPoint presentations,
* Exercises in groups.
* Reflection in group

Objectives:
* Explain the concept of peer educator;
* Explanation of principles and attributes that should be a peer educator;
* Understanding by the participants of the importance of communication during the process of peer education;
* Creating opportunities for participants to practice some basic knowledge in the development of peer education programs.

Tools:
* Flipchart,
* Markers,
* Handouts

Resources:
* Bogart, Jane. **Presented at the Advanced Peer Education Training of Trainers in Parnu**, Estonia, 2003.
* A training Manual on HIV/AIDS Peer Education (Draft, August 1998), Save the Children US (SC/US – DGIS).
* How to create an effective Peer Education Project – Guidelines for AIDS Prevention Projects, AIDSCAP.
* Peer Education Module UNAIDS.

Summary of Session:
Peers are very important in children's lives. This session will focus on explaining the concept of peer education and support and some basic principles in working with this model. It also includes an explanation of the connections between known behavioral theories such as Social Learning Theory and Theory of Action Reasonable.

The session will also aim, depending on the time available and to explore how to develop the practice or peer education models in the context of Kosovo with groping promoting the protection and welfare of children

Session Exposition:

Activity #1 – Reflection in group about peer education concept. Sharing experiences (20 min.)
Coach open the discussion with the question: 'What do you understand by peer education? In flipchart he/she wrote answers given by participants. Based on the responses and level of knowledge of participants, coach explains the concept of 'peer education' focusing on the theory of social learning and theory of reasonable action, which emphasize the importance that takes the process of learning in a group , the group peer and different models of how children learn from each - other.

Activity # 2 – Work in small groups - exploring the model of peer education (30 min.)
After the explanation of the term, participants are divided into 3grupe. Divide participants into three groups to answer the questions:

1. What do we mean when we say YE?
2. What are the potential advantages of YE?
3. What are the possible disadvantages of the YE?
4. How can positively affect YE in protection and welfare of children?

After the discussion in small groups, coach invites participants to present and discuss the responses of each group. Coach considers the invitation to the participants that if they have something to add, they can do it.

Further, the coach explains the advantages / disadvantages, principles of peer education, motivation and care for peer educators.

In closing, to ensure the internalisation of skills coach divides participants into groups and each group distributes one of worksheet B, with allegations true and false motivation of peer educators.

Activity # 3 – YE building models in the local context (30 min.)
In existing groups, participants discuss a model that will be designing for YE to promote the protection and welfare of the children. The trainer asks from the participants to create one model that is realistic and to consider the local context and conditions that may apply.

Each group presents the built model (acording their knowledge and interest).

In the end the coach emphasizes aspects of each model, focusing especially in the way of participation and empowerment of children, adult involvement, developing key messages and follow-up models.

Theoretical Material: Session VIII

I.   Defining Peer Education

Peer education is a popular concept that implies an approach, a communication channel, a methodology, a philosophy, and a strategy. The English term 'peer' refers to "one that is of equal standing with another; one belonging to the same societal group especially based on age, grade or status". The term 'education' (v. educate) refers to the "development", "training", or "persuasion" of a given person or thing, or the "knowledge" resulting from the educational process (Merriam Webster's Dictionary, 1985). In practice, peer education has taken on a range of definitions and interpretations concerning who is a peer and what is education (e.g. advocacy, counselling, facilitating discussions, drama, lecturing, distributing materials, making referrals to services, providing support, etc.) (Shoemaker et al., 1998; Flanagan et al., 1996). Peer education typically involves the use of members of a given group to effect change among other members of the same group. Peer education is often used to effect change at the individual level by attempting to modify a person's knowledge, attitudes, beliefs, or behaviours. However, peer education may also effect change at the group or societal level by modifying norms and stimulating collective action that leads to changes in programmes and policies.

In the context of this manual, peer education is the process whereby well-trained and motivated young people undertake informal or organized educational activities with their peers (those similar to themselves in age, background, or interests). These activities, occurring over an extended period of time, are aimed at developing young people's knowledge, attitudes, beliefs, and skills and at enabling them to be responsible for and to protect their own health. Peer education can take place in small groups or through individual contact and in a variety of settings: schools, universities, clubs, churches, workplaces, street settings, shelters, or wherever young people gather. Examples of youth peer education activities include:

- Organized sessions with students in a secondary school, where educators peer might use interactive techniques such as game show quizzes, role plays, or stories
- A theatre play in a youth club, followed by group discussions
- Informal conversations with young people at a discotheque, where they might talk about different types of behaviour that could put their health at risk and where they can find more information and practical help

A peer is a person who belongs to the same social group as another person or group. The social group may be based on age, sex, sexual orientation, occupation, socio-economic or health status, and other factors. A peer is a friend who has a similar background such as profession (or linked to the profession), age and language, lives in the same geographical area, has similar social status, etc.

Education refers to the development of a person's knowledge, attitudes, beliefs, or behaviour as a result of the learning process.

Peer education is a process of carrying out informal or organized educational activities with individuals or small groups of peers over a period of time. Peer education occurs in a variety of settings and includes many different activities.

- Peer Education is participatory. It requires the full participation of the people affected by a given problem.
- PEs can gain access to groups that are otherwise difficult to reach. Being community members, their in-depth understanding of ground realities helps them to initiate contact with peer IDUs through rapport building and establishing trust.
- Peer Education programmes are essential for networking. They build linkages with a host of other organizations so that they can work together, in addition to linking clients to referral services.
- Through their enrollment in the programme, PEs are enabled to increase the magnitude of their self-esteem and self respect. The confidence of the PEs facilitates the process of community empowerment.

Peer Educators have a variety of strategies and tools at their disposal for maximizing the impact of their interactions with individuals at risk. These include the following: (highlight these points as they become evident during the course of the session).

- Giving real-life examples
- Exploring barriers
- Posing open-ended questions
- Exploring social support
- Summarizing
- Giving praise (positive strokes based on their achievements in terms of behaviour change)
- Listening
- Communicating confidence

II. Theories of Peer Education in Brief

Social Learning Theory asserts that people serve as models of human behaviour, and some people (significant others) are capable of eliciting behavioural change in certain individuals, based on the individual's value and interpretation system (Bandura, 1986).

Theory of Reasoned Action states that one of the influential elements for behavioural change is an individual's perception of social norms or beliefs about what people, who are important to the individual, do or think about a particular behaviour (Fishbein and Ajzen, 1975).

Diffusion of Innovation Theory posits that certain individuals (opinion leaders) from a given population act as agents of behavioural change by disseminating information and influencing group norms in their community (Rogers, 1983).

The Theory of Participatory Education has also been important in the development of peer education (Freire, 1970). Participatory, or empowerment, models of education posit that powerlessness at the community or group level, and the economic and social conditions inherent to the lack of power are major risk factors for poor health (Amaro, 1995). Empowerment, in the Freirian sense, results through the full participation of the people affected by a given problem or health condition. Through such dialogue the affected community collectively plans and implements a response to the problem or health condition in question. Many advocates of peer education claim that this horizontal process of peers (equals) talking among themselves and determining a course of action is key to the impact of peer education on behavioural change.

III. Why Peer Education?

> *Tell me… I forget,*
> *Show me … I remember,*
> *Involve me … I understand.*
> *Ancient Proverb*

A young person's peer group has a strong influence on the way he or she behaves. This is true of both risky and safe behaviours. Not surprisingly, young people get a great deal of information from their peers on issues that are especially sensitive or culturally taboo. Peer education makes use of peer influence in a positive way.

The credibility of peer educators within their target group is an important base upon which successful peer education can be built. Young people who have taken part in peer education initiatives often praise the fact that information is transmitted more easily because of the educator's and the audience's shared background and interests in areas such as music and popular celebrities, use of the language, family themes (e.g., sibling issues, the struggle for independence), and role demands (e.g., student, team member). Youth peer educators are less likely to be seen as authority figures 'preaching' from a judgemental position about how others should behave. Rather, the process of peer education is perceived as receiving advice from a friend 'in the know' who has similar concerns and an understanding of what it is like to be a young person.

Peer education is also a way to empower young people; it offers them the opportunity to participate in activities that affect them and to access the information and services they need to protect their health.

Peer education is important for youth in prevention programmes for many reasons, including:

1. ***Peers are traditional providers of information to their peers***. Young people tend to talk with their peers about most subjects, including sensitive issues.

2. ***Peer education programmes are community-based***. Peer education programmes tend to be quite flexible, rooted in the realities of individual communities, and they can be used in a variety of settings and in combination with other activities and programmes.

3. ***Peer education programmes can provide strong benefits to peer educators themselves.*** Peer education programmes allow for direct participation of young people in programmes designed to affect them, thereby promoting positive life skills such as leadership and communication and creating opportunities for mentoring and future job contacts.

4. ***Peer education programmes can be economical.*** Although the costs of peer programmes are often underestimated, these activities can be implemented economically, especially as part of a larger system with management, supervisory, and monitoring systems already in place.

IV. Who Are Peer Educators?

- A peer educator is a person who, in order to provide knowledge and bring positive behaviour change(s) related to STD/HIV, educates his/her friends individually or in a group by using different educational activities. For example, a peer educator can educate his/her friends by telling a story, playing a game, showing a picture, etc.
- Persons from any profession can be peer educators. A peer educator is also someone who is not a member of the community, but is closely linked to the community.
- To be a peer educator, it is not necessary to leave one's current job or profession.
- A person should receive peer educator training in order to be an effective peer educator.

V. Advantages vs Disavantages of PE?

Advantages	Disadvantages
Young people take on programmatic responsibilities.	As peer educators age, they grow out of their role; new people always have to be recruited and trained
Educators and target group members often use the same slang terms	Peer education programmes pose large management burdens on NGOs, schools, etc., and require skilled supervisors to be on the staff of a programme
Peer educators gain skills that are important for their continued personal development	It is difficult to evaluate the impact of peer education, especially when proper monitoring and evaluation budgets have not been set aside for the programme
Peer education can supplement other educational interventions, such as the work of teachers, social workers, and health service providers	If educators are not well trained, peer education can have a harmful effect (misinformation and unprofessional advice)
Peer education is a community-level intervention that can provide a link to other community services	If not properly targeted, activities called peer education may really be outreach or general education interventions
Peer educators can gain access to groups that are otherwise difficult to reach	
Peer education can be relatively inexpensive when compared to other interventions	

Some qualities that need to be developed by a peer educator in order to be effective in his/her work

- Ability to keep abreast of new information and knowledge in the area of interest.
- Ability to listen and communicate effectively.
- Ability to deal with emotions and difficult situations.
- Non-judgmental attitude and ability to express emotions.

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- Adaptive and flexible nature.
- Ability to encourage and provide support.
- Ability to lead by example.
- Ability to keep confidences and foster trust.
- Ability to look at things from various perspectives.
- Ability to make decisions and encourage others to do so.

Possible Selection Criteria for Peer Educators

- Age within the range of the target population
- Commitment to the goals and objectives of the program
- Ability and willingness to make the necessary time commitment
- Interest in working with peers and the community
- Tolerant and respectful of others' ideas and behaviors
- Dynamic, motivated, innovative, creative, energetic, questioning, trustworthy, discreet

Recruitment

Develop criteria for selecting peer educators.

Develop criteria for selecting peer educators. Some examples include the ability and willingness to dedicate adequate time to the program; age, sex, and educational level; acceptability to the peers they will be educating; previous experience; and pertinent personal traits (motivation, team orientation, volunteer spirit, discretion, tolerance, potential for leadership, and flexibility).

Recruit peer educators from among your target group, especially when working with special groups such as sex workers, street children, or drug users. Recruit in a way that balances the need to find the best peer educators against the need to include youth who will derive the greatest benefit from your program.

Develop a balanced team of peer educators that represents the important criteria across the group; each peer educator might not meet all criteria. Seek candidates with a diverse array of skills and demographic characteristics instead of choosing only from those who volunteer.

Decide how many peer educators you will need. Base the number of peer educators on the proposed number of youth you want to reach and the achievements that you expect each peer educator to meet. Be sure to account for projected turnover - you might want to recruit more educators than you will need in case some drop out or do not complete the training. On the other hand, be careful not to over-recruit. A common problem in peer education is having too many peer educators with not enough resources to support them.

Use Appropriate Recruiting Sources and Materials

Identify recruitment sources (for example, partner organizations, workshop participants, schools, religious institutions) and methods of advertising that will be most likely to reach your potential recruits (interpersonal communication, posters and flyers, television and radio announcements, Web sites, and e-mail). Develop appealing recruitment materials that give prospective peer educators a positive first impression of your program and that clearly explain the benefits and challenges of being a peer educator.

Ask other young people in the target group or existing peer educators for their advice. If asked, young people might nominate others who they think are respected among their peers and who would make good peer educators.

Involve relevant stakeholders - such as parents, community members, and the intended beneficiaries of your program - for input into the recruitment process. Doing so might take more time, but their involvement will help ensure local community support.

Adhere to a Transparent and Fair Selection Process

- Document your recruitment process so that it can be implemented fairly and ethically. An inconsistent selection process can lead to favoritism or disagreements among those doing the recruiting.

- Communicate to candidates how the selection decisions will be made. Some common methods for selecting peer educators include application forms, nominations from stakeholders or fellow peers, interviews, or a preselection training event.

- Maintain the confidentiality of prospective peer educators' information, especially when recruiting for programs intended for vulnerable or marginalized groups.

Provide Clear Expectations to Peer Educator Candidates

- Develop a clear set of expectations about peer educators' roles and responsibilities. Determine how much time peer educators will be expected to devote to the project.

- Carefully review expectations with all peer educator candidates so they can understand what will be required of them. Ask candidates what they hope to gain from participating in the program. Then, be honest about opportunities and incentives you have to offer to them. Do not promise more than the program can deliver.

- Be realistic about what your peer educators can accomplish. Be mindful of their skills and level of education and match their tasks accordingly

Daily Feedback Form

Date: ………………………………

Venue: ……………………………………

1. **Overall, how do you rate today's session? (Check () in the box that applies.)**

☺ ☺	☺		☹	☹☹

Excellent   Good   So-so   Poor   Very poor

2. **Please give more specific comments on timing, trainers' performance, training contents and methods.**

a) *What did you like most today?*

....

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b) *What did you like least today?*

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c) *Were you confused about something today? If yes, please explain.*

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d) *What are your suggestions for making the remaining of the training better?*

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....

....

End of the Day Evaluation:

1. Invite participants to take chairs and sit in a circle. Then invite them to make comments on the further needs of the participants about the topics addressed, either for further training, reference sources, etc. All these comments take on flipchart.

2. Afterwards, distribute individual evaluation forms of training and invite to meet the anonymity and confidentiality, stressing the value of their comments in writing, to further improve the quality of training.

Evaluation form

1. How do you evaluate the training content (themes, issues addressed), from 1 to 5? Why? Please give comments.

1 2 3 4 5 (maximum estimate)

Comments

....
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....

2. How do you assess the treatment of topics from the trainer (exercises, lectures, discussions), from 1 to 5? Why? Please give comments.

1 2 3 4 5 (maximum estimate)

Comments

....
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....

3. Which of the topics covered were the most important to you? Why?

Comments

....
....
....

4. What would you need to teach the next train?

Comments

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....
....

5. How do you evaluate the preparation and communication trainer?

Preparation: ....
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Communication:

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Terre des hommes
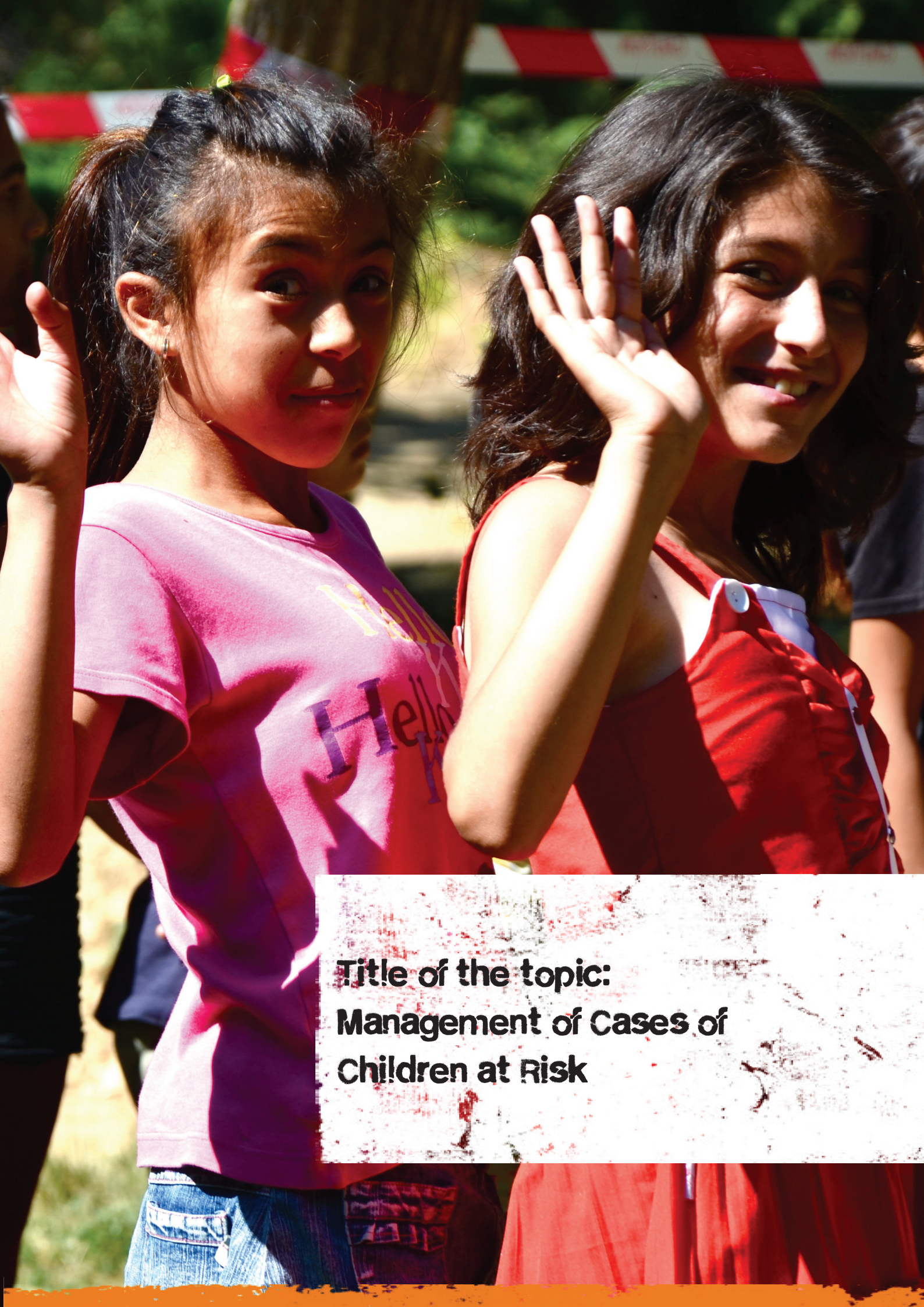
**Title of the topic:
Management of Cases of
Children at Risk**

Main Objectives
- Introduce participants with the concept of "Case management" at the work for child protection, importance and procedures along the process, main theoretical approach;
- Review the principles which must be taken into account when developing the individual plan for the case;
- Discuss the principles of communication with children during the process of case management and involvement in the course of drafting the individual plan;
- Explore and create a common understanding on the multidisciplinary approach in case management and its application in practice; and

Expected results:
- Identification of key steps and procedures of the system of case management;
- Explanation of key theoretical approaches of case management, common points and differences;
- Introduction to the process of compilation of an individual plan and principles of communication with the child;
- Identification of stakeholders to be involved in case management, and description of the aim and manner of facilitation of multidisciplinary meetings for case management; and

Module timeline:
1 day

Main issues addressed in the module:
- Case management;
- Case management principles;
- Key theoretical approaches of case management;
- System of case management in Kosovo;
- Individual pan to take care of the case;
- Monitoring of implementation of the plan;
- Role of the social worker; and
- Principles of work of the social worker.

Keywords:
- Case management;
- Case management principles;
- Ecologic model;
- Humanist/constructionist model;
- Task-oriented model;
- Individual protection plan;
- Multidisciplinary group;
- Monitoring of service provision;

Main resources:
- Protocol for Child Protection
- Moore, E. (2009). Case management for community practice. Oxford University Press.
- Webb. N. B.; Social Work Practice with Children, Second Edition.
- USAID (2008). Social Work Education and the Practice Environment in Europe and Euro-Asia.

- Save the Children. (2011). Case Management Practice.
- A Child's Journey through Placement. Vera I. Fahlberg, MD. Perspectives Press. 2001.
- Law No. 02/L-17 on Social and Family Services. (2001). Taken from: http://www.gazetazyrtare.com/e-gov/index.php?option=com_content&task=view&id=69&Itemid=28&lang=sq

Metodology/Tools:
- Lessons/PPT
- Discussion
- Case study
- Exercises
- Exchange of experiences

Session I

Topic: Definition of Case Management. Key Principles of Case Management Process

Time:
90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session objectives:
- Introduce participants with the concept of "Case management" at the work for child protection, importance and procedures along the process;
- Review the principles which must be taken into account when developing the individual plan for the case;

Resources:
- Protocol for Child Protection
- Moore, E. (2009). Case management for community practice. Oxford University Press.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session Summary:
This session will focus on the definition of case management, identify aspects and models of the approaches to case management and explore how case management is associated with the practice of the protection of children. During the session will discuss the importance of this approach to case management in child protection work and some of the key goals of the system.

Steps:
Activity # 1 – Discussion in small groups
In the first session, participants are invited to discuss in small groups for 15-20 minutes on the following issues:

- What understanding with case management and why is it used?
- What are some principles to keep in mind throughout the process in child protection work?
- Why case management process is important?
- Marks the thoughts and ideas of the participants and encourages participants to reflect critically. The aim is to reflect as much and exchanged thoughts and ideas.

Activity # 2 – Exercise

Purpose of the exercise is to list the stages that the management of a case needs to pass through, for instance, identification or referring of a case, opening a file, determine the code of the file, and/or initial evaluation of the situation of a child.

Participants are given several cases and are asked to work in groups:

- List steps that should be undertaken for the management of a case study; and
- Identify the possible time duration of each step up to the closing of the case, based on the level of dangerousness that a case presents.

Theoretical Handout: Session 1

Definition of Case Management

Case management service provision arrangements are widespread and occur in social work, health, aged care, disability, correctional services, education, immigration settlement programs, and other human service settings. Case management is a necessary core function within any child protection system and thus must be tied to any national legislative process involving the welfare of children. As a core function of any child protection system, case management can directly contribute to the overall protection goal of preventing and responding to abuse, neglect, exploitation, and violence against children. Where case management is embedded in a functioning child protection system, it can support the necessary links between policy and practice.**Case management** is a way of organizing and carrying out work to address an individual child's (and their family's) needs in an appropriate, systematic, and timely manner, through direct support and/or referrals, and in accordance with a project or programme's objectives.

Case management involves direct and indirect services. A direct service means that the case worker is the person directly meeting a family's or child's needs through very regular support visits, and/or dialogue. An indirect service means that the case worker has referred the 'client' to another organization or department for support.

The goal of case management can be described in various ways such as achieving 'wellbeing', 'recovery', 'self-reliance', 'the full enjoyment of rights' and 'opportunities to develop full human potential'.Case management is first and foremost a structured approach to child protection issues, but also a method of providing secondary prevention (preventing further harm to a child and any other children in a family who may be at risk).

Case management is a methodology which ensures continuous and effective provision of support step by step to individuals in need (child, adult or family) and aims at promoting and encouraging further for protection of the rights and welfare of a person. Case management at work for child protection is grounded and guided by principle of the best interest of the child, and is based on the needs of the child, on law on child rights protection, and in close cooperation between different stakeholders who have impact on children's life, including parents, teachers, psychologists, and/or health care personnel. This process begins with assessment of the case and continues with information analysis and evaluation of the risk level. It then continues with planning of services for the case, coordination of service provision, monitoring and evaluation of impact and efficiency of service.

Assessments and interventions must be made on the basis of knowledge about child development, child rights and child protection (such as understanding vulnerabilities, risk and protective factors, and family dynamics). *Child development* knowledge helps caseworkers to determine how to involve and communicate with children depending on the age and evolving capacities. As standards for the treatment of children vary across cultures and regions, *child rights* knowledge is essential to ensure that international norms and standards are respected and incorporated into case decisions. Finally, staff working with children who are affected by humanitarian crises, sexually exploited or unaccompanied or separated should also receive specialized training in handling such sensitive cases. Without such knowledge, case plans may not adequately address children's needs and uphold their rights, and could even be harmful to the child. This process is

usually headed by a trained social worker (differently known also as case manager), and often in cooperation with teachers, psychologists, doctor, police and trained and qualified specialists for the matters of children. It must be noted that case manager is trained in a specific manner for this purpose and specifically deals with implementation of case management methodology. While a social worker may have the focus of work even broader, other than in management of the case. Social worker on one hand has the main focus and intention to work in the case, on the other hand he/she is responsible for the issues of child protection, hence special attention is paid

to awareness, informing and advocacy for the matters of child protection in the geographical territory he/she covers.

KEY POINTS ABOUT CASE MANAGEMENT:

1. Should focus on the needs of an individual child and their family, ensuring that concerns are addressed systematically in consideration of the best interests of the childand building upon the child and family's natural resilience.

2. Should be provided in accordance with the established case management process, with each case through a series of steps involving children's meaningful participationand family empowerment throughout.

3. Involve the coordination of services and supports within an interlinked or referral system.

4. Require systems for ensuring the accountability of case management agencies (within a formal or statutory system where this exists).

5. Are provided by one key worker (referred to as a caseworker or case manager) who is responsible for ensuring that decisions are taken in best interests of the child, the case is managed in accordance with the established process, and who takes responsibility for coordinating the actions of all actors.

The matters of child protection are complex matters which require special attention to the child, family and environment, therefore world practices suggest that a method which has resulted as effective, is that of case management. Case management usually addresses complex, material, psycho-social, mental and health needs of the person/child and family and his/her status in the social and community system. In a case management system, the following key, general aspects can be identified:

-   Objectives of methodology;
-   Ideology which serves as ground for support and inspiration for implementation in practice;
-   Functions the case management has; and
-   Structure or differently the procedural aspect that is followed.

In this vein, social workers are responsible for coordination of services towards child and family, with the purpose of child welfare rather than on direct provision of services of support, having in mind that in the case management process and in provision of services, different stakeholders

are involved, depending on the needs of the children, e.g., health, legal and/or psychological services. However, it must be noted that case management is only a methodology which is aimed at facilitating coordination and documenting provision of support in cases based on the needs, through creating a relation with the child and/or family. Success in the case is not guaranteed only when the social worker follows the methodology of case management. This means that implementation of case management in practice is influenced by other factors as well, such as access to services, coordination between service providers, opinions about children and family, wishes of the child and family to change, appropriateness and/or quality of services.

Whereas the role of case manager is evaluation of needs, identification of services provided to client, coordination of provision of services and support, documenting as well as monitoring of services (Hood, 1997). Case manager also provides support in the case for the child and family, discusses the situation and alternatives of solution, and pays attention to their concerns by being present. In addition, this direct work also includes several cases, facilitation of meetings between family members, negotiation for certain matters, and/or monitoring of the situation of the child. It must be noted that this definition differs from the definition for information management, which is related to collection and documenting of confidential information for child and situation, while supported and helped through the process of case management.

Caseworkers and agencies should recognise and respect diversity in the communities where they work and be aware of individual, family, group and community differences. This is important to be able to make an informed and holistic assessment of a child's situation. Cultural sensitivity also improves caseworkers' capacity to work effectively with children, families, and communities and to identify solutions that leverage local methods of care and protection and are in line with the children and families' values and beliefs. Without consideration of the cultural context, the quality of case management services can be hindered, leading to the development of case plans that do not fit the realities of people's lives and beliefs and that may not be acceptable and therefore difficult to implement. When what is in the best interest of the child conflicts with cultural values or practices, managers and caseworkers must continue to prioritise the child's best interests and takedecisions that do not place them in additional risk (do no harm).

Case management exchanges the procedures and responsibilities of different levels of service providers. This process implies provision of support and direct and indirect services. Direct service means that the social worker is the person who directly fulfils needs of the child and/or of the family through regular visits in family, through dialogue, encouragement and/or information. Indirect service means that the social worker refers the "case" to another service provider (doctor, lawyer, psychologist) to receive services. In this case, social worker does not provide a direct service, but rather through a process of referring enables provision of a direct service to a case under his/her management. This reference is made after the social worker has carefully assessed the needs of the child, based on all principles of assessment process and having in consideration the highest best of the child.

The difference between the CMR and case management

CMR

The CMR is a coordination mechanism held to consider child protection cases where the risk level is medium or high risk. This mechanism will aim to strengthen the competencies of relevant stakeholders working in the area of child protection. CMRs should be held at least monthly, but can also be called more frequently.

Holding individual CMRs for each case allows for the CMR to be attended by workers who have knowledge of the family. The main responsibility for the functioning of the CMR lies with the relevant Director of the Center for Social Work. CMR share responsibility for promoting the welfare and safety of children, and should ensure that services reach the high standards that are required to protect and support children.

Effective interagency cooperation has a number of benefits, including:

(i) ensuring provision of a comprehensive response to all concerns about children. This includes the pooling of resources and skills at all stages of intervention, from initial enquiry to assessment and case management, including early identification and prevention;

(ii) avoiding gaps in the service response, especially in cases where information might otherwise remain concealed or unknown;

(iii) providing mutual support for professionals in complex cases.

CMR is as important in the later stages of child protection work as it is at the outset. All personnel involved in a case should consistently make efforts to remain in contact with the key worker (who is normally the social worker) and to communicate any relevant information.

Case management

Case management in child protection is the process of assessment, planning, implementation, monitoring and review that aims to strengthen families and decrease risks to children and young persons in order to optimize their outcomes through integrated and coordinated service delivery.

The process of case management is interactive and dynamic, with an emphasis on ongoing analysis, decision-making and record keeping. Good practice indicates that it is best where this:

a) involves the participation of the child, young person and their parents or caregiver

b) concentrates on strength-based, child-centred and family-focused interventions

c) promotes and reinforces partnerships between service providers in order to facilitate the achievement of planned goals

d) supports self-determination for Aboriginal children, young people and their families, and, where possible, involves Aboriginal communities and service providers

e) ensures that goals and strategies are monitored for progress/achievements and arrangements reviewed to ensure their continued appropriateness.

Wherever possible, case management responsibilities should rest with one agency. This is to ensure that effective communication, service coordination and shared case planning continues. Where appropriate, agencies can hold collaborative case meetings and exchange information that is pertinent to achieving a coordinated case plan.

When is Case Management Applied?

Parents have the main responsibility for child protection including economic support, health care, protection and safety, education, socialization as well as maintaining of a healthy family care. On the other hand, it is the duty of the state to support parents into fulfilment of duties by the parents in the position of parents. Interference in families through methodology of case management could be necessary when the child is particularly at risk and when the family is not able to protect the child without the support from the state or NGO-s. The family also has obligation to protect its members, in particular the children, the elderly, and persons with disabilities. Children who lack the parental care or those living in institutions must be supported through use of this methodology, which is based on principles specific for these groups. Case management is applied for different groups in need, and can also be used by the structures of state services, also by NGO-s and it has been adjusted as a concept by health care system (usually diseases are managed through a complex system of case management). From exploration of literature on the main principles which accompany every process of case management, Wendy Bowles mentions several essential principles:

1. *Respect for person – obligation to respect wishes and opinions of the person;*
2. *Provision of services which improve the welfare and minimize the risk;*
3. *Justice and equality in distribution of benefits and risk evaluation;*
4. *Principle of causing no harm (Do No Harm) - obligation to avoid hurting others involved in the process; and*
5. *Equality in provision of services and equal treatment of all users of services.*

Some others key principles developed by Minimum Standards for Child Protection in Humanitarian Action (Child Protection Working Group, 2012) are:

- *Adhere to ethical standards-for agencies and staff working with children, professional ethical standards and practices should be developed and applied; these may be professional codes of conduct and child protection policies;*
- *Seek informed consent and/or informed assent-Informed consent is the voluntary agreement of an individual who has the capacity to give consent, and who exercises free and informed choice;*
- *Respect confidentiality-Confidentiality is linked to sharing information on a need-to-know basis. The term "need-to-know" describes the limiting of information that is considered sensitive. Respecting confidentiality requires service providers to protect information gathered about clients and to ensure it is accessible only with a client's explicit permission;*
- *Ensure accountability-Accountability refers to being held responsible for one's actions and for the results of those actions. Agencies and staff involved in case management are accountable to the child, the family, and the community.*

Case Management must be seen as a dynamic process, with some dimensions:

Process: This methodology begins with the process of initial evaluation of the case and in continuity follows steps to taking the child out of the risk (the child and family can even continue to receive support after coming out of risk through the support programs).

Relationship: This dimension includes a group of people who have direct or indirect impact in the life of child and family. Relationship, dynamics between them and changes in the dynamics and changes in the dynamics of the relationship must be carefully treated to serve to the child in the best possible way.

Approach: Case management follows the child centred approach (or the strong points, taking into consideration the values of the family) and the social worker should be very sensitive for the approach he/she takes.

Outputs: This process is characterized with drafting of the initial and full evaluation report, and/or drafting of the plan for intervention for the case and these materials must contain the principles which characterize the process and the highest interest of the child.

System: From the system point of view, this process aims at providing and addressing the issue for the support and help provided to child and family to have impact in positive way towards the aimed change and to be sustainable as well. In addition, this methodology is integrated in the whole system of provision of services and support and aims at enabling full functioning of a system of services to address the needs of those who are at a high risk.

Model of case treatment through the method of case management is known in many social services for children and adults:
- In services of residential care;
- In services related to domestic violence;
- In services of mental health;
- In services which are provided for treatment of victims of trafficking;
- In services of temporary custody;
- In services of trial service; and/or
- In services offered for the youth in conflict with the law.

Base Principles of Case Management

Basic principles to have in consideration during case management (Bowles, 2009)

- Respect for person – obligation to respect opinions, wishes, concerns and thoughts of the person.
- Provision of services which improve the welfare and minimize the risk.
- Justice and Equality - obligation to be fair in distribution of benefits and risk evaluation;
- Avoiding or minimizing damage - obligation to avoid hurting others involved in the process.

Parents and Children Consent

In all circumstances, consent should be sought from children and their families or caregivers prior to providing services. To ensure *informed consent*, caseworkers must ensure that children and their families fully understand:

1. the services and options available,
2. potential risks and benefits to receiving services,
3. information that will be collected and how it will be used, and
4. confidentiality and its limits.

Caseworkers are responsible for communicating in a child-friendly manner and should encourage the child and their family to ask questions that will help them to make a decision regarding their own situation. Informed assent is the expressed willingness to participate in services. However, for younger children who are by nature or law too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought.

In some situations, informed consent may not be possible or may be refused, and yet intervention may still be necessary to protect the child. For example, if a 12-year-old girl is being sexually abused by her father, she may feel loyalty to him and her family and not want to take any action. That does not mean that agencies can ignore what is happening. Where consent is not given, and where the agencies involved have a legal mandate to take actions to protect a child, the reasons for this should be explained and the participation of children and non-offending family members continually encouraged during the whole process.

Confidenciality

For agencies and caseworkers involved in case management, confidentiality means collecting, keeping, sharing, and storing information on individual cases in a safe way and according to agreed upon data protection policies. Moreover, confidentiality means treating the collected information with respect. Therefore, workers should not reveal children's names or any identifying information (e.g., date of birth, hom address, school name, and/or municipality) to anyone not directly involved in the care of the child. This means taking special care in securing case files and documents and avoiding informal conversations with colleagues who may be naturally curious and interested in the work. Importantly, confidentiality is limited when caseworkers identify safety concerns and need to reach out to other service providers for assistance (e.g. health care workers), or where they are required by law to report crimes. These limits must be explained to children and parents during the informed consent or assent processes. Supervisors and caseworkers should work together closely to take decisions in such cases where confidentiality needs to be breached.

Core Steps in the Case Management Process

There are a number of core steps in the case management process which are:

1. **Identification**: A child who is in need of case management services can be identified through a variety of pathways. Staff members in child protection and other sector programmes might identify a child in the course of their regular activities, or an agency or community member might refer the child to receive case management services. In some cases, the child or their family might present themselves directly. Every programme involving case management services should outline specific vulnerability criteria to help guide this identification process and raise awareness on these within the community.

2. **Assessment:** This process encompasses the systematic evaluation of the situation of the child, and takes into consideration vulnerabilities, risks and harm factors, and also the protective influences and strengths and resilience of a child and their family. In emergencies, this may be a relatively quick and straightforward process concentrating on basic needs (e.g., food and shelter). Where there is an immediate risk to the child (e.g., child is living with the perpetrator of abuse or violence), immediate intervention

will be prioritized before a comprehensive assessment and case plan is developed.In a second phase, a subsequent in-depth (comprehensive) assessment is conducted to gain a holistic understanding of the child's situation. The holistic needs of a child are always considered even if an agency is not able to address every concern directly. In such a case, the case would be referred to another agency/service provider able to address specific concern. A comprehensive assessment should not only consider risks and harm factors, but also identify positive, protective influences, and strengths.

Comprehensive assessments typically assess:

- **Child's development needs:** also taking into account issues relating to the effects of abuse and the child's skills and capacity to protect themselves.
- **Parenting/caregiving capacity:** taking into account the ability of the parents/ caregivers to protect the child and to respond to their needs and the way in which the family functions.
- **Social & cultural context:** including the degree to which the child will be accepted in the community, the situation concerning trafficking and attitudes towards children who have been trafficked.
- **Community & wider family influences:** such as the presence of other supportive adults, the availability of assistance for the family and the child, and other protective mechanisms in the community.
- **Socio-Economic factors:** such as the poverty level of the family and living conditions, options and opportunities for the child in terms of education, vocational training, and income generation to create viable employment options in the longer term.

3. **Case planning:** A case plan lists the needs identified in the assessment and sets a strategy for addressing them through direct service provision, referrals and/or community based programmes. In complex cases, a multi-disciplinary, inter-agency case conference may be called to develop a case plan. Specific, measurable, time-bound case objectives are set at this time and should ideally be reached prior to case closure. Case plans are fluid documents that can be revised at any time if a child's situation or needs change.

It should also include a plan for routine monitoring of the child's situation, with frequency depending on the risk level and the needs of the child. The case plan should consider: immediate, short-term, medium term, and long-term actions. Addressing child protection risks often requires a family-centered approach that identifies the needs and capacities of the family and works to strengthen the family's capacity to protect and care for the child. It is crucial not to raise the expectations of the child/ family that they will be able to receive services and support that are not actually available. The child and family should be fully involved in the development of the case plan.

4. **Implementing the case plan:** The actions taken in order to realise the plan including direct support and services and referral to other agencies/service providers, as appropriate. A caseworker or manager is responsible for coordinating all of these services, documenting progress, and ensuring case objectives are being met.

An essential direct service provided is the psychosocial support done by the caseworker during regular monitoring and other meetings with the child and the family. Using child friendly communication, providing advice on daily challenges, and being a resource for the family are key ways that caseworkers can develop a positive relationship with the family.

The establishment of a referral mechanism between agencies and/or government departments should be supported by written documentation of a referral pathway. This can be assisted by establishing focal points for referrals within each agency or each service within an agency. Expectations about handling of case information must be discussed and procedures (often called Standard Operating Procedures or SOPs) for sharing information must be clearly agreed by all partners in a referral network to ensure that standards of confidentiality and safety are maintained at all times. With clear procedures and protocols in place, you can then discuss with children and caregivers which information they would like to share with different referral agencies and how they would like that information to be shared. A clarification with child and caregiver for how long this consent is valid should take place. In some cases, consent may only be given for a one-off referral on the understanding that information about the case will not be shared after that particular referral has been made.

In situations of case transfer (for example when a child moves location or when an agency leaves and hands over children's cases to another agency or government department) the child's case file must NOT be handed over until the child/parents/legal guardian has been contacted to ask whether they consent to the handover. The child/parents/legal guardian may choose not to have their file handed over and may prefer not to receive any further support. This needs to be discussed clearly with the child and the parents/legal guardian. In addition, consideration of the child's best interest when deciding whether to transfer a case against the child's/parents/legal guardian wishes to ensure protection of the child. Transferring a case means that case manager or the organization is closing the case. Further, the receiving agency will take on full responsibility for following and managing the child's case.

5. **Follow up and review:** Follow up involves checking that a child and his/her family are receiving appropriate services and support. Follow-up also involves monitoring the child's situation and identifying any changes in a child or family's circumstances. Follow-up takes place throughout the case management process. Examples of follow-up actions in line with the child's specific case:

   - Checking the child received needed medical support;
   - Checking the child has registered for school;
   - Checking how mediation with parents has influenced their behaviour towards the child;
   - Checking that the child's relationship with the parents is improving; and
   - Checking that the child continues to attend school.

Follow-up is essential to help caseworkers or managers to find whether the case plan is working, and to identify any changes in a child or family's circumstances that might necessitate a review and change of plan. As part of follow up it is important to also consider whether any risk factors have increased. The frequency of follow-ups will depend on the situation of the child, their specific needs, and the risk level of the case. Follow-up can take place in a variety of ways and some considerations include:

   - Meetings with the child and/or family;
   - Home visits: Before carrying out a home visit it is important to establish what the purpose of the visit is, and how the visit will be used to support the child and their family;

- Ad hoc home visits: these can be particularly important for following-up the situation in the home and are useful when the home environment is volatile or levels of care are low;
- Phone calls: these may be necessary for care placements that need follow-up in the initial stages, and can be useful for children living in remote areas;
- Confirmation from relevant service provider that the child who was referred to their service actually received the service; and
- Informal community-based follow-up, e.g. contacting the child's teacher if they are involved in supporting the child as part of the case plan, or follow-up through community groups.

Reviewis a reflection on how the implementation of the plan is progressing, whether the objectives outlined in the case plan are being met, whether the plan remains relevant, and how to make adjustments to the plan if necessary. Review of the case plan is usually done at strategic intervals to allow the caseworker, often together with their manager and the child/family, to see if the child's case is progressing towards the goals and specific objectives that had been set or whether the child requires additional or different services.

6. **Case closure:** The point at which work with the child ends. This can be for a variety of reasons (e.g., situation is resolved). In some cases an organization would close a case and transfer the child to another organisation (e.g., the child moves to a different location or, in emergency situations, if the organisation is no longer working in the area; the child becomes 18 years old; and/or or if the child dies.Managers and caseworkers should keep in mind that case management **is not** a linear process. The six steps are inter-linked and may at some time trigger a return to an earlier stage or process. Managers and caseworkers should constantly be analysing the situation of children and their family and use the case management steps as flexible tools to organize their work.

Session II

Topic: Main the Oretical Approaches of Case Management

Time:
- 90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session objectives:
- Introduce participants with main theoretical approach;
- Explore the problem solving model and multidisciplinary approach
- Reflect on their skills over the practice of case management

Resources:
- Protocol for Child Protection
- Moore, E. (2009). Case management for community practice. Oxford University Press.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session summary:
The purpose of this session is to familiarize participants with the main theoretical approaches to the case management and the implications of these approaches in practice in terms of skills used. This session is designed in such a way as to inform participants about the main theoretical perspectives on case management through the PPT presentation and group reflection on the advantages and contribution that each brings to the process perspective. While in the second part, participants will reflect on their personal characteristics and skills that they use in case management.

Steps:

Activity # 1 – Presentation of theoretical models
In the first part of the session will be showed a short PPT presentation of the main theoretical perspectives as ecological perspective, the theory focused on the tasks (task centered) theory and humanistic / constructionist.

Activity # 2 – Experiences presentation / practices that have implemented elements of theoretical models.
After the presentation of the main elements of each theoretical mode, participants are invited to share examples of different practices from their work where they used specific aspects or elements of the theory and skills mentioned by the used models.

Activity # 3 – Exercise
Purpose of the exercise is to relate the theoretical models and practical experiences of participants. Participants shall have the opportunity to reflect and know more about themselves. This helps them to easily know children in their work with cases, to indentify cases from their experience when they used specific aspects or special elements of theory (model of solving ecologic and/or humanist problems) and aforementioned skills from models above. Participants are invited to better know skills related to their personality.

Theoretical Handout: Session II

There exist several approaches which have been qualified as the main ones in the process of case management. All these approaches equip the social worker with important perspectives which need to be carefully considered during the work with child and family. A common problem, especially during the planning process, is that oftentimes professionals are not specific in identification of particular specific interventions and how these interventions impact and fulfil the needs of the child and family. So, the intervention plan remains general. It may also happen that a more obvious factor or aspect is taken into consideration rather than those which are less obvious (i.e. physical compared to the emotional abuse), or factors of family and not factors which are related to health or community where a child lives and how they can continue to impact the child after addressing violence inside the family. Another critical aspect in the process of case management and in particular in drafting the intervention plan is better knowledge of roles and responsibilities of different stakeholders, who can support and provide services for child and family.

Ecologic Theory

Ecologic theory or the model of eco-system is one of the approaches widely used in the literature of social welfare and in the practice of social work. Contribution of the ecologic model in case management (Zalstrow, 2000. pg. 56-57) is in:

- Person in environment (individual development, coping with problems and solving them, relationships the person establishes with the environment when interacting with it, social systems, adjusting to them or non-adjustment);

- Transitory problems and needs (life cycle of individuals, families and social groups);

- Badly adjusted interpersonal behaviours (process of communication and/or relationships).

This approach helps in practice the principle that the client (in our case the child) must be seen in a holistic approach. In contrary to the early medical models of social work, focusing on individual deficiencies and their treatment, the ecologic model sees the person in his social environment and in the context of interactions with the surrounding environment. Individual and the environment are seen as complementary with each other and as interdependent parts. According to this model the problems occur or are created when there is no "good" matching between needs of the person and skills with the requirements or sources of the environment, where problems are not created as a result of weakness of the person, but because of his/her interaction with the environment. Based on this model, it is important that during the assessment of the case or while planning the intervention, the following must be included: person, environment and interaction between them (Pincus&Minhan 1976, pg. 45-66). Three are the types of systems which influence the persons:

- Informal systems or natural systems (family or/and friends);

- Formal systems (community groups or/and trade centres); and

- Social systems (hospitals and/or schools).

Persons may encounter difficulties in using these systems, because:

- Systems may not exist in their lives (they may not be sources to have access into those systems or systems may not be suitable for their needs);
- Persons may not be aware of existence of the systems;
- Policy of systems may create problem for the users; and
- Systems may have conflicts with each other.

Systems and people interact with each other, every change is reflected to the other and problems occur when the systems behave negatively towards the person. Therefore, it is assumed that problems occur as a result of interaction of person with informal, formal and social systems. When clients are not able to negotiate with the system, they need a leadership to help them to reintegrate into system. In this frame, case manager must identify and understand capacities of the person to cope with challenges of the environment at any time. Equally, case manager should assess the environment, in order to ensure that the sources and the support are available (Libassi, 1992, pg. 72-82). Examples include cases when the procedures for registration of child birth are highly complex and require unaffordable payments for the family, or when a health care service is provided, the child must have already been registered. Below figure illustrates the theoretical aspect of this theory. At the same time, instruments used commonly by social worker in the process of assessment such as genograms or eco-maps are based on concepts of ecologic model of individual in the surrounding environment.
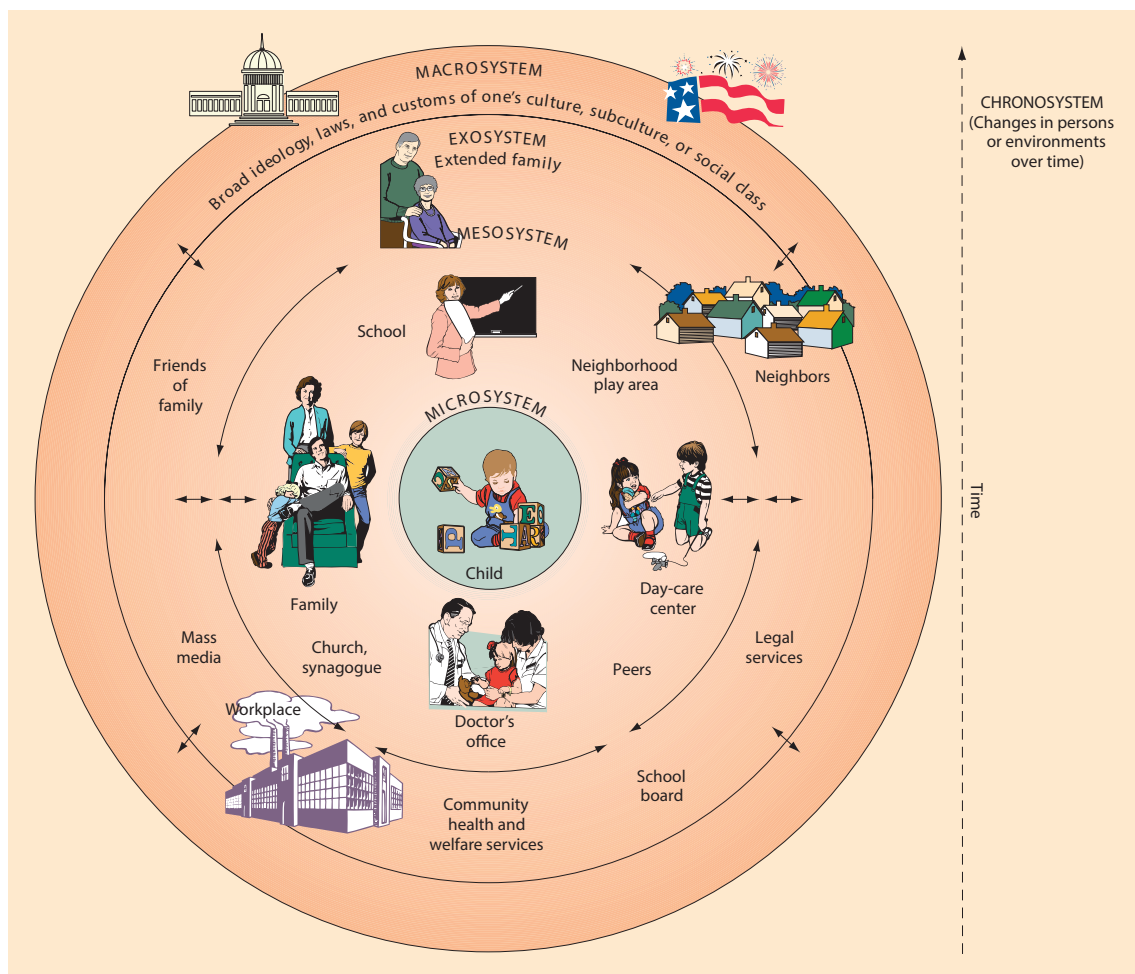
Theory Focused on Tasks and Problem Solving

The other theoretical approach used in social work is the one orientated towards tasks and solving of problems, and is focused on how the client can control in rational manner the emotional response towards external events and the stress caused. Briefly, this theoretical perspective contributes in case management in two forms:

- Manager facilitates and teaches techniques of solving problems with focus on the problem, inability to meet the needs and wishes, as well as the own concept in society influences opinion and actions over the problem.
- Action plan directed to the aim, with concrete steps, continuous practicing, and cyclic form (plan, act, review, plan, act, review)

Essential contribution in this theory has been given by the work of William Reid (1978), who arguments that human beings are self determined having different opinions and different motivations, which are influenced by external and internal conditions. According to him, problems arise when a person wishes to have something he/she cannot have. Being in general that the problem is psycho-social, plans and actions include also other individuals, groups and organizations which build systems. Therefore, it is important to focus on factors which cause problems and how they can be changed. Following identification of needs, case manager shall compile a plan how to fulfil these needs in practical level. This theoretical framework does not attempt to identify or address hidden psychological causes in personal or social level of functioning of the client. It assumes that emotions of the person derive from interactions between trust and wishes. When a wish or need is not fulfilled or met, then anxiety and fear appear. Acting is the best way to ease anxiety and fear, and actions must be taken immediately and it should not be neglected. When undertaking an action, the person must be aware what he/she wants to achieve and must plan the action in advance, assessing different alternatives. Clients may not have skills to act in specific circumstances and must learn through planning specific steps in the action plan, given that in majority of cases wishes and needs can be fulfilled only through interaction with the environment and the system. During the work with the client, the aim is to help into solving problems they are concerned with and provide a model how to solve problems. Reid developed a social learning model which is related to identification of purposes and their achieving, using the theory of communication on the consequences of behaviour communication. In this context, the aim is not to identify emotional responses of the client, but the obstacles in action and unchangeable concerns.

Model of Problem Solving - From the Problem to Strong Points and its Solving

Compton and his associates (2005) illustrated how the theory of tasks has been adjusted to the theory and practice of social work. Through identification of strong points of the problem, a better implementation is ensured in practice rather than focusing at weak points. Payne (1997) defined the steps to be followed in this model:

1. Specifying the problem
   - Identification of potential problems, helping client in description of difficulties and strong points in their own way;
   - Reaching a joint agreement on potential problems and strong points;
   - Challenging of the concept of inextricable and undesirable;
   - Focusing and identification of sources;

- Possibility to involve other persons, as needed;
- Assessment of reference reason;
- Assessment in detail as to how, when and where has the problem arisen and the solution to be found;
- Specification of problems and strong points; and
- Desired changes.

2. Establishing a contract
   - Agreeing to work together in one or more problems determined by the client;
   - Ranking problems by priority;
   - Identification of strong points of the person and the social environment where he/she lives;
   - Defining the expected results of intervention;
   - Priorities for first tasks to be completed; and
   - Frequency of meetings and time.

3. Planning of tasks in a clear and practical manner, carried out by the clients out of the sessions. These tasks can be conducted by client, case manager or any other professional.
   - Identification of alternative tasks, discussing on different opportunities;
   - Summary of tasks; and
   - Their application.

4. Realization of tasks
   - Building of a registration system;
   - Identification of strategies;
   - Client understanding of the values of realization of tasks and in achieving the goal;
   - Achievement of the goal;
   - Practicing different skills by using stimulation (imitation of a certain situation) or by giving instructions; and
   - Analyzing obstacles and solving them (motivation, different faiths, and/or anxiety).

Case manager can work with persons who can help the case in achievement of objectives. Case manager can also share some tasks with the client in the case when he/she does not have sufficient skills or sources to face a situation alone.

5. Closing stage
   - Describe how the problem was and how it is now;
   - Assessment of other persons involved in task realization;
   - Planning the future;
   - Assessment and determining whether additional contract is needed;
   - Follow up control; and
   - Reference to another agency.

This approach provides a scheme as to how the problems can be solved, particularly when the client has problems with certain structures, inappropriate sources, and/or making some decisions.

Humanist or Constructionist Theory

The term humanist gives an essential meaning to the theory which is developed as a result of advising in psychology and in social work. This theory helps practice by identifying elements of effectiveness of support relationships and distinction of communication skills regarding impact in efforts of the client for change. This theory attempts to highlight the importance of the relationship established between the case manager and the client. The term "person in the centre", stresses that the human beings try to take out a meaning of the world they are experiencing, through their capacities to improve their life. This improvement occurs when individual is able to take over the personal power he/she has and this is achieved through self-actualization. Contribution of this theory in case management stands in some elements:

firstly, by providing instructions on the opinion and approach the case managers must have to establish support relationships with the client, and

secondly, the framework directs us to some communication strategies, which help case managers to facilitate clients to take over the control of situation and their life.

Establishment of Effective Support Relationship

Geldard and Geldard (2005) discuss contribution of Carl Rogers with the theory of person in the centre with the necessary qualities to establish an effective support relationship. To establish a support relationship, which aims at self-actualization, several features have to be included, which include truthfulness, harmony, empathy, unconditioned positive stand, respect, warmness, and non-judgmental stance.

- Communication skills

Communication skills of a case manager have a key importance in establishing a support relationship. Therefore, case manager must plan in practice the place, physical area, agenda and the manner of registration of information. In the most practical level, case manager must select the manners of communication, in order to encourage open communication which allow exchange of information of feelings and ideas.Brammer (1983, pg. 61-89) has listed some of the skills which the case manager needs:

- listening skills;
- direction skills;
- reflective skills;
- summarizing skills;
- coping skills;
- interpretation skills;
- empathic skills; and
- information skills.

At the same time, case manager must work increasing awareness, in order to be able to:
- use all basic skills when it is appropriate;
- use skills in spontaneous manner;
- to be aware about the role of personal needs and motivation;
- to aim quality in interventions he/she makes;
- develop a perspective of support relationship; and
- use skills in a planned manner.

In this way, the theory of person in the centre provides a practical basis of stance and approach as far as communication is concerned in a support relationship. Whereas other humanist theories have foreseen guidelines as to how the client should be encouraged to be self-determined and optimistic on the possibility to change.

Case Management Scheme
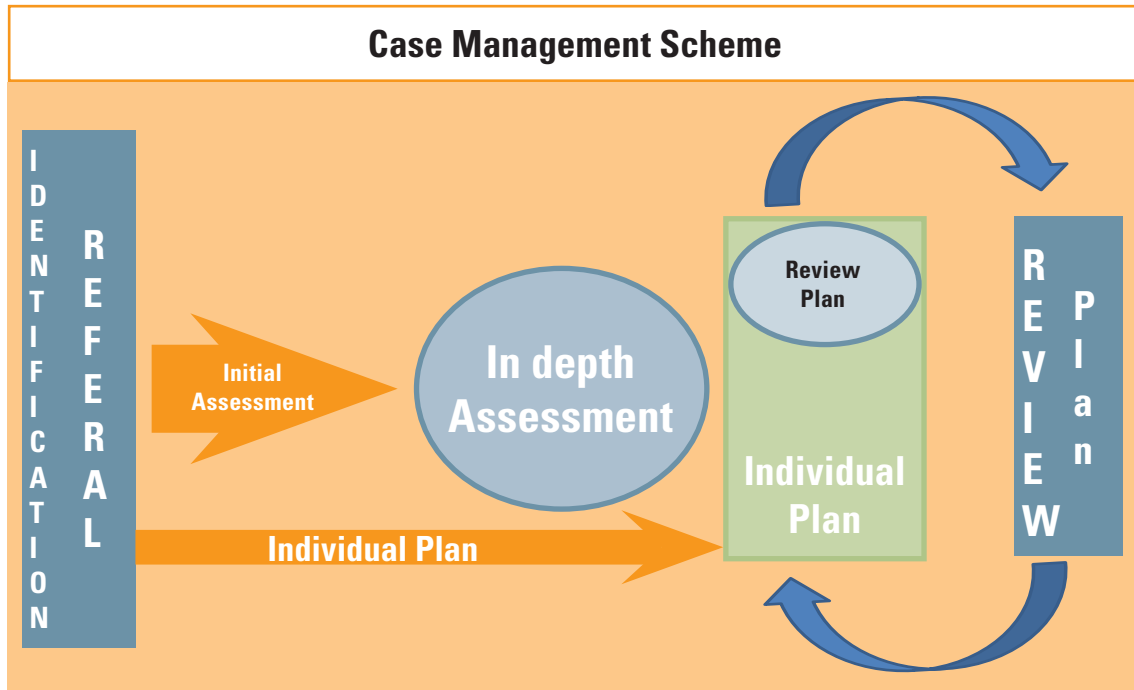
Steps of case management process

- *Identification of the case*
- *Initial/Full/Specialized Assessment*
- *Planning and intervention/monitoring*
- *Review and closing of the case*

Setting Priorities - Intervention Levels

CP — **HIGH RISK** – Child is or at risk of severe harm – **TERTIARY**

CHILD AT RISK — **MEDIUM RISK** – Child at risk of harm as needs not met – **SECONDARY**

CHILD IN NEED — **LOW RISK** – Child's rights are not fully respected or met – **PRIMARY**

ANY CHILD — **NO RISK – PRIMARY**

Diagram of actions to be undertaken in cases of child protection

Multidisciplinary Approach

Skaff (1988, pg. 219) defined the multidisciplinary approach as "*group of service providers, professional and non-professional, from a range of disciplines, working together in foreseeing diagnose, treatment, prevention and consultation on services*".[305] Multidisciplinary approach is a technique of processing, evaluation and working in a situation including different disciplines in order to reach a complete understanding of the problem different alternatives are suggested. Frothingam (1994) repor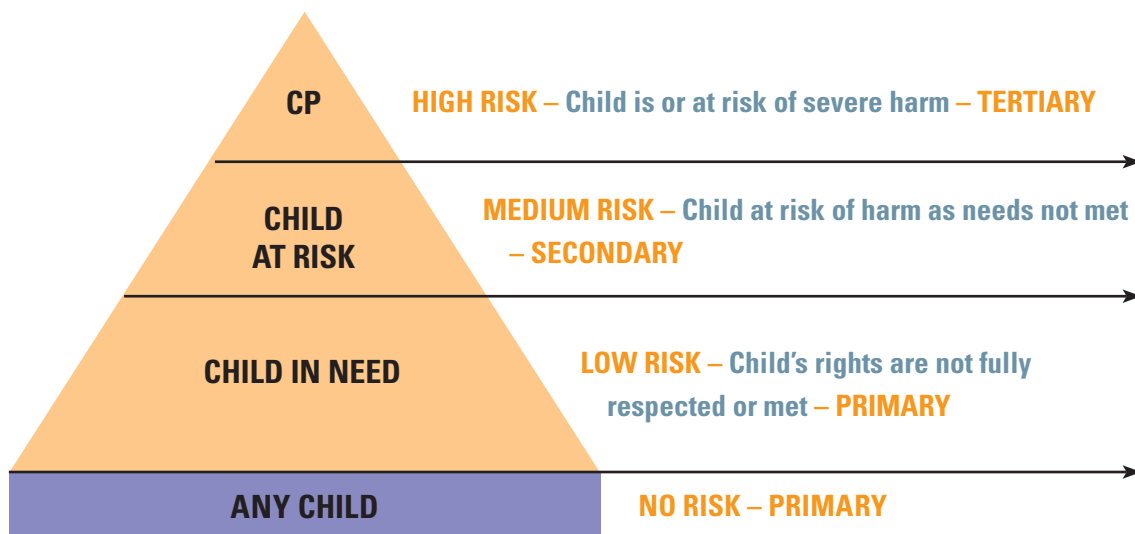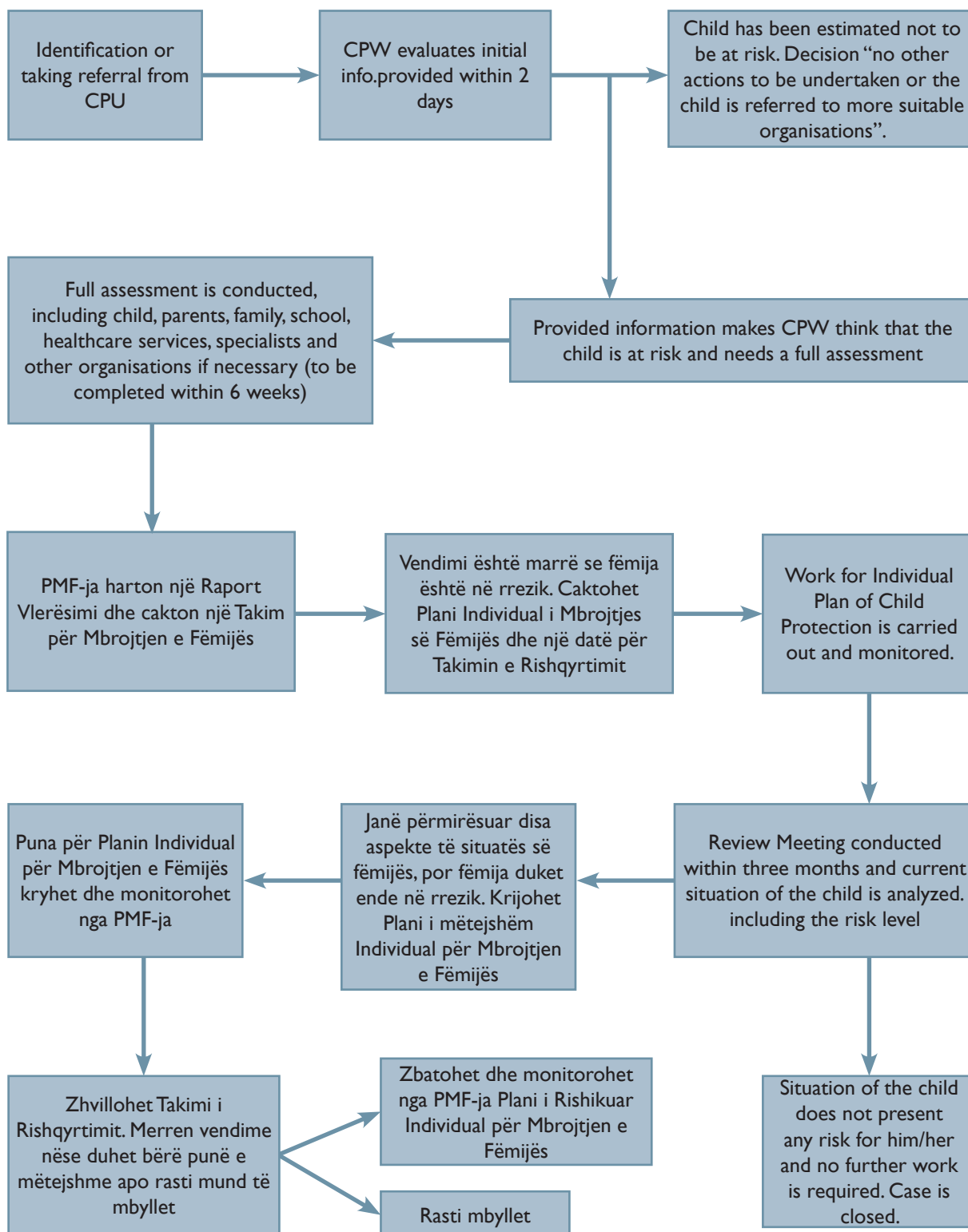ts that 10 to 15 members may be part of multidisciplinary meetings, but experience shows that the number of participants depends on the case that shall be reviewed and it must be built based on the needs identified along the initial assessment process. Group may consist of a social worker, psychologist, therapist, nurses, lawyers, doctors, teachers, guards, police or other persons connected with the background, needs and potential services which can be provided in the case. Regardless of different disciplines which can be involved, clashes may happen between different professionals, where a doctor apart from providing medical information, may also provide legal or psychological information.

Multidisciplinary group solves cases of conflict, coordinates services, shares information, provides support for group members, and shares responsibility for making decisions (Gilgun, 1988; Mok et. al., 1986). Meeting of multidisciplinary group is based on negotiations among different professionals, with different roles and professional perspectives. Advantages of multidisciplinary approaches include additional information on the case, solving disagreements, increase of trust and understanding, and provision of support (Goldstein & Griffin, 1993). Alexander (1993) says that a group may considered as multidisciplinary if it works in an integrated manner and deals with the case in a holistic manner.

In multidisciplinary meetings there are invited persons from institutions or organizations who:

a. Have data to share on the child and family for the situation they are in; and
b. Are able to make decisions for professional services they can provide or for responsibilities that can be taken by organization or institution they represent in provision of child or family services.

Aim of the Meeting for Child Protection is not to investigate or blame someone for situation of the child, but to develop a protection plan to improve the situation of the child. Whereas the format of the meeting of multidisciplinary group includes the stages listed below:

First Stage: Welcome and Introduction

a) Presentation of the social worker on the reasons of organizing the meeting, which may include accuses for risk, damage, negligence and summary of assessment report;
b) Child and/or members of the family are asked whether they have anything to add after listening to information presented by other members present.

In this stage, participants are asked to determine whether they think that there is a level of risk or a need for the child. Chair of the meeting shall recall the matters which are raised during the session of information sharing in the child protection meeting.

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[305] Winton A & Mara B (2001) *Child Abuse & Neglect*, pg. 101

Second Stage: Information Sharing

a) Presentation of the social worker on the reasons of organizing the meeting;
b) The request to all participants including the child and/or parents/custodian to provide any information that is related to the situation and concerns of the child and family, which have been raised by the social worker; and
c) Child and/or members of the family are asked whether they have anything to add after listening to information presented by other members present.

Third Stage: Agreement of Decision-Making on the Risk and Needs

At this stage, participants are requested to determine the level of risk and needs the child may have. Chair of the meeting will remind them the matters which were raised at the second stage.

Fourth Stage: Individual Plan for Child Protection

At this stage, the individual plan must be defined for child protection. It must include child with family members, because, if an action is performed and child or family does not agree for it, then the action will fail. Social worker must have in consideration that he/she must work in coordination and partnership with the child and family, and not wait from them to do something that is completely against their expectations, skills or understanding. If any of participants does not agree with the type of risk or the need, then his/her views must be taken note of in a form of a Meeting for Child Protection.

Fifth Stage: Determining the Date of Review Meeting for Child Protection

At this stage, a date is determined when the participants of the Meeting for Child Protection gather and review situation of the child and efficiency of the Individual Plan for Child Protection. Review Meeting for Child Protection shall be held at least once in three months.

Sixth Stage: Closing

In the end, chair of the meeting thanks all participants for their attendance and closes the Meeting for Child Protection. During this meeting, records shall be kept in order to make sure that the matters which have been raised and decisions which have been made have been recorded and archived in the individual file of the case. Child Protection Worker will give all participants and the child, and/or family members, a copy of Individual Plan for Child Protection.

STAGE I: Welcoming and Introduction	Stage II: Information Sharing	Stage III: Agreement of Decision-Making on Risk or Needs
Stage IV: Individual Plan of Child Protection	Stage V: Setting the Date for Child Protection Review Meeting	Stage VI: Closing
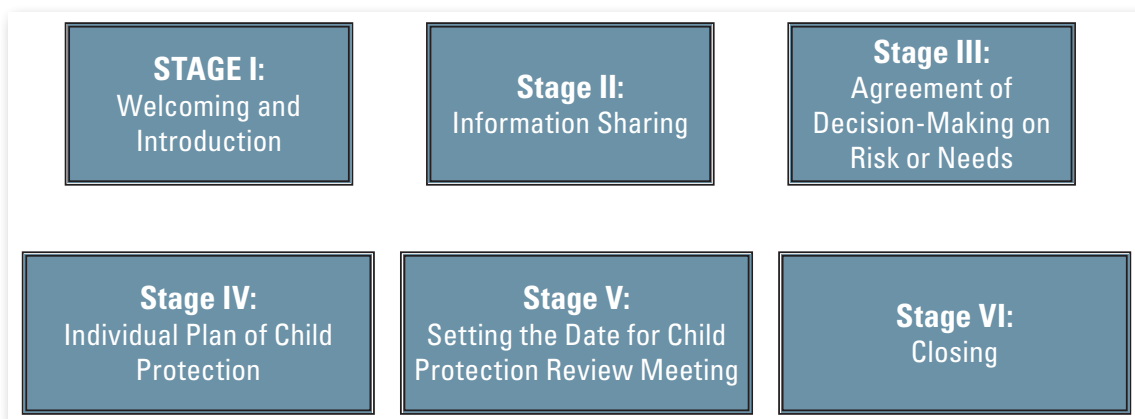
Practical Guidelines During Communication With the Child in Multidisciplinary Meetings

Involvement of child in meetings of multidisciplinary groups is a process which requires taking into consideration and analyzing a range of important factors, as follows:

- *Age and developmental capacity of the child*: a 7 year old child is not the same with a 15 year old, if we take into consideration only the element – attention. For a 7 year old, a long meeting of multidisciplinary group will be very difficult to be followed if we compare with a 15 year old child.

- *Abuse case*: a child that has been sexually abused may find it more difficult to face discussions related to his/her own case, with people that may be unknown to him/her, compared to another case (case of physical abuse or negligence). We must probably note that in both cases prior preparation of the group is needed to listen, understand and support the child, but there are many cases when the child may not wish to or feels ashamed to participate in a meeting because of history of abuse.

- *Aspects of culture and faith:* these aspects may influence the process of participation, but in no case they will serve as justification to exclude the child from the process.

- *Relationship with the family*: if the relationship of the child with the family is conflicting, it must be carefully considered how the child will participate in a meeting where the family is as well. In this case it must be thought well how the meeting will be managed to the best interest of the child.

- *Readiness of the group to host the child during the meeting*: there are many cases where although the good wish of the child exists to participate in the meeting, members of the multidisciplinary group can discriminate, disregard or hurt the child. Therefore, it is important that the group is prepared to welcome the child and encourage active participation of the child during the meeting.

There are also other factors, but it must be noted that every case is individual and must be treated as such when participation of the child in the group is analyzed, or along the process. This participation must ensure information, consultation and empowerment of the child along the process and it must not be simply for the form or because this is what the Convention on Child Right Protection says. Below are listed some suggestions for communication with the child during the meetings of the multidisciplinary group:

- Use a warm and loving tone of the voice, use a simple language to communicate with the child;

- Express the desire and interest to learn what the child says;

- Make efforts to explore and ask for information and data in a way that is safe for the child;

- Adjust to cognitive skills of the child (e. g., attention span);

- Through an entertaining atmosphere and game try to learn more from the child;

- Use repetitions and summaries of information to make sure that it has been understood what the child has said;

- Maintain the rhythm and tempo during the meeting;

- Use concrete day to day experience (history of other children, animals, and/or plants) when talking with the child;

- Use imagination with the "what if" technique during the conversation with the child;

- Treat child with integrity and equal autonomy during the meeting;

- Use short and open questions to encourage continuity of conversation;

- Make sure that the child understands questions made to him/her and emphasize that if there are questions or concerns feels free to share;

- Discuss with the child every point of the plan that affects child and make sure the child makes all questions and expresses all uncertainties, fear and potential concerns;

- Introducing the child with the action plan, in order for the child to feel safe as for what comes after;

- Setting realistic goals and not promising unachievable goals;

- Informing the child that the plan will be reviewed subject to situation and the child will be part of discussions;

- Encourage and appreciate participation and contribution; and

- Ensure that the group is there to help him and the family and that the child can feel free to request support whenever he/she wants and needs.

Session III

Topic: Case management models

Time:
90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session Objectives:
- Introduce participants how does the process of case management works in Kosovo (based on CPU Protocol).
- Reflect with participants and critically about the importance of each stage or operation on the child's life.

Resources:
- Protocol for Child Protection
- Moore, E. (2009). Case management for community practice. Oxford University Press.

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session Summary:
This is an important session because participants will be invited to discuss the steps to be taken in case management and their duration and will reflect on the possible challenges along these steps. This session aims to involve participants in discussion specifically on case management in situations where the child is at risk.

Steps:
Activity # 1 – Work in groups on case studies
Participants will be divided into four working groups (4-5 members) and will work with a case study for about 30 minutes on two tasks:

- To list the steps to be taken to manage the case study
- Identify the duration of each step

Case studies selected for this session will be case that deals with physical abuse, psychological, sexual and neglect. Each group will work on a case that needs protection, according to the tasks described above.

Terre des hommes

Activity # 2 – Group discussion

In this section, participants will work in groups:

- list the reasons why it is important to follow the steps in case management?
- To bring a concrete example where the application accurately and durations of steps to be difficult and challenging. What should you do?
- Develop a general diagram or picture frame with all phases to be implemented in a case management regardless of the category of abuse.

Theoretical Handout: Session III

Model of Case Management in services for Child Protection

Article 3(1) of the Convention of Children Rights emphasizes that in all actions undertaken by public and private institutions, courts, administrative authorities or by legislative structures, must take into consideration the best interest of the child. There is a clear difference in the concept of the child as a demographic group and of the child as an individual, and in both cases, each group has the sources, needs, his/her own support network, and individual vulnerability - while the actions that must be undertaken must be such that they positively impact on each of the groups, regardless of definition, and where first consideration must have in attention the child as an individual with specific needs. A good and functional approach for case management should ensure that objectives and goals set for the child protection plan have been achieved with professionalism and in systematic manner, and that this approach has had the child in the centre. Child is activated along the process for protecting him/herself and this aspect at the same time has importance to further build the resilience and recovery of the child from trauma and abuses.

Throughout the case management process (including during assessment, case planning, and reviews) caseworkers should focus on empowering children and their families to recognise, prevent, and respond to child protection concerns themselves. In practice, this means that, in addition to identifying problems and providing services, caseworkers must consider the child and family's strengths and resources and how to build their capacity to care for themselves. Moreover, children have a right to express opinions about their experiences and to participate in decisions that affect their lives. Agencies and caseworkers are responsible for communicating with children their right to participate—including the right not to answer questions that make them uncomfortable—and supporting them to claim this right throughout the case management process. Children's participation helps to prevent a caseworker from coming to a decision that is in their best interests but against their wishes (e.g. removing them from an abusive home), and caseworkers should explain such decisions with care and empathy to the child involved. Involving children, and their families, in planning and decision-making regarding their own care is critical to ensure services provided are appropriate and effective; furthermore it contributes to children's natural resilience and their ability to be agents for their own protection.

Caseworkers have a role to play in encouraging children to voice their concerns and in reassuring them about their ability to take decisions. Particularly in contexts where it may be not safe for children to speak out publicly, caseworkers have a responsibility to create a safe and confidential space for children to participate in their own case. Upholding confidentiality and considering safety in the development of case plans are essential to ensure children are not placed at risk.

Why is Case Management Model Important?

- *It ensures that every child is provided with a level of services and protection according to standards and to the best of his/her interest;*
- *It addresses the complexity of the matters of child protection and welfare;*
- *It ensures inclusion of all responsible stakeholders;*
- *It can facilitate solving of the complications that the case and certain problems may bring forward, through promoting cooperation;*

- *It places child in the centre (like his/her needs and rights); and*
- *It ensures continuation of the process of support after being out of risk as well.*

Through following the steps correctly, it is possible that every child in need of protection is provided with the same level and quality of protection services and care, taking into consideration the principle of the best interest of the child. Application of all steps in case management provides a clear framework of actions that must be undertaken, such as: evaluation, drafting of individual plan, coordination and monitoring of implementation of the plan. In the process of case management, child is in the centre of the process for the social worker. Process includes the family too, but it must not be forgotten that every step in the chain process must ensure that the child is in the centre of each action, and the fact that the needs and capacities of the child are unique and must be taken into consideration "case by case". In every step that the social worker takes, he/she aims at answering "step by step" to the questions such as:

- *Which are the serious risks which can harm child safety?*
- *What can be achieved for the "best interest" of the child?*
- *In what level can child be involved?*
- *Which are the best and non-harmful ways to involve child in the process?*
- *Who do we have to consult?*
- *Do I have sufficient information to raise hypotheses and reach conclusions?*
- *What decisions can be made and why?*
- *What sources can be used to help the child? and/or*
- *How will I understand that the child is not at risk?*

The aim of case management is to offer a transparent coordination, monitoring and control system which facilitates e process to encourage undertaking of actions for promotion of child protection. This system is strongly grounded on teamwork approach, who work jointly to take and manage child centred decisions.

In relation to service users needs, Hall and colleagues (2002) assert that no single model alone is likely to be appropriate or effective for all client groups. Most of the models stress the need for effective team leadership, specific training for case managers, and regular supervision.

Clinical Case Management Model

The clinical case management model is characterized by a combination of direct therapeutic work with other components of case management such as engagement, assessment, planning, and intervention. It integrates key elements of clinical expertise, personal involvement underpinned by a sustained relationship, and environment-centered interventions. The latter element refers to case managers linking people to community resources, consulting with family members and other careers, assisting people to maintain and expand their social networks, collaborating with health professionals, and advocacy (Kanter, 1989).The principles of this model (Kanter, 1989) include:

- Continuity of care;
- Genuine partnerships with people, their families and careers;
- Leveraging social supports and formal services to suit people's changing needs;
- Flexibility refers to tailoring frequency, duration and location of interventions to people's wishes and needs;
- Facilitating people's resourcefulness.

Its distinguishing features include the following (Morse, 1999; Simpson et al, 2003; Vanderplasschen et al, 2007):

- The case manager has a therapeutic role and is a role model;
- Use of outreach;
- Centrality of client-case manager relationship;
- Provides direct services and coordination of other services;
- Average case load is 10 people;
- Long-term relationship with clients.

Strengths Model

The purpose of the strengths model of case management is to assist people to recover and change their lives by identifying their personal goals, and acquiring and sustaining the resources they need to live in the community. Resources are those that are both external (e.g. relationships, opportunities, and/or material resources) and internal (e.g. confidence, aspirations, and/or competencies). This is in contrast to those case management models, for example the brokerage model, which focuses solely on external resources. The strengths model emphasizes client self-determination and strengths rather than pathologising people's circumstances (Rapp &Goscha, 2006). The focus is on "resilience, rebound, possibility, and transformation" (Saleebey, 1996, pp 297) and working in partnership with service users. Central to this model is the understanding that all people have strengths and abilities including the ability to build their competence. This requires service systems to be designed to give service users the opportunity to display, use and build such strengths (Bland et al, 2009). Rapp and Goscha (2006) advocate that the following six principles should underpin methods used in the strengths model:

1. People can recover, reclaim, and transform their lives;
2. The focus is on individual strengths and abilities rather than deficits. This is not the same as just using a pathology orientation and "add strengths and stir". It means working with people in terms of what they have achieved so far, and their knowledge, talents and aspirations;
3. The community is viewed as an oasis of resources. This principle is the corollary of the one above as attention is focused on the strengths of the community. Natural community supports and resources such as family, neighbors, friends, volunteer opportunities, sports and other clubs, art groups are the priority as opposed to only accessing formal, professional services;
4. The client is the director of the helping process. Case managers should do nothing without the client's approval unless there are significant concerns about their safety and the safety of others. Further, people should be involved in every step of case management activities.
5. The case manager-client relationship is primary and essential.
6. The primary setting for work is the community.

The distinguishing features of this model (Morse, 1999; Vanderplasschen et., al, 2007) are:

- Practitioners implementing strengths-based case management need to continually emphasize strengths throughout their relationships with people. Brun and Rapp (2001) suggest that practitioners need to integrate the emphasis on strengths on a continuous basis especially during assessment and when setting goals with people;
- The use of assertive outreach;

- Client-case manager relationship is important;
- Low caseloads to ensure quality provision of service, with an average case load of 15;
- Case manager provides direct services and service coordination;
- Duration of support is ongoing.

Intensive Case Management Model

A well know adaptation of intensive case management is the Wraparound model for children and young people with complex emotional and behavioural support needs. Developed in the 1980's, it is increasingly being used as an alternative to detention or residential treatment (Walker & Bruns, 2006). Implementation has occurred in a broad range of community based settings, and typically involves a multidisciplinary approach that is both family focused and strengths-based. Designated care coordinators knit together the involvement of numerous formal services and interventions, as well as informal, natural supports (Suter & Bruns, 2009; Bradshaw et al., 2008).

The following set of principles inform how wraparound processes are implemented (Suter & Bruns, 2009):

- Family voice and choice;
- Team based;
- Natural supports;
- Collaboration;
- Community based;
- Culturally competent;
- Individualised;
- Strengths-based;
- Unconditional;
- Outcome based.

Brokerage Model

The brokerage model, sometimes referred to as standard or generalist case management, is underpinned by the primary values of efficiency and cost reduction. The primary goal is to ensure that people are able to access appropriate services in a timely fashion. The central role of the case manager is to assess people's needs, develop a service care plan for people, and then coordinate and monitor the delivery of required services by external agencies (Grech, 2002; Huber, 2002; Simpson, 2003). This coordination responsibility necessitates case managers engaging in advocacy on behalf of their clients. Service system costs are contained by preventing 'inappropriate' access and use of services by people, and the duplication of services is minimized. Grech (2002) notes that this model of case management is based on the assumption that case managers do not require specific disciplinary skills as their role as a broker necessitates only the ability to match needs with available resources. The essential characteristics of this model (Morse, 1999; Vanderplasschen et al, 2007) are:

- The focus of the case manager's role is on service coordination;
- No outreach work is undertaken;
- Contact with service users tends to be office based and less intensive;
- Average case load is 35;
- Duration of support is shorter compared to other models.

Common Aspects and Differences Between Case Management and Individual Work With the Case

Case management is related to individual work with the case, but it varies from the individual work with the case in several aspects, such as focus of work to persons who experience all these restrictions:

- Limitations in personal functioning;
- Limitations in social functioning;
- High level of temporary or permanent dependability (of the child and family);
- Multiple needs which need to be met by formal and informal services (and the focus to the child and family); and
- The need to have access to a system of services even after the child comes out of the risk level.

In case of multiple needs that the clients of case manager have, and the need to have access to services, have an impact that he/she has the role of a facilitator to provide the case with required services to meet the needs. Case manager also establishes a relationship with the case which plays the role of improving the situation of the case, but also the expertise of the manager with the services that can be provided for the needs of the case is an important component. Whereas regarding the individual work with the case, the difference stands in offering direct services by a professional who may be a social worker or psychologist to the client. Whereas in the case of social worker, in the case of social worker, as case manager, he/she assesses the needs of the child and enables access to services and not a direct provision thereof. However, it must be highlighted as it has been stressed in the module for the Evaluation Process, that the case manager or the social worker, being in contact with the child and family, from the first moment he/she is involved has the possibility of "injecting" modification in the family environment or to the child, therefore, though not offering a direct and specific service, he/she provides support and motivation thus encouraging processes of positive change in the case that is being managed.

Rosmann and Sager (1998) have listed three functions, which distinguish the case manager from the individual work with the case, including the following:

1. Engagement with the community, based on the ecologic model of development to analyze the impact the environment has in development of an individual. An important aspect is mapping of services provided in community, in order to meet case needs.

2. Cultural diversity is very important for the case manager, where non-discriminatory behaviours and knowledge of the cultural context facilitate the work with the people whose vulnerability makes them create dependence and be easily exploitable.

3. Advocacy for case and community needs where inclusiveness and non-exclusion from services of groups at risk is encouraged, and the focus can be on promoting interest of an individual or of a number of individuals.

In addition to differences between the case manager and the individual work with the case, there are common elements which will be elaborated below.

Common Aspects and Differences Between Case Management and Clinical Management of the Case

In case of clinical management of the case, case manager is the primary therapist. This is important because the role of a clinician and the relation he/she establishes with the case are an important part of the process of modification, supporting the client to reach deep inside the person in order to gain independence. In this model, clinician uses evaluation of biological, psychological and social functioning of a clinical experience. This model is hybrid, because there are some elements of individual work with the case, where the most important element is the relation that is created between the case or family and therapist, broadly used in the field of mental health and rehabilitation. There are three roles of therapist as case manager:

1. Establish a relation with the case;
2. Act as a model for the case for a sound behaviour and to become potential object for the case to be identified; and
3. Interfere actively in daily life of the case in order to create a common tolerant environment.

Aims of clinical management of the case are as follows:

- Support individuals to improve their skills;
- Help reintegration to the community;
- Develop skills, such as: information sharing, problem-solving, modelling the roles, and/or role play;
- Set a psycho-educational approach, which include establishing and maintaining of friendship, self-management, curing and management of symptoms, strengthening, and communication habits (Vaccaro et. Al.,1992, pp 53,33-42); and
- Work with the system to change the interventions for sheltering, employment and income.

Scholars argue that this model is more suitable when working with people such as:
- Individuals with serious psychiatric, cognitive and emotional disorder;
- Individuals with long history of unsuccessful intervention;
- Individuals of involuntarily clients;
- Individuals who show loss of skills as a result of an institutionalization for a long period; and
- Individuals who have difficulties in establishment of relationships.

At this model, there is constantly a tension as a result of the double role of therapist and case manager, and it may happen that the latter is exchanged into a secondary role. This may lead to total focusing to the individual and neglecting of social structure and of the work with the family which must be the main focus of the work of CPW and case manager (Orme &Glastonbury 1993, pg. 89). Same like in clinical management of the case, there are common aspects with the work CPW carries out as primary case manager, which include:

- Improvement of the current situation and meeting the needs;
- Establishment of relationship with the case (child or family) during the entire process, starting from identification of the case or referring till the closure of the case;
- The relationship that is established with the family or the child serves as part of case management;
- CPW with his/her work serves as a model and encourages changes in the case.

Common Aspects and Differences Between Clinical Management of the Case and Case Management Carried Out by the Social Worker:

Differences are in the role that the case manager should play:

- To provide direct service (therapy) of the case;
- Establish a relation with the case;
- Act as a model for the case for a sound behaviour and to become potential object for the case to be identified; and
- Interfere actively in daily life of the case in order to create a common tolerant environment.

Common aspects:

- Work with individual to improve current situation and for meeting the needs;
- Establishment of relationship with the case (child or family) during the entire process, starting from identification or referring the case till the closure of the case;
- Relationship established with the family or the child serves as part of case management, but is not the main focus of the work of social worker; and
- CPW serves as a model to be followed by family or client.

Case management as an approach must be seen with scepticism as well, because it does not provide solution when there is lack of basic sources which can help in the case. This system does not prevent problems from happening (e.g. Case of children without company that can be potential victims of trafficking), while providing grounds for a structure to help in child protection when children are identified as potential victims or victims of violence and other manifestations thereof. Therefore, in this context, case management should be seen as part of a general strategy for child protection. Case management can help in identification of potential sources to refer child and family in need, but cannot create these sources alone. And exactly this point is amongst the critical points of case management as it can fail or not be effective when there are no sufficient sources for case referral. Therefore, it is quite important that the social worker who is going to map sources and services in community from the beginning of the work and continuously to have a good and clear view at all times of potential support sources and services.

At the same time, it is important to build relationship continuously with providers of public and non-public services. There are many of locals and internationals who in conditions of non-existence of public services, sources in community can be identified and in case the social worker organizes mobilization of sources and informal system and with the support of community ensures protection and support to the case. This is an important aspect, e.g., in informal and rural areas and where relations and connections between members of the community, or with the close biological family and the broad family are strong and important in ensuring child protection. Another criticism which is raised regarding case management is that the language and the process can be extensively authoritative, mechanical and with distance from the relationship with the case. However, this is not always true, considering that practice and evidence shows that regardless of the procedural nature, the process of offering support itself carries with it building of relations, maintaining the balance in relations with the client, encouragement and similar other aspects. Therefore, it is important to note that this methodology has the advantage as it is easier accessible in approaching the complex nature of problems of the case of a child who is in need and at risk and where it is important to address a range of needs and to work in parallel towards promoting protection and child welfare amongst a large group of service providers, families and the child him/herself.

Model of Case Management in Kosovo

Assembly of the Republic of Kosovo, with the purpose of establishing a legal framework for regulation and advancement of social services for persons in need and their families, in 2001 adopted the Law no. 02/L-17 on Social and Family Services (for more details follow the link http://www.gazetazyrtare.com/egov/index.php?option=com_content&task=view&id=69&Itemid=28&lang=sq

The key aim of this law is to regulate and provide social and family services for persons in need and their families. In circumstances when there is no support from family or when it is not sufficient to ensure welfare of an individual, state is obliged to provide social and family services for the people who differently would not be supported in the manner which would respect their dignity as human beings and their fundamental rights based on Kosovo legislation and in international conventions on human rights. The Law directly explains the role and responsibilities of all legal mechanisms including that of Ministry of Labour and Social Welfare, Department of Social Welfare, the Institute of Social Policies, General Council of Social and Family Services, municipalities, Centres for Social Work and non-governmental sector.

Because of the nature of this module, we will in particular elaborate the role of Centre for Social Work (CSW) in case management with children at risk. Based on the above mentioned law, each municipality is obliged to establish a CSW, as a public institution consisting of professionals with respective training and qualifications. CSW is obliged to make the professional assessment for each individual or family that requests its support or in any other way it is learned or seen whether the need exists for social and family services. If the professional assessment shows that an individual or family needs social and family services, CSW, taking into consideration all relevant circumstances, provides the services which are considered as suitable. Another important body is the council of experts, which consists of all employees of social services employed in it.

Article 9 along with its amendments defines the services for family and children, which shall be provided by CSW. In all matters related to provision of services for children and family, the best interest of child shall have the first and most important consideration. Municipality in cooperation with families, community, non-governmental organizations and other bodies foreseen by law will provide social care, social advice and in extraordinary circumstances material assistance for the children and their families who are in need, grounded in evaluation of their needs for these services. CSW provides social care and/or advising in circumstances when a child is in need for social and family services, because:

a) he/she lacks parental care;
b) parent or parents or any other care, because of the manner of living, disabilities or physical or mental illness, psycho-social problems, addiction or other reasons, have difficulties in provision of the adequate level of care and custody for him/her;
c) he/she has disabilities or any mental disorder;
d) he/she has disabilities or any physical disorder;
e) he/she has difficulties in behaviour;
f) he/she is delinquent;
g) he/she is suffering as a consequence of a family conflict;
h) he/she has any other form of psycho-social problem, which makes them persons in need.

Centre for Social Work maintains a registry of families and children in need who do not enjoy support from family or community, have difficulty in caring for their children, where the child is at risk because of being neglected, is exploited, abused or is damaged in any other form. CSW

schedules regular visits for those families in need found in the registry for social and family services by a responsible person, in order to establish safety and welfare of the child and to ensure family any service that is considered reasonable. In fulfilment of its obligations in accordance with the Juvenile Code, Centre for Social Work in the role of the custodian body ensures that the provided services are in compliance with obligations that the International Convention for Child Right Protection contains.

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Session IV

Topic: Development of Individual Plan for Child Protection, Dimensions and Principles

Time:
90 minutes

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session objectives:
- Understand the dimensions and principles that must be considered during the planning for the care / protection of children.
- Understand the importance of family involvement in the child and care plan development.
- Examine the responsibility that CPW and other specialists in the implementation of the child protection plan.

Resources:
- Protocol for Child Protection
- Moore, E. (2009). Case management for community practice. Oxford University Press.
- Horwarth, J."The child's world"

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts, markers

Session Summary:
This session will be devoted to developing individual case plan. Participants will work with case studies, but this session will develop intervention plans for these cases. But before passing to the design of individual intervention plan they will discuss the principles and dimensions that must be considered during development of the plan.

Steps:
Activity # 1 – Discussion / brainstorming group
This session will begin with a discussion panel with participants having a great run the following questions:
- What does understand with the individual plan of child protection? What do we understand with the plan for child care? How do they differ and how they relate?
- What are the principles that should describe the process of developing an individual plan for the protection of children?
- What dimensions should be assessed during individual development plan?

Activity # 2 – Group work with case studies
In this section, participants will work again in 4 working groups with a case study used in previous sessions.

Case studies are about physical abuse, psychological, sexual and neglect. It will be required for this work in groups to focus on three points:

1. Identify the steps or actions and deadlines to be taken for the management of the case, by presenting concrete steps
2. To define the responsibilities of CPW's and other service providers in case management
3. List the ways how to include the family in child process

Figure 5.1: Individual Protection Model-Plan

Individual Protection Plan   Period from: Up to:
Purpose of the Individual Protection Plan:

Unfulfilled needs	Risk factor	Action	Deadline	Service provider

Date of deliberation meeting for child protection:

Theoretical Handout: Session IV

Individual Plan of Protection

Individual Plan of Protection is planning of concrete measures with the purpose of child protection in the future if it is estimated that the child is at continuous risk to be severely harmed. This plan is drafted by the employee at the Child Protection Services in all cases when it is thought that the child and the family can be supported without separation from family (without seeking from the court to dislocate from the family). Individual Plan of Protection in a case of a child at immediate risk consists only of the initial and most urgent steps to guarantee the immediate protection and safety of the child. Such cases can be serious injury or death, trafficking abroad, and/or when parents/custodians are not able or do not wish to take care of the child.

Key principles,[306] that must be adhered to while preparing the Individual Plan of Protection, are as follows:

- The best interest of the child;
- Respect for the child and family members;
- Child and parents/custodians must be well informed and participate in the decision-making and informed about the type of intervention and approved work;
- Consultation and cooperation with service providers and other specialists to respect the child rights;
- Respect cultural and traditional values of the child and family, but not if this puts the child at risk.
- Importance of holding child and family and ensuring good relationships; and
- Evading overlap of interventions by many and different organizations for one family.

Aim of Individual Plan of Protection is to:

- Identification of factors of risk and manners in which children can be protected through a plan which includes interaction of some services, based on information received from research;
- Definition of short term goals and objectives to reduce the possibility of damaging child and promoting child welfare, including contacts with family members;
- Clarification of responsibilities of everyone for the necessary actions of members of the family within certain time limits;
- Definition of the manners to monitor and evaluate the progress in relation to results defined in the protection plan; and
- Clarification of the role of professional, who is responsible to verify if the required changes have taken place, and which actions need to be undertaken and by who, if these changes have not occurred.

Individual Plan of Protection is developed by taking into consideration the following matters:

a) Age of the child;
b) Stage of development and his/her needs;

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306 *Protocol of the Work of Employees for Child Protection*, MPCSSHB & Terre des hommes & UNICEF, 2010

<ol type="c" start="3">
Parental capacity, family and environmental factors;
Assessed needs and forms of protection for which he/she needs, making the order by priority of these needs; and
Available sources in the community of the child and their whereabouts and if it is necessary, other specialized services in the country

Specific Aim of Individual Plan of Protection is to:

- Guarantee safety of the child and protect him/her from damaging in the future, grounding on the strong points of the child, by addressing factors of vulnerability of threat and risk, and by fulfilling immediate needs of the child;
- Promote child health and development; and
- Support family and members of the broader family to protect and promote child welfare during and after the risk.

Individual Plan of Protection realizes its goal only if the need of the child/family is clearly defined, what should be done to address, why, when and from who.

Individual Plan of Protection shall:

- Describe the needs of child development and identify necessary services to fulfil these needs;
- Determine specific results, achievable in the level of child, parent, family and environment;
- Inclusion of specific and realistic strategies to achieve necessary changes;
- Assigning responsibilities to all stakeholders, including family members and professionals, and those who must be in continuous contact with the child (e.g. teacher, psychologist);
- Manners of progress evaluation, time and reporting in the next meeting of protection.

Individual Plan of Protection is an approved format in the sub-legal acts of every country. Different countries have different formats, which despite their differences, include matters such as: the needs which have not been fulfilled for child development; behaviours, opinions or risk factors; actions which have to be undertaken in order to change; time limit of completing these actions; service providers for child and family; and progress indicators and necessary monitoring acts. The figure below provides a sample of - Individual Plan of Protection:

Figure 5.1: Sample - Individual Plan of Protection

Individual Plan of Protection   Period From: To:
Specific Aim of Individual Plan of Protection:

Needs not fulfilled	Risk factor	Action	Deadline	Service providers

Date of review meeting for child protection:

Social worker:

Individual Plan:

Name and last name: CODE -   **Date of birth:**
City: **Category+ Risk Level: High/Medium**

Evaluation completed: Yes/No

Welfare in danger	Situation	Action plan + Date of intervention	Responsible	Results of action for the child
Safety	●	●	●	●
Health	●	●	●	●
Achievements	●	●	●	●
Family relationships	●	●	●	●
Involved	●	●	●	●

Action plan during the CMR meeting

Welfare in danger	Situation	Action plan +Date of intervention	Accomplished / unaccomplished	Reason why it was not achieved	Action plan reviewed, Date of intervention
Safety	●	●	●	●	●
Health	●	●	●	●	●
Achievements	●	●	●	●	●
Family relationships	●	●	●	●	●
Involved	●	●	●	●	●

Interventions are determined in Individual Protection Plan they are of priority based on the order below:

- Actions which aim the safety of children;
- Actions which promote the health of children and their development;
- Actions for assisting parents to take care of their children;
- Therapy for an abused child; and
- Therapy for an abusing parent.

Effective planning is related with determination of clear results that have to be achieved. Clear results are determinations for what professionals and family want to achieve through the Individual Protection Plan. Results are determined by taking into account the damage caused or possible damage to happen to a child, as well as, any other identified need of the child and family. The clearer the desired results the clearer the purpose and objectives should be for the stakeholders involved in executing the plan. For example, "to protect a child from harm in future" is an unclear result that does not give any information either about the needs or services and actions needed to achieve child protection. A Social Worker and family together develop

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short-term and long-term indicators, which assist in the evaluation of the progress towards the purpose on basis of facts. These measures assist an effective evaluation of interventions, which is conducted on regular basis in the meetings for reviewing the Individual Protection Plans. In this plan are determined the desired results, purpose, duties for the child/family and other stakeholders, and also time for carrying out each work. Determination of the result, purpose and duties is necessary in planning in order to reduce the risk for the child.

Example

Case – Beu family
This family consists of a 3 year-old boy, his father, and his father's girlfriend. The child has been sent to hospital several times for injuries, which it is suspected that they were not by accident, but abuse in the family was never confirmed. This time injuries were present on face, shoulders and legs. His father and the girl friend of his father say that the boy is prone to get injured at home, because he is not careful. They say that a child, which the girlfriend was taking care for at home, caused the injuries in his forehead. It is obvious that the child is not supervised well and that the parents do not possess the necessary expectations regarding the self-care that a 3 year-old child might have. His father is unemployed. The relationship between him and his girlfriend is very often abusive, and there are data that physical violence is used. Both of parents seem cooperative, worried, and present positive willingness to accept the intervention of a Social Worker.

Individual Protection Plan: Protection Services in family (the case of Beu family)

Purpose 1: Monitoring and supervision of situation
Person in charge: Medical doctor of the family
Duty: He shall examine the child for injuries or signs, also shall talk to parents for their relationship, and any difficulty regarding the child.
Time: Every second month
Purpose 2: Separation/child development
Person in charge: Director of the kindergarten nearby the family
Duty: Improvement of motor and social habits of the child. Director of the kindergarten shall assure a separation of the child from his parents, to relieve them.
Time: 5 times a week 9.00-13.00.
Purpose 3: Advising parents
Person in charge: Social Worker
Duty: To help the father with knowledge about parenting and improve his habits
Time: 2 times a month
Purpose 4: Development of resources
Person in charge: Social Worker
Duty: Assistance to find a job for the father
Time: Ongoing
Purpose 5: Separation
Person in charge: The father
Duty: If quarrels continue between him and his girlfriend, he shall ask him to leave the house

Participants at meetings for Child Protection and drafting an Individual Protection Plan

There are several stakeholders in working to draft and execute an Individual Protection Plan, who participate in meetings for child protection, such as: Services for Child Protection, Health service workers at school and primary service, service of protecting order, anti-trafficking offices, education system workers, workers of other services if it is deemed necessary (ex. Economic assistance worker), prosecutor from juvenile sector (if it is deemed necessary), and also the child and parents/guardians (if the child is in appropriate age and his/her parents / guardians are not charged with abuse). All stakeholders are important, but the social worker, child and parents/guardians, and the supervisor of the case are most important in the process of drafting and executing the Individual Protection Plan.

Inclusion of the child and family in drafting and executing the Individual Protection Plan is very important for fulfilling the purpose of plan. Parents/guardians should be informed for the possibility to participate in Meetings for Child Protection, person in charge for the case, time duration of the plan, and deadlines to review the plan. Parents/guardians should be clarified on these matters in relation with the Individual Protection Plan:

- Facts (abuse, negligence, use, and harm that the child suffered or might suffer) which led to necessity to develop an Individual Protection Plan;
- What has to be changed in future;
- What are the expectations from parents/guardians in the execution of Plan;
- Who if the contact person for the case;
- How long shall the Individual Protection Plan last; and
- May any appeals be submitted against the content of the Plan.

In drafting the Individual Protection Plan are taken into consideration abilities and motivation of parents/guardians to change. If the level of abilities and motivation is low, then interventions are foreseen in the plan in order to raise abilities and motivation of parents/guardians for protecting their child. Questions below help professionally to assess the situation:

- What does the child think about his/her situation?;
- What does the child want to be changed?;
- What do parents/guardians think regarding the consequences of their behaviour towards their child?;
- What should be changed if parents/guardians manage to fulfil needs of the child?; and
- What are the indicators that parents/guardians have abilities and motivation to make the necessary changes required to achieve the welfare of the child?

Parents/guardians may be furious or anxious during the research and this should not be interpreted as a proof that they are not motivated or are not going to cooperate[307]. Some parents might to be motivated to participate in the protection plan at the beginning, but during the engagements in certain actions they can find motivation to change their behaviour towards their child, (ex. Parents may be asked to attend a parenting course, and he/she is not motivated to change). During the course, they learn from this experience and change their behaviour towards their child.

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307 The Child Protection Handbook, 2007, Elsevier Limited, pg. 262

Review the Individual Protection Plan in most of protection service practices, they are carried out three times a month. The time of review is determined in sub-legal acts on child protection. The Individual Protection Plan should be reviewed especially when:

- Situation of the child and family changes dramatically;
- The risk for the child increases;
- The child and family do not cooperate according to the individual protection plan; and
- The child has passed one year in Protection.

Time duration of Individual Protection Plan

Individual Protection Plan does not last more than two years in practices of a social worker. Time duration of the plan depends on the achievement of the purpose for protection of a child and welfare o a child. If in the end of this time there is no result and the child is till in danger, then the case may be referred to court for another decision.

Criteria for assessing the Individual Protection Plan are:

- Being ready it may immediately start and lead to the safety of the child;
- Oriented for the action and services to be active and focused on factors that rather bring safety for the child than not change (the change is aimed via the Plan for Case);
- Creates access – services are nearby the area where the family lives, in case they are phoned, they should come immediately;
- Brings immediate effect – services act immediately to keep the child safe; and
- It is not based only on promises – there is no expectancy that the child shall be safe alone because parents promise that they are going to protect the child (non abusing parent) and/or they are not going to behave wrongly (abusing parent).

Role of a social worker in meeting for child protection is of significant importance. He/she is responsible for:

- Scheduling meetings for protection with the necessary frequency;
- Drafting Individual Protection Plan, in cooperation with participants of the meeting of protection and sharing it;
- Taking notes in case there are any contradictions, especially if they derive from the child, parents or other participants in meetings;
- Assuring a full family story (including the information needed, received from other institutions (ex. Police and/or Ministry of Justice);
- Coordination of actions of all stakeholders and services to accomplish the Individual Protection Plan; and
- Meetings with the child every tenth day of work, if it is possible meetings only with the child, every sixth week the child should meet the ambiance of his/her home.

Keeping records

Records are very important in regards of the aspect of execution of the Individual Protection Plan. Matters that should be recorded after the contact with the child and his/her family are as in the following:

- Date and time of every visit/contact with the family, which of members were present in the meeting;
- Conformation that the worker of CPW saw and contacted the child, or if not, why;
- Every information that is collected or observed during the visit and that is important in the aspect of risk factors identified for the child;
- Specific information on the basic care for the child, health, education, and medical needs;
- Correct information, based on the facts for the child and his/her behaviour;
- Any new incident or injury of the child; and
- Any rejection to meet the child should be registered as violation of the Individual Protection Plan and should be reported to the Supervisor by the worker of CPW.

Monitoring and Execution of Action Plan and Closing the Case

Monitoring

Objectives of monitoring are to ensure that the case benefits the expected service according to the plan approved and manager of the case keeps in touch continuously with the case and service provider (Lewin &Feming, 1984). Moreover, it is important to evident how it benefits or what positive change is happening in the life of the child and/or family as a result of receiving services provided on basis of the plan. There are a lot of cases when, regardless whether the child is receiving certain services, his/her situation does not change. This happens due to several reasons, such as low quality of services provided, parents may continue to manipulate with service providers, they might not send the child to receive services, and/or due to the lack of coordination and cooperation between professionals to discuss about the case.

Monitoring and coordination are two processes, which face too many obstacles in their implementation:

- Firstly, it is difficult for the manager of the case to monitor the work of the staff of a centre or specialist, where the case has been referred, because he/she might be perceived negatively; and
- Secondly, service providers might have a different perception in regards with that which is the best solution possible for the case.

Main methods of coordination are:

- Compilation of a cooperation agreement between different service providers;
- Contact with service providers via phoning or regular visits;
- Review of the progress of case through contacting him/her or ones guardian; and
- Regular participation in multidisciplinary reviewing meetings of the case.

Main methods of monitoring are:
- Contact either via phoning or via emailing;
- Observe the child/family;

- Visits to the family;
- Regular meetings and discussions with the manager of the case, guardian, and/or service providers;
- Organisation of regular reviewing meetings of the case between professionals.

Reasons for closing a case:

- When the child or his/her family change the residence and move to another area;
- When the child is not longer considered in danger or in need.

In the case when the child changes his/her residence, steps that should be undertaken are:
- An information is sent to the relevant area regarding the danger the child is exposed to and his/ her situation;
- Documentation is delivered to the new centre that is going to follow up the case;
- Centre which delivered the case to follow up should organise a multidisciplinary meeting within 5 days; and
- Centre which followed the case previously is invited in the meeting.

In both of the cases, decision to close the case should be made in the multidisciplinary meeting. Closure of the case should be accompanied with a conclusive report

Social worker should follow thoroughly the intervention plan and the engagement to close the case starts from the beginning of the process, when the child and his/her family are simply and clearly explained the whole process, from the very first moment, continuity and the closing moment, when all purposes have been fulfilled and the child is protected and there is no need for other alternative intervention. An important element in the end of assistance process is the re-analyses of resources, strong points and chances that the family has to continue facing the reality so that they will not put their child in a dangerous situation again. This analysis is carried out together with the family, and it aims to evident once again all resources, strong points which the family can rely on, both inside the family circle and in that of the community. Social worker works closely to refer and connect the family with these resources as well as in some cases advocates so that the family continues to benefit from certain community or daily services. This process is rather important not only to ensure that the child continues to be protected and safe, but also to enable the family to be independent and continue to find opportunities for well-functioning.
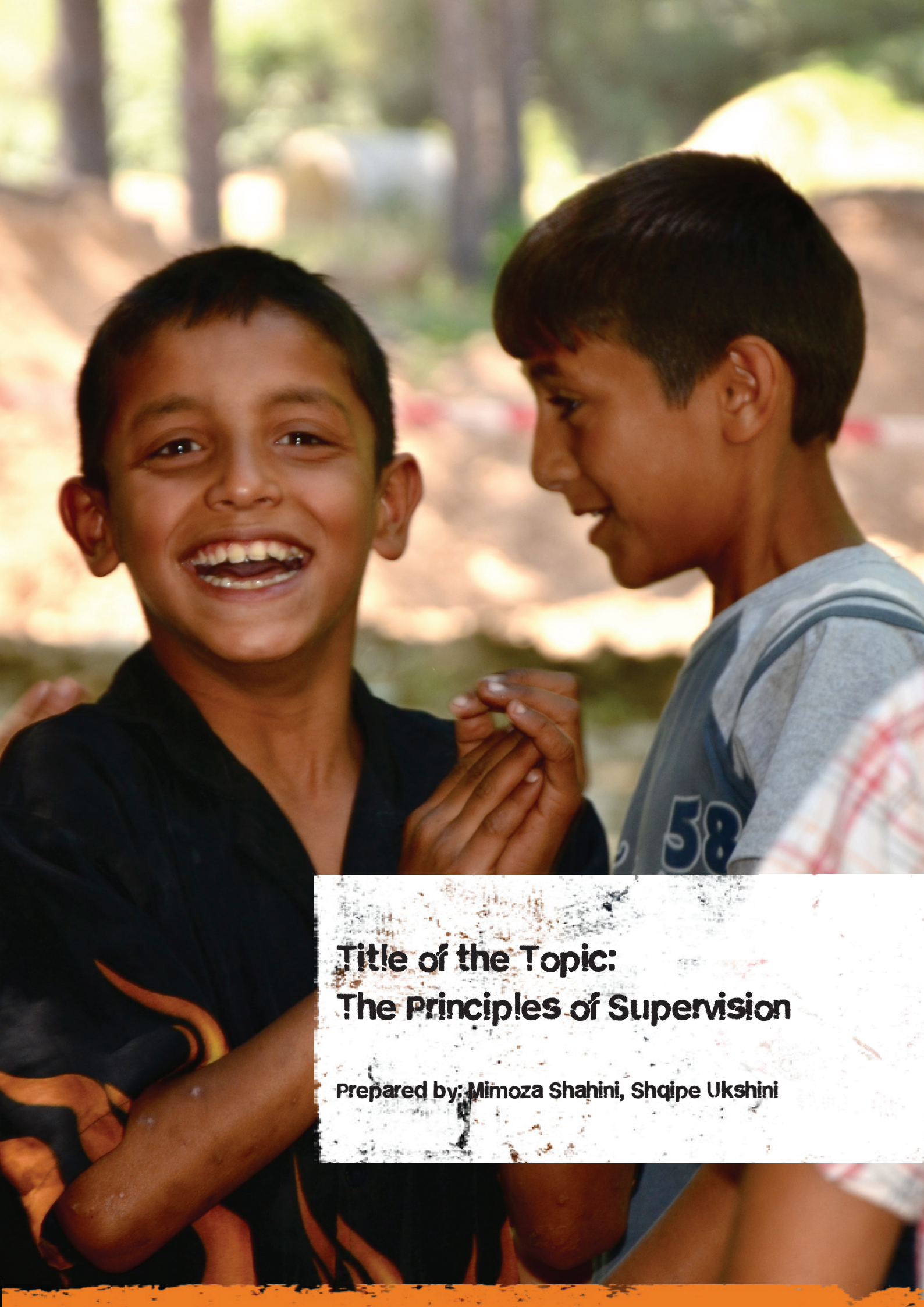
Title of the Topic:
The Principles of Supervision

Prepared by: Mimoza Shahini, Shqipe Ukshini

Main Objectives:
- Introduce the theories and skills needed for direct supervision of line workers and middle and upper management skills in human service organizations.
- Recognise the relevant theories and models of supervision and key skills needed to perform the functions of supervision in complex organizations
- Explain the influence on the practice of supervision to social workers in terms of the values it dictates for the relationship between the supervisor and the social worker as well as the technology it makes available for problem solving
- Develop and practice skills on direct supervision of social workers and other staff.

Expected Results:
- Be able to enumerate and describe various theories of supervision.
- Develop skills in resource development, program planning, development and operation
- Develop a personalized style of supervision based on theory that incorporates an understanding of multicultural competency and ethical and legal considerations
- Be knowledgeable of and able to demonstrate skills in individual and group supervision.
- Demonstrate decision-making, which reflects the internalization of the goals, values and ethics of social work
- Demonstrates the ability to assess the needs of social workers and develop techniques to help them to develop competencies needed to achieve objectives of the agency.

Module Timeline:
1 day

Main Issues Addressed in the Module:
- Definition of supervision
- Supervision process and models
- Principles of supervision
- The role and responsibilities of supervisor
- Effective supervision
- Sources of work related stress for the social worker
- Individual Supervision and Group Supervision
- The characteristics of supervision in multi-disciplinary agency
- Barriers to effective supervision:

Keywords:
- Supervision
- Role
- Responsibilities
- Individual supervision
- Group supervision
- Supportive
- Educational
- Administrative
- Value
- Skills
- Barriers in supervision

Main Resources:

- Harkness, D. (1995). The art of helping in supervised practice: Skills, relationships, and outcomes. *The Clinical Supervisor*, *13*(1), 63–76.
- Harkness, D. (1997). Testing interactional social work theory: A panel analysis of supervised practice and outcomes. *The Clinical Supervisor*, *15(*1), 33–50.
- Harkness, D., & Hensley, H. (1991). Changing the focus of social work supervision: Effects on client satisfaction and generalized contentment. *Social Work*, *36*(6), 506–512
- Kadushin, A. (1992). Supervision in social work (3rd ed.). New York: Columbia University
- Kadushin, A., & Harkness, D. (2002). *Supervision in social work* (4th ed.). New York: Columbia University Press
- Munson, C. E. (2002). *Handbook of clinical social work supervision* (3rd ed.). New York: Haworth Social Work Practice Press
- Rock, B. (1990). Social worker autonomy in the age of accountability. *The Clinical Supervisor*, *8*(2), 19–31.
- Shulman, L. (1993). *Interactional supervision*. Washington, DC: NASW Press
- Tsui, M. S. (2001). *Towards a culturally sensitive model of social work supervision in Hong Kong*. Unpublished doctoral dissertation, Faculty of Social Work, University of Toronto.
- Tsui, M. S. (2005a). *Social work supervision: Contexts and concepts.* Thousand Oaks, CA: Sage.
- Veeder, N. W. (1990). Autonomy, accountability, and professionalism: The case against close supervision in social work. *The Clinical Supervisor*, *8*(2), 33–47.
- http://www.knowledge.scot.nhs.uk/nmahpsupervision/participation/models-of-supervision/theoretical-models/proctor%27s-functional-interactive-model.aspx
- http://www.slideshare.net/NeilBallantyne/supervision-in-the-network-society
- http://www.childcentredpractice.co.uk/Websites/ccp1/images/CCP%20main/6-1%20Handbook-Effective%20Supervision%20v7-1.pdf
- https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/175391/Munro-Review.pdf
- https://www.uaa.alaska.edu/socialwork/field_education/field_instructors/articles/upload/Supervision-in-Social-Work.pdf
- http://repository.up.ac.za/bitstream/handle/2263/26952/02chapter2.pdf?sequence=3&isAllowed=y

Metodology / Tools:

- Powerpoint presentations
- Group discussions
- Case studies

Session I

Definition of Supervision: Supervision Process and Models

Definition of Supervision

Supervision is a 'dynamic learning and developmental process in which both parties learn and grow together' (Page and Wosket, 1994) is a place where a living profession breathes and learns (Hawkins and Shohet, 2006). Supervision is a process that positively encourages us to reflect on our professional practice, exploring attitudes and values and how they impact on our actions and interventions. It is the space for supervisees 'to explore their practice, build theory, attend to feelings and values and to examine how they may act' (Smith, 1996) and also is to enhance another person's ability to reflect critically on his practice so that an understanding of the basis for action can be developed' (Wooder, 2008)

The supervisor has a direct and indirect role to play in the development of the social work supervisory practice. The supervisor acts as enabler as it is his responsibility to help the social worker to manage his workload effectively and to achieve the goals of the organization. He performs the role of middle manager within the organization and has to act responsibly in the interest of the organization as well as the social worker. He acts as communication channel to both the organization and the social worker and ensures that they interact with each other. The supervisor not only has an administrative responsibility, but also has to provide the social worker with professional support and guidance to ensure that he renders a cost-effective service to the client.

Supervision can be a very important part of taking care of oneself, staying open to new learning, and an indispensable part of ongoing self- development, self-awareness and commitment to learning'.

Therefore, supervision should.

- Improve the quality of decision-making and interventions
- Enable effective line management and organisational accountability
- Identify and address issues related to caseloads and workload management
- Help to identify and achieve personal learning, career and development opportunities

Supervision Process and Models

The need to provide a framework for supervision emerged in the 1980's and a number of theorists put forward various models. Since then many supervision models have emerged. A number have arisen from the counselling context (for example, psychoanalytic, humanistic and behavioral). These models seek to emulate the principals of the therapeutic approach. Other generic models are also available and may be useful to the Guidance Counselling context.

Shulman (1993) interactional supervision model gives ample is particularly useful in fields such as child welfare, where frontline workers are less likely to have formal social work education. Shulman notes that most social work supervisors describe making the transition from frontline worker to supervisor as a very difficult process in which they received very little support. He articulates a stage approach to his suggested interactional methods of supervision:

Preliminary Phase:

The supervisor's task prior to engagement in supervisory interactions is to acknowledge and reflect upon the supervisory scenario. Supervisors must examine any dynamics that would interfere with successful supervision. One example to consider is the training or experience of the supervisor. In cases where staff are more experienced, or perhaps more educated it can be difficult for the supervisor to embrace the power and authority needed for success.

Another example might include the shift from the role of co-worker to supervisor, and the necessary reorganization of boundaries, responsibilities, and social components. Each of these scenarios may require an adjustment in approach, specific topics of communication, and consideration of the most appropriate goals for beginning work together.

Beginning Phase (1993), he identifies four tasks:

- Contracting for role, purpose, and authority;
- Getting feedback from workers on their perceptions;
- Discussing mutual obligations and expectations;
- Develop a relationship.

By getting feedback from workers and establishing a working "contract" or agreement for the nature of the supervisor/ supervisee relationship, each party involved recognizes and makes explicit what to expect, where to seek assistance, clarification of reporting requirements, and plans to go forward.

Work Phase

Then supervision includes cluster of skill sets that supervisors employ to facilitate growth and development in workers. These include, but are not limited to:

a) sessional tuning in skills
b) sessional contracting skills, or identification of agenda items with attention to staff concerns
c) elaborating skills, to facilitate deeper and richer conversations
d) empathic skills, which offer support and validation of staff experiences and feelings
e) reaching for feelings, or reflection on affective messages
f) acknowledging feelings, communication of understanding of feelings
g) sharing feelings, which assist supervisor's presentation of self as human beings, with vulnerability, anger, warmth, etc.
h) making a demand for work, necessary to facilitate continued work in the face of ambivalence and resistance
i) understanding the change process, and the importance of acknowledging safety needs during change

j) partializing worker concerns, breaking down complex challenges
k) holding to focus, assisting staff who are distracted or avoidant (Shulman, 1993)

Kadushin's Map (1992) is primarily concerned with organizational management. Alfred Kadushin argues supervision in social work is useful and helpful in many ways. His argument goes back to earlier theories such as John Dawson (1926) who stated the functions of supervision in the following terms:

1. Administrative - is associated with meeting instrumental needs, relates to the effective and appropriate implementation of agency policies.
    The goal of supervision is to ensure adherence to such policies and procedures and focuses on the supervisee's role in the agency

2. Educational - is concerned with the problem of a deficiency in worker knowledge.
    The goal is to address it by increasing knowledge and developing skills through reflection on and exploration of the work.

3. Supportive - meets expressive needs and seeks to address problems of worker morale and satisfaction.
    The goal is to improve morale, reduce work-related stresses and maintain a harmonious work environment (Kadushin, 1992)

Kadushin (1992:22-23) defines the supervisor very comprehensively: "A social work supervisor is an agency administrative staff member to whom authority is delegated to direct, coordinate, enhance and evaluate the on-the-job performance of the supervisees for whose work he is held accountable. In implementing this responsibility, the supervisor performs administrative, educational and supportive functions in interaction with the supervisee in the context ofa positive relationship. The supervisor's ultimate objective is to deliver to agency clients the best possible service, both quantitatively and qualitatively, in accordance with agency policies and procedures."

Aims of supervision (Kadushin, 2002)	
Administrative	Provision of oversight of and accountability for practice Development and maintenance of competence Safety system for the service
Educational	Professional & educational development Reflection on practice Application of theory to practice Foster innovative and creative practice Clarification of role and relationships Clarification of the therapeutic relationship Increased beneficial outcome for service users

Supportive	Empowerment Encouragement Support Management of the emotional effects of the work Provision of a sale place to explore ethical and safety issues Management of wider organisational or team issues Promotion of job satisfaction Management of stress and prevention of "burn out" Enhancing welfare and well-being
	Adapted by: McKenna, Thom, Howard & Williams (2008)

Proctor's Map

According to Proctor supervision has a co-operative facilitative process with two aims:

1. to enable the supervisee to develop as an effective working person.

2. provides a forum in which the worker accounts for themselves and their work to assure themselves and others requiring accountability

The model proposes three functions:

1. The normative function is associated with administration/accountability and quality assurance. It is concerned with management and issues of safety for the client group.

2. The formative function is broadly educational and focuses on skills, knowledge and professional development (learning).

3. The restorative function is concerned with providing support to alleviate stress and identifying solutions to problems in practice

These are usually presented separately, but in practice there may be overlap between them. Hawkins and Shohet's Map

Hawkins and Shohet (2006) also propose three functions of supervision.

1. a qualitative dimension; put the focus on improving the quality of the supervisee's work.

2. a developmental focus attends to supervisee work-related competence and capacity

3. resourcing function seeks to increase the supervisee's ability to resource and sustain themselves

1. Self-centred 'childhood'	2. User-centred 'adolescent'	3. Process-centred 'adult'	4. Process-in-context-centred 'mature'
• Dependent on supervision	• Fluctuates between autonomy and dependence	• Increased professional confidence	• Professional maturity
• Anxious about being evaluated	• Over-confident v overwhelmed	• Sees wider context in which user's needs exist - 'helicopter skills'	• Can articulate professional knowledge and insight to others
• Diffidence about making professional judgements	• Less simplistic, engages with complexity	• Can generalise and reflect on learning and skills	• Able to supervise or teach others
• Over focus on content, task and detail	• Tailors interventions to users	• Supervision more collaborative and challenging	• Increased self-awareness of strengths and gaps
	• Owning the role		
Supervisory needs	**Supervisory needs**	**Supervisory needs**	**Supervisory needs**
• Structure • Information • Teaching • Constructive and regular feedback • Encouragement	• Freedom to test out • Space to learn from mistakes • Reflection on realities and constraints	• Freedom to initiate • Further professional development • To bestretched and challenged • Danger: boredom	• To be given wider responsibility • To have their experience utilised • Less frequent supervision

Fig. Stages of development (Hawkins & Shohet 1989)

Harris (1977) consider that supervision process may require the supervisor to 'go to bat' for the supervisee, for instance to advocate for and gain support for a particular approach with the management committee In terms of the education function, the aim is to maintain and raise the level of practice, in a context where the supervisor understands the personal ideology that motivates workers and how it interplays. The administrative function outlines two aspects to this function; self-development and the acquisition of skills and knowledge developed within a theoretical framework for practice, around which both supervisor and supervisee develop both their technical and interactional capacities in the work.

Systems Approach: In the systems approach to supervision, the heart of supervision is the relationship between supervisor and supervisee, which is mutually involving and aimed at bestowing power to both members (Holloway, 1995). Holloway describes seven dimensions of supervision, all connected by the central supervisory relationship. These dimensions are: the functions of supervision, the tasks of supervision, the client, the trainee, the supervisor, and the institution (Holloway). The function and tasks of supervision are at the foreground of interaction, while the latter four dimensions represent unique contextual factors that are, according to Holloway, covert influences in the supervisory process. Supervision in any particular instance is seen to be reflective of a unique combination of these seven dimensions.

Bernard's Discrimination Model: This model is comprised of three separate foci for supervision (i.e., intervention, conceptualization, and personalization) and three possible supervisor roles (i.e., teacher, counselor, and consultant) (Bernard & Goodyear, 2009). The supervisor could, in any given moment, respond from one of nine ways (three roles x three foci).The supervisor first evaluates the supervisee's ability within the focus area, and then selects the appropriate role from which to respond. Bernard and Goodyear (2009) caution supervisors not to respond from the same focus or role out of personal preference, comfort, or habit, but instead to ensure the focus and role meet the most salient needs of the supervisee in that moment.

Integrative Models of Supervision: integrative models of supervision rely on more than one theory and technique (Haynes, Corey, & Moulton, 2003). Haynes, Corey, and Moulton describe two approaches to integration: technical eclecticism and theoretical integration.

Despite different theories and models supervision is an evaluative process, the theory or theories by which the supervisor chooses to use as a guide need credible and recognizable criteria. Patterson, (1986) proposed what he considered to be the six most vital proponents of a theory:

1. *Preciseness and clarity*: containing clear, consistent, unambiguous wording.
2. *Parsimony or simplicity*: containing the minimum of assumptions necessary to explain the focus of the point.
3. *Comprehensiveness*: regarding the use of the known data in that particular area of interest.
4. *Operationality*: in that the hypotheses and concepts are expressed in clear, evaluative terms.
5. *Practicality*: or useful to practitioners.
6. *Falsifiability*: it is important that the theory can be disproved.

Principles of Supervision

The supervisory relationship is both personal and professional. Observing experienced social workers at work is without question a useful training tool, but is not sufficient to help young employees to develop the skills necessary to become skilled social workers themselves.
The development of social work supervision can be perceived as the result of the influence of external funding bodies and the forces of professionalization over the last 125 years

Principles of supervision emerge

1. *Interpersonal interaction* - Supervision is an interpersonal transaction between two or more persons. The premise of supervision is that an experienced and competent supervisor helps the supervisee and ensures the quality of service to clients

2. *Agency objectives* - The work of the supervisee is related to the agency objectives through the supervisor

3. *Flows of authority, information, and feelings* - In the process of supervision, there are the use of authority (the organizational/ administrative function), the exchange of information and ideas (the professional/educational function), and the expression of feelings (the emotional/supportive function)

4. *Professional values* - As part of the indirect practice of social work, supervision reflects the professional values of social work .

5. *Job performance* - The supervisor monitors job performance, conveys professional values, knowledge, and skills, and provides emotional support to the supervisee (Kadushin & Harkness, 2002)

6. *Evaluation criteria* - In order to reflect both the short- and long-term objectives of supervision, the criteria for evaluating supervisory effectiveness include staff satisfaction with supervision, job accomplishment, and client outcomes (Harkness, 1995; Harkness & Hensley, 1991; Kadushin & Harkness, 2002).

7. *Involving parties* - From a holistic point of view, supervision involves four parties, namely the agency, the supervisor, the supervisee, and the client (Kadushin & Harkness, 2002; Shulman, 1993).

The Role and Responsibilities of Supervisor

The social work profession has an influence on the practice of supervision to social workers in terms of the values it dictates for the relationship between the supervisor and the social worker as well as the technology it makes available for problem solving.

In theory the concepts of social work supervision and social work supervisor indicate a high level of responsibility, skills, techniques and knowledge which are to be implemented and passed on to the social workers. In the practical situation, the realities of the circumstances in which the supervisor is expected to function, such as lack of supervisory training and lack of support, lead him to perform in a stress related manner which results in the social workers not receiving the expected support and guidance.
The Supervisor's Functions: Within the theoretical development of social work supervision there are divergences on the different functions of supervision

Administrative Function

The administrative function provides the organisational structure and the resources directed towards the goal of providing the best possible service to the clients.

The administrative function of supervision can be seen to include activities such as orientating, organizing, planning, leading, allocating, controlling, delegating and evaluating from a middle management position, with a view to promoting the quantity and the quality of work of direct service workers and to achieving organizational goals" (Weekes & Botha, 1988:234). These activities as well as those of the other functions of supervision take place within the context of a relationship between the supervisor and the social worker as well as a relationship between the supervisor and the organizational management. These relationships manifest within the context of the administrative structure of the organization.

The Tasks of Administrative Supervision (Kadushin and Harkness, 2002)

- Recruit, Hire, Induct, and Place Workers
- Develop a Unit Work Plan:
- Assign and Delegate the Work
- Coordinate the Work:
- Monitor, Review, and Evaluate Worker Performance
- Communicate Information and Feedback
- Be an Agent for Change and a Community Liaison
- In fact, by helping staff understand the purpose of agency rules and procedures, supervisors can prevent workers from applying them in rigid, mechanical ways, rather than in ways that best serve their clients.
- Noncompliance Due to a Lack of Information or Skill
- Taking Disciplinary Action in Response to Noncompliance

Educational Function

The educational function provides the training that enables social workers to achieve the goal. Through training the social worker for his responsibilities and tasks, the effectiveness of the administrative function is ensured. The educational function provides the supervisor with an administrative controlling device since the social worker receives training in the values, objectives and procedures of the organization. Both functions are directed towards changing the social worker's behavior in accordance to what the organization expects of him within the specific position in which he is employed. The educational tasks of supervision require teaching and technical skills. The supervisor is charged with providing the training that allows workers to achieve their objectives and the skills that prepare them to do their jobs more effectively and independently.

a) A tutorial or teaching model is commonly used with workers who have little professional experience.
b) A supervisor may switch between the role of educator and the role of consultant, based on a worker's needs.
c) Staff Development, In-Service Training, and Educational Supervision

In order to have positive results with the educational function of social work supervision, researcher recommends that the following components be present during the implementation of the function:

- Starting where the social worker is - analyzing the initial state of the social worker i.e. what he knows or can perform prior to training, and how he learns best.
- Describe the learning goal to be achieved - compile an individualized training program for the social worker.
- Identify the conditions (instructional techniques, procedures and materials) that the social worker needs to be able to gain competence
- Assess and monitor the learning process to determine progress and whether alternative techniques should be used.
- Repeat the process.

Characteristics of Effective Educational Supervision:

A productive individual conference in educational supervision generally has the following characteristics.

1. The conference is planned and prepared for in advance by both the supervisor and worker.
2. The conference has a clear objective, which has been mutually selected by the supervisor and worker.
3. The conference focuses on the worker's clinical work.
4. The supervisor creates an atmosphere that is optimally suited to learning.
5. The supervisor applies effective teaching and learning principles.
6. The discussion emphasizes critical analysis by the worker of her own performance with the client, with guidance and input by the supervisor; one of the supervisor's jobs here is to be a resource person for the worker.
7. The supervisor provides the worker with clear, relevant feedback that will help her improve her performance.
8. There is follow-through, continuity, and connection from one conference to the next.

Supportive Function

The supportive function of social work supervision places the focus on a major difference in emphasis between the role of the social work supervisor and that of supervisors in many businesses and industries. It is clear that, whether because of lack of resources, actual or threatened violence, obstacles to change, or lack of support, stress appears to be found consistently within social work. These types of job stresses and tensions inherent in many social services organisations often dictate that much of the supervisor's time is spent in providing psychological support to a social worker

The supportive tasks of supervision call for interpersonal skills. The supervisor is responsible for making sure workers have the psychological and interpersonal resources needed to operate effectively on an emotional level. This allows workers to do their job more effectively and derive satisfaction from their work.
Supportive supervision attempts to improve a worker's performance by reducing job-related stress and increasing motivation, job satisfaction, and job commitment.

In providing supportive supervision, the supervisor generally does the following:

1. provides the worker with opportunities to succeed on the job and with chances to function more independently as her competence continues to grow.
2. increases the worker's capacity to handle job stresses
3. helps workers develop a clear understanding of the agency's policies and their goals and role within the agency in order to prevent confusion and uncertainty.
4. encourages supportive peer-group interaction and cooperative relationships among staff
5. provides supportive supervision while performing the administrative and educational functions of his job if he performs those functions in a manner that communicates support to the worker.

Motivational Function

Motivation is an integral part of social work supervision, as the supervisor has to motivate and activate the social worker to render effective and efficient services to individuals, families. groups and communities. It is important that the supervisor has knowledge of the multiple theories of motivation that are known in the literature. First. motivation, as it is applicable in the social work profession. is defined. Thereafter the applicable theories of motivation are identified. According to Weiner (1991 :302) motivation refers to an internal motivating force that leads to a person acting in a certain way. The supervisor is in a position to activate the social worker. The actions of the supervisor towards the social worker can promote motivation as he identifies the elements and factors that motivate the social worker through the social worker himself. This means that the supervisor activates the social worker to do the activities that have the best results. but that the motivation to do the activities comes from the social worker himself. The implication is that the supervisor cannot affect the internal state of the social worker, but he can create environmental circumstances so that the social worker can expect that his personal goals will be satisfied through the achievement of the organizational goals.

Function for Personality Enrichment

The social worker enters the social work profession and an organization where other social workers and personnel are already well established in their work responsibilities and relationships. The social worker has to establish relationships with colleagues, his supervisor and his clients. The opportunities to acquire professional skills and abilities are available within these relationships that have to be established. The emotional, intellectual and social growth and development of the social worker are determined and influenced by the type and quality of these relationships. The personality of the social worker plays an important role in the establishment and the maintenance of these relationships. The quality of these relationships contributes to the enrichment of the personality of the social worker with reference to his personality traits.

Function of Modelling

According to Kadushin (1992: 156) not all significant content can be taught didactically, through discussion or experimentally, but that content can only be taught through modeling. "Modeling involves deliberately selected displays of behavior by the supervisor for didactic purposes. Modeling involves "observing" desirable worker behavior available from a variety of sources reading typescripts of interviews, watching interviewing through a one-way screen or sifting in on an interview. All these procedures provide the supervisee with a model of how a worker should behave in contact with a Client" (Kadushin, 1992:156). Peiser (1988:200) describes modelling as a process in which a model is given to the social worker and the worker is to observe and investigate the applicable interactional behavior that relates to the specific situation. The observed behaviour is structured and investigated deliberately for the social worker to be able to learn from the modelling

Session II

Challenges in Supervision. Individual Supervision and Group Supervision

Effective Supervision

Christian & Hannah (1983:98) identified four characteristics of effective supervision. These characteristics have not changed, but are still applicable in the implementation of good supervisory practice.

The characteristics are:

- Productivity - monitoring and directing the activities of staff to ensure a quantity of output consistent with work performance standards and the goals and objectives of the organization.
- Quality control - supervisor's actions to ensure that staff performance results in a quality of service consistent with client need, legal policy, social work guidelines and organizational policy and procedure.
- Morale - actions of the supervisor to promote the positive morale and job satisfaction of the social workers.
- Education - supervisor's actions for improving his own job-related knowledge, skills and personal adjustment as well as that of the social workers for whom he is responsible.

The following qualities are indicated to be important for the supervisor:

- Provides direction.
- Has knowledge of the organization's structure.
- Confronts when appropriate.
- Helps social worker assess own strengths and growth areas.
- Has the ability to acknowledge good performance.
- Provides constructive negative feedback.
- Be sensitive when giving criticism.
- Builds social worker confidence.
- Has empathy for colleagues and clients.
- Provides emotional support.
- Demonstrates warmth.
- Uses authority appropriately.
- Is eager to learn and improve his supervisory practice.
- Looks for ways of improving the job and gives man~gement the benefit of his thinking.
- Makes evaluation a relaxed, open process with fresh approaches that can be supported by evidence.
- Respects and cares about the social worker.
- Provides a rational for directions.
- Uses self-disclosure.
- Has been a good social worker himself.
- Encourages development of personal style and social worker independence.

- Has the ability to influence others positively.
- Matches input to the social worker's level of experience.
- Understands social worker's clinical problems.
- Avoids applying methods of casework to the social worker.
- Provides structure for the supervision session.
- Attempts to resolve problems related to the supervisory relationship.
- Avoids game-playing within the supervisory relationship.
- Displays flexibility.
- Demonstrates professionalism.
- Acknowledges own limitations.
- Be honest and have self-awareness with regard to his abilities.
- Willingness to handle self-development.
- Has training skills.
- Matches input to the social worker's learning style.
- Increases the social worker's learning ability.
- Has knowledge of the field of training to be covered.
- Switches supervisory styles in response to new Situations.
- Values the ideas of the social workers.
- Listens to feedback from the social workers.
- Is open to other viewpoints that the social worker may express.
- Implements the functions of supervision in such a manner that supervision is experienced by the social worker as a creative learning opportunity.
- Effectively implements the functions of management.
- Acts as model that is worth following.
- Supportive towards the social worker and management.
- Always reacts in a positive way.
- Maintains good work habits.
- Displays self-confidence and acts relaxed.
- Calls social worker by name at least once per session.
- Keeps personal needs from interfering with supervision.
- Negotiates roles of supervisor and social worker.
- Has the ability to communicate clearly.
- Has the ability to handle emotional pressure.

Challenges in Supervision

A social worker who is struggling to handle stress can progress into a full-blown episode of burnout if support is unavailable. Supervisors must be alert to such events and provide a supportive environment that gives the social workers the opportunity to verbalise and work through their anger, frustration, guilt, sense of failure or other strong reactions they may have. Munson (1993:235) indicates that if the supervisor does not assume a supportive role, he becomes another contributing factor to the social worker's stress.

It was clear from the literature that there are many possible sources of work related stress within the social work profession

Sources of Work Related Stress for the Social Worker

- Chronic job pressures without adequate support will result in social workers experiencing a measure of physical. Emotional and mental exhaustion.

- Confusion about role prescriptions and expectations; role ambiguity; unclear work objectives; unclear working procedures; lack of feedback and uncertainty surrounding job performance are sources of work related stress.

- The decision making responsibilities of social workers toward clients and the organisation are sources of stress for social workers. Decision making stress is enhanced by the importance and complexity of the decision, the lack of information and time available to make the decision and the lack of confidence of the social worker who must make the decision.

- Administrative supervision in terms of the policies and procedures of the organisation and the requirement for work assessment and evaluation is a source of tension for the social worker.

- Educational supervision referring to the fear for change experienced by the social worker.

- The supervisor/supervisee relationship in terms of the SOCial worker feeling insecure and inadequate.

- Direct contact with clients and having to deal with their emotional demands also serve as sources of tension for the social worker
    - Stress can result from the nature of social work tasks and the conditions under which they are carried out. Experiencing too little time to perform tasks to the satisfaction of the social worker himself i.e. meeting deadlines imposed by others.
    - Social workers in many large social services organisations may e.g. have to face the stress of adapting to constantly changing directives or the restriction of scarce services or resources.
    - Social worker himself is a source of stress in terms of his inability to adapt to the work environment; unpreparedness for the specific position; lack of necessary skills for the position; lack of self-confidence and a change in his perception of job satisfaction. Community attitudes toward social work and its function affect social workers. This attitude has changed over the years from approval, confidence and trust through questioning ambivalence, to a greater measure of critical mistrust and cynicism. Social workers have to counteract these negative attitudes.
    - The necessary contact with other professionals as well as significant others of clients such as relatives is also a factor of stress for the social worker.
    - Rendering supervisory services to social workers (subordinates) is an important stress factor.
    - Physically unsuitable or uncomfortable work environment is a definite source of tension for the social worker.

Stressors in the Personal Lives of Social Workers

- Personal role conflict.
- Personal injury or illness.
- Death of a family member.
- Family disagreements.
- Dual career marriages.
- Adult relatives in immediate family.
- Other personal adult relationships.
- Other relatives and own children.
- Financial difficulties.
- Housing difficulties.
- Unemployed close relative.
- Legal difficulties.
- Sexual difficulties.
- Fear of not being needed and being retrenched

Work stress can be reduced through the supportive function of supervision. Positive interaction with co-workers provides technical help or instrumental support, information, challenge, feedback on performance, emotional support and organizational power. Sources of support include team members, supervisors, colleagues, friends and family.

Individual Supervision and Group Supervision

The appropriate model of supervision may vary depending on a number of factors, including the experience of supervisor, the weight of their workload and their professional background. Most frequently references are for individual (one-to-one) supervision or group supervision

A. Individual Supervision

1. The individual supervisory conference is the most common kind of meeting between supervisors and workers, but in many agencies individual supervision is supplemented by other forms of supervision, especially group supervision. When that arrangement is used with a group of workers, the same supervisor is generally responsible for both individual and group conferences. One reason for this is that individual and group supervision should complement each other.
2. In the course of providing individual supervision to a worker, a supervisor may (1) review the worker's entire caseload over the course of multiple conferences, so that all cases receive some attention; (2) review the worker's cases selectively; (3) review only cases with which the worker is having (or is likely to have) difficulty; or (4) review only cases the worker selects for review.
3. Individual conferences are usually scheduled in advance and occur on a regular basis, but impromptu conferences can be held when a worker faces a crisis with a client.
4. The supervisor develops a teaching plan for the upcoming conference or series of conferences.
5. Holding the Conference: For educational purposes, the individual conference is essentially a tutorial in which the supervisor provides education and feedback to the worker. A conference focusing on a worker's clinical work will usually emphasize case management (i.e., increasing understanding of the client and his/her situation, planning

intervention strategies, etc.) and (2) further development of the worker's knowledge, skills, and professional identity.

B.   Group Supervision

1.   The group supervisory conference is a meeting between a supervisor and a group of workers who fall under the supervisor's administrative authority; a typical group includes four or five workers. In some agencies, the group conference is the main form of supervision; in most agencies, group supervision is used along with individual supervision.

2.   The Purpose/Content of Group Conferences: As with individual conferences, group conferences are scheduled ahead of time to take place on a regular basis and their content is planned in advance. Each group conference should have a clearly defined purpose.
    a) Case Presentations: Clinical case material is typically used to stimulate group discussions.
    b) Examples of content that may be covered in group supervision meetings include interviewing clients, recording procedures, referral procedures, caseload management, worker-client interactions, ethics, communications from administration etc.

3.   Leading the Group: The supervisor has primary responsibility for leading the supervisory group, but the group as a whole shares responsibility for decisions about the group's purpose and function.

4.   Advantages of Group Supervision: According to Kadushin and Harkness (2002, pp. 391-399), the advantages of group supervision include the following:
    a)   More efficient and cost-effective use of administrative time and effort.
    b)   Efficient use of a greater variety of teaching approaches (e.g., films).
    c)   Workers have an opportunity to share their experiences with similar job-related problems and solutions.
    d)   Workers can receive emotional support from members of the group.
    e)   Morale increases when workers share common job-related problems (i.e., universalization and normalization).
    f)   Workers can measure their relative competence by viewing others' work.
    g)   Some (but not all) workers are more comfortable learning in a group setting.
    h)   Some workers need "safety in numbers" to challenge their supervisor (e.g., to voice objections to what he is saying).
    i)   Encourages interaction and peer-group cohesion among workers in a unit.
    j)   The supervisor can observe how workers interact in a group.
    k)   The group format can make it easier for a supervisor to fulfill his role responsibilities when they conflict – e.g., while the supervisor informs a worker about task expectations (instrumental role), the group can communicate support (expressive role).
    l)   It can be easier to modify a worker's behavior when the members of her peer group have supported the supervisor's point of view.
    m)   Workers can observe the supervisor in a group and learn group-interaction skills from him.
    n)   Group supervision offers a transitional step toward independence from supervision

5. Disadvantages of Group Supervision: According to Kadushin and Harkness (2002, pp. 399-402), the disadvantages of group supervision include the following:
   a) The primary disadvantage is that group conferences must focus on the general, shared needs of all workers in the group. A group conference can't address the specific needs of any one worker;
   b) There may be obstacles to learning if interpersonal conflict develops between/among workers in the group.
   c) It can be difficult to incorporate a newly hired worker into an existing supervisory group.
   d) Whereas an individual conference presses a worker to arrive at her own solutions and decisions, the group format allows her to avoid this responsibility and rely on the group's solutions and decisions.
   e) If a worker is anxious about hearing critical feedback, the multiple sources of feedback available in the group can be a problem.
   f) The supervisor has to communicate in a way that's meaningful to all the group members.
   g) Because there are several workers and one supervisor, the workers might organize against the supervisor, or the supervisor may otherwise lose of control of a meeting.

If the group is highly cohesive, the members may feel pressured to conform to group thinking – i.e., groupthink may begin to operate. While such uniform thinking may influence individual workers to accept agency procedures, etc., it also tends to suppress innovation and individuality. To lessen groupthink, a supervisor should, among other things, encourage and support the expression of diverse ideas within the group.

Importance of Trust and Safety in Group Supervision

The development of trust and safety may be impeded when a member of the group takes on the role of "consultant" (i.e., the person who is never listening, always "one upping" other team members, or giving an answer or suggesting a "better" approach).

 Trust and safety in the group may be compromised when the members vary significantly in their approaches to practice, and/or when members come from a variety of disciplines with varied levels of experience.

Strategies to Promote Group Cohesion

Structure

- Teach group skills and how they relate to group rationale and goals for group supervision.
- Clarify purposes of the group (informational, educational, administrative).
- Explain how clients will be discussed, group norms, structure, how feedback will be given and received, how time is shared, how conflict and competition in the group will be handled.

Group Process

- Encourage open communication about current and immediate issues among group members, such as group tensions.
- Intervene to ensure that group norms are respected.
- Provide leadership by modelling and identifying facilitative group member behaviours, such as risk taking, and providing constructive feedback.
- Facilitate focused discussion and feedback.
- Provide supportive and helpful feedback.
- Ensure that feedback about practice is balanced and focused and propose possible next steps.
- Encourage team members to respond to each other's concerns in a positive manner.
- Ask direct questions regarding clinician's experiences if soliciting ongoing group feedback is a challenge, such as "sometimes clinicians can feel overly criticized in group supervision. Are any of you having that experience in this group?" This targeted feedback may encourage more group level disclosure because it normalizes clinicians' concerns.
- Validate different perspectives and approaches and stages of learning.
- Rework formative stages of group process.
- Discuss what is and is not working in the group process.
- Provide time for critical reflection on practice and integrate theory and practice in each session.

The Characteristics of Supervision in Multi-Disciplinary Agency

Multi-disciplinary team-work is reputed to be a significant new role for social workers, but the role draws on existing social works skills and knowledge of working collaboratively across agency boundaries with others professionals. Social workers collaborative experience equips them to apply their skills within multi professional teams.

In this section a context is provided in which to consider the specific skills, knowledge and values social workers must develop if they are to operate effectively as multidisciplinary team members.

Session III

Skills And Values in Supervisation: Barriers to Effective Supervision

Skills

Partnership: Skills that engage colleagues, clients and the community in partnership through:

- identification of shared interests;
- clear statement of agreed goals;
- sharing or allocation of specific tasks;
- review of work undertaken and feedback on performance.

Negotiation: Skills in working positively with people from different interest groups

Networking: Ability to draw together connections between people and agencies to create a wide range of helping resources

Communicating: Developing a full range of interpersonal skills. In multidisciplinary setting particularly needed are:

- ability to write effective reports and research findings for the team;
- ability to give non-jargonized written and verbal information to clients about the service;
- sensitivity to the needs of people with language differences;
- ability to develop a common language between disciplines and to describe own role and work in non-jargon terms.

Reframing: Ability to offer different perspectives on problems discussed by the team or clients in order to resolve problems:

- analysing the wider system and placing the problem in context;
- offering social models for understanding what may have been defined in non-social terms;
- facilitating discussion of a wider range of ways of seeing the problem.

Confronting: Ability to confront colleagues and clients in order to challenge dominant view or assert an alternative. This involves:

- use of assertiveness methods;
- integrity and awareness of one's own feelings and values;
- resistance to becoming swamped by the dominant culture;
- modelling alternative roles and methods.

Flexibility: Retaining sufficient agility of thought and practice to learn from the skills and experiences of others.
      .

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Monitoring and Evaluation: The social worker, together with other team members, will need to develop skills in the monitoring and evaluation of the team's work.

Values

Client-centredness: In a multidisciplinary setting it is easier than usual to become embroiled in term policies. Whatever the pressures, the social worker will display an adherence to a client-centred approach.

Respect: The social worker must have respectful attitudes to both users and colleagues.

Openness: Multidisciplinary work requires an open attitude on the part of team members reflected in willingness:

- to learn about the views and skills of others (including users);
- to engage in potentially conflictual areas of discussion;
- to share areas of ignorance as well as knowledge with others.

Knowledge Base

Legal Issues: Knowledge of law relating directly to social work practice;

Professional and Ethical Issues: Knowledge and understanding of professional roles and codes of social work; other professions' roles and code; the accountability of other professions; limits of sharing of information between professions and users.

Social Science*:* Knowledge of sociological theory of organizations and professions; psychological and medical models and theoretical approaches; social policy relating to range of welfare agencies; deprivation, oppressions and deviance,social and community studies;

Organizational Issues: Knowledge of policy and constraints of social work and other agencies;

Resources available from other agencies: Knowledge of welfare rights; housing rights (not only local authority but housing associations and private sector).

Members of multidisciplinary teams walk a tightrope between maintaining their professional identity on the one hand and sharing skills or blurring professional boundaries on the other hand. Other members of the team often have exalted expectations as work members or consider them as the handmaidens of more powerful professionals.

The key elements in multidisciplinary work are democratization and demystification. Effective multi-disciplinary teamwork requires power to be shared not only between workers, but also between the team, its users and the community it serves.

Finally, for team members to understand and share one another's skills and knowledge base a common language must be found. This language should be made accessible not only to team members but to service users. Again, a social worker's ability to communicate effectively is vital.

Multi-Agency Teams

Multiagency working has been shown to be an effective way of supporting children and young people with additional needs and securing real improvements in their life outcomes. The key feature of a multi-agency teams is that practitioners seconded of recruited into the team, making it at more formal arrangement than a multi-agency panel. Practitioners share a sense of team identity and are generally line-managed by the team leader, though they may maintain links with their home agencies through supervision and training.

Key messages from Serious Case Reviews, Eileen Munro's Guidance and OFSTED reports all support the need for good safeguarding practice to be subject to critical discussion and reflection. Supervision is an ideal forum for critical reflection providing the opportunity to consider what life is like for the child; what the level of risk is, what are the protective factors and are our interventions effective. It should enable us to learn from what goes well in practice and what doesn't.

This guidance has drawn upon that and contains some common principles and practice guidance that underpin effective practice in safeguarding. It also looks at what makes an effective supervisor and supervisee and potential barriers to effective supervision. It is hoped that these commonalities applied across all Agencies will facilitate a consistent and joined up multi agency approach to safeguarding children and young people.

A suggested supervision framework is contained in **Appendix 1.**

This is based on work by Tony Morrison and includes D.A. Kolb's Learning Cycle. Both emphasise a multi agency approach with Kolb's Learning Cycle, adapted by Tony Morrison, widely used as a learning tool.

The approach highlights the benefits that can be gained for the four 'stakeholders' in the supervisory process – service user, supervisees, the organisation as represented by supervisors/ managers and multi –agency partners. Implementation of this model will also provide opportunities for reflective practice. A review of this model should evidence improved communication and negotiation with partners, a greater understanding of different professional roles and organisational cultures, clearer accountability for areas of multi –agency working, greater clarity about what information should be shared, with whom and when and how any disagreements will be resolved. These are areas highlighted for improvement in the SCR action plan.

Key Common Principles

Critical Reflection/supervision of practice in safeguarding children can take on a variety of forms including one to one; group or peer supervision or action learning. Whatever the form of supervision, below are key principles which should apply and help ensure that the supervision is effective.

Critical Reflection/safeguarding supervision should:

1. Be a shared organisational responsibility, with a clear supervision agreement between the organisation, the supervisor and the practitioner.

2. Be seen as an essential part of safeguarding practice, and not as an optional activity.
3. Have a child-centred approach and ensure that the child's daily experience is discussed and understood within the context of a whole child and family assessment.
4. Be an opportunity for reflective learning leading to analysis, decision making and informed actions within a culture of multi-agency and collaborative working.
5. Ensure practitioners understand their roles and responsibility; the scope of their professional judgement and authority and their accountability in safeguarding.
6. Maintain professional standards and be consistent with MSCB guidelines.
7. Help identify learning and development needs and promote the skills required to provide an effective service.
8. Recognise the potential stresses in safeguarding practice and offer support appropriately.
9. Establish clarity with regard to information sharing in the interests of children and young people. This should include taking note of the 7 Golden Rules which inform decision making in regard to information sharing **(Appendix 2).**
10. Workers are open to difference, prepared to challenge discriminatory approach, curious about their practice and motivated towards self appraisal.

Practice Guidance:

The terms supervision, job consultation and formal case discussion are used interchangeably across agencies. Supervision in respect of safeguarding is used throughout this policy in reference to these terms. Supervision is a negotiated formal relationship between a supervisor and supervisee, which provides the opportunity to bring together organisational and individual objectives and which incorporates the key principles above.

The main objectives for safeguarding supervision are:

- to achieve competence in providing the highest quality of service against agreed standards, to vulnerable children such as children in need and those in need of protection.
- to ensure accountable performance and that the supervisee is clear about safeguarding roles, responsibilities and actions in the context of legislative and agency requirements, policies and procedures.
- To achieve improved communication between manager and practitioner and vice versa.
- to provide continuing professional development and personal support
- to assist the provision of quality services to users by reducing risk and improving outcomes. Management of risk is central to safeguarding practice. Assessments should reflect the child's needs, parenting capacity and wider family and environmental factors. Each Agency has a responsibility in responding to and evidencing potential *harm to a child.*

Barriers to effective supervision:

If careful and thorough planning and preparation for supervision sessions is carried out, any obstacles to the delivery and reception of effective supervision should be marginalised. Please be aware of the following:

- Case management becoming the main agenda topic rather than a balanced agenda which includes a developmental focus and considers what is going on at any point in time for the supervisee. Do not avoid potentially difficult issues or allow them to accumulate.
- Supervision is not prioritised. E.g. poor time management and allowing interruptions.
- Poor recording which makes it difficult to maintain a consistency of approach both to case management and supervisee development.

- Listen to each other during supervision. The supervisor should not misuse their power. They should not set unrealistic goals but should be able to offer time for reflection and critical feedback in a way that builds on the strengths of the supervisee as well as highlighting areas for development and strategies for meeting these.

Escalation of concerns and risks:

There are sometimes situations when practitioners within or between agencies will disagree about the level of need of and risk to a child or young person. Wherever possible these should be resolved through discussion and early resolution.

Behaviors and Values

There is overlap in the qualities and behaviours needed to make supervision/ critical reflection work for the benefit of the child and family. Both parties must make a commitment to supervision if it is to work effectively. Also, the supervisor and supervisee have to be fully aware of their professional responsibility and accountability.

- Do what you say you will do and model reliability and good practice.
- Be more active and have a creative, problem solving approach to work; working out own solutions, suggesting different ways of doing things in consultation with and appreciating the contributions of others.
- Work hard, demonstrating persistence, flexibility, adaptability, resilience and determination both in own workplace and in the multi-agency environment.
- Goes above and beyond the agreed high standards and expectations, taking personal responsibility for doing things well, assessing need, planning and delivering the best outcomes possible for children and young people.
- Spends the majority of their time doing the most important things, not the easy things, being open to feedback and willing to act on it.
- Building relationships with the public, colleagues and service users reporting back so that others know what is happening.
- Shares own knowledge and experience with others and offer constructive feedback so that others can develop and improve.
- Shows commitment to diversity and inclusion.

Peer or Group Supervision / Critical Reflection

This should be encouraged as part of performance and audit frameworks in both single and multi – agency arenas. It could include peer observations, role modelling, shadowing and case discussions. This should be recorded and feedback should be shared as part of continual professional development.

Written Agreement

It is useful to have a negotiated written agreement between supervisor and supervisee as a means of making explicit authority, accountability, expectations, rights and responsibilities in working together towards agreed goals.

Audit Frameworks:

There is an expectation that everyone working with children has access to regular, high quality supervision of their practice which is reflective and seen by the worker as effective and challenging.

Summary:

Supervision, including reflective/safeguarding supervision, is therefore a planned, accountable, often a two way process which should support, motivate, assist and ensure all workers develop good safeguarding practice. It should be underpinned by an agency supervision strategy and policy based on agreed values, principles, language and expectations. Supervision outcomes should ensure workers are confident and competent in their own role, are able to develop multi-agency working, improve their performance and learn from practice. Line managers should be confident in their ability to provide high quality reflective supervision and are accountable for supervision practice.

Senior managers are responsible for ensuring that supervision is given priority. Time and resources should be embedded in Agency policies to ensure effective multi – agency working.

Appendix 1
Framework for Supervision: The 4x4x4 Model

Supervision has to address a range of requirements on behalf of different stake holders, involving a complex set of activities. The 4x4x4 model is an integrated framework which demonstrates the interdependence of:

- The four functions of supervision
- The four stakeholders in the supervisory process
- The four elements of the supervisory cycle.

Four functions of supervision:

1. Competent, accountable performance/practice (management function)
2. Continuing Professional Development (development function)
3. Personal Support (support function)
4. Engaging the individual with the organisation and developing the professional relationship. (mediation function)
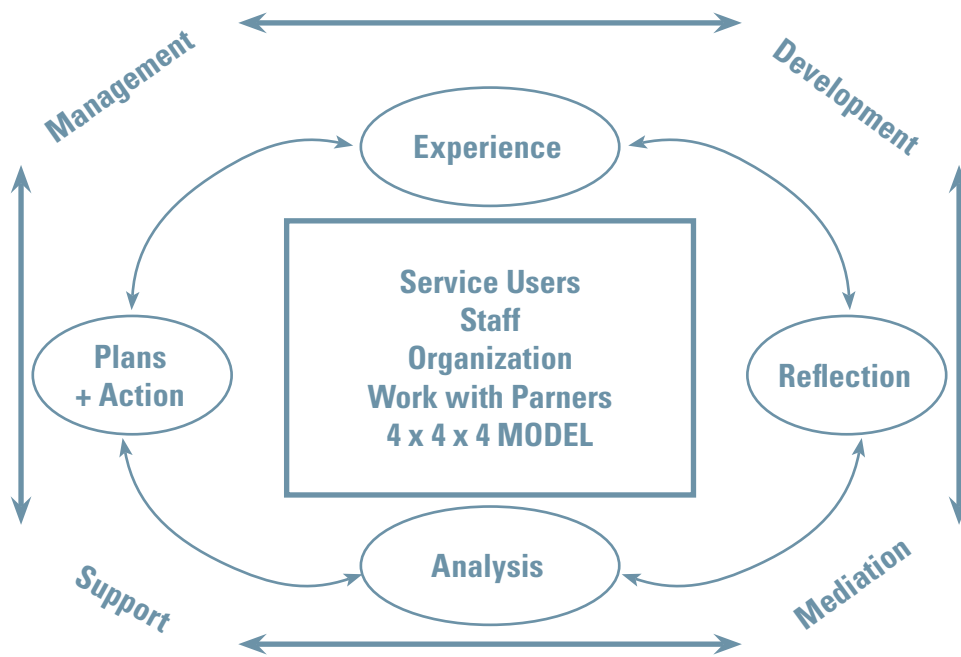
Four stakeholders in supervision:

If supervision is carried out effectively there should be benefits for stakeholders. Examples of benefits as follows:

1. Service users – a clear and focused approach from workers who are able to undertake a comprehensive assessment which takes account of needs, risks and involves service users in the process.
2. Supervisees – have clear role accountability and are able to demonstrate a confident, reflective approach to case management, engaging with a range of partners
3. Organisation – supervisors disseminate agency goals, values and policies. They guide and monitor work leading to the development of consistent practice. They value workers which in turn lead to lower rates of turnover, sickness or complaints.
4. Partners – workers understand the role of partners, are able to effectively negotiate with them and have accurate expectations when involved in multi-agency assessments and planning.
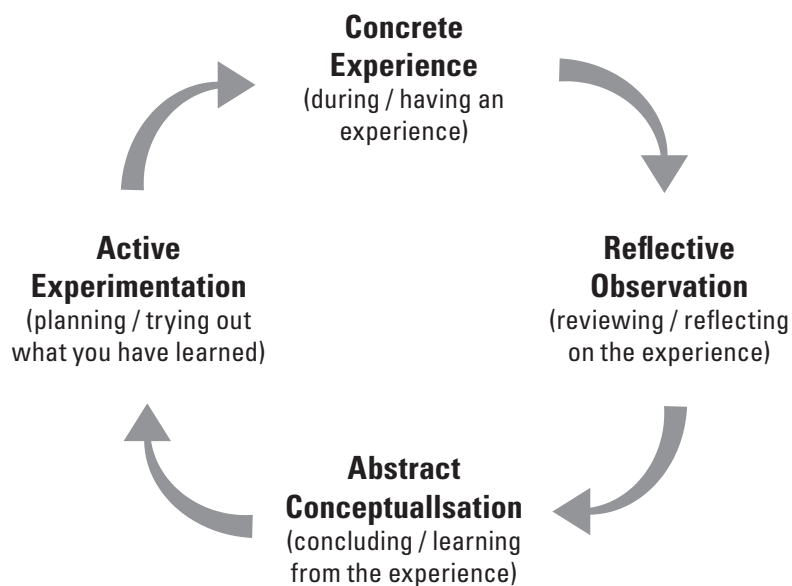
Four elements of the supervisory cycle (based on Kolb's Learning Cycle)

1. Experience – 'the story'
2. Reflection – think about the experience e.g. what worked well, what didn't work as well, what could have been done differently.
3. Analysis – what does the experience mean.
4. Plans/Action – what is the next 'chapter' in the story?

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Reflective Supervision

Kolb's experiential learning cycle

Concrete Experience
(during / having an experience)

Reflective Observation
(reviewing / reflecting on the experience)

Abstract Conceptuallsation
(concluding / learning from the experience)

Active Experimentation
(planning / trying out what you have learned)

Experiencing
- Learning is triggered by experience – a problem to be solved; a situation that is unfamiliar; or a need that must be satisfied.
- May be intellectual, emotional physical demands or needs
- Cycle is triggered by the worker experiencing a problem

Reflecting

- Often by processing feelings, a richer layer of observations is revealed.
- Reflection explores feelings, patterns and connections arising from the experience.
- It promotes the skill to recognise common elements in different situations by reference to the extensive memory bank of cases and experiences that the worker has built up over time – this is crucial.
- Acknowledges and helps process the strong emotional and moral responses that are generated by the social work task.
- It is important to understand what feelings belong to the situation and which to the worker

Analysis

- Reflection needs to lead to analysis
- Lessons learnt from one situation can be applied to others
- Tests hypothesis/theories against research and evidence
- Helps safeguard anti discriminatory practice

Action planning

- Translate the analysis into planning and service delivery
- Analysis and learning tested out in action
- Examining the possible outcomes of actions allow for contingency planning and outcome focused planning

The functional learning environment

- This sits in the middle of the Kolb cycle.
- For it to operate effectively, it is necessary to create a positive organisational culture that will support effective supervision.
- Dysfunctional learning environment – reduces effectiveness of supervision

A functional learning environment requires:

- Clear agency values and goals
- High quality leadership
- Strategic planning and reviewing systems
- Policies, procedures and standards
- Clear thresholds and eligibility levels for service
- A robust performance management framework
- An effective staff development function – constructive processes
- Structures for interagency working
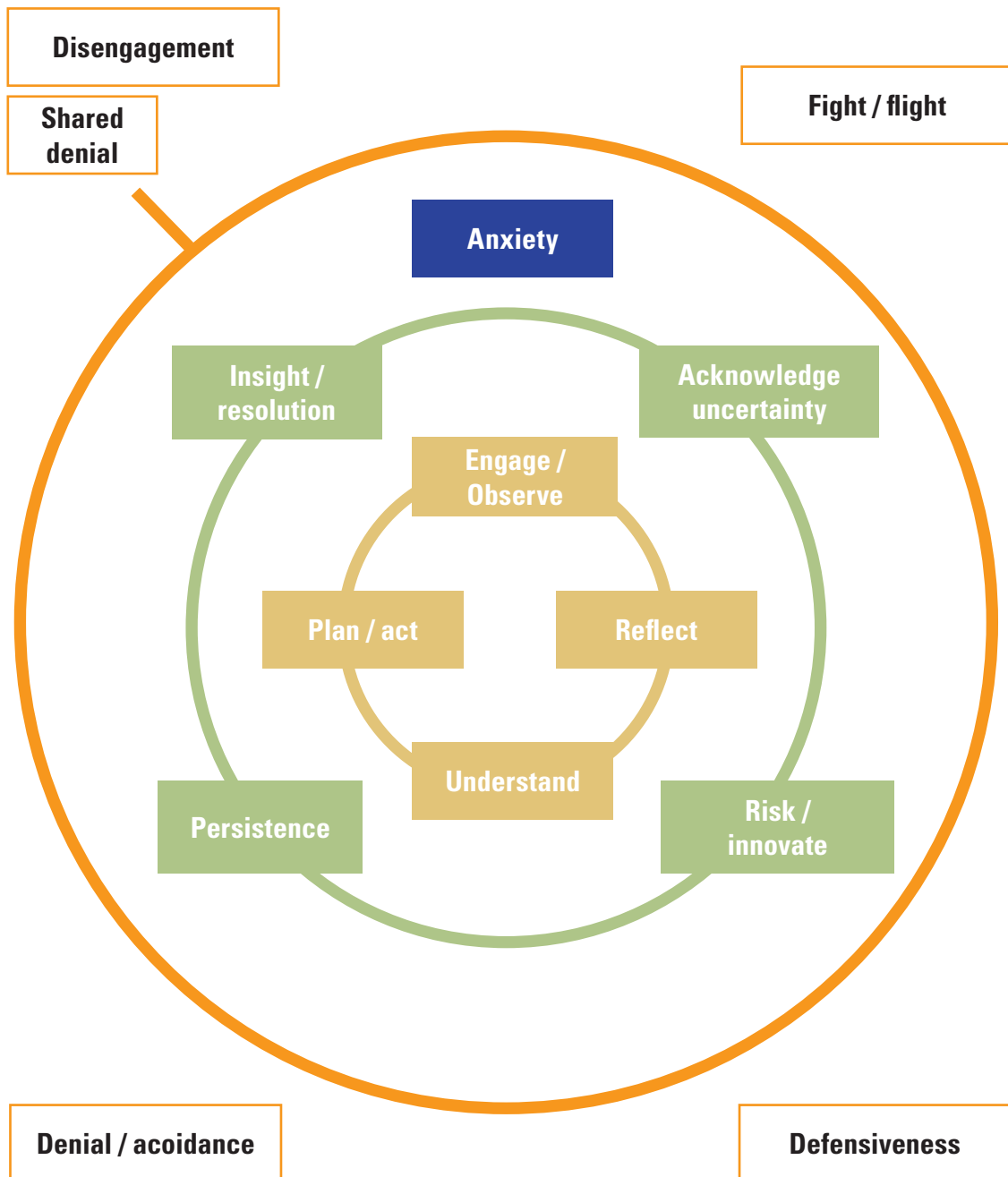- Feedback from staff and service users

Using Kolb's Cycle in Problem Solving

Managing emotional content
- Emotional awareness
- Empathy
- Self-management
- Interpersonal skills

How does our value base affect our responses?

Green Cycle

Appendix 2:
The Seven Golden Rules for Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset and why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest as to protect a child from child abuse or other danger .You will need to base your judgement on the facts of the case.

5. Consider safety and well being: Base your information sharing decisions on considerations of the safety and well being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared effectively.

Keep a record: of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Problem-Solving Exercise using Kolb's Cycle

Aim: The aim of this exercise is to practice using the four parts of the Kolb cycle in a problem solving situation.

1. In your small group, identify someone willing to bring a real issue around supervision that they will work on with the group for 30'. This could be about a worker's performance, or a case-based issue. The interviewee should give a **brief outline only** of the issue to be brought. **Confidentiality is emphasised**.

2. Then allocate the remaining 4 members to one part of the Kolb cycle each, e.g. one to focus on 'experiencing', one on 'reflecting', one on 'conceptualising', one: active experimenting. The task of each interviewer is to use their role to assist in exploring the problem, e.g. the reflector will be exploring feelings, or patterns, whilst the conceptualisor will be helping the interviewee to analyse the problem etc. It may be useful to take a role with which you feel less confident.

3. The four interviewers to spend 10' preparing: use the Reflective Questions as a prompt. Think about where to start: exploring the facts (experience), or exploring the feelings (reflection) etc.

4. Discussing the problem: 25'. Using the 4 different problem solving roles, work together with the interviewer to explore the issues and develop problem solving strategies. Don't worry if the problem is not solved in 3D', the aim is to provide your colleague with 30' problem solving assistance. Please try and stay within your problem solving roles.

5. At the end of 25', each of the interviewers should summarise back to the interviewee what you have heard, e.g. the reflectors will summarise what they heard in terms of feelings.

6. Debrief the exercise:
   - What did you notice about the way those different questions, or the sequence in which they were asked, elicited different types of information and response?
   - What was the effect of this structure on the problem solving process? What advantages or disadvantages did it bring?
   - What did you learn about the types of questions you ask less often?
   - What might be the potential benefits of this structure for group supervision?

Giving Critical Feedback

Aim: to prepare a critical feedback statement and to rehearse giving the statement. This exercise is not a role play.

In your small group:

1. Each person **on their own,** without discussion to think of a real, preferably current situation in which you as a supervisor need to give critical feedback to a supervisee about their performance or practice, e.g. poor record keeping, lateness, judgmental attitude etc ..

2. Imagine you have planned to address this issue at the opening of the next supervision session. Now write down an opening statement in which you explain your concerns to the supervisee by giving them specific feedback. Pay attention to the items listed on page 191 of the Supervision book. Take max 10 mins to do this

3. Having prepared the statements, each person in the group takes turns to very briefly explain the context in which the statement is being given, and then reads their statement out. Please read this slowly and repeat it if necessary.

4. The other members of the group listen to the statement and then comment on:
   - what was good about it in terms of its specificity, ownership, clarity, and message to the supervisee;
   - whether any bits were unclear, or ambiguous
   - any ways in which the statement might be improved.
   - Each statement and the commentary on it should take no more than about
   - 5 mins to read and discuss.

Main Objectives:
- Introduce the role of social worker in the field of child protection
- Describe the purpose of social work.
- Discuss the values of social work.
- Discuss the roles of social workers in child protection.
- Introduce procedure and practice of social worker

Expected Results:
- Describe and practice the role of social worker in the field of child protection
- Identify the principles that should guide the work of a Social Worker for Child Protection
- Explore the duties of social worker on child protection
- Describe the principles of the work of social worker

Module Timeline:
1 day

Main Issues Addressed in the Module:
- Role of the social worker on Child Protection
- Principles of work of the social worker
- Ethical principles
- Philosophy of Child Protection Services:
- Skills of a Social Worker for Child Protection
- Social Work Procedures and Practice
- The Challenges of CPS Work

Keywords:
- Value
- Principle
- Cooperation
- Skills
- Confidentiality
- Referral
- Assessment
- Integrity
- Dignity
- Code of ethics

Main Resources:
- Webb. N. B.; Social Work Practice with Children, Second Edition.
- USAID (2008). Social Work Education and the Practice Environment in Europe and Euroasia.
- Beckett. C. (2003). Child protection: Un introduction. Sage Publications Ltd.
- Health Service Executive (2011). Child protection adn welfare: Practice Handbook

Methodology/ Tools:
- Lessons/PPT
- Discussion
- Case study
- Exercises
- Exchange of experiences

Title of the Topic:
The Role of Social Workers

Session I

Topic: Role and Responsibilities of Social Workers in Relation With Child Protection

Time:
3 hours

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session objectives:
- Introduce the role of social worker in the field of child protection and refer to the field practice
- Describe the philosophy and the value of social work

Resources:
- Webb. N. B.; Social Work Practice with Children, Second Edition.
- USAID (2008). Social Work Education and the Practice Environment in Europe and Euroasia.
- Beckett. C. (2003). Child protection: Un introduction. Sage Publications Ltd.
- Health Service Executive (2011). Child protection adn welfare: Practice Handbook

Materials:
- PPT presentation
- Handout
- Flipcharts

Session summary:
This session will include an exploration of the role of the social worker on child protection field. Also the session will explore the principle of work and the philosophy of child protection services. The participants will have the possibility to discuss and to present some of the roles such as: evaluator, coordinator, supporter, referral, etc.

Steps:
Activity # 1 - *Group discussion*
Ask volunteers from among the participants to state what is meant by "social work". Note the themes emerging from their comments on the flip chart discuss and then establish what "social work is by giving the definition.

Underscore the fact that the aim of social work is to help people cope with problems of adjustment in their social environment and the world in which they live. These are the problems that frequently stand in their way of productive and satisfying lives.

Activity # 2 - Group work
Divide the participants in group and ask participants to mention some of the problems children in communities are facing, and then use these to explain why social work has become an important area in addressing these dysfunctions and enhancing child protection. Mention and explain some of the roles of social worker on child protection.

Activity # 3 - Group discussion
Ask participants to sit down in a circle and discuss the question, "When assisting children in need in their communities, what are the guiding considerations"? Note down the main points on a flip chart.

Discuss and synthesize the points they raise as you highlight the values/assumptions of social work.

Theoretical Handout: Session I

Philosophy of Child Protection Services

A safe and stable family is the best place for raising every child. All children have the right of sufficient and appropriate care and supervision by adults and they should not be touched by abuse, negligence and use. It is the responsibility of parents to take care of child's physical, mental, emotional, medical and education needs to be fulfilled sufficiently. A social worker should intervene only when parents ask for assistance or when they fail carrying out this role, as well as when they make mistakes in fulfilling these basic roles, and also keeping their children safe. Most of parents want to be good parents and when they are assisted sufficiently, they have the capacity and strong points to take care and protect their children. Most of children get their best care in their families. Therefore, the focus of a social worker is also to build abilities and strong points of a family, as well as, provide assistance to parents in assuring protection of children in a family that continues to function and stay together. Families that need assistance are different concerning their structure, culture, race, religion, ethnicity, economic status, habits, values and life style. Social workers should be responsible and respectfully respond to these differences. They should advocate for families and assist families in gaining access to services they need. Often, assuring access means that a family is assisted to pass barriers that derive from poverty and discrimination. A social worker should work in such a way that he/she encourages clients to be fully involved in the evaluation and planning process and other crucial decisions that should be made.

When parents are not able or do not want to fulfil their responsibilities to protect their child, then it is the right and responsibility of the social worker to intervene directly inside the family in the behalf of the child. Legislation and best practices suggest that these interventions should be compiled in such a way to help parents protect their child and should be as harmless as possible for the family. A social worker should make reasonable efforts to develop safety plans and the child should stay with and/or beside his/her family as much as possible. When a child is settled for care outside his/her home due to his/her safety reasons, the social worker should develop a long-term plan the sooner the best, which is in most of the cases reuniting the child with his/her family. All children need continuity in their lives, therefore, if the purpose is to reunite the family then the plan should include frequent visits between children and their families as well as attempts to maintain parent-child relationship (if children are in the institution or under temporary care). At the same time, the family should be trained to change its behaviours and conditions which led to the ill-treatment of child and the necessity to displace child out of the family.

Although child protection social workers are given a key role in the child protection system, and are the group of professionals who seem to be most commonly held to account when the system fails, child protection is not solely or even mainly the responsibility of social workers. Teachers or school psychologists, for example, pick up the early signs of abuse and neglect far more often than social workers and are the only professional group that has an overview of almost all children. In fact in the great majority of cases social workers have to rely on the expertise of others to provide them with information about children causing concern.

Role of a Social Worker on Child Protection

A Social Worker on Child Protection is the person recruited by the local governing unit, whose duty is to promote the rights of children and to protect children from abuse, harm, negligence and use and, at the same time, to assure that a child is capable to develop ones full potential. a Social Worker in order to reach this goal should listen desires and thoughts of the child, hence the child is capable of participating in decisions that shall be made on ones behalf.

Evaluation

Evaluation is the process of analysing the information on child, to find out if a child needs protection, if he/she is in danger from being harmed, or if he/she needs assistance to fulfil his/her needs of development. Information that shall be used during the evaluation is data on family, education, health, life conditions, environment, and/or community. A social Worker is responsible to gather information regarding health, education, family, child's development stage, worries about his/her welfare and/or protection, environment and community in which he/she lives.

Information resources for a Social Worker are the child, family, school, health specialists, as well as, other specialists involved in the life of the child. By the end of this process, the Social Worker compiles a detailed report on the evaluation of the child based on these data and also on the discussions with the child, family and specialists. An Individual Plan shall be prepared on the Child Protection with supporting services and interventions (in a Meeting on Child Protection) if it is deemed that the child is in danger and needs protection services.

The social worker studies and analyzes information about the family, the family's problems, strengths, available resources, services, and treatment strategies, and *assesses* the results of interventions. As an evaluator, he conducts an assessment.
- In response to allegations of child maltreatment, he is expected to conduct a comprehensive assessment that will allow making critical decisions regarding child safety, the risk of future maltreatment, the needs, and existing resources of the family.
- Many agencies have developed and implemented specific assessment instruments for workers to utilize during this phase of the case.
- When interpreting assessments, the social worker must determine whether cultural norms are sufficiently considered in your conclusions.
- Assessments will also help to identify strengths within the family's informal and formal support network that could mitigate safety and risk concerns.

The assessment should enable the social worker to make decisions regarding safety, risk, and needs.

Sharing Important Information

A Social Worker for Child Protection should share important information only with specialists who are engaged with the child or if it is their duty or responsibility to protect children. Some of the specialists that are involved in child protection issues may be social administrators in municipalities, psychologists at schools, teachers, kindergarten personnel, doctors of families, anti-trafficking police and public order, social workers of public and private social service centres, and workers of non-governmental organisations, who provide services to children and their families.

Terre des hommes

Decision to share the confidential information should be discussed with children (if he/she is in the development scale to approve) and his/her parents/guardians. In the situations when a child is in an immediate danger of harm, then the Social Worker for Child Protection may share the information with specialist/s, which is/are capable to offer immediate protection to the child (ex. Police and/or judge).

Coordination and Monitoring

An important role of a Social Worker for Child Protection is the coordination and monitoring the provision of the services for which it has been approved in the Individual Plan for Child Protection. The services that may be provided to a child are involved: health care system, education structures, school psychologists and/or day care or residential centres of social care that are available to assist the child and his/her family.

Cooperation in Partnership

A Social Worker for Child Protection shall work in partnership and cooperation with specialists and/or organisations that operate for protection of the rights of children and that are interested for the welfare and development of the child. This kind of cooperation is known as multidisciplinary and is widely recognised as the most appropriate form of support and assistance for every child who needs protection services. The child and his/her family are an integral part of multidisciplinary cooperation and they should be encouraged to actively take part in the process.

Main Duties of a Social Worker for Child Protection are:

- Identification of the children in need;
- Initial evaluation of all children;
- Drafting the individual plan of child that was taken under protection;
- Coordination and organisation of meetings for child protection in order to discuss individually for the children that were esteemed to be in danger of abuse or exposed to abuse, harm, negligence, trafficking or use;
- Managing the case through interventions to improve the situation of the child in need for protection services;
- Monitoring the execution of the Individual Plan for Child Protection;
- Analysing the situation of children and their families;
- Carrying out individual work with children and their families;
- Keeping accurate factual notes and opening a personal file for all the children referred;
- Identification of the situation of children, their rights, to the service providers and the needs of children in the geographic area in which he/she works;
- Feeding data in the data system of local government and preparation of quarterly reports on the situation of children in ones location;
- Active promotion of the rights of children through activities and public awareness-raising campaigns; and
- Working with specialists and other organisations to support and assure the rights of all children who live in ones location.

Skills of a Social Worker for Child Protection

I. *Communication skills expressed in:*
   a) inter-personal communication with clients, children, colleges and other specialists; he/she should be clear, fit and non-superior in relation with the client;
   b) good verbal and non-verbal communication skills in order to communicate and understand what he/she was told, reflect on that what he/she was told, and also be able to read and interpret the body language (non-verbal communication).

II. *Assessment and planning skills towards:*
   a) Collecting and analysing information;
   b) skills to designate clear plans and agreements based on assessment; and
   c) reviewing and evaluation of the progress of a case on child protection.

III. *Intervention skills for:*
   a. a. carrying out direct work with clients;
   b. b. cooperation with colleges and other specialists; and
   c. c. reviewing and modification of plans if it is deemed necessary.

IV. *Writing skills for:*
   a. a. presentation of clear notes on a case; and
   b. b. writing reports and documents.

V. *Skills to work as a member of the organisation:*
   a. a. knowledge and understanding of policies, procedures, objectives, and duties of the organisation;
   b. b. to be capable of representing the organisation he/she works in;
   c. c. skills to work with colleges and other specialists;
   d. d. skills to develop and maintain efficient work relationship; and
   e. e. to be in able to share ideas and information.

VI. *Self-organisation skills to:*
   a. a. organise his/her work and time; and
   b. b. be aware and self-assessor of strong and weak points and needs for training.

VII. *Using control on:*
   a. a. practical aspects (ex. Preparation, matters that are related to cases, assistance to lead up plans and activities, worries and correctness).

VIII. *Values and professional attitudes*
   a. a. knowledge and understanding of ethics and social work principles, engagement to continue learning;
   b. b. understand and practice confidentiality for all the data; and
   c. c. open to learn.

IX. *Skills to relate theory with practice*
   a. a. know and understand the theory and knowledge on social work that relate with child protection; and
   b. b. use theories and relevant legislation in his/her practice.

Basic principles of the work of social worker:

- Take into consideration carefully and step by step the aspects of child development, and know the importance of time factor in the life of child. Specialists must be aware of the consequences, changes and development of the child in different ages. Time is critical, as children cannot benefit what they need in different stages of their development. If a social worker does not have confidence or security in his/her assessment if a child is being developed within the normal parameters of child development, then a more specialized opinion shall be required in this matter by a paediatrician or development psychologist. Some children may have specific needs, such as difficulties at learning; difficulties to study; disabilities, or specific medical needs. It is important that the social worker observes the entire spectrum of child development aspects.

- All actions, plans and decisions must have child in the centre and have to take into consideration the best interest of the child.

- To have ecologic approach, placing and considering child within the family and broad community where he/she lives. This approach also allows the social worker to identify sources and potentials provided by environment and family for child in the situation he/she is.

- Direct work with the child and family is critical in the cases of children at risk. Majority of parents want to do the best for their child. Many studies have emphasized the importance of partnership with parents to protect and take care of the child. It is important to establish a positive relation, so that parents/custodians feel respected and informed about the process. Partnership must be based on honesty, transparency and respect and professionals must play an essential role in observing these principles.

- Evaluation process and case management must be based on objective facts and professional evidence, rather than remaining a subjective judgment of the worker or other professionals. It is very important that the process of case management step by step identifies these facts along with the child and family, and with other stakeholders of the multidisciplinary team and build or adjust further actions for intervention.

- Know and consider multi-agency approach and where work in partnership with the children and their families is carried out. Child needs are complex and as such require to be addressed multi-dimensionally, where a child in need of protection may need health, psychological or certain needs for learning. Family of the child may be living in poor conditions; it may have persons with disabilities who have special needs. This way, child protection and welfare are conditioned by a range of complex needs which may be fulfilled by various stakeholders. Multi-disciplinary approach requires coordination and joint work between many stakeholders in order to meet needs of the child and his/her family. At the same time, this principle must be seen as closely connected with partnership with the child and family.

- It is a continuous process and not only a moment in the process of support. This is a very important principle, which directs the social worker towards a continuous process, thus evaluating the needs of the child and family time after time whether such needs have been met, or they have not been met, or if the needs have changed.

- To ensure quality and equal opportunities for all, being sensible to the needs of different kinds of circumstances of the child. This principle does not mean that all children are treated with the same approach, but the approach must be suited based on specific child needs. At the same time this principle is related to equality in the evaluation process and that of offering services to all cases in need of protection. Being sensible and purposeful towards specific needs of every child and family is quite a delicate and important aspect of the social worker in the field of child protection. It is also important that circumstances and the situation of the child may change and children with specific needs of protection and their families have specific situations, and each case shall be treated as unique and individual.

Principles that should guide the work of a Social Worker for Child Protection are:

- *The highest interest of the child.* All decisions should be made taking into account the highest interest of the child.

- *Confidentiality.* All the information provided shall be used to determine the needs of the child, and also, protect him/her from harms, abuse and/or negligence. All the measures should be undertaken in order to keep the privacy and identity of the child, as well as, all the records held for each child shall be maintained in the Child Protection Unit, and they shall not be disclosed to public or other organisations, which are not directly involved in child protection. Distribution of information should be limited towards the entities that need and must be informed in this regards. Information should be shared only with specialists of public or private institutions of social care, court or employees of administration authorities, which have a direct role in child protection.

- *Respect and promotion of the right of the child for protection, care and right to be heard.* Activities of a Social Worker for Child Protection, employees of local governing units and other specialists, shall support the rights of children in accordance with the UN Convention "On the Rights of the Child" and the rights foreseen in Kosovar legislation. Each child shall be treated respectfully, taking into account the individual development and needs or his/her rights for protection. A child who is capable of making his/her points of view has the right to express them freely for all the matters and decision that related to him/her.

- *Simple access to child protection services.* A Social Worker for Child Protection shall take care in each case that the interests of the child are taken into consideration and facilitate the process of providing support and serving a child in need. Lack of documentation of the child or family should not be a determining factor for urgent cases of children in danger or in need for protection.

- *Equal opportunity and treatment.* All children shall receive the same level of services or assistance and shall not be discriminated on the grounds of ethnicity, gender, religion, age, location or abilities.

- *The right for services.* For any service provided by Child Protection Unit, criteria shall be determined clearly to benefit from the service. If a child is not provided a service, then, the family and the child should be submitted reasons in written for this decision. The child or his/her representative has the right to appeal the decision within a limited time to the responsible state authority, determined in accordance with legal or sub-legal applicable provisions.

- ***Partnership and cooperation.*** A Social Worker for Child Protection is responsible for coordination and creation of partnership with providers of child protection services, health and education services, either public or private, which work together to protect the welfare and right of children and families, to warranty a full development to children and respect of their rights.

- ***Assuring privacy, social integration, and participation in community life.*** In cooperation with service providers, a Child Protection Social Worker shall warranty that the Individual Plan on Child Protection shall support and influence the empowerment of families on behalf of care towards the child, aiming the development of his/her privacy , encouraging for social integration, and participation in community.

Session II

Topic: Social Work Procedures and Practice

Time:
   3 hours

Methodology:
- Powerpoint presentation;
- Group discussion;
- Case studies.

Session Objectives:
- Explore the procedures and practice of social worker
- Identify some of the challenges that face social worker in the child protection field

Resources:
- Webb. N. B.; Social Work Practice with Children, Second Edition.
- USAID (2008). Social Work Education and the Practice Environment in Europe and Euroasia.
- Beckett. C. (2003). Child protection: Un introduction. Sage Publications Ltd.
- Health Service Executive (2011). Child protection adn welfare: Practice Handbook

Materials:
- PPT presentation
- Case studies
- Handout
- Flipcharts

Session Summary:

This session will include information about social work procedure and practice on child protection. During the training participants will discuss about some ethical principles that are based on social work's core values of service, social justice, the dignity and worth of the person, the importance of human relationships, integrity, and competence. Even with appropriate understanding of role, skills, and values, child protective worker face and some challenges.

Steps:

Activity # 1- Exploring the ethical dilemmas - group survey

The trainer invites all participants to come forward in the hall. The coach opens the session with a list of statements and participants must choose the left or right if you agree or disagree with the claims. Also being in the middle is a choice.

Questions and ethical dilemas

- You are working with a family and discover that the father is involved in criminal activities. Do you have to report to the police?

- The doctor tells you that the child is HIV positive. While parents know this information. Should I tell other professionals?
- A child tells you something in confidence. He tells you that his friend was sexually abused by a family relative. Should I tell someone about it / I should do something about this?
- Etc

A discussion was organized in the end of each claim by exploring the critical aspects of ethics in work with children and family.

Activity # 2- Identification of challenges
Divide the participants in groups and asks to discuss and write on flipchart, challenges related to cooperation and coordination with multidisciplinary group based on the social work perspective.

Group 1 - challenges related to the environment / context (for example , meeting room, respecting their schedules etc.)

Group 2 - challenges related to the participation motivation to participate in meetings and discussions.

Group 3 - challenges associated with group dynamics multidisciplinary / dynamics of power / responsibility.

Group 4 - Challenges related to child and family participation in the process.

Group 5- other challenges

Each group then shares the challenges for other work groups and trainer invites all groups to contribute to the challenges identified.

Theoretical Handout: Session II

Social Work Procedures and Practice

At all stages of the child protection and welfare process, the key professionals must:

- consider the need for immediate action to ensure the safety of the child;
- consider the protection and welfare of the child as a priority;
- avoid actions that cause the child or family unnecessary distress;
- respect the rights of parents/carers to have their views heard and to be fully informed of any steps taken;
- respect the rights of children to have their views heard.

Referral

The first consideration when receiving a referral is the immediate safety of the child. Upon receipt of a referral, the Social Worker carries out preliminary enquiries to clarify the nature of the concern, records the personal details of the child and family, and checks the Social Work records for previous contact. Members of the Social Work team will endeavor to provide feedback to the referrer within 24 hours as to the outcome of the referral, although responding within this timescale may not always be possible depending on the individual case.

Initial Assessment

Unless the concern is resolved in the course of the referral process, an initial assessment is undertaken. This will include meeting the child and meeting the child's parents, as well as contacting professionals involved in order to develop an understanding of the child and their circumstances. The purpose of the assessment is to reach a preliminary conclusion about unmet need and risk of harm in order to plan and provide an appropriate response. When an initial assessment concludes that a child has unmet needs requiring Social Work intervention but the child is not at ongoing risk of significant harm, a Family Support Plan is agreed with the family. Where, following initial assessment, the primary concern is physical abuse, sexual abuse, emotional abuse or neglect, and it is determined that a child is at *ongoing risk of significant harm*, the child protection process outlines the pathway that must be followed.

Further Assessment

Where, following initial assessment or at any other juncture in the child protection and welfare process, it is necessary to carry out a more specific or comprehensive analysis of a child's circumstances, a further assessment will be undertaken. Further assessment may be in the form of a core social work assessment or may be based on specialist assessment by an allied service – e.g. addiction services, child psychology or adult mental health. In planning a further assessment, it is essential to articulate a clear focus for enquiry at the outset.

Terre des hommes

Case Management Meeting

The purpose of a Case Management Meeting is to facilitate the sharing and evaluation of information between professionals and to prepare a plan of action for the protection of a child, and their siblings if necessary. These meetings may involve any or all of the professionals involved at either management or case assessment level, depending on the circumstances. The objectives of the Case Management Meeting are:

- to share available information;
- to consider whether immediate action should be taken to protect the child and other children in the same situation;
- to consider available legal options;
- to plan early intervention;
- to identify possible sources of protection and support for the child;
- to identify sources of further information;
- to allocate responsibility;
- to identify if other children may be at risk and take action.
- to facilitate the sharing and evaluation of information between professionals and parents/carers;
- to formulate a Child Protection Plan;

The child's parents/carers and the child should be included at the meeting unless doing so would not be in the child's best interests. The child may be involved depending on his or her age and level of understanding. In cases where there is a language barrier, or a disability or sensory impairment, those with particular expertise (e.g. interpreters) must be included.

Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, the dignity and worth of the person, the importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*
Ethical principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social justice*
Ethical principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Their efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision-making for all people.

Value: *Dignity and worth of the person*
Ethical principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences, cultural, and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner that is consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of human relationships*
Ethical principle: *Social workers recognize the central importance of human relationships.*

Social workers understand that relationships between and among people are an important vehicle for change. They engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *Integrity*
Ethical principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*
Ethical principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.* Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

In addition to abiding by the code of ethics, other attitudes and values are essential. Child protective services work is a complex and challenging process. The first step in being an effective CPS worker is to be aware ones culture, values, beliefs, and styles of working with people and how they influence interactions with children, families, and professionals is a critical element in the work of social worker. This self-assessment and understanding is key to maximizing objectivity in casework intervention.

Self-Awareness

Self-awareness is the ability to recognize the reaction to people and situations, attitudes, values, and behaviors that might affect others. Self-awareness is an ongoing process of understanding yourself, in order to better understand others. When you know, understand, and respect yourself you are more likely to embrace and appreciate diverse cultures. Respect is a key value in working with families, regardless of similarities or differences. The essential elements of self awareness are as follows.

Asking yourself who you are as a person

- Your personality is the accumulation of your life experiences.
- You have your own unique background characteristics - culture, gender, religion, social status, economic status, education, and special interests.
- Your unique characteristics and life experiences combine to develop your sense of values.
- Your values determine how you behave - your perceptions, motives, and expectations.
- Your values are so deeply entrenched that you are apt to believe that *your* way is the *right* way; you may believe that your code of behavior applies to others, as well as yourself; and you may act and react automatically - so automatically, in fact, that you may not be able to see the effects of your values and behavior on others.

Consider the following example.

The 6-month-old child of Mr. A has been admitted to the hospital with a skull fracture and bruising to the buttocks. Mr. A has allegedly subjected the child to abusive treatment because the child continually cries. You meet the Mr. A at their home to investigate the complaint.

What thoughts go through your mind as you confront this couple for the first time?

- Do you wish that you could somehow inflict the same kind of punishment on them?
- Do you conclude that they must be mentally ill?
- Do you have the urge to bring the full force of your authority to bear on them?
- If you have such thoughts but are not consciously aware of and do not control them, you will react in a hostile and discourteous manner.
- You may not listen to what these people say because you have already judged them.
- Your manner or nonverbal cues may indicate that you believe they are of little worth.
- You may refrain from asking pertinent questions because you have already formulated the answers in your mind.

The better you understand how your values and beliefs can impact your interactions with others, the more likely it is that you will be able to control and direct your behavior.

Looking at yourself critically. When doing so,

- You must be honest in your self-appraisal;
- When working in CPS, it is also imperative to be aware of your own feelings, reactions, and motives and to determine how appropriate they are, given a specific situation with a child or family.
- There are times when emotions such as anger, warmth, guilt, or irritation are entirely appropriate, and there are many more times when they are not;
- It is not appropriate to expect families to meet your basic personal needs;
- You must be genuine and authentic, but that does not mean that you relate to the parent or caregiver as you would to any other person;
- In the worker-family relationship you must put aside many of your usual ways of relating to others;

- You may see your own life reflected in the life of a family. If you are experiencing a situation similar to that of the parent, you may over identify with her or him;
- Instead of dealing with the family's difficulties, you may also use the relationship as a means of trying to meet some of your own unresolved personal needs and resolve some of your own problems; and
- If you understand yourself, you can capitalize on your personal assets and minimize your personal liabilities.

Understanding yourself. The following steps can be conducted to come to a better understanding.

- Identify how you behaved in a situation;
- Ask yourself about the consequences of that behavior;
- Ask yourself if those consequences were what you intended;
- If they were not, identify what it was that you did intend; and
- Ask yourself what you should have done to get the intended result.

Practicing self-awareness as an ongoing process. Self-awareness is not a skill or a technique. It is the outcome of continually applying skills and techniques, such as questioning and reflection, to your own personality in order to understand it.

Changing behavior. Once you become aware of attitudes or behaviors that are not helpful or productive, it is then your responsibility to begin the sometimes challenging process of change. Changing behavior is extremely difficult and it may often be painful.

Understanding your own culture and the culture of the children and families with whom you interact. It is often easier to understand someone who is more like oneself than different from oneself. In CPS work, you will be working with many people whose cultures and beliefs are different from your own. You will be expected to treat them with dignity and respect and to do your best to understand and honor their cultural beliefs and practices. Cultural differences can create numerous challenges in the communication, in the relationship development, and, most critically, in the assessment and information gathering stage of a case.

Becoming culturally responsive is a lifelong goal. Ongoing education and experience will help you become sensitive to and aware of a family's culture and the strengths and challenges that the culture brings to your work with the family.

Becoming a culturally responsive professional. Regardless of your private beliefs, attitudes, and feelings, you must make every effort to be a courteous, culturally responsive professional. You should work to identify your main biases and prejudices so that they do not impede your delivery of appropriate and culturally sensitive services.

Understanding your personality and style of interacting with others. It is helpful to consider and analyze fully the effect of your personality on interactions. CPS is all about working with people and building relationships. It is important for you to consider your personality and style and how it might impact your relationships.

The Challenges of CPS Work

Even with appropriate understanding of role, skills, and values, child protective work is challenging for the following reasons.

Hostility. You may encounter hostility, which is hard for anyone to deal with effectively. We all want to be liked and we have a natural response to defend ourselves in these situations, even sometimes wanting to react with the same level of hostility that has been directed toward us. However, a hostile response only creates an escalation of hostility and ultimately defeats the purpose of our profession.

Resistance. Hostility may include resistance, which can pervade many aspects of the CPS process, especially at intake and during the initial investigation. Families may resist your intervention in a variety of ways. Generally, resistant behavior is either directive or manipulative.

Rejection. Rejection also makes CPS work difficult. Throughout our lives we seek positive, supportive responses from others, and we seek confirmation of ourselves. Because these are our natural tendencies, we are not psychologically or socially prepared to manage the rejection that often comes with CPS work.

Privacy boundaries. It is difficult to go into families' homes and to intrude in their lives, as privacy is a value and a Constitutional right.

Difficult questions. The nature of the questions you must ask families makes the CPS process most challenging. You may appear to be questioning their worth, their value, and their rights. You are also questioning their capacity as parents or caregivers. And your intervention may elicit past traumas if the family or cultural group has an intergenerational history of involvement with child protection systems.

Difficult decisions. CPS worker have a tremendous responsibility, in identifying and rehabilitating abusing/neglecting families while protecting their children. You may have a greater workload than you are able to effectively manage. An immediate response may be essential because a child's life may be at stake. The decisions you make about a child's safety may involve life-or-death consequences. At the same time, you must make these immediate decisions regarding the child's safety on the basis of a relatively brief encounter, and you must decide whether to recommend that a family be separated or that a child be removed from his or her home.

Scope of knowledge. Your job may be difficult because you deal with other agencies and professionals, such as physicians and other hospital personnel, attorneys, the courts, and community service resources. You must be knowledgeable about their roles as partners in the CPS process and skillful and confident in dealing with them in the areas of their technical expertise as well as your own.

Difference between CMR and CM

Case management is the process of assisting an individual child (and their family) through direct support and referral to other needed services, and the activities that case workers, social workers and other project staff carry out in working with children and families in addressing their protection concerns."(Save the Children 2011)

To facilitate coordination of the services rendered by different professionals and reduce the child's stress and trauma of repeating the abusive experience, the case manager approach should be adopted so that the child only needs to interact with the case manager for most of the time whenever situation allows. Under most circumstances, the key social worker handling the case would normally take up the role of a case manager. However, other professionals involved should also cooperate with the case manager as appropriate in order to ensure coordinated intervention among different personnel.

The role of case manager includes:

a) to prepare the child and his/her parents / guardians / carers for the steps / tasks involved in the intervention process so as to reduce their anxiety and enlist their cooperation;
b) to collect relevant information from other professionals / personnel involved;
c) to share relevant information with other professionals / personnel involved on a need-to-know basis;
d) to ensure that actions taken by the responsible parties are well coordinated.

The CMR is a coordinating mechanism by which professionals having a major role in the handling and investigation of a suspected child abuse case can share their professional knowledge, information and concern on the child health, development, functioning and his/her parents'/ carers' ability to ensure safety of the child.

The focus of the CMR is on protection and welfare of the child. Family perspective should be adopted in reviewing safety of all the children and other members (e.g. parents) in the household even if concerns are only being expressed about one child.

The CMR analyzes risks and recommends actions to be taken in relation to the welfare planning of the child and his/her family, respecting the statutory obligations of individual members for the case.

Roles and responsibilities of the CMR members (*Kosovo – Working Protocol: Inter-sectorial working in CP*)

Center for Social Work has the 'lead responsibility' in providing care and protection for children and young people but there are many other agencies, both within and beyond government, that have a vital role to play. No single agency, service, program or professional discipline has the knowledge, skill or mandate for the entire spectrum of interventions to protect children from harm. The efficacy of the coordination mechanism on child and family service system relies on the response of individual agencies and professionals working in collaboration with others in the service system, regardless of differences in size, individual philosophies, structures or funding sources.

General responsibilities that all agencies share are as below:

Social Worker for Child Protection (Center for Social Work) coordinates and chairs the monthly meetings of the CMR. Conducts Assessment for the referred cases, gives professional opinions and ideas to care plan for the child, and carries out monitoring visits to the family. The Social Worker can also be involved in organising and providing direct services to children such as alternative care and counselling.

Probation Service Officer (Ministry of Justice) is responsible in the CMR for the management of cases of minors in conflict with the law from 14-18 years old. They follow any trial and support the implementation of measures set out by the courts / legal process in relation to young offenders. As well as contributing to the social survey and developing plans for children in conflict with the law. Please note that this work is carried out under the management and protocols of the Probation Service. Other agencies offer their support based on the needs set in the action plan.

Victim Advocate (Ministry of Justice – The Division for Protection and Help to the Victims) is included in the CMR with a specific remit to help coordinate with anti-trafficking police and in cases where criminal investigations and procedures are also being followed.

Anti-trafficking Police – in addition to identifying trafficked children and referring them to the CSW for further management, investigates groups involved in the trafficking. They are also involved in the placement of children in shelters in cooperation with Centers of Social Work.

Kosovo Police, Investigation Unit – Domestic Violence Police – in addition to referring cases and being involved in the assessment and development of the action plan they investigates cases. Where there are suspicions and it is difficult to verify the evidence for a criminal case to proceed they provide details of information gathered to be able to inform decisions about risk and the care plan.

The Municipal Directorate of Education – the representative of the Directorate of Education coordinates with schools in order to identify and refer cases and is involved in the school integration of the cases under the management of CMR. There main role is to coordinate the actions of the Pedagogue Psychologist/School Director/Municipal Directorate of Education with the CMR.

School Psychologist provides professional opinion and help in the treatment of cases.

Community Police helps the CMR in coordination with the Police Units which do not have representatives in the CMR. Participates in projects that are related to child protection as a partner with NGOs or other institutions that are part of the CMR.

Directorate for Health and Social Welfare supports the CMR for specific cases which require health treatment and specific social welfare help, and supports in coordination with the municipal level.

Community Office helps to identify, refer and manage cases from the RAE community in the CMR. This includes supporting monitoring visits and gathering data.

Local NGO – Offer services for cases presented in the CMR, based on the projects that they are implementing.

CPUs (Child Protection Unit - Center for Social Work) when established will be composed of child protection social workers specialised in child protection issues. Their function will be similar to that of the Social Workers in leading the monthly meetings of the l CMR and lead on follow up of cases and coordination with other CMR members.
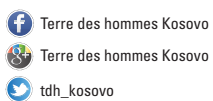
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