FIRST OF ALL … THE SOCIAL PART OF PSYCHO-SOCIAL SUPPORT

Psycho-social support, participation, protection and social activities for orphans and children affected by HIV/AIDS

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Introduction

Programmes for the rapidly increasing numbers of children affected by HIV/AIDS, especially orphans, have highlighted psycho-social support as a primary requisite for provision in response to the effects of the epidemic. But defining and demonstrating what this means in practice has bewildered many staff who are setting out to design programmes and work with children. Sometimes the term has been taken to mean counselling, or conflated with counselling (1), or other personal, individual therapeutic interventions. In short, there appears to be a perception that an emphasis on psychology, or psychological interventions, is necessary as an immediate first stage of psycho-social support. However, work with children who are vulnerable and living in difficult circumstances in China and elsewhere has shown the benefits of varied social activities, involving and enabling children's participation, together with analysing their circumstances and so paying attention to problems in the general social environment that need to be addressed, such as prejudice and discrimination. These processes would, in any case, be an essential preliminary to any further work with children, and so it is a social approach that should be the first step in the provision of any psycho-social support, rather than the rush to provide counselling, which appears to be based in some cases on a lack of perspective and analysis of the situation.

Thus, this paper is especially concerned with psycho-social support for children affected by HIV/AIDS and draws particularly on work with and by orphans and other children in Central China (but also backed up by work with vulnerable children and young people elsewhere). It suggests that it is important to demystify the term `psycho-social support' and that before complex therapeutic interventions are designed, there are important social activities and support processes that can be taken up and implemented as a first stage and which have been found to have a significant and beneficial effect on children's well-being.

The extent of psycho-social support

The psychological emphasis in psycho-social support (for children affected by HIV/AIDS) seems to arise because of adults perceptions of children's lives, and a focus on often assumed problems oriented around bereavement, that is preparing for death of parent or relative, grieving and coping

afterwards. Hence, a recent literature search on practical work with HIV/AIDS affected children initially most easily found material about memory books and the supportive and practical arrangements for succession, and then camps for orphans (2). However, the issues faced by children are much broader and more complicated than this, and there are problems with making assumptions about the nature of bereavement. For example, these issues could include, before death, that children are liable to be involved as carers and effectively may be the head of the household. They may have to work and drop out of school. The problems about bereavement are also complicated and can concern, for example, the complex emotions when the dying parent or other relative (or neighbour) is someone who has abused the child, sexually, physically or emotionally. This example related to abuse highlights that there are relevant practice experiences outside of the `HIV/AIDS' field that can be drawn upon, but also indicates the importance of paying attention to children's individual circumstances, and especially to finding out issues from children themselves.

However, despite the psychological emphasis, definitions of psycho-social support do recognise a broad range of areas for intervention. For example, major project areas have been identified as family, education, economic security, activities, community and cultural connections, reconciliation and the restoration of justice (Duncan and Arntson 2004). It has been also acknowledged that projects may be providing psycho-social support, but integrated into holistic and total responses to the community (ibid). Thus is seems that the social approaches to psycho-social support are less visible, partly because projects taking psychological approaches may not include social perspectives, but focus on counselling or interventions such as art therapy, or have an overt design for cognitive and emotional development. Yet the social side is seen as equally important, and the term `psycho-social support' should not in theory or practice, be taken as primarily psychological approaches. `The importance of social and cultural factors in psychosocial development and in working effectively with children, families and communities is emphasised' as are the `limitations of an individualised approach' (Duncan and Arntson 2004). These factors are seen as important in programming for complex emergencies, for example `where there is a total or considerable breakdown of authority caused by international or external conflict' and so must be equally necessary to take into consideration in other programme work, including humanitarian crises such as HIV/AIDS epidemics, when and where there is not the threat of conflict/ violence.

A rush for psychological or counselling interventions is apparent in many places (including China), and often it seems that no account is taken of the social circumstances of children. For example, in practices of taking children away from their communities and placing them in a residential home, where they don't know each other, and are separated from remaining family and familiar environments, it is perhaps not surprising that children are emotionally stressed, to say the least. Rather than explaining their anxieties and distress as a need for counselling, it might be better to reconsider the practices involved, the ways of working with children, and the social situation. There are other ways of working with children, particularly through enabling and encouraging children's participation, social activities that develop children's self-conception, self-esteem and confidence, support them to function in the social world and help them come to terms with emotional difficulties and grief.

Furthermore, it is vital that attention is paid to the general social circumstances of children, in particular the communities where children live, schools they attend or places they work.   One of the biggest problems faced by children affected by HIV/AIDS, especially orphans in many communities, is stigma and discrimination, attitudes and responses of many adults and other children.   A particularly useful strategy to support children is tackling this stigma and discrimination and the prejudice behind it, and enabling children's participation as much as providing counselling or other support to enable children to deal with problems individually.

Diversity: individual to society

The word `psycho-social' obviously contains two elements, suggesting a balance, and so it is important not to forget the `social' and only concentrate on the psychological.   Furthermore, the balance means that it is important not to only consider the `social' in terms of an effect on children's psychological well-being but also for children's social life, that is, simply their life as social beings or social actors.

The term `psycho-social support' actually offers a broad range of potential interventions (as indicated above in the work of Duncan and Arntson 2004), the extent of which become clearer by taking `psycho' and `social' as opposite ends of a spectrum.   For example, the `psycho' or psychological might be seen as a focus on the individual and the social refer to society as a whole. Along the course of the spectrum lie other significant social groupings, such as close family, extended family, neighbourhood, school and so on.   These groupings will vary by culture, as well as by children, with different significance attached to, for example, family members and size of family, different ideas of neighbourhood, and so on.   The lives of children will vary, (for example, school may not be an option for some, and rather their employment or work group might be especially significant to them), and children themselves are a diverse group.

The diversity of children as individuals is not only about their personality (children having different personalities) but also the effects of other significant social categories, such as gender, disability, ethnicity, class, caste, etc., in constructing local norms for behaviour.   Thus, the socially constructed or expected roles and behaviour of girls and boys are different within most cultures, but also vary between cultures.   Definitions of, and attitudes toward, disability also vary. Childhood is not a homogenous category, and not least because the age of children is an obvious variation, but one that is often overlooked.   Children of different ages face different expectations and treatment, their experiences vary as do their competences (although competence is bounded by a number of factors besides age and experience, and is also culturally constructed or defined). The age of childhood, that is, the period considered to be childhood, varies across cultures and societies.   However, the United Nations Convention on the Rights of the Child, almost universally ratified, provides an international criterion: childhood is the period of life of human beings up to the age of 18 years.   This period includes a large range of ages, roles and expectations, particularly when other cross-cutting categories such as gender, ethnicity, disability are taken into account.

These issues of individual experiences and diversity, and of cultural variation that provides particular social environments and different significant categories, in addition to formal and informal rules of behaviour and national laws, all provide a context for the development of psycho-social support, and must all be taken into consideration in analysis and designing programmes. This means not just looking to work with individuals and their personal support needs, but considering activities that might adjust their social world, and make that an easier or better place for them and enhance their well-being. This approach does not suggest that individual work is not important, but it does ask what that work is aiming to achieve. Cultures (and communities) are not fixed and unchanging social stages, but dynamic. Should work with individuals be about enabling them to fit in with existing conditions, or empowering them to make changes not only in themselves but in their social world? Some social or cultural norms are not conducive to physical or emotional well-being of children, such as the extent of interpersonal violence toward children by parents and teachers, or local cultures of bullying, and so on. Thus, shaping local social change in the direction of realising children's rights, especially to protection and participation, as underpinning processes for children's personal development.

Past practice

The example of interpersonal violence towards children also indicates the range of problems children face, and which have been subject of professional and community based practice from which learning can be drawn. In developing psycho-social support for HIV/AIDS affected children, work done elsewhere with children, especially on problems of vulnerability or risky situations and behaviour, should not be forgotten. The circumstances and experiences of HIV/AIDS affected children and orphans might be particular, but approaches to work and support for children in other difficult circumstances provide useful lessons.

Support has been and is needed for children around the world in many different difficult situations, such as homelessness, exploitation at work, experiences of sexual and physical abuse, in addition to children orphaned through other means, children who have been abandoned, and so on. Children have had to cope with different types of separation and grief, including when running away from abusive families. Children have had to cope with working for exploitative and controlling adults, work that might include street theft, begging or sex work. Children thus have to deal with physical and emotional affects of problems that can be particularly traumatic, such as those who might be injured regularly in attempt to make them look more in need of sympathy when begging.

The exact situations and problems vary, and each is unique. But apart from the physical needs, there are some similarities in the emotional effect and impact on mental health of children in these different circumstances. These include lack of self-respect and self-esteem, problems with identity or self-conception overall, withdrawal and lack of confidence, or inabilities to cope in the world or understand local conventional rules of behaviour. Yet much of this can be addressed through provision of safe and secure environments and work on children's social world.

Children's resilience and their skills should not be underestimated.   Children often surprise adults with what they know and what they can do.

The range of support and provision in developed and developing countries in recent years has included a main focus on children's participation, and engaging with children where they are living, being aware of their circumstances, but most importantly providing social activities and contact. Many of the children living in difficult circumstances are experiencing discrimination, social isolation or exclusion (for example, including street children and other working children), and social activities are a useful means of initiating psycho-social support and engaging with children to learn more about their lives, views and opinions of what is needed to be done.

Circumstances of HIV/AIDS affected children

It is essential to find out from children themselves about their circumstances and issues.   The material here (below) is drawn from visits and observations, in addition to workshops with children.   Before looking at issues raised by children, some consideration of their general situation is given.

By `affected children' is meant children who are not infected themselves, but whose lives are affected because of their connections with others who are living with HIV/AIDS.   This does not only mean that one or both parents are infected, but that, for example, the epidemic in their village or town may be severe and have impact on employment and social life.   Children's teachers might be infected and change regularly, because they get sick or die.   Some children are themselves infected.

Also, it is not death alone that is a problem.   When parents or adults in families become sick, they often, at some point can no longer work and bring in money.   Families may sell off their goods to provide medical care and treatment, or just to provide food and other survival needs.   Children may not be able to go to school because of the costs involved.   But also they may not be able to go because they have no time, because they may be acting as carers for parents who are sick, or having to cook and do housework for the adults who are in employment, in order that they can go out to work.   Children work as carers in many circumstances around the world, including countries with developed social services systems.   They are competent and have skills, but may need additional support, in particular for emotional needs, learning skills and for meeting their rights to education.   Access to education is particularly a problem where school fees cannot be met because of first meeting the costs of medicine and welfare.   However, dealing with this problem by making special payments for HIV/AIDS affected children only (and implicitly ignoring the plight of other poor children) stigmatises them and in some cases causes personal stress and exacerbates discrimination because of local prejudice against families with HIV/AIDS infected adults.   Thus, instead of supporting children, this approach can make them more in need of support.

Meeting the increased costs associated with medical treatment and other care results in increased

poverty in what were often already poor families. Sickness and deaths reconstitute families and allocate different roles and responsibilities. Poverty, lack of income, lack of food and other material resources, exacerbates the difficulties of taking up and settling into new and different responsibilities. Children are liable to have to take on new roles in such circumstances and can often do so well. However, problems of material poverty place additional burdens on them (especially worries), whether they are carers, heading households, or living with relatives. An essential component of a psycho-social support programme needs to be social security.

Children may live with grandparents, but often worry about their (grandparents) age and health, and their ability to cope. Grandparents may also be poor and may have been dependent on income and resources brought in by the adult who is now sick or has died. Yet children generally prefer to stay with family, including grandparents, and simply need support to do so, which may include income support, or heating. Providing such support is contributing to, or should be seen as a form of general psycho-social support. It is relieving children's stress and the stress of their grandparents or other relatives.

Where there are no relatives or they cannot cope, then child headed households are frequently found. Here again, some assessment of support needs is required, and not making assumptions that children must live with younger and active adults, and so when there are none available, children should be taken away from their homes, placed in a large residential unit or elsewhere. Apart from principles of children's participation, that is, children being involved in decisions about where they live or are placed (see, for example, West 2003), assumptions should not be made about where children should live. The principle of best interests of the child requires children's involvement and properly analysis of circumstances and possibilities, because sometimes children are best off in what some adults see as precarious living situations, but which actually are not (3). Many children can cope in child- headed households and prefer to remain in familiar environments. Thus, removing them is not supportive. Yet they may well need material and other support, and equally, this must be provided. For example, children may want or need guidance and so need a mentor or a place or person to go to for advice and information on a variety of topics (and which might also include simple life skills). They may experience loneliness and isolation, so a primary support process would be social engagement.

Children's issues

To properly understand children's issues, it is necessary to involve children themselves. This is not only about consulting children but much more, although a simple consultation would make a significant difference in many places. Much research (including in China) continues to only ask adults about children's lives, or ask young people about their recent experiences as a child, so actually talking to children is important, and is the only way to really begin to have a perspective on their circumstances. Involving children, that is developing meaningful children's participation, is not only about consultation, but means them being involved in decision making, being able to raise their own issues and able to take action on them. A first stage in taking action or project development, however, is finding out what children are concerned about, as has been recently

done with a children-led project in central China.   Here a group of orphans and children affected by HIV/AIDS from different places identified their concerns, and prioritised a set of issues, devised an interview schedule, talked with other children and participated in analysis of the recorded results.   Although this work sounds simple, in practice it involves careful planning and consistent empathic and enabling behaviour by adult facilitators, who are prepared to really listen, take children seriously, and treat them with respect (see West 2004a, for issues around this).   The results of this project produced a set of concerns of children that are especially related to the question of psycho-social support.   There are not fully discussed here for lack of space, but some of the main findings are given (see SC 2005 for a full account).

The initial issues raised by children included tensions within the family, health of the family (especially parents) and teachers, study (access to school, criticism by teachers, worry about scores), friendship (a lack of friends), fears for future life and occupation, violence (being beaten by parents and others), and a concern for the environment.   The findings from their research included five main areas.   First, children worried that AIDS cannot be cured and so the social equilibrium cannot be restored, with worries about parents working hard, being sick, and many early deaths, including their own.   Second, they worried that parents and family members would leave them, through sickness, death or because of having to migrate for work.   Third, they worried about stigma and discrimination, that others would look down on them.   Fourth, they worried about running out of resources and having no food, and fifth they worried about having to drop out of school.   The main, overall findings from the project are focused around children's existing and/ or potential exclusion, loneliness, isolation, uncertainties and corresponding fears and worries for now and for the future.   Of the five main areas, four are in part subsections or aspects of children's worries: family, stigma and discrimination, survival and the future, study; and are interlinked.   The fifth reflects the demonstrated benefits of the project in providing psycho-social support to children affected by HIV/AIDS.

In short, children's worries permeate all of the issues and concerns they raise, and are linked to their actual or potential isolation because of stigma and discrimination, and children experience general uncertainties about the future because of access to school and study, understanding what is happening in so many adults becoming sick and dying, and a lack of transparency about the disease because of stigma.   A first step in providing support and dealing with these worries is not counselling: actual or potential isolation, for example, requires practical responses involving social or group activities, and so on.

Making a response

This project thus clearly identified areas where children need support, and indicated in particular where some practical interventions will relieve children's anxiety and stress.   For example, children's worries about resources, about being able to study and attend school, can partly be met through social security provision. But the existence and operation of a social security system or method must be explained to children and guarantees laid out if it is also to relieve their stress. But, as noted above, attending school is not only about paying fees and buying books and

materials; having the time to study and not have to work or care for others full-time is important, as is not experiencing stigma and discrimination from teachers and other children, nor bullying or violence that might deter students from attending school. Clearly also, some means of additional care-giving organised through local voluntary networks, might also be a practical means of supporting children. Also, the stigmatising and discriminatory behaviour of others must also be addressed, rather than enabling the victim to deal with it and so putting the pressure on them (see below).

But, from the issues concerning study and attendance at school, it can be seen that psycho-social support for orphans and children affected by HIV/AIDS needs also to consider and include protection issues that should be addressed for all children. This would include protection from abuse (sexual, physical and emotional abuse), bullying, all forms of violence and so on, and recognising the vulnerability of these children, for example to being trafficked, being exploited through unsupported economic migration, and to becoming street children. (In this project, children also defined what makes children vulnerable in their localities, what would be difficult issues and conditions for children.)

But, apart from these practical areas of support (the possibilities for which are not fully detailed here), there are two major areas of problems and issues that must be addressed. These are children's worries and experiences of stigma and discrimination, and children's worries and experiences of isolation, loneliness and exclusion. The two can be linked, in that experiences of prejudice and discrimination can cause loneliness and isolation, but these feelings of loneliness are also about having someone to talk to, to confide in, who can be trusted and who shows unconditional love and concern.

Stigma and discrimination

This problem is of particular importance. Children may experience this themselves, but can also see it around them, when adults are refused credit, or refused entry to other homes or places because they are infected, or have relatives who are infected. Although many teachers are supportive to children, some are prejudiced against HIV/AIDS affected children. The stigma and discrimination is such that children (and adults, their families in general) do not want to disclose their condition, if they are infected. This produces a lack of transparency that fuels further stigma.

Part of the problem is a lack of knowledge about HIV/AIDS and how it is transmitted, a lack of information and skills in prevention, and a need to know more about the prognosis and treatment for those who are infected. Even in areas where the HIV/AIDS epidemic is severe, there are still young adults at college, and probably many others of all ages, who know little or nothing about it, and nothing about its spread and prevention.

One important means of providing psycho-social support is thus working in communities against the further spread of stigma and discrimination, to reduce these problems, and to change the

nature of the social environment in which children are living. Such work needs to be undertaken with children as much as adults, because children's discrimination against their peers, or bullying of those younger, can be particularly nasty. Children themselves need information about HIV/AIDS and knowledge of prevention: they will soon grow and become sexually active, or they may be or become vulnerable to drug use, particularly if they are vulnerable to exploitation or unsupported migration because of poverty.

Exclusion, isolation and loneliness

Children's isolation and uncertainties about the present and future can be addressed through children's participation and activities that can also be developed as the basis for other practical interventions in response to their broad needs for support. The experiences of this project's workshops with children (as in workshops with children elsewhere, in China and other countries) is that purposeful activities with children, including games and fun, in an appropriate and consistent environment (that is, based on quality of adult-child relationships) enable social interactions that have proved extremely beneficial for children.

`The project overall (workshops and a forum) found that creating child-friendly environments, taking children seriously, listening to children, reflecting their ideas and views, encouraging children to communicate their experiences and feelings, all provide support, develop children's self-esteem and confidence, support children's learning, enhance children's capacities in forming relationships and communication, and most importantly, act as a conduit for children's emotions in enabling their self-expression. These approaches provide psycho-social support for children affected by HIV/AIDS and can be taken further and sustained over a longer period' (SC 2005).

Children supported each other and became friends. Children approached and talked with adult facilitators. They said that their communication skills were better. They made good friends, even with those they had not met before from other places. They began writing letters to each other. They learned from each other. Children shared their feelings and their ideas. The learning from this project can be merged with the learning from the development of children's activity centres elsewhere (4), as a method of providing psycho-social and other support, and working to realise children's rights.

Children's Activity Centres

These centres do not have to be physical buildings but can simply be regular meeting places, provided they fulfil certain criteria primarily regarding the quality and consistency of adult-child relationships. The centres need to have a developed and child- friendly philosophy including children's participation and child protection, and children designing their own activities and programme of work (see West 2004b for additional information). The centre needs to be inclusive, that is welcoming and incorporating all children who wish to attend, and not only be free of prejudice and oppression, but actively work against it. The environment needs to enable children to support each other and children to feel they can approach adults for confidential,

informative discussions on sensitive issues.   Various services can be offered through such a centre at different times, including advice, information, guidance, lifeskills training, vocational training, as requested by children.   If children and adults are working closely together, in informal fashion (not traditional teacher and student or parent-child relationships) then children's ideas and needs can easily be raised and a programme of activities (including play and fun) developed.

`Counselling'

Since in such an environment, as demonstrated in the workshop activities noted above, children are likely to approach adults to talk about private matters of concern to them, some sort of `counselling' might in fact be happening.   This does not need to be a formal process, but like the principles of the children's activity centres, can be humanistic and person centred, based on practice principles of listening, empathy, reflection, unconditional regard (such as in a Rogerian based counselling model).

But it is important to recognise that the term`counselling' in English does not have a widely agreed definition, and is used professionally in connection with guidance and advice as well as therapeutic interventions that require a significant level of training.   It is popularly also used with a broad variation in meaning, as show in ascriptions of disparate activities as `counselling' in many social development projects.   The Rogerian approach noted above can seem deceptively simple: in actual practice it requires skills that are continually reflected upon.   It seems essential that counselling is not undertaken lightly, especially with children.   However, there are similarities in good practice of working with children from an inclusive, empowering and participatory perspective, and elements of humanistic counselling approaches, and such similarities also strengthen the rationale for taking up these child activity centres as a method of providing psycho-social support through children's participation and purposeful activities.   Thus, in the final analysis it should be recognised that good quality, child-centred, participatory working practice brings benefits and should be the first resort, and that such work already includes dimensions of what some would call counselling.   Because the term counselling includes complex therapeutic interventions that should not be tried lightly, nor by inexperienced individuals and not on children, it is essential that `counselling' is not conflated with psycho-social support, nor in fact practiced as a first intervention.

Child protection and children's participation

Fundamentally, underlying any work with orphans and children affected by HIV/AIDS should be some recognition of children's rights, and the role of duty bearers in meeting those rights.   The question of providing psycho-social support is then not seen in isolation, away from other aspects of children's lives, but should be and can be fitted in with other problems, such as rights to health and education.   Children's needs for psycho-social support means addressing both emotional issues and worries, but also their practical concerns.   As shown, some of their worries are about material issues such as resources, but others concern problems with relationships (for example,

friendships, stigma, discrimination, connections with teachers and adults in the community), and need different approaches.

Child protection in a broad sense, from abuse, violence, neglect and problems such as bullying, discrimination, isolation and exclusion, is fundamental to psycho-social support. But it can only be developed with children's involvement, in them identifying issues and collaborating on means of resolution. Children's participation is not only important for protection, but has beneficial impact on well-being, self-esteem, confidence, through engagement with other children and adults, being able to talk, as demonstrated in these workshops. Thus, children's participation is also a fundamental process in provision of psycho-social support for children orphaned and affected by HIV/AIDS.

Community based work

Protecting children has often been seen in the past as keeping children away from outside influences and placing them in large institutions. Accumulated evidence, experience and practice has demonstrated that life in large institutions is detrimental to children's health, well-being and future lives, quite apart from vulnerabilities to abuse and exploitation (see for example, Framework 2004, Williamson 2004, Dunn, Jareg, Webb 2003). Although national policies in many countries, including China, have changed to reflect this, disasters such as HIV/AIDS epidemics, present a challenge, and can cause a return to older practices of creating large institutions as a response to the numbers of orphaned children. In terms of children's psycho-social development and support, this is a retrograde step. Children's resilience has been shown to be enhanced by various protective factors that also contribute to children's development. These include a close, nurturing connection to primary caregivers who provides consistent and competent care; connections to competent caring members of one's own cultural group outside of the extended family; participation in familiar cultural practices and routines; access to community resources, including effective educational and economic opportunities' (taken and abridged from Duncan and Arntson 2004: 10). These factors cannot be met through institutional care and show the importance of children remaining with family, and so the importance of community based support mechanisms to enable orphans and children affected by HIV/AIDS to stay at home and attend school. That is, to retain a familiar and consistent caregiver, and familiar surroundings and habits. If living with a grandparent or close relative is not possible, then monitored fostering or the creation of small group family homes are better able to meet these children's needs.

The children's activity centres noted above, provide additional means of support for orphaned children living with relatives or fostered (or in small group homes) and for children with sick parents. They can provide a means of connection to people outside the family, and access to community resources. But fundamentally, the social activities involving children's participation, are group activities and contribute to various characteristics of resilient children, that is children who `have endured and flourish despite extremely challenging and stressful family and social circumstances including for example, emotionally incapacitated parents and extreme poverty' (Duncan and Arntson 2004: 10). These characteristics include: strong attachment to caring peer

groups, social competence at interacting with adults and children, independence and requests help when necessary, plays actively, confident he or she can control some parts of his or her life (taken from Duncan and Arntson 2004, not the full list).   These characteristics correspond with some of the aims, methods and practice of working with children through the children's activity centres noted above.   But, just as `counselling' includes interventions that regarded skills and training, so too such quality groupwork with children requires competence that comes from understanding principles and ethics, developing skills, training and reflective practice.

Conclusion

The growth in numbers of orphans and children affected by HIV/AIDS has led to recognition for the need for support and other interventions.   The term psycho-social support is much in use as identifying the type of support needed, but the uncertainties over what it entails has led it to become overly connected with ideas of psychological approaches and interventions.   The term counselling has become so much associated with psycho-social support that the two terms are often conflated.   But psycho-social support can be a useful term, if the range of interventions encompassed are acknowledged and taken up.   In particular, an emphasis on the social dimensions, which, in the context of children affected by HIV/AIDS include groupwork with an emphasis on children's participation and broad approaches to child protection.   Workshops with children have already shown the benefits of such interventions.   Children's Activity Centres designed and working to a set of principles for practice, and with competent adults, have been identified as a practical means of initiating and providing support, based on children's participation. These centres and other resources in a community based approach that includes working against stigma and discrimination and a commitment to child-focused methods, are first stages in providing psycho-social support for children.   Essentially, and psychological interventions such as counselling should never be a starting point, and not practised by non-professionals.   Social support, children's participation and child protection comes first and can achieve a great deal.

Notes

1. A review of work in South East Asia finds psycho-social support and counselling conflated.   The report notes, `psychosocial support and counselling as it is often referred to', and `counselling/psychosocial support' (Maher 2002: 27).   The work is seen predominantly as referring to individual interventions, but also noted is making links with other support services and `helping children and young people to build their livelihood opportunities' (ibid).   This report indicates some of the confusion clearly surrounding the use of the term psychosocial support.   A recent literature review (WHO 2003) also ran together `psychosocial support and counselling' although this conflation was not used in the terms of reference.   The review looks at psychosocial support and counselling as means for dealing with psychological distress, but although noting the importance of social stigma and discrimination, is largely concerned with interventions with individuals including counselling and information giving.

2. The literature review was begun to provide background information for programme work. The basic idea of `camps', that is taking children out and away from their communities for recreation and support, appears to have spread widely (including within China), but seems on occasion to be used without proper consideration of appropriateness and effect on children. There is not space to discuss this fully here, but processes of selecting only a few children rather than being inclusive, on criteria such as good at study, or being orphaned, are open to causing problems. Children may be selected and taken away, but have to live in their neighbourhoods when they return. The children taken away or those left behind might be subject to stigma and discrimination through the selection process. Also the reason for such activities is sometimes charity, and children are expected to be grateful for the opportunity given, which is not a process of building self-esteem and confidence in children and in this way not contributing to psycho-social or other support. Camps and similar activities are potentially important projects, but need to be planned in context of programmes addressing children's rights and including their participation, if they are to fulfil their stated or intended objectives.

3. A comparison can be made with programmes that set out to eradicate child labour by banning it. But many families in some countries need the income children make from working, and following a prohibition of child labour, many children ended up working in more exploitative or dangerous conditions. Similarly, the notion that childhood is about play, is a largely western, middle-class construction of childhood. Many children around the world work and have to work in order to survive. Many children learn a range of skills through employment. Rather than a question of labour, it is a problem of protecting children from dangerous and exploitative work. But in addition to work occupying some of children's play time, in some countries study at school, in extra lessons, and at home, plus homework, means that children have little time available for play. This consumption of children's time through education has yet to be fully evaluated. It is certainly harmful for many children because of the emotional stresses from pressure which have included suicide, and is certainly reducing children's opportunities for play further than that of some working children, and might be seen as another middle-class construction of what childhood should be like.

4. The development of Children's Activity Centres is a core part of the work in the Child Welfare in Communities project in Hefei, Anhui, which has also begun to be replicated elsewhere. See West 2004b for background information on the role, use and practice of such centres.

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