

# PREVENTION PROGRAMME FOR CHILDREN AND FAMILIES AT RISK

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## **INTRODUCTION**

This plan is designed for those who are concerned to prevent the **commercial sexual exploitation of children (CSEC)**. However, it is primarily aimed at those individuals and organizations that have responsibility for child welfare and that have access to the systems that render children vulnerable to this kind of exploitation. These might include:

- Government ministries responsible for Children's Rights and Social Welfare
- Social Work Departments
- Non-Governmental Organizations (NGOs)
- Community Based Organizations (CBOs)
- Education Departments and Head Teachers
- Health professionals, including Child Protection nurses/hospital outreach workers
- Police departments, including community police chiefs

This white paper is a starting point for debate. It suggests a template for an effective programme designed to significantly improve children's life chances. By addressing risk factors in early childhood, vulnerable children can be protected from any number of harmful experiences, including exploitation in the sex trade. This programme does not consider specific regional issues relating to CSEC. It will need adapting according to the national or local context in which it is to be implemented. The reasons for, and the nature of, CSEC vary greatly between regions. In parts of Asia, for example, a Prevention Programme might address issues related to child sex tourism, whereas a programme in West Africa might focus more specifically on the trafficking of children.

No plan, however thorough, will cover all eventualities or protect all children. Children are victims of CSEC for a wide range of reasons, but certain factors place them at greater levels of risk. Most notable are issues of **poverty, family breakdown, educational and gender inequality, abuse, urban migration and cultural disadvantage**. This plan provides a model that will directly reduce the vulnerability to CSEC of children living in high-risk environments. It is vital that it runs alongside other prevention strategies, **globally, nationally and locally**, examples of which might include:

- Initiatives to address gender inequality and child labour practices. Schemes to promote the importance of education and literacy for the girl child are of particular importance
- Initiatives to strengthen international border cooperation to prevent the trafficking/abduction of children
- Stricter law enforcement and penalties for adults who sexually exploit minors, including legislation covering extraterritorial abuse of children by tourists and military personnel
- Publicity/awareness campaigns in schools and clubs targeted at children, highlighting the dangers of CSEC. This would include strategies for sensitizing the media to the reality of child prostitution
- Establishment of refuges and drug rehabilitation programmes for children.

Much work has been done across the world to care for children who have been victims of CSEC. Less work has been done to prevent this abuse in the first instance.

One reason for this is that it requires a critical review of the socio-political structures that support the supply and demand for CSEC. Attempting change at this macro level requires a massive undertaking and is not often seen as achievable.

A second reason is the presumption that prevention programmes are expensive to implement.

**However, the proposed plan recognizes both the difficulties in fundamental structural change and the limitation of financial resources.** It does not involve major changes to the structure that already exists. Nor does it call for a diversion of resources or funding from existing programmes. It is a programme of additions to existing systems, which, if applied properly, will cause changes to occur naturally. However, it does call for a commitment from several state agencies and NGOs to work together towards a common goal. The programme will be most successful if adopted in its entirety. Half-hearted attempts to implement it by only one agency, without the cooperation of others, would render it ineffective. It will need a relatively small commitment of funds, mostly to cover salaries, training and basic infrastructure. This will ultimately save a good deal more money in the long term. It is far cheaper, not to mention more ethical, to prevent children becoming victims of the sex trade than it is to reintegrate them back into society after they have been abused.

It is suggested that the amended plan be piloted in one district before being replicated in others. Implemented properly, this plan will bring about significant improvement in the lives of children. However, it is a long-term proposal, the results of which may not become apparent for a number of years. It would not, therefore, be practical to wait for statistical evidence before extending the programme to other communities.

## **CASE STUDIES**

Consider these three scenarios. They are typical of many situations in which children and young people find themselves. All of these children, whatever their country, are more vulnerable to commercial sexual exploitation than most.

### **Scenario One**

Fleur is a single mother with two young children (aged 4 and 2). She is twenty years old and has been dependent on alcohol for several years. Fleur was not married to the father of her first child and does not know where he is. She is living in a very poor area with Jean, the father of her second child. He is unemployed. The police were called to the house when Fleur's boyfriend got drunk and violently beat her. He had regularly physically abused the older child. Both children were badly neglected. The social services removed the children and are caring for them at a shelter.

### **Scenario Two**

Lilly is 13. Her father died recently. She came to the capital with her mother looking for work. Neither have an education or skills. They stayed for a short time in a squat while they looked for work, without success. Under pressure from the relative to pay their debts for the accommodation, Lilly's mother started to prostitute herself. Whilst Lilly was looking for work, the manager of a factory raped her. The police believed the manager when he said the girl had offered him sex in return for a job. Lilly felt ashamed and withdrew from other people. Her relative told her that, being so young, she could soon pay off the debts if she worked as a "hostess" in a bar. As she was no longer a virgin, Lilly agreed.

### **Scenario Three**

Eddie and Simadree first met when they arrived at primary school. Having not been to pre-school, they struggled in class. The other children could write their names and read some of the words the teacher wrote. Over time his learning did not improve. The teacher was kind but there were fifty children in the class and she did not have time to help them catch up. Eddie and Simadree hated going to school and started to miss lessons. As they were bored, they started to steal and sniff glue. By the age of eleven, they were addicted and had no chance of going on to secondary school. They hated education and its rules so much that they would not have succeeded even in a vocational school.

Such situations are not uncommon in many parts of the world. Future intervention in the lives of all these children would require considerable financial resources and use much valuable time of health and education officials, the police and social service officers. **However, the chances of successful reintegration of the children back into society are poor.** In fact, as urban populations increase and the existing infrastructure struggles to keep up with it, even fewer cases will be given the attention they need for successful outcomes.

Resources are often only made available when the damage has already been done. The children mentioned above have already suffered and are unlikely to respond well to **half-hearted** strategies to rehabilitate them. **They all remain vulnerable to involvement in prostitution and exposure to drugs.** The experiences they have been through are traumatic and there is often a lack of qualified personnel to provide the support they now need.

As in the case of Fleur, they will have children of their own, ill equipped to cope with a rapidly developing society. The cycle of poverty and abuse will, in all probability, continue.

However, imagine that the individuals and organizations mentioned at the start had instigated an **early Prevention Programme** to focus on children-at-risk. Although, admittedly, it is easy to manufacture results on paper, the scenarios below provide a glimpse of what may have happened to the children had they been protected by a system that had invested in prevention services.

## **Scenario One**

At the age of 16 Fleur went to hospital to have her baby. She already showed indications of alcohol abuse and so was considered to be in a high-risk category. Her name was added to the register of outpatients who would be visited by the hospital outreach worker. The worker explained to Fleur that her baby needed additional health checks for the first year or two of his life and the worker made regular visits to Fleur's home. Whilst there she helped Fleur cope with the pressures of bringing up a new baby and advised on nutrition and health issues.

She also recommended an alcohol control programme run by a local NGO supported by the Government. She then referred Fleur to another NGO that offered vocational training to unmarried mothers and to the Government Department that could provide her with material assistance.

The relationship with the hospital outreach programme continued for a number of years with fewer visits as Fleur took more control over her own life. She was not cut off completely. A volunteer living in the community was available for advice when the hospital worker was not, or in case of emergencies.

When Fleur's boyfriend, Jean, moved in with her, the hospital outreach worker noted that there was little bonding between him and Fleur's elder son. Jean refused to join the alcohol programme and lived on the small income Fleur brought in. After the birth of her second child, Fleur once again joined the list of high-risk outpatients and the postnatal visits increased. This time her relationship with Jean was monitored. The community volunteer was also alerted to keep a non-intrusive watch on the relationship. When Jean started to physically abuse the elder child, the matter was immediately referred to the Lead Officer of the Prevention Committee. This team was comprised of the hospital outreach worker, the police outreach worker, the outreach social worker and the community volunteer. Fleur had been kept informed of the concerns and was invited to attend the meeting. It was explained that if the situation remained as it was, the children might have to be removed and placed in temporary care. Fleur explained this to Jean who finally agreed to take part in the alcohol programme and to attend a vocational training course organized by a local factory.

A record of Fleur's children, with additional background information, was kept at the hospital. By finding out where Fleur gave birth, other agencies would be able to contact the hospital outreach worker to see what services had already been recommended and accepted. This prevented any replication of service provision. If Fleur had refused to give birth in the hospital, she would have had access to a community midwife, available to attend home births. This midwife would have visited pregnant women in

the community, provided pre-natal care, explained the health concerns around home births and recommended a hospital. If Fleur still refused, the midwife would have offered to attend the birth. She would then have referred Fleur to the hospital outreach worker and registered the concerns.

### **Scenario Two**

When Lilly and her mother arrived in the capital, they went to stay with their relative. The community volunteer noted their arrival and went to inform them about the services that were available in the area. This included a drop-in centre for young people and a local NGO, which listed full and part time work in the area.

Lilly went to the drop-in and began to use their clothes washing and shower facilities so they would not have to trouble the relative. She also registered for a hairdressing course and agreed to attend the part-time literacy classes. The other girls at the drop-in were helpful and suggested other places where they could stay.

A national campaign on child prostitution had already made the community more aware of the phenomenon and was discouraging local men from going with under-aged boys or girls. The police had also been sensitized to the plight of these children. At the centre there were posters and information about the dangers of getting involved in prostitution. So when Lilly's relative suggested she meet his friend who arranged work for young girls as 'hostesses' in a bar, she knew what to expect, and refused. Instead she found part-time work and studied in her free time. Her mother was supported to find work locally with accommodation provided. Lilly moved in with some of the girls from the centre. They have applied for a small project loan to start their own hairdressing salon.



### **Scenario Three**

Eddie lived in a low-income area when he was three and the family could not afford day-care for him. However, one of the local NGO's offered free pre-school facilities for poor families. With Eddie being at school all morning, his mother had some free time to find work and earn enough to support them both. The centre also arranged nutritious meals for the children and monitored their health. Eddie enjoyed his time there, learned a lot of basic concepts, and understood the fundamentals of reading and writing before he entered primary school.

Simadree was not so lucky. He grew up in the countryside where there were no pre-school facilities. He moved to the city with his mother when he was four. Primary school was a difficult experience. However, the school offered extra remedial classes for children like Simadree. Amongst other things, the teachers explained difficult concepts using his first language. The school counselor monitored his progress and made contact with his mother when she felt Simadree was not adjusting well to school and seemed unhappy.

In fact, his mother was living in an abusive relationship. The school counselor, with the mother's permission, referred the case to the police outreach worker. He was able to ensure that the boyfriend moved out of the house. The mother was also registered with a local shelter for women in case she and Simadree had to flee urgently.

Simadree only missed school once after that. The police found him smoking with two older boys at the football ground. The police outreach worker contacted his school and Simadree was returned. He and his friends had to attend a hospital-organized presentation where they saw films of the physical effects of smoking and other drugs.

**It would be easy to add the final line: 'and they all lived happily ever after.' But of course they may not have. Any of these children may have slipped through the system or reacted poorly to these intrusions. However, through these preventative measures, the likelihood of them becoming victims of the sex trade and drugs has been significantly reduced. In addition, the huge cost of rehabilitating and punishing these children would also be greatly reduced.**

## **STEPS TO SETTING UP A PREVENTION PROGRAMME**

**Stage One:** Relevant government ministries and departments, CBOs and NGOs are sent a proposal for a Prevention Programme and invited to a round-table discussion to look at the practicalities and limitations.

**Stage Two:** Amendments made to the plan if necessary. A decision is taken to go ahead with the Prevention Programme as a pilot project.

**Stage Three:** Participating agencies call for expressions of interest from staff, look at the suitability of the applicants and provide training where necessary. A local university may be able to provide a short course in child protection as an interim arrangement.

**Stage Four:** Appoint a full-time Lead Officer to begin the process of setting up the Prevention Programme. This will include selecting an appropriate community within the target district and contacting NGOs to set up the community centre (if one does not already exist).

## **MULTI-AGENCY COOPERATION**

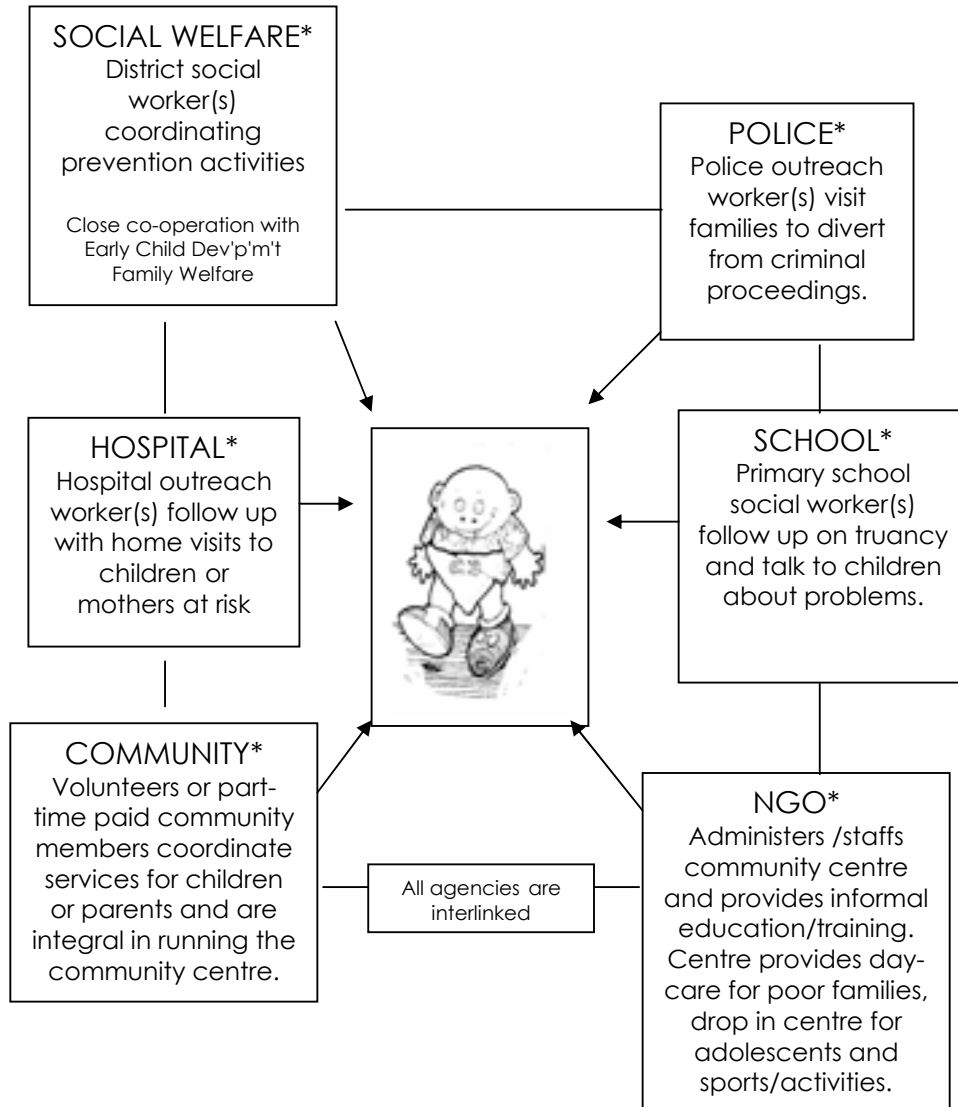
Already it will be obvious that this is a multi-disciplinary, multi-agency initiative. The cooperation of government ministries/departments, NGOs and CBOs is imperative. Because of the interactive nature of the programme, it is vitally important that all of the agents are involved with its development from the beginning. There has to be a commitment to full participation for a realistic period by all those concerned, as well as a financial commitment to employing and training staff. The programme is a joint venture and cannot be wholly owned by one ministry or agency.

In order to implement a successful Prevention Programme, it is important to appoint a full time **Lead Officer**. S/he should be a senior Child Protection social worker, employed by the local Social Welfare Department. The Lead Officer works in an administrative capacity to oversee and coordinate the pilot programme, to promote networks and organize training. This officer will arrange case conferences and monitor the progress of individual children.

The Lead Officer will establish a **Prevention Programme Team**. Each agency needs to select a named coordinator/liason person to be part of the programme. They will meet regularly (or even be stationed together in one office). The programme will only function if all those party to it are aware of the agreed procedures. A diagrammatical chart could be designed to outline the action to be taken where there are concerns about a child. This will clearly draw lines of accountability and responsibility, and promote information sharing. It is essential to a successful plan that individuals know what is expected of them.

There will be the need for an administrative board, which could be headed by members of the team on a rotational basis.

The following table outlines the agents involved in a cooperative Prevention Programme:



\*Representatives from each agency form Prevention Programme Team.

Now let us look at the leading agents, one by one, and outline what additions need to be made to the present system to ensure children are less vulnerable to commercial sexual exploitation.

## **SOCIAL WELFARE DEPARTMENT**

Overall responsibility for the protection of children will usually fall to the district social welfare department. In some cases, the social workers may be the only representatives on the Prevention Programme who have received formal training on issues of child protection.

Social workers tend to be assigned caseloads, that is, responsibility for individual children. Due to heavy work demands, social workers may find themselves inundated with bureaucracy and paperwork, rarely allowing them to visit the children and families they are responsible for. **This Prevention Programme demands that at least one district social worker is assigned to full-time prevention outreach work in the community.** S/he would not have cases assigned in the same way. Where there is particular concern about a child, other social workers would refer the child to the outreach social worker.

The outreach social worker would be familiar with the community and would be both **visible** and **trusted**. S/he would visit families in the community and ensure that support is consistent and on going. The worker may want to consider an appointment system at the local NGO where community members, including children, can come for advice. The role is to provide opportunities for families, and the worker should not be perceived as a threat. The worker will liaise closely with other members of the Prevention Programme and will follow up any of their concerns directly with the family. The other members, such as the hospital and police outreach workers, will act as a resource for the social worker.

The outreach social worker will report concerns to the Lead officer, who then decides whether to call a case conference. The outreach worker will present the facts for the whole team to discuss. S/he will take responsibility for passing information onto the family and ensure that the **views of the child** are sought and represented where appropriate/possible.

However, this outreach social worker is trained to recognize child protection issues and may, at times, have to take action that is unpopular with a family. S/he may him/herself need support or advice. The Lead Officer, located within the district social work department, will have responsibility for overseeing the work of the outreach social worker.

Trainee social workers should be encouraged to work as volunteers in local NGOs or to take placements in the community. This will give them a clearer insight into problems they may encounter in the future and a sense of the importance of multi agency approaches.

# EDUCATION

## Pre-school

The imbalance of abilities and opportunities in school has a considerable bearing on the outlook of the child in relation to education and society as a whole. When some children have access to pre-school education and others do not, the difficulties begin for both the child and the teacher from the first year of primary school.

Some children are able to catch up over the course of that first year but many others are not. If the school does not provide remedial classes, those children with slower development or who have not had access to pre-school learning will be frustrated by their experience of primary education. With large classes, the teacher will have little opportunity to help the child develop.

Two options are:

- a) **To provide pre-school education free of charge to low-income families.**
- b) **To structure the primary education system to allow slower children access to specialized classes or staff who can work with them at their own pace.**

The former option could be part of a wider NGO or CBO run initiative that includes facilities for young people (see NGO section). Cooperation between day-care facilities and the Education Department would ensure smooth entry to primary school. With a Prevention Programme model, schools would be contributing to the community effort to protect children.

## School Staff

Ideally children spend most of their time at school. Therefore teachers are well positioned to notice changes in the physical state, the mood or character of children in their care. These may indicate difficulties at home. **Teachers need to be sensitized to protection issues.** This could take place during their training or through special courses at school (possibly run by the outreach social worker involved in the Prevention Plan).

Within the school there should be a **named** person who is responsible for child welfare. Where possible, there would be a **school counselor/mentor**. If not, a named teacher could fulfill this role. They would talk to the child and, if necessary, speak to the carers. This person would be networking and sharing concerns with other outreach social workers on the team. In this way, there would be an increased chance of addressing problems within the family before they got out of hand.

Through communication with the other named people in the Prevention Programme, the outreach social worker would also receive information about pre-school aged children who are not attending or registered with early schooling or daycare facilities. In the example of Fleur, the hospital outreach worker and community volunteers, both of who visit the home, would contact the NGO, school and outreach social worker should they find that the children were not attending. In many cases, this absenteeism is due to a lack

of knowledge on the part of the parents and many more children could have access to early schooling or daycare. A child's education should not be jeopardized due to a lack of communication between schools and parents.

If budgetary limitations exclude the placement of outreach workers at each school, at the very least, **the district education department would have counselors/outreach social workers permanently attached to it to follow up concerns.**

In cases of truancy, the worker would have cooperation from the police outreach worker and community volunteers in locating and counselling the child.

## **Curriculum**

Experience has shown that when children attend school until the age of 14/15, they are less likely to be lured into prostitution or other criminal activities. Initiatives to extend the age of compulsory education to 16 go some way to addressing this issue. Children from poor families are often forced into the labour market. A scholarship system (sponsored by the Education Department, NGOs or local businesses) may encourage families to maintain children in school.

What actually happens in those institutions has, however, just as much bearing on their future role in society as does a lack of access to education and training. A disservice is done to those children who lack academic acumen when the school curriculum emphasizes academic subjects to the exclusion of

- life skills, including communication and leadership
- arts
- childrens' rights and social responsibilities
- sex education, including issues of safety, health and control

In a Prevention Programme, **the school would take responsibility for preparing children for the real world.** These subjects should begin at early primary level and need to be integral to the curriculum rather than extra. Otherwise, there will be less inclination, on the part of children and teachers alike, to participate.

There may be a need to separate children according to ability during the last few years of secondary school but this process can ignore those late starters who make career decisions in their late teens.

# HEALTH

## Hospital Outreach Worker

Hospitals and health centers are key to the identification of neglect and abuse. Doctors and nurses should be trained to assess indicators of delayed development and would automatically refer children to a named person attached to the hospital. This representative on the Prevention Programme team could be:

- **a hospital/medical social worker**
- **a nurse or health visitor trained in child protection**

Whether from a medical or social work background, this person must be able to recognize indicators of abuse and know how to respond appropriately. The role is really an outreach service. **The hospital outreach worker would work specifically and full time in prevention and would spend most of their days/evenings in the community.** This outreach position should not be given on a part-time basis to employees who already have full caseloads.

Where, for example, a child is brought to the hospital with a broken arm, and was found to be wearing soiled clothing and had untreated sores, this hospital outreach worker would be called to explore the family situation. **The worker would build up a relationship with the family and make regular visits to the home.** The approach would not be accusatorial, but would monitor the development of the child. The outreach worker might make initial contact by delivering free (donated) clothing.

The prevention strategy should provide that midwives are in contact with hospital outreach workers when they feel that new parents are unable to care for their children. For example, very young mothers or parents who abuse substances may require extra support.

## Community Health Education

The Prevention Programme would see health professionals playing an important role in educating parents and children about health matters. **The hospital outreach worker would coordinate and run training activities** at the community centres together with the NGOs. S/he would be invited by the community to talk on various issues, such as sexual health, alcohol and drugs, and vaccination programmes.

## POLICE

By its very nature, police work focuses on the collection of data, which may lead to a criminal case. There are procedures to follow and the decisions made by officers are limited by the strict confines of the law. This lack of flexibility often means that young people, particularly those who are already vulnerable, all too often become embroiled in the criminal justice system. More police forces around the world are looking at the alternative of 'preventative policing'. Under such a model, there is police intervention at an **early** stage. Criminal behaviours are addressed and charges are not brought.

### Police Outreach Worker

The police outreach worker is a registered officer who has received additional training in child protection, child psychology, counselling, social welfare, family development, risk assessment and prevention techniques. **S/he would not be assigned to any criminal cases, but would be solely committed to prevention work.** The officer would work with both the family (to reduce the vulnerability of the children) and the child itself. Police officers called to crime scenes need to be aware of the same risk factors we have seen above in the case of hospital workers. They need to notice the conditions of the home and the relationships between the parents and children. The officer would work largely in the community. It is here that s/he will become aware of child protection concerns. It is essential that s/he networks closely with the other agents so that there is a free flow of information.

Imagine in the case of Simadree that he had been caught stealing from shops. At a prevention conference the officer learned about the real level of risk he was exposed to:

- The school counselor informed him/her of the violence at home and Simadree's truancy record
- The hospital outreach worker raised concerns about his use of glue

In this case, the officer would approach Simadree's family, not as a threat, but to offer support. S/he does not wear a uniform or enter the home without an invitation from the family. The officer should not turn a blind eye to criminal activities and would inform the violent partner of the possible legal outcomes of his behaviour. S/he would make recommendations/referrals to agencies that might help him manage his behaviour. In a non-violent home, Simadree is less likely to stay away from home, reducing the level of risk to him. He would not be punished for stealing in this instance but referred to the counselor for extra support. Children with criminal records are placed at increased risk as they may be stigmatized and marginalized in terms of education, and those who receive custodial sentences may become initiated into further criminal activity.

**There have been positive results when police have become involved in community activities.** For example, the Police Boys Clubs have been successful in Australia's inner cities. Police participation in sports and youth activities in troubled communities has allowed the officers to understand the problems the children face and to have positive and meaningful contact with them. Given this trust, children are more likely to approach the police when they have been victims of crime or abuse. This police representative would present a different face to the public and change attitudes towards the police. This is a small but important step to stop the police from being seen as 'the enemy'.



## **NGOs**

The participation of NGOs in a Prevention Programme is very important. Ideally, there should be an NGO based and working in the target community. The NGO should have a network of volunteers, contacts with donors and be familiar with the problems within the community.

Government departments rarely work outside the official hours of 9am to 4pm. In reality, this timeframe may not be appropriate for those with need of support. NGOs need to be directed by these needs and offer services at more appropriate times, notably evenings and weekends. It is therefore imperative that government departments fully support NGOs and work together with them on Prevention Programmes. This support extends to infrastructure and funding.

It may take time for trust between the community and the NGO to be established. However, the fact that participation in the NGO schemes is voluntary will set it apart from other schemes that families and children may have been forced to undergo. The NGO would work together with the community and consult members about the kind of services they require. This Prevention model relies upon the establishment of a community/youth centre.

In places where existing centres are active and working with children at risk in the community, there would merely need to be an understanding of the mechanics of a Prevention Programme and some structural changes made to accommodate it. This could be achieved through meetings with the new outreach workers and government department managers.

In places where an NGO has no support or cooperation from the surrounding community, that community could be encouraged to set up its own community center. Centres that are currently not attended would have to be restructured and financial support would be dependent upon the adoption of a Prevention Programme.

## **Youth/community centres**

Decisions about where the community centre is based, the activities provided or the appointment and placement of staff should be made with the active participation of the receiving community. However, it is important to inform the community beforehand on the problems that children face so that they will be able to make informed decisions.

As children and young people are the chief beneficiaries of this project, they should play an integral role in the establishment of a centre and be central to the process of setting up youth programmes. They should be consulted and have their opinions taken seriously. Adults should not under-estimate their awareness of the problems or their ability to contribute to solving them. There might even be child representatives on the decision-making panel/committee. In this way they will participate in the activities and become stakeholders in the life of the centre.

The NGO centre would ideally be within walking distance from the homes of the majority of the children, or else transport would be provided. There would be sufficient space for childcare during the day as well as activities for adolescents both daytime and evenings. Although the programme would depend very much on the specific needs of that community, the two focus areas would be:

1). Day-care/pre-school facilities for children whose families cannot afford or are otherwise unable to send them to a government or private centre. This may include single mothers undergoing training or working for a minimum wage, or when a child's parents are hospitalized. The admission criteria would be carefully considered and adhered to. Such facilities may serve as a crèche so that parents are able to work, as well as ensuring that poor children learn skills ready for primary school. Vocational training for single parents may be offered while the children attend the day-care.

2). Programmes for children/adolescents. These may include such activities as literacy classes, vocational training, information and awareness courses, sports/recreation, drama, music, or just a pleasant/safe atmosphere to relax. These programmes will be made available (and in some cases compulsory) for children or adolescents who have passed through state care and are being reintegrated into their original community. They should mainly be offered in the evenings so that the young people are not encouraged away from school. Where possible, adults from outside should be found to offer the children a variety of experiences. They may offer new activities, group work programmes or debates. (Annex Two)

Centre staff should seek as much information about other opportunities in education, employment and leisure as possible. This information would enable referrals/applications to be made where the center was unable to provide the programme itself. Other organizations and groups that work with young people should be publicized in the centre, increasing choices for them to access outside support. Staff should liaise, where possible, with local businesses. They are often a source of both project funding and practical support with materials. Staff should consider income generation schemes and find out about local careers fairs. If none are planned, staff could look to organise their own. Such schemes will enable young people to stay in their own communities. They are more vulnerable when they migrate to new areas.

Although the focus group is "children at risk", it is advisable to accept some children from the community who are well adjusted and successful as role models for the others. It is also helpful to have adolescents who have survived abuse and crime, attached to the centres as peer counselors for the younger ones.

## COMMUNITY

As rural villages and suburban townships break down, so does the tradition of community spirit. In overcrowded cities, with their transient populations, there is a diminished sense of belonging. People may take less personal responsibility for problems within the community.

However, the community is integral to the success of all of the recommendations above as, ultimately, it will be providing the environment in which children at risk grow up. As such, it will be largely responsible for the direction in which the children travel socially. It is vital to involve the community in solving its own problems and in helping to protect and rehabilitate its children.

Active and trustworthy members of the community who contribute to the establishment of the centre will be listed as **Prevention Programme volunteers**. They too will network with the specialist outreach workers (police, hospital, social) as well as being involved in rehabilitation projects.

**The outreach workers will need to carefully screen volunteers in this role as they will be dealing directly with children and will need to be trusted with their welfare.** The volunteer would need some training in child protection. Levels of confidentiality must be agreed.

Once the community and the relevant agencies have come to a decision on the structure of its centre and its activities, a Prevention Programme volunteer (or paid community representative) will attend protection planning meetings (see *case conference* section) with the outreach workers, and recommend courses of action to help children and families at risk.

## CASE CONFERENCES

Where there are serious concerns about the welfare of a child, any worker mentioned above may request a case conference. These concerns may come as the result of one particular incident, or may be due to longer-term deterioration in a child's well being. Outreach workers, child protection officers, NGO workers and community volunteers will all attend the conference. The concerns are presented and all those involved help to construct a clearer picture. The child and/or parents should be informed of the meeting and invited to attend where appropriate. **The views of the child should be sought beforehand and presented at the case conference.** Recommendations and a course of preventative action will be agreed. It is vital at this stage to agree responsibility for following up these actions.

The social worker with lead responsibility for the case would take the recommendations back to the family and child. They then begin the process of implementing the prevention plan for that case. Progress or failure would be reported at subsequent review meetings and the plan adapted accordingly.

## INFORMATION/NETWORKING

All members of the prevention strategy team will need to keep records and case files of the families and children they work with. This enables progress to be monitored, increases accountability and reduces duplication of services. The team will have to agree on levels of **confidentiality**. This is crucial if those they are trying to support are to trust them. They should only ever exchange information with other members of the team or with the agency they represent.

The success of the programme depends on networking between the agencies. This does not only refer to the exchange of information but also to cross-agency projects such as talks in schools by the police and outreach social workers, health projects in community centers, education/police cooperation on truancy etc.

## TRAINING

A vital ingredient of this programme is the availability of qualified social workers trained in prevention techniques. This may involve a different approach to the training of new social workers. Academic, text-based university courses will need to become more practical and experiential. It may be possible to invite a social work specialist with a background in these skills to teach on a university social work course. This will increase the knowledge of local social studies lecturers and will produce a body of material that can be used on an ongoing basis.

In-service training at certificate level would need to be accessible to all of the professionals from different agencies involved in the prevention strategy. **They should receive basic training on risk assessment, outreach techniques and networking.** There also needs to be extensive training made available in counselling and child psychology to address rehabilitation issues.

## **IDEAS FOR COMMUNITY PREVENTION SCHEMES**

Outlined below are a few examples of schemes that have formed part of Prevention Programmes for families and children. They are all inexpensive to establish and manage, not least because they rely upon volunteers from the community.

### **Free Telephone Hotline**

The purpose of a telephone hotline is twofold. Firstly, it gives children the opportunity to speak to an adult, in confidence and anonymously if they wish, about difficulties they are having. The child may be requesting specific help/advice or may simply need someone to listen to them. Secondly, parents, relatives and members of the public may want to report or discuss particular concerns they have about the welfare of a child.

To avoid costs, the service could be located at the local NGO/community centre, though calls need to be received in private. Ideally, it would operate outside of office hours and, in this way, would act as an emergency line. It is important, should an immediate response be required, that the volunteer is able to follow up with other services, such as the police. (Crisis situations are vital opportunities that disappear if immediate assistance is not available).

Volunteers would need considerable training in child protection issues and counselling techniques. This is a realistic proposition if other agencies involved in the Prevention Programme support the training of volunteers. It is vital that fixed hours are set and publicized. Levels of confidentiality must also be agreed to ensure a consistent service.

The number must be **free** to call.

### **Home Visiting Scheme**

A visiting scheme is a cheap way to support women in their own homes. It aims to support new mothers, particularly:

- first time and/or single mothers
- mothers experiencing isolation or postnatal depression.
- mothers who do not wish to use the community centre

Women volunteers (preferably mothers themselves) from the community would offer new mothers consistent support for a minimum of one year. This support may be of a practical nature. For example, the mother may request support with childcare, budgeting or access to community services. However, she may also require emotional support to deal with the changes in her life. She may be feeling isolated, trapped, scared or inadequate in her new role. Visits by a volunteer would help reduce these feelings and promote the early bond between mother and child. It is well recognized that poor bonding between parent and baby significantly increases levels of risk later in childhood. The visits do not replace the support given by the family's social worker, but add an extra layer of informal support.

It is also recognized that the daughters of sex workers are at increased risk of involvement in prostitution. Due to the stigma often associated with prostitution, these women may not access the community centre and outside support. A Home Visiting Scheme may be of particular benefit to these mothers, especially if the volunteers have shared similar experiences.

### **Good Parenting Programme**

Ideally programmes on parenting begin, for both boys and girls, at school. They should teach young people about the responsibilities of parenthood and enable them to make more informed decisions about becoming a parent.

However, as many children leave school at an early age, they may miss out on this part of their education. Both pre- and post- natal parenting classes give new parents the skills to provide a healthy and safe start in life for their children. The programme should be framed in the context of children's rights, considering issues of child development, education, physical protection, gender roles, nutrition and discipline.

Such a programme could take place at the community centre. The hospital outreach worker could liaise with local programme workers to ensure that all prospective parents have the opportunity to participate. Professionals and volunteers from within the community would play a role in the sessions to bring new ideas and experiences. Not only will new parents be able to explore ways to raise children, but they will also meet others in the same position, adding to their support networks.

This programme is most beneficial when fathers take part. The presence/absence of the father in the early years may define, both directly and indirectly, the levels of risk the child faces. Notably, it is often the father who decides his daughter's future in terms of her education, her availability for marriage and her entry into the labour market. Such a programme is intended to increase the responsibility that fathers take for their children, particularly in terms of children's rights and educational development.

### **Group Work Programmes: Safety of Children**

Children anywhere enjoy group activities that involve games, discussion and reward. Youth/community centers provide the perfect setting for children to take part in fun activity programmes. Whilst such activities can take place purely for enjoyment sake, they can also be designed to teach children, of all ages, about risk and danger. Such programmes will greatly enhance their abilities to protect themselves.

Children need to be consulted about the nature of the programme. Including children in the process of youth programmes will give them a sense of self worth and achievement. This self-esteem is crucial to children's ability to protect themselves.

Having engaged children in the process, they are more likely to engage in the content of group work programmes. Sessions must be made appropriate to the age of children but the ideas listed below could be creatively covered with any age range:

- **Body Safety:** this session would look at the rights of children to own their bodies, good/bad touch, early identification of abusive situations, privacy
- **Relationships:** this session would include consideration of the relationships that are important to them and ideas for maintaining healthy, happy relationships
- **Assertiveness:** consideration of what to say and do when someone makes them feel uncomfortable, or when they feel that they are being tricked or coerced
- **Talking to Someone:** children need to know who they can talk to/where they can go when they find themselves in unsafe situations; looking at direct courses of action they can take rather than having to suffer in silence.

Lessons from such sessions are best remembered if they are done creatively, through drama/theatre, role-play and illustration.

### **Young People's Befriending Scheme**

This scheme is simple and cheap to establish, **but** will require some supervision by responsible adults. A young person (14-17 years) volunteers to befriend a younger child and act as a peer supporter/mentor to them. The volunteer must act as a role model to the child, and, ideally, will be someone who has him/herself overcome difficulties.

This scheme would work equally well in a school or youth/community centre setting. Essentially, the mentor keeps an eye out for the child and makes him/herself available as and when necessary. Children will often open up to other young people they trust.

Adult supervision is important for a number of reasons:

- It is important not to expect the peer supporter to shoulder too much responsibility...they are young themselves. Levels of confidentiality need to be agreed beforehand.
- The child should not be allowed to become too dependent upon their mentor. This is beneficial to neither young person nor the worker
- The suitability of mentors will need to be considered and some training sessions provided.