handbook for social workers on basic bio-psychosocial help for children in need of special protection



Pyschosocial Trauma and Human Rights Program
Center for Integrative and Development Studies
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Handbook

for Social Workers on Basic Bio-Psychosocial Help for Children in Need of Special Protection

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Foreword

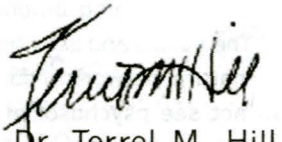
This handbook is a must have for all social workers and child caregivers in the Philippines. Offhand, we can come up with at least three major reasons why. One is that it provides practical guides, based on sound theoretical foundations and firm underlying principles, on how to promote psychosocial well-being among children in need of special protection (CNSP). The guides and activities build on children's own natural resilience and their natural network of support with their families and communities. They do not see psychosocial help as something separate from basic services but can be integrated in the development work for children.

Two is that it uses the Convention on the Rights of the Child (CRC) as the framework for treatment and care for children. This sets this handbook apart from other psychosocial handbooks for it wholly adopts the Convention as the basis for all intervention for children.

Three, while it maintains a global standard of care for children, the approaches are rooted on local setting. The handbook draws upon the Psychology of the Filipino (*Sikolohiyang Pilipino*) which, like all cultures, has its own nuances. This is in recognition of the fact that mental health has a cultural dimension.

We are sure that there are more reasons why social workers can find this handbook useful. This handbook is designed as an accompanying material for the Training on Bio-Psychosocial Help for CNSP. The training manuals for these were prepared by the same authors and also through the assistance of UNICEF. The handbook can be best appreciated and understood if the reader has undergone the basic training. However, because of its lucid exposition, any practitioner could readily find relevance in the book.

We commend the University of the Philippines Center for Integrative and Development Studies-Psychosocial Trauma and Human Rights Program (UP CIDS-PST) for this invaluable work. We also would like to express our gratitude to the Department of Social Welfare and Development (DSWD) for the partnership and opportunity to better serve the Filipino children. We are proud as they are with this output.



Dr. Terrel M. Hill
Representative
UNICEF Philippines

Message

The children in need of Special Protection (CNSP) constitutes a considerable portion of the children-population in the country. To this group belongs the child laborers, street children, the sexually and the physically abused, abandoned and neglected and the children who are in conflict with the law, among others. These children need special protection and treatment to help them cope with the trauma of their experience and to prepare them lead normal lives.

To promote and protect the rights of children needing special protection, responsive programs and cooperative efforts are fostered by both government and non-government organizations with social workers and other service providers taking the lead. As the primary agents of change, they ensure that appropriate interventions are undertaken for the children's recovery and family integration.

There is a need to continuously enhance the skills, competence and commitment of direct service providers to ensure that children receive quality service to promote their welfare and development, thus, the development of the "Handbook for Social Workers on Basic Bio-Psychosocial Help for Children in Need of Special Protection." The Handbook is an important tool and easy guide for social workers and service providers in providing bio-psychosocial interventions for children and their families. It enhances their understanding on their roles as service providers at the same time helps them build their capacities to become more efficient and effective.

I, therefore encourage social workers and other service providers to use this handbook in their case management functions. This handbook will provide them valuable information, guidelines and techniques which they can apply as they go through the helping process.

I congratulate the UP Center for Integrative and Development Studies Psychosocial Trauma and Human Rights Program (UPCIDS-PST) and the United Nations Children's Fund (UNICEF) for coming-up with another priceless document which invests on the development of the hope of our nation—the children!



Corazon Juliano-Soliman
Secretary
Department of Social Welfare and Development

Preface

This handbook was conceptualized in response to a need for a handy resource material that practitioners in the field can consult from time to time. Basically, our goal in writing this handbook is to equip social workers and other caregivers in the field with further information about caring for children in need of special protection (CNSP). This project is an offshoot of UNICEF's nationwide program on upgrading the capacities of caregivers in the provision of bio-psychosocial services for CNSP.

This handbook also represents our attempts to bridge the gap between theory and practice. Basic principles are connected to practical situations in order to foster an understanding of, and appreciation for, helping children. This is one of the major themes that weaves its way through the pages of this handbook.

The contents of this handbook also reflect an orientation towards the helping process. In this era of children's rights, the need for a rights-based approach towards helping children, especially those in need of special protection, has increasingly become more apparent. More than being rights-based, the handbook also incorporates principles and approaches derived from *Sikolohiyang Pilipino* - emphasizing that our methodologies need not only be child-sensitive but also be culturally appropriate. Last, the handbook encourages and challenges social workers and caregivers to adopt a more holistic approach to their work.

In an effort to make this handbook more reader-friendly, we made use of some pedagogical aids to assist readers in learning, remembering and making practical use of the material covered. For example, important points are highlighted through the use of bold type characters. Tips and case studies are placed in a text box for easier reading. Readers are also referred to relevant sections in the handbook whenever appropriate.

Acknowledgements

This handbook would not have been possible without the following people:

Faye Balanon, Agnes Camacho, Marie Therese Galang, Michelle Ong, and Jay Yacat who exerted their best efforts to put together this handbook and were also trainers, module writers of the training modules on basic bio-psychosocial help for CNSP;

Dr. Elizabeth Protacio-De Castro, Convenor of UP CIDS PST, who tirelessly discussed and shared her ideas;

Undersecretary Lourdes Balanon and Director Alice Bonoan of DSWD, who facilitated smooth coordination and gave valuable comments;

All the social workers who have undergone training on basic bio-psychosocial help for CNSP, and are sharing and applying what they have learned;

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Omna Jalmaani, who had the readers in mind as she did the lay-out;

Jovan de Ocampo, who created the beautiful cover for this handbook;

Mr. Marco Paa Puzon, who did the excellent job of editing the handbook;

Ariel Manuel, who drew the whimsical and entertaining inside cartoons;

The staff of UP CIDS PST, UNICEF and DSWD, who took care of the most basic and most essential tasks.

Organization

This handbook is organized into three main parts: Part 1, **Introduction and Orientation to Children in Need of Special Protection and Bio-psychosocial Help**, Part 2, **Guidelines in Helping Children in Need of Special Protection,** and Part 3, **Tools and Techniques for Helping CNSP**.

Part 1 weaves in the different conceptual and theoretical foundations that are essential in our work as caregivers of children, especially those in need of special protection.

In the introductory chapter *"Who is the Filipino Child?"* we present a brief historical sketch of the concept of **children in need of special protection (CNSP)** as well as a description of different situations in which children become in need of special protection. In this chapter, we also discuss the current protection mechanisms in place and other related efforts being initiated in the country as a response to the challenge of CNSP.

Chapter 2, *"Understanding Children and Childhood,"* focuses on the different perspectives in looking at children and childhood and how these views influence our work with children. In this chapter, we also discuss how the emphasis on children's rights and *Sikolohiyang Pilipino* have affected our perception of children and consequently our work as caregivers.

Chapter 3, *"From vulnerability to competency: Evolving paradigms in helping children,"* takes off from the previous discussion and details the evolution of different approaches to helping children. This chapter also focuses on how the rights-based approach is changing the practice of providing care for children.

In Chapter 4, *"Stress, coping, and helping children"*, we present a more holistic stress and coping framework, emphasizing the bio-psychosocial aspects of the helping process.

While Part 1 is admittedly more theoretical in its approach, Parts 2 and 3 may be construed as the more "practical" aspects of the handbook. However, it would be inappropriate to view the three parts as independent of each other. As stated earlier, theory and practice feed into each other. In this handbook, we would see how theory is concretized and contextualized in the different methods and techniques that are presented as well as how the different methods take their form based on specific considerations of a theory or approach.

Part 2, ***Guidelines in Helping Children in Need of Special Protection***, outlines the different but necessary processes to guide a social worker or caregiver in the helping process. Each chapter in this section covers a specific guideline and how it can be concretely applied, as well as issues or concerns surrounding it. Chapter 5 tackles "ensuring safety," Chapter 6 talks about "establishing trust," and Chapter 7 is on "providing and re-establishing structure." The use of stories and how to facilitate and listen to children's stories are presented in Chapter 8. Meanwhile, Chapter 9 delves into the resilience of children, its importance in strengthening children, and the ways to enhance this source of strength. Identifying and strengthening resources is another important task faced by social workers and caregivers, and this is the main focus of Chapter 10.

The third and final part of the handbook, ***Tools and Techniques for Helping CNSP***, discusses various tools and techniques that social workers and caregivers may actually use in their work with CNSP. Communication with children is integral in this line of work and strategies for effective communication and healing are highlighted in Chapter 11. We are more familiar with individual approaches to helping children. In Chapter 12, we introduce activities and processes for group work with children.

The handbook contains an Appendix section for readers who may want additional and supplementary discussion of specific topics included in the handbook. In this section, we have a review of the topic: Communicating with Children, where there is a discussion on the skills needed for interviewing, active listening, and processing, and the Helping Process, with emphasis on culturally appropriate methods of applying it. There is a third section on documentation of cases.

How to use this handbook

Several icons and markers have been used in this handbook to alert the readers to information that would be useful. The chapters are indicated in the text box placed in the left corner of the handbook while the chapter subtopics are placed in the bottom edge of the handbook. The icons are placed both in the text and in the bottom edge of the handbook pages.



DEFINITION

This icon alerts the reader on concepts, facts and cases that are defined and explained in the handbook



QUESTIONS

This icon represents the frequently asked questions (FAQs) raised in the handbook.



TIPS

This icon alerts the readers to practical suggestions and important reminders that would lead to more positive results.



THINGS TO CONSIDER

This icon gives information on researches, cases, and facts that readers need to know.

PART ONE

Introduction and Orientation to CNSP and Bio-Psychosocial Help

This part discusses the different conceptual and theoretical foundations that are essential in our work as caregivers of children, especially those in need of special protection. It contains chapters which describe the concept and context of CNSP in the Philippines, focus on various perspectives on children and childhood (especially the effect of children's rights and Sikolohiyang Pilipino on our perception of children and our work), talk about evolving paradigms in helping children, and the foundations of bio-psychosocial help in the stress and coping framework.

These four chapters are meant as a refresher for the theories already tackled in the training on Basic Bio-Psychosocial Help for CNSP, and will guide our reading and application of knowledge in Parts 2 and 3. If you are confident about your understanding of these concepts and theories, you may skip this part and proceed directly to the next.

Who is the Filipino Child ?

MOST FILIPINO FAMILIES believe that a child is a "gift of God and a sign of grace." The birth of a child is almost always a happy and welcome event. Children are valued for the happiness and inspiration they bring, for their economic contribution, and for the security they provide for the parents in their old age (Medina, 2001). With a child-centered culture, Filipino families exert all efforts to give their children the best attention and care. Being the first, longest and most intimate influence in a child's life, the parents primarily mold the personality and character of their children.

The "child" as defined in Philippine and international laws is one who is between the ages of 0 to below 18 years old. In the Philippines, they number 32 million or almost 43% of the total population (1999 MICS).

Significant progress has been achieved in the health, education and access to basic facilities since the implementation of the Philippine Plan of Action for Children in 1992. Both Infant and Under Five Mortality rates have exceeded the targets. Eighty-two percent and eighty percent of all households have access to sanitary toilet facilities and safe drinking water respectively.

However, malnutrition among children continues to remain a challenge to us. In fact a national plan (1993-1998) was implemented to respond to this gnawing problem. Success was noted in micronutrient fortification, although, despite the decline in the number of malnourished

children "the result is far from satisfactory" (The State of the Filipino Children 2001).

In 1999, 31 out of 100 children below five years old were found to be underweight. This segment comprises only those found to be "moderately and severely malnourished" and omits the more numerous "mildly malnourished" children. This statistic presents a serious picture for many Filipino children, considering that 50% of growth and 90% of brain development occurs during the first five years of age. With poor nutrition, inadequate care, neglect and abuse, children perform poorly in academic development and risk having low levels of productivity in their adult years.

The Philippines was one of the first countries to ratify the UN Convention on the Rights of the Child (CRC) in 1990. This instrument declared that all children have rights to survival and development "not as adults" but as children. Seven years later, in 1996, UNICEF identified a group of children worldwide who needed special attention and care. They are now known as Children in Need of Special Protection or CNSP.

The CNSP are children whose rights have been grossly violated and who are in need for special protective interventions, including basic and specialized services. Basic services include education, health, and social welfare, while specialized services include rescue, recovery, reintegration and legal assistance and protection.

In the Philippines, social workers and other caregivers tend to categorize CNSP into street-children, child laborers, abused children and other categories. This means that approaches and interventions are packaged according to these various categories of CNSP and not according to the needs of the child. In reality, a street-child can be an abused child or a prostituted child at the same time. It is therefore important that interventions consider the comprehensive situation and the specific problem of the CNSP.



The **CNSP** are those found in one or several of the following situations:

Hazardous and disabling labor conditions

The children exposed to hazards and disabling working conditions are predominantly found in the agricultural sector. Other children are found working in mines and quarries, on deep-sea fishing vessels, and in pyrotechnics factories, where even adults face great risks and harm. These children are exposed to hazards such as heavy workloads, long working hours, deplorable working conditions, exhaustion, stress and boredom. They are often underpaid, and enjoy no benefits. Worst of all, they remain invisible to the public and statistics.

An estimated 2.2 million children are found in working in hazardous and disabling conditions in the Philippines (NSO, 2001). Expected to contribute to the family income, most of these children come from rural households and often work away from home. Their parents are either unemployed or underemployed. Many of them have stopped or were forced to stop schooling. This is one of the reasons why children leave home and find work, often as scavengers, commercial sex workers, cigarette vendors or domestic workers.

Commercial sex exploitation

This refers to children involved in prostitution, pornography and pedophilia. Like child laborers, child commercial sex workers come from poor households. Many of them have likewise stopped schooling. At home, they may have suffered from parental abuse, neglect and extreme poverty.

Nine out of 10 child sex workers are girls. Many of them are usually found in brothels ("casa"), or on the street in tourist areas, big business centers and around schools. Prostituted children may have entered the sex industry because of the deception of recruiters promising decent jobs, or may have willingly entered because of a myriad of push and pull factors, including the involvement of a friend or relative in the sex industry.

Being the most stigmatized and least protected among the CNSP, many of these children are compelled to go underground, making them doubly vulnerable to exploitation and unjust practices by employers, managers, pimps, customers and even law enforcers. These children face dangers such as extreme physical, psychosocial and emotional abuse, rape, sexually transmitted diseases, death from premature pregnancy and childbirth, AIDS and other health problems as a result of drug use. Available estimates of their number are based on local studies and from social hygiene clinics, but an over-all estimate on the number of prostituted children in the Philippines is unreliable.

Physical and sexual abuse/violence at home and in the community, or by authorities

One major reason why children leave home is physical and/or sexual abuse/violence at home. One out of three children suffers from abuse and/or violence at home, in the community or by authorities. There has been a noticeable rise of reported cases of abused and maltreated children. The question is: Could this be due to growing awareness and advocacy against child abuse or could this be a growing incidence itself?

Girls comprise most of the cases of sexually and physically abused children. At the UP Philippine General Hospital Child Protection Unit almost all of the referrals were girls.

The incidence of violence within a family is almost always certainly persistent, from one generation to the next. Many children reared in an atmosphere of violence tend to become violent adults.

Discriminatory, inappropriate and deficient laws and judicial processes and practices for CICL

Various studies presented a general profile for children in conflict with the law (CICL): they are usually boys, aged 14 to 17 years old and, charged usually with theft and robbery (BJMP, 1999). Many of them are street children, are members of street gangs and/or into substance abuse. These children experience neglect, abuse, insensitivity, physical maltreatment and torture upon arrest and during detention. This year alone, two jailbreaks by CICL made it into the news. Sixteen escaped from the Pasay City Jail. Thirty others escaped from the Manila Youth Center. The escapees had complained of maltreatment by jail guards, lack of food, poor living conditions and the slow disposition of their cases. There is also a significant rise of young people committing sex offenses. Out of 127 convicted youth offenders at Camp Sampaguita, New Bilibid Prisons, 36 committed sex offenses. Seven young offenders were sentenced to die for rape. (Philippine Daily Inquirer, May 2002).

During a National Children's Consultation Workshop on Street Children and the Juvenile Justice System held last August 2002, most of the sixty-two children-participants raised the issue of violence (physical, verbal and sexual) against them by police authorities upon arrest and during detention. In addition, resolution of their cases took a very long time and they were often persuaded by the judge, lawyer and social worker to admit the crime in order to speed up the trial and enjoy suspended sentence.

Disabilities

One out of five children, ages 0-6 years old, suffers from physical and mental disabilities. Fifty percent are acquired disabilities in hearing, vision, and motor skills. These children largely come from poor families who are unable to provide basic needs even to their "normal" children. Those severely disabled were hidden from the public by their families. Prior to year 2000, there were no special education classes in public schools in many parts of the country. In addition, they face problems ranging from discrimination to lack of access to adequate health and social services.

Armed conflict

In the 1990s the armed conflict in Mindanao alone disrupted the education and health care for half a million children. From January to August 2002 alone, 16,637 families were displaced during the conflict in Mindanao (ECDFC). This included about 64,000 children. This year, as the conflict escalated, 42,000 families were displaced from nine provinces in just two months. In the municipality of Pikit, North Cotabato, more than half of the population was displaced.

Children affected by the conflict often face severe food shortages, lack of clean and potable water, and most live in poor and unsanitary conditions in evacuation centers. They also face serious problems such as disrupted schooling, poor health care, and worst of all, chronic insecurity and trauma. Indeed, their situation points to the reality that, "all wars are wars against children."

In addition, the Armed Forces of the Philippines estimated that between 13% and 18% of the rebel forces nationwide are children (Coalition to Stop the Use of Child Soldiers, 2001). According to government reports, 86 child combatants of the New People's Army were captured or surrendered in 2000. The Moro Islamic Liberation Front reportedly recruits and trains children as young as 10 years old for armed combat. Girls and boys recruited as child soldiers may begin by fulfilling support functions (doing household chores, acting as messengers, tending to the wounded, etc.) but may also be sent into the heat of the battle. The trauma of such a difficult and violent life may cause nightmares, hallucinations and delusions years after demobilization (Machel, 2001).

Indigenous communities

Estimated at 2.5 million, children from indigenous/ethnic communities live in economically disadvantaged and environmentally deteriorating remote areas, where they lack access to basic services and education. With a majority suffering from malnutrition and with a high mortality rate, children from these communities are often unregistered and undocumented. Many of these children are also caught in armed conflicts.

WHAT HAS BEEN DONE and what is being done for the CNSP



PRIOR to the country's ratification of the UN Convention on the Rights of the Child in 1990, a total of 17 laws/decrees on child protection had already been in place. These include the Revised Penal Code, the Child and Youth Welfare Code (PD 603) and the 1986 Philippine Constitution. However, during this period, child programs by both government and NGOs were oriented towards welfare, survival and development which followed the predominant theme worldwide.

In 1993, as a concrete expression of the country's commitment to the UN CRC, the Philippine government conceived the Philippine Plan of Action for Children (PPAC). This policy attempted to reorient its direction from a needs-based to a rights-based approach. It targeted 27 end-goals until 2000. Eighteen new laws were enacted and several programs adopted aimed at the promotion and protection of the rights of children.

Among these is the landmark child protection law, An Act Providing for Stronger Deterrence and Special Protection Against Child Abuse, Exploitation and Discrimination (RA 7610).

Two progress reports: an initial report of the Philippines (First Philippine Country Report on the Implementation of the CRC) and a supplemental report by an NGO Coalition in the Philippines were submitted to the UN Committee on the Rights of the Child in 1994. The Committee received the former "with satisfaction" but noted "with regret the lack of information on the concrete effects of the measures adopted".

Among the concerns related to the CNSP raised by the Committee were legislative reforms that need to conform with the CRC in issues such as minimum age of criminal responsibility, minimum age of access to employment, prohibition of torture and the administration of juvenile justice system and, the lack of practical measures for disabled children, working children and children affected by the armed conflict.

Suggestions and recommendations were raised by the Committee and taken into consideration by the Philippine government.

The Second Philippine Country Report described impressive achievements, in general, in the implementation of the CRC during the period 1995-2000. The Philippines was able to address some of concerns and issues raised by the Committee. Among those relevant to the CNSP are the training of 2,000 judges, 18% of police personnel, teachers, social workers on child protection against inhumane treatment (illegal detention and torture); increased number of Family Courts and PNP Children's Desks nationwide to deal with sexually abused and exploited children; criminal liability of parents who abuse children; access to government non-formal schooling to CNSP and; including child labor concerns in labor inspections. Moreover, the Philippines ratified ILO Conventions 138 (minimum age for employment) and 182 (elimination of worst forms of labor in children).

Two instruments: the Comprehensive Agreements on Respect for Human Rights and International Humanitarian Laws between the Philippine government and the National Democratic Front and the Moro Islamic Liberation Front and the Comprehensive Program Framework for Children Involved in Armed Conflict may provide appropriate and practical measures for the protection of children before, during and after the conflict.

There were also serious commitments for the disabled children such as expanding the Special Education classes, promoting the use of the "white cane" as a special mobility aid for the vision-impaired, the eradication of polio, measles and neonatal tetanus.

Non-government, private and church organizations have themselves contributed their share in promoting and protecting the CNSP. About three hundred organizations implemented programs for street-children, from drop-in centers to values and informal education to livelihood trainings. Many of these interventions were short-term and hampered by lack of resources. Further there were few organizations with services intended for children in armed conflict.

The Philippine government is intent on further pursuing its commitments to the CRC. A new, "better refined and sharpened" guiding policy, the Philippine National Strategic Framework for Plan Development for Children, 2000-2025, known as Child 21, has replaced the PPAC. The goal of this policy is "to ensure that every Filipino child will exercise her/his rights to survival, protection, development and participation throughout the life cycle."

Two major bills have been pending in Congress for several years. Whatever is hampering Congress to approve the Comprehensive Juvenile Justice System Bill and the Bill on Magna Carta for the Working Child is a disservice to the CNSP. These bills are anticipated to harmonize all existing laws and instruments in accordance to the UN CRC and will remedy weaknesses and gaps in the present system.

Increased budgetary allocations and a reliable monitoring system to gauge the real impact of the various reforms and programs on the children are challenges the government faces.

Certainly, the Filipino child is the responsibility of everyone. Intentions are not enough. The state of a nation's children mirrors the reality whether a country and its adults have faltered or triumphed in nurturing and protecting them.



2 Understanding Children and Childhood



HELPING CHILDREN IS NOT AN EASY TASK. The years that we have spent in acquiring the necessary knowledge, attitudes and skills attest to this fact. Even as professionals, we still see the need for continuous training and education in order to adapt and respond to the new realities of a rapidly changing world. These developments also set the stage for new and emerging ideas in providing help and care for children. Some of these ideas may even run counter to our own firmly held beliefs regarding the nature of our work. As professional care providers, it is our responsibility to constantly re-examine our own ideas and beliefs.

The concept of "helping children" begs us to answer two related questions. The first is, "*What do we mean by 'helping'?*" The second is, "*Who are the children we are referring to?*" Perhaps, the latter would lead us to ask another seemingly innocent question: "*Why do we help children?*" The answers to these questions would reveal our own assumptions about the nature of children, our expectations of childhood, and the necessity of caring for the children and the ways we go about it. Here, we look at the conventional wisdom about children, childhood, child development, child protection in the light of new perspectives in the promotion of children's rights and the study of gender and culture. Also, this chapter unravels the way these ideas influenced the way we deal with the children we work with.



NOTIONS of children and childhood

In this chapter, we are presenting two divergent views by which we frame our understanding of children and childhood. The first looks into the dominant view of childhood as biological, naturalistic and universal, while the second discusses the emergent constructionist view.

Dominant notions

Philippine law defines the child as anyone below the age of 18. When a person reaches the age of 18, he or she is no longer a child. This implies that age is a major distinction between an adult and a child – taking to mean that being a child is a matter of biology. The emphasis on biology assumes the naturalness of certain things, and hence we have come to associate certain experiences, traits and characteristics as *natural* to a child. Some of these we have listed below:

1. Children are passive and weak. Parents have power over them and may exert their authority, and children should therefore be submissive. Parents have the right to dictate what the child should do. Children are dependent on adults for their survival, safety and comfort. As they are *naturally* weak and vulnerable, they constantly need protection. Adults, especially in our culture, are very much reluctant to recognize the strengths and capacities of children.
2. Children are ignorant, irrational and innocent. The notion of children as "*tabula rasa*" (literally 'blank slates') justifies the dictum that parents know best for their children. Children need to be taught and fed knowledge and skills they will need in their lives. They have to be molded and given the proper values to be productive members of society. We do not believe they have the capacity to understand. Thus, it is common to hear parents silence a rather inquisitive child by the remarks: "*Bata ka pa, hindi mo pa maiintindihan.*" ("You are still a child, you won't understand.)

The use of age as a marker for childhood also underscores the idea of childhood as a *biological fact*. Hence, childhood is viewed as a biologically determined stage on the path to full human status that is adulthood. In a child's life, everything is preparation for adulthood. The socialization of children is done in preparation for adulthood. Education, household chores and even play activities are done in anticipation of being an adult in the "real" world.

The naturalness of children extends to the assumption of naturalness of childhood. For example, since we think of children as naturally weak and dependent, we may also assume that childhood is *naturally* a period of dependence. Moreover, the idea of children's innocence paints a picture of childhood as a carefree existence, with play as the major preoccupation.

All of these beliefs fed into a standard or universal model of childhood, where the child is in a small happy family, where the parents have stable jobs, and where the child goes to school. The idea of a universal childhood assumes that all children go through similar experiences during their childhood. Culture, history and other differentiating factors are largely ignored.

The emergent view

Cross-cultural comparisons of notions of children and childhood reveal striking differences. For example, Kenyan children are likely to grow up in a large family, and may be taken cared of by older siblings. As they reach a certain age, these children are expected to take over the care of younger siblings. Children in the United States and Europe grow up in a different setting – with a much smaller family. These observations suggest that there might not be a singular standard or model of childhood. Some experts even broached the idea of different "childhoods". The previous chapter on the different situations children may find themselves in adds support to this notion.

The emergent paradigm presents the view of childhood as a social construction. This means that the experience of childhood is neither a universal nor a natural feature of human groups. Rather, it appears as a specific structural and cultural component of many societies (Prout and James, 1997). This view examines the way we make sense of our experiences during childhood for example, and surfaces the explanations we use to justify our actions and beliefs. For example, the assumption of the natural dependency of children on adults is seen as a way by which adults exert power and control over children. The belief in children's natural incapacity to think allows an adult to naturally make decisions for children.

Reframing DEVELOPMENT

THE TERM "DEVELOPMENT" usually refers to a progressive series of changes that occur as a result of a person's maturation and learning. The key word here is *change*, which implies that a human being is never static. Development does not only mean *quantitative* change, for example, the addition of certain characteristics (increase in height). It also usually involves *qualitative* change over time (the acquiring of new skills). Thus, development is a complex process of integrating many structures and functions.[1]

The naturalistic and universal notions of childhood greatly influenced the way psychologists thought about human development. Like childhood, it is assumed that there are certain universal patterns of development. This states that we all go through the same patterns, whether they may be stages or periods. This is the main assumption behind the theories of famous stage theorists like Sigmund Freud, Erik Erikson and Jean Piaget.

Since people experience the same biological changes, similar reactions are expected. This singular pattern represents the mainstream expectations for behavior. In fact, most stage theorists believe that psychological problems stem from the inability to fulfill a certain expectation at a certain level or stage of development. For example, Freud expects that between the ages four to six, boys develop confusing feelings regarding both parents which he labeled as *oedipus complex*: an intense love for the mother, and jealousy and fear of the father. On the other hand, Erikson formulated his psychosocial stages, wherein development is centered not on a body part (as in Freud's stages) but on a person's relationship to the social environment. Meanwhile, Piaget,

the recognized guru in cognitive development, described four stages that everyone passes through: sensorimotor; pre-operational; concrete operational; formal operational stages.

A major problem with the concept of stages of development is that a large number of people may not fit the pattern. Usually, those who do not seem to follow the program are labeled as *deviant* or *abnormal*. It is frequent that parents become overly anxious about their child's development when they are presented with these ideas. Over-reliance on these theories may lead to unnecessary worries on the part of parents in thinking that there may be something wrong with their children who are different from what is expected at certain ages.

Several insights about development have since emerged. Most of these ideas are more comprehensive in scope. One example is the ecological model of development that takes into account not only the biological-hereditary factors but also the larger socio-historical context. The following ideas provide us a summary of these new insights about development.

Development is an interactive process between a person and the environment.

As we have mentioned, two important processes result in a person's development: *maturation* and *learning*. Maturation is the process of unfolding of a person's innate characteristics. Meanwhile, learning comes from a person's interaction with the environment. In this sense, this view debunks the idea of a child as a passive recipient of knowledge from the environment. New studies show that children, even newborn infants, are actively involved in the process of their own development.

Development is multi-dimensional but integrated.

When we talk of development, we usually focus on developmental domains such as the physical, cognitive, and psychosocial. Some examples of aspects of each domain are outlined below[2]:

Physical Development	Cognitive Development	Psychosocial Development
Include all the growth and change, that occur in a person's body. Changes in height, weight, and bone thickness, as well as in the muscles, glands, the brain and sense organs are part of physical development. Motor skills such as running, learning to write, hand-eye coordination, are also part of this domain so are nutrition and health.	Includes all the mental processes that are used to obtain knowledge or to become aware of the environment. It can include perception, imagination, judgement, memory, learning, thinking and language.	Focuses on personality and social development, such as identity processes, gender development. Emotional and moral development are also included.

However, it is important to point out that all the domains are important at every age. Moreover, the three domains are interrelated; one domain cannot be isolated from other aspects of development. For example, in our work with CNSP, if we want to understand the effects of a traumatic experience to a particular child, we may need to look into all three domains. Also, we may tap into these domains to look for how children cope with or adjust to this negative experience. This interrelatedness implies that development is *holistic*, meaning integrated or unified.



Implications for Intervention

Knowing that development is integrated, we may select activities that will help the child develop appropriate responses. We may, for example, base our interventions or programs on the problem presented and on any developmental domain that the child is responsive to.

Development occurs in a context

Most early theories of development have ignored the important role of "*context*" in the development of a person. However, current trends in developmental psychology reveal a recognizance of the value of context. The different contexts in which development is played out would account for much of the variability that we see around us. Briefly, we present two concepts that illustrate the idea of development in context: Urie Bronfenbrenner's ecological systems approach and the developmental niche (Super & Harkness, 1986; 1994).

The ecological systems approach looks at children as dynamic and evolving beings who are able to interact with the different environments where they operate. These interactions are viewed as two-directional or reciprocal. Bronfenbrenner identifies the "ecological environment" as having four levels: microsystem, mesosystem, exosystem and the macrosystem.

The microsystem refers to the basic level of face-to-face interactions such as those found in the home, school, church or neighborhood. The mesosystem recognizes the interactions of individual microsystems, such

as between home and school, school and church, and etc. The exosystem, on the other hand, details the settings beyond children's immediate environment but may nevertheless influence their development. Examples of this are parents' place of work, other instititutions that operate such as the local government, and other social service institutions such as hospitals. Last, the macrosystem represents the most complex system of customs, values and laws considered important in the child's culture.

Meanwhile, the concept of developmental niche illustrates how children living in the same environment may grow up differently. The developmental niche places the child at the center of a particular "cultural world", which may be different from the worlds inhabited by siblings and other members of the family. This niche is said to be composed of three components: the physical and social settings of everyday life; the culturally determined customs of childcare and child-rearing; and the psychology of the caregivers or characteristics of the parents.



Implications for Intervention

Knowing that development occurs in a context, we may strive to identify the different contexts in which a particular child is located. This knowledge would also help us appreciate the uniqueness of each child, and consequently would sensitize us to the particularities of their needs.

Children's Rights and CHILD DEVELOPMENT

THESE NEW INSIGHTS on child development may have in some way propelled the global advocacy for children's rights by adult groups. This advocacy culminated in 1989 with the signing of the UN-CRC. However, equal force and resistance by other adult members of society have met this strong advocacy for children's rights. Perhaps the major obstacle to child rights advocacy work is a lack of a shared understanding among adults regarding the nature of rights as a concept.

It seems that adults hold divergent views regarding the concept of rights. For example, a study done among Filipino adults (Conaco, 1995) revealed that rights are equated with privilege. In this sense, rights are usually interpreted as rewards for meeting a certain condition or expectation. In relation to children's rights, these adults might consider rights as something that could be awarded, given or extended to a child in recognition of some merit, usually good behavior. Such an idea also meant that rights exist outside or external to an individual. This means that rights could either be given or bestowed, or they could also be denied or taken away. Thus, we usually hear people say: "*I am robbed of my rights*" or "*They have taken away my rights.*"

The idea of equating rights with privileges is a far cry from the notion of rights as an inherent feature of a person's humanity. In this sense, rights are unconditional: being human is the only condition for a person to have and enjoy his or her rights. As an extension, children, by virtue of simply being humans, have rights, whether they satisfy adult expectations or not. Thus, rights are considered as standards of humanity and this is the idea of rights as espoused in 1989 in the UN CRC.

Rights in the UN CRC

Briefly, let us describe the set of children's rights outlined in the UN-CRC. The different rights may be clustered into four domains: survival, protection, development, and participation. Each of the clusters is described below:

- **Survival:** Basically pertains to a child's right to life. A child is ensured of his/her basic needs for a name, nationality, family, food, shelter, clothing, and medicine.
- **Development:** Children's right to develop all aspects of their being — mental, spiritual, physical, emotional/ psychological.
- **Protection:** Cluster of rights that protect the child from war, abuse and exploitation. Gives them a safe and positive environment in which to develop.
- **Participation:** Ensures that children have access to information, to venues for expressing their thoughts and opinions, and to consultation especially regarding matters that directly involve them, whether at the level of the family, school, church or the larger community.

The first three clusters of rights, namely, survival, development and protection, have already been recognized as important standards in promoting children's welfare after World War II as embodied in the 1959 Universal Declaration of Children's Rights. The right to participate is a major contribution of the 1989 Convention.



Guiding Principles of Children's Rights

1. **The Principle of Indivisibility**. We cannot value one domain more than the others because they are interconnected. Depriving children of any right will affect their enjoyment of the others. Thus, we cannot say that protection rights are more important than children's participation. The different clusters of rights work in tandem to promote the total development and welfare of children.
2. **The Principle of Inalienability**. Children are born with rights. It is not something we award or give them. It is also not something that we take away when children do not fulfill our expectations of them. For example, CICL or children involved in the sex industry have inalienable rights that would demand that they be respected, protected and taken care of.
3. **The Principle of the Best Interest of the Child.** The concept of "best interest of the child" is utilized to settle any disagreements among the provisions of the UNCRC. Although the UNCRC recognizes the important role of parents in determining the child's best interest, this does not constrain us from asking the child, and looking at his/her context and culture.
4. **The Principle of Non-Discrimination**. All children, regardless of gender, religion, language, political or other opinion, national, ethnic or social origin, property, disability, birth or status, have all the rights stipulated in the UNCRC. A special provision for the rights of other-abled children reflects this non-discrimination stand.

3 From Vulnerability to Competency: Evolving Paradigms in Helping Children



A tale of TWO PARADIGMS

PHILOSOPHER THOMAS KUHN, in his 1970 seminal work *The Structure of Scientific Revolutions*, talked of paradigms as general frames of reference and ways of working shared by practitioners within a particular discipline or field. For example, social workers may share a specific paradigm in the way they approach the practice of social work. In this section, we will describe two competing paradigms on how we approach children's problems: the vulnerability and the competency paradigms.

The vulnerability paradigm

At the core of the vulnerability paradigm are the traditional beliefs (introduced in Chapter Two) that children are passive and weak, dependent and helpless, incapable of doing many things, and hence, vulnerable. This vulnerability is usually interpreted as inherent in the child's nature. Hence, vulnerability becomes a *naturalized* aspect of the child.

Emphasizing more on children's weaknesses, the vulnerability paradigm sets the limit as to what children can and cannot do. For example, since it is accepted that children *naturally* cannot take care of themselves, then adults should take charge of caring for the children. Since children cannot decide for themselves, the adults should make the decisions for them. In this sense, the vulnerability paradigm justifies adult control over children's lives. Control over children is seen in the applied interventions. Children virtually have no voice in matters regarding their own welfare.

The paradigm usually defines problems in terms of intra-personal or interpersonal deficits. A concrete example is the idea that children's problems stem from their own vulnerabilities. Because children are considered to be vulnerable, they are easily traumatized by negative events. Since problems are considered to be individualistic, typical interventions or solutions, therefore, target individuals and usually neglect social systems. Also, these forms of intervention have a tendency to blame the victims of oppression.

The competency paradigm

Providing an interesting counterpoint to the more dominant vulnerability paradigm, the competency paradigm assumes that children are active in their own ways. Thus, it values what children can do, and not

on what they cannot do. Simply put, priority is given on looking at children's strengths more than their vulnerabilities. As such, the paradigm refuses to look at children merely as *victims* but as *survivors.* However, the emphasis on strengths does not mean a denial of children's weaknesses. The paradigm also pays attention to limitations that impinge on the child, but mainly strives to look beyond the individual child for explanations.

In the competency paradigm, problems are defined in terms of psychological and social factors related to disempowerment and oppressive circumstances. Therefore, interventions address both personal and social dimensions, try to equalize power, and strive to achieve distributive justice in the access to resources. Even in the worst cases, we have but to find the competencies of the child. The question that we must ask is, "*What is the strength of this child?*" Even the severely abused child, battered black and blue, and with fractured legs, has some strength.

There are other questions: "*Is our program able to bring those strengths to the surface, tap them, use them, and enhance children? How are all of these related?*" By documenting children's strengths, such as ability to sing, we can observe that it is a source of comfort in times of stress. Document what children can do but also what children enjoy doing. A child bed-ridden for life may have spiritual strength.

The competency paradigm has three dimensions: the body, the mind and the spirit. We usually concern ourselves with the first two; but to be truly holistic, we have to realize the importance of spirituality. Often, a child of moral and spiritual strength comes out in times of crisis. Children are the models of spirituality because their innocence is strong. In them is the sense of the higher good, a kind of selfless giving to others. They have not been corrupted and in worst crises, anger and revenge do not surface. Instead, what surfaces is a strength that allows them to go on, and this is called resilience.



EVOLVING APPROACHES to helping children

THREE IDENTIFIABLE APPROACHES have evolved in the practice of helping children in the Philippines, and each has its own specific assumptions about children's vulnerabilities and competencies. These are: the biomedical approach; the social welfare approach and the rights-based approach.

The Biomedical Approach: Treatment and Cure

The biomedical approach in helping children adopts the language and methodologies of the medical and health fields. Hence, such terms as *patient, cure,* or *treatment* are commonly associated with this approach. Children's problems are usually construed in terms of *disease* or *pathology.* Underlying this model is the assumption that children as well as adults are generally sick. This means that if one has a family problem, like abuse, then there is illness. It is a disease model - a lack of ease, or dis-ease. Health is equated with the absence of disease.

In this approach, there is the assumption that there is always a biological explanation for something. Every problem is assigned an organic cause that requires a similar solution. Hence, there is a tendency to view problems in medical or pathological terms. Under this frame of mind, interventions reveal the basic assumption – the orientation is very clinical/surgical in nature, more like a doctor-patient relationship, where the doctor is the ultimate, superior, powerful, over-all authority over the human body, and sometimes, even the very recesses of one's being. The prevailing attitude is: "*I know. You don't know. You do what I say. You follow.*" The doctor occupies the dominant role.

What does the biomedical approach mean in terms with children's work? The biomedical approach is used often in helping abused children, but the problems are often seen from a medical standpoint rather than looked at in a broader perspective.

In the biomedical view, the approach is curative and designed for damage control. While this kind of thinking is neither correct nor incorrect, it has been observed that confinement or hospitalization is often the solution, even for cases of psychosocial problems. The term '*intervention*' breaks the process because help is introduced in order to control further damage and this is where the phrase '*intervening in the process*' comes from. In medicine, it is epitomized by surgery - the physical removal, elimination and control of growth or manifestation of a disease.

Strategies associated with the biomedical approach include feeding and nutrition programs, medical and dental services for children, and other charity works. Nonetheless, most of the early forms of children's work began with very broad health issues like nutrition, medical support and livelihood.



Briefly, these are the characteristics of the Biomedical Approach

- Perspective used in medicine
- Basically curative approach
- Mostly physical in nature compared to other approaches
- Has three characteristics:
  - (1) concentrates on diseases and neglects health;
  - (2) emphasizes individual instead of collective care, physical rather than psychosocial;

(3) it has been occupied with physiochemical processes but remained insensitive to psychosocial factors n health and diseases

- In terms of ideological positions, it is characterized by objectification, reductionism, professional dominance and medicalization of normal life events
- *In the Philippines, it is commonly used in the hospital setting.* The prevailing orientation sees that the abused child has been damaged by the abuse and needs to be repaired.

The Social Welfare Approach: Rehabilitation and Intervention

The social welfare approach dominates the practice of social work in the Philippines. This approach emphasizes the need to reduce intensity, severity and duration of individuals showing early signs of disorder. This is usually done through early case finding and providing immediate responses. For example, the immediate response in this approach is to fill up an intake form and design appropriate interventions for the child.

The approach assumes that not all problems can be effectively analyzed by using a biomedical point of view since the environment also plays a role in the situation. Hence, it may be appropriate to say that the social welfare approach assumes a broader perspective compared to the biomedical approach. This translates into the way problems and solutions are framed. For example, after the presenting problem has been analyzed in terms of personal and societal factors, appropriate strategies will be designed to address both factors.

However, just as in the biomedical approach, children are usually seen as passive receivers or beneficiaries of different adult-designed

programs. It is very rare that children are recognized as being capable of contributing to their own recovery. The language used in the social welfare approach also reflects this point of view: the child is *always the victim.*

The helper/social worker still holds the greater power in the relationship. The social worker determines what type of programs the child (victim) receives, what activities the child may or may not do, or what is best for the child.



Briefly, these are the characteristics of the Social Welfare Approach

- Employs the methodologies of both social work and community development
- Uses both curative and preventive methods
- It is a combination of relief, protection and rehabilitation
- It has an added social dimension
- It recognizes the influences of external factors in child's experience not only in the immediate but also in the larger environment, the society
- It recognizes all the child's need for development (physical, intellectual, emotional, social, and moral dimension) as such the child can avail of services such as health, psychosocial help, educational support, legal services, housing and shelter as well as livelihood opportunities
- Some organizations that use the social welfare perspective focus on advocacy both on the grassroots and the national level

- It has been effective and efficient as a perspective because of its holistic approach and the concern for the child's process from victimization to reintegration into the community
- One of the major critiques is the notion that the children who experience abuse have diminished capacity for self-help, if not totally helpless and powerless as a result of the experience of abuse
- The children are perceived as being unable to find solutions to their problems
- The child's internal and external resources are not recognized and utilized to prevent further harm and to aid in the child's further recovery

The Rights-Based Approach: Participation and Partnership

Representing attempts by which childcare workers and professionals have come to terms with the UN CRC, the rights-based approach is by far the most comprehensive of the three approaches discussed in this chapter. It employs strategies that have not been previously associated with helping children but are being given a new meaning in an era emphasizing children's rights.

The approach re-writes the script between the adult-helper and the child, where the former is also an advocate of the rights of the latter. With the promotion of children's rights in the community becoming an official duty of the social worker, the approach recognizes the curative and rehabilitative efforts, but also the preventive aspects.

Another major change is the way of interpreting the role of children in the helping-healing process. In the rights-based approach, the participation of children in the process is seen as a necessary and fundamental aspect. Children's participation is thus crucial in the success of a program and one of the main tasks of the adult-helper is to facilitate the child's participation. These ideas are in conjunction with the recognition of participation rights of children in the UN CRC.

The current practice of many agencies helping children is at the level of a social welfare and developmental model. It is a perspective that has been found useful and effective and has evolved in such a way as an approach acceptable to the community. But still some problems persist.

In the social welfare model, the critique in childhood and notions of children lies in the hidden assumption that "poor children need our help". With the needs of the children as the starting point, the model assumes that children are helpless, vulnerable, dependent and passive. Children are viewed as having a very diminished capacity for self-help. Those in very difficult circumstances are seen as requiring adult intervention, although of course, in few traumatic cases, this may be true and necessary.

How do we move towards the adoption of a child rights approach? The competency paradigm will let us operate and concretize programs that work under the principles of child-centeredness, child-sensitiveness and child-friendliness. This will be closer to what we always aim, for programs to be holistic, just as the UN CRC has adopted a holistic approach to the treatment of human rights of children.

In this approach, all rights are recognized as intrinsic to the human dignity of the child, and the implementation of a single right becomes effective only within the context of the fulfillment and respect of all the other rights of the child. This framework clustered the rights into

four major areas or domain namely, survival, development, protection and participation rights of children. (Refer to p 43 for a description of each area.).

To help illustrate the previous discussion, let us look at food supplement or nutritional rehabilitation programs, which appear very biological and thus use the biomedical model. We can identify that such programs answer to the survival need of children. When we want children to eat nutritious meals such as vegetables, we tell them to do so because this particular food group is good for their health. However, this approach may not work for all children. The key is to bring the message of good nutrition in a manner acceptable to the child. It is important that the child understands the need for good nutrition. As a child-rights worker, we may either offer to explain more or find creative ways in putting the message across. In this manner, we can also say that it uses the rights-based approach and the competency paradigm.



Briefly, these are the characteristics of the Child Rights Model

- Adopts a holistic approach to human rights of children that all rights are recognized as intrinsic to the human dignity of the child and the implementation of the single right becomes effective not only in the context of the fulfillment and respect of all other rights of the child. Fundamentally the Convention reaffirms the indivisibility and interdependence of human rights
- The rights perspective ensures that all the needs of the child are properly addressed by the society, focusing not only in reducing the risk but also to secure the child's well-being as a special group

- Another dimension included in this perspective is the intergenerational dimension. The idea is to ensure the development of future generation of children who will be future parents of the next generation
- The recognition of the client's capacity to form opinions and the right to be heard is the most important contribution of the child's rights perspective in redefining the view of children's situation.
- The **UN CRC** provides for children's participation in several articles

Article 12:	The children's right to an opinion and to opportunities to be heard in proceedings that directly affect them
Article 13:	Freedom of expression
Article 14:	Freedom of thought, conscience and religion
Article 15:	Freedom of association and peaceful assembly
Article 16:	The right to privacy
Article 17:	The right to appropriate information

The entry of a novel approach, such as the rights-based approach, is changing the face of biomedical principles. Now, doctors have become sensitive to this fact. They are welcome to new learnings that will help institutionalize child sensitive approaches in hospitals. The same goes with the legal system; judges and government prosecutors are realizing that the legal aspects of rights are not enough and that there are psychosocial implications on how the UN CRC is implemented. We are now seeing that the traditional and dominant models are evolving

and that there is an emergent norm. A concrete example is the Child Protection Unit of UP-Philippine General Hospital, which looks like a child's play area. This new norm, the child-rights approach, which we want to popularize, is making people change the way they view and do things. By providing innovation and incorporating the competency paradigm we can mainstream the UN-CRC.



Even if the child's right perspective is the most encompassing among the three viewpoints, the biomedical and social welfare perspectives should not be neglected. Each has its own merit and it is impossible to understand and prevent child abuse with the use of one perspective alone, in fact, like the categories of abuse, these viewpoints overlap each other, the child rights perspective being the overarching framework of the other two.

CULTURE and Helping Children

WE DEFINE CULTURE as an over-all system of meanings that people use to make sense of the world. Boyden and her colleagues (1998) underscored the power of culture: "...the culture in which children live shapes both the way that they are perceived and treated." Children are being raised differently and with different expectations in different cultures. Therefore, an understanding of the culture in which the child lives would help practitioners in their work to help children.

The use of a cultural perspective, such as *Sikolohiyang Pilipino* (SP), deconstructs the uncritical acceptance of Western universalist theories, methods and techniques. In using SP, we learn the importance

of culture-sensitive theories and methods for Filipino children. This section discusses important concepts in Filipino psychology, as well as how to apply SP in our work.

As a movement, Sikolohiyang Pilipino began in the 1970s, during which the imposition of Martial Law brought many awakenings and stirrings among the different sectors in society, including the academe. People began to question the validity and relevance of Western psychology in the Philippine setting. Borne out of the experiences, orientation, and aspirations of the Filipino, SP is rooted in culture. Being from the Filipino, it is for the pursuit of his/her welfare.

Rather than relying on theories and concepts derived from the West, SP uses concepts that are relevant and meaningful to the Filipino. For example, it uses local terms to describe Filipino experiences instead of alien or Western concepts. Thus, *sumpong* would be seen as a more meaningful category than the more clinical *bipolar disorder.* In terms of methodology, SP tries to develop methods and techniques that are familiar with the Filipino. The term *pakikipagkuwentuhan* is preferred over *interview,* which offers little comfort for most Filipinos due to its similarities with *interrogation.* SP enables us to re-examine our own ways of dealing with children, and challenges us to go beyond the comfort of our pet theories and methodologies and explore the undiscovered yet very familiar terrain of indigenous culture and experience.

The study and understanding of values is at the core of SP. Filipino experience, Dr. Virgilio Enriquez noted, becomes relevant in our system of interpersonal relationships, which he termed as *pakikipag-kapwa.* These relationships influence behavior and interpersonal affairs. He also defined *kapwa* as a shared sense of self (*katulad mong tao*), the merged identity of self and other. Filipinos value the person who knows how to *makipagkapwa-tao.* When one values *kapwa*, one is expected to treat others fairly, with respect and deference. One does not belittle, take advantage of, or mistreat others. *Pakikipag-kapwa* is a simple

concept but difficult to live by (*mahirap isabuhay*). It is an important value that we need to bring into our relationships, especially with the children we are trying to help. SP teaches us to treat the children, no matter how different they are from us, as our *kapwa*.

One other important concept in SP is *pakikiramdam*. It is considered a pivotal value, because through it, we express how we value our *kapwa*. When you are *nakikiramdam* (or trying to get a feel of the situation), you empathize with the person in question, weighing all your words and actions so as to minimize the possibility of hurting your *kapwa*. The concept of *pakikiramdam* is expected to be in operation in all situations and to be applied to all persons. It is also applied particularly when one is meeting new people, or is in a novel/unusual/sensitive situation. Very prevalent in all our interactions, *pakikiramdam* is valued by a culture, which values the *kapwa*.

Pakikipag-kapwa is only possible when *pakikiramdam* is present. The former senses both the *loob* or internal world and the *labas* or external environment of a person. Dr. Enriquez looks at *pakikiramdam* as pivotal in a relationship, providing an orientation. In this sense, *pakikiramdam* prepares a person for *pakikipagkapwa*. In most cases, a lack of *pakikiramdam* would result in a failure of attempts to *pakikipagkapwa*. For example, a person who lacks *pakiramdam*, a person we call *manhid*, would fail to respond to our demonstration of *lambing*, *tampo* or even the subtleties of our *biro*. It is also possible someone described as *manhid* to be perceived as selfish or self-absorbed, and being oblivious to the feelings of others.

Melba Maggay (2002) states that a high-context culture such as ours would demand the use of *pakikiramdam*. A high context culture is one that has a high degree of shared meaning, either because of long tradition or an intense level of communal interaction. High context cultures tend to have a high degree of implicit interactive patterns, called *pahiwatig* in Filipino. A low context culture, such as that of the United

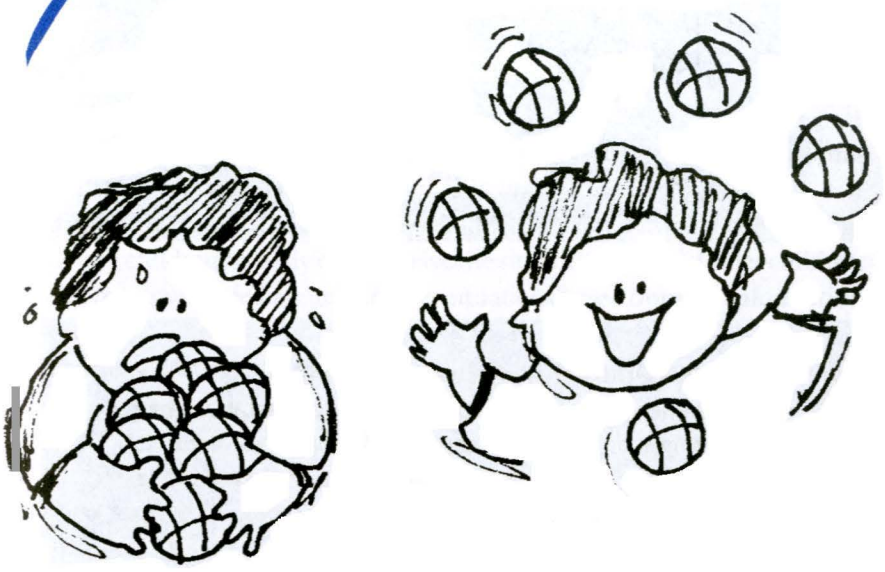
States, would value verbal expressiveness or *diretsahan.* A person that has misinterpreted our *pahiwatig*, may hear this comment: "*Kailangan ko pa bang sabihin sa iyo iyan? Dapat nakiramdam ka na.*" (Do I need to tell you that? You should have known how to feel your way around things.) Early in our socialization as children, we learn from our parents to discern non-verbal cues. "*Makuha ka sa tingin*" serves as a *pahiwatig* to discontinue a course of action or else suffer the discomfort of a verbal scolding or worse, a spanking.

Western interaction and communication	Filipino interaction and communication
More direct	It's beating around the bush. We do it because we want to save face. This is demonstrated in language, also through expression of *hiya*
Impersonal	Very personal, very *kapwa*-oriented, dislike for cold efficiency of bereaucracy
Verbal	Non-verbal: we point using our mouths and lips, we speak with our bodies as much as with our voices.
Formal Transactions	Informal transactions
Much value is placed on the written word	Oral. We transmit our history, news and other information orally. We also like story-telling, the oral tradition.

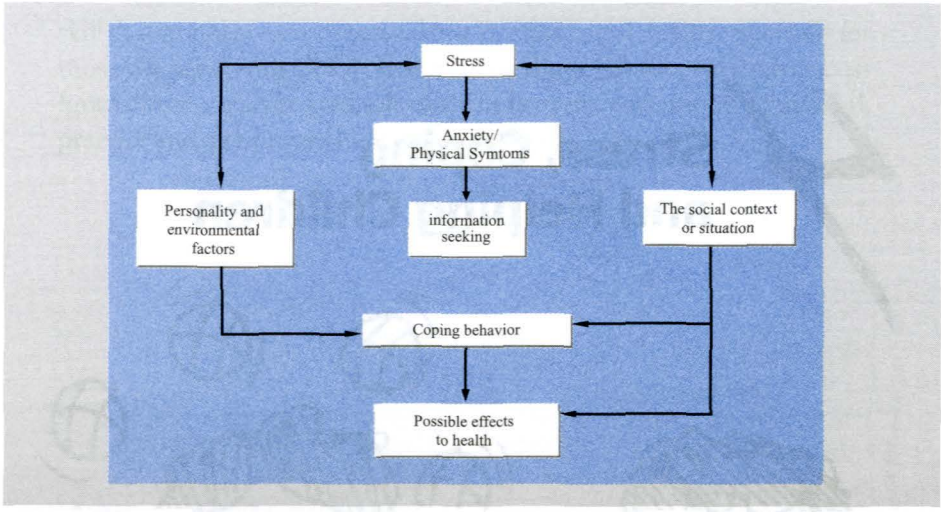
Pakikiramdam becomes essential to maneuver in a culture of *pahiwatig.* Maggay also observed that verbal expressiveness is suppressed in the presence of authority or unequal power relations, such as that which characterizes adult-child relationships in our culture. Children would initially have some difficulty in verbally expressing their feelings to a social worker, often considered as *ibang tao.* Needless to say, *pakikiramdam* is a

skill that would be very beneficial to a Filipino social worker, especially for those who deal with CNSP. In the succeeding chapters, we shall discuss how culture-sensitive methods could be integrated in current social work practice and techniques in helping children.

4 Stress, Coping and Helping Children



OUR IDEAS ABOUT CHILDREN'S ABILITIES, our roles as caregivers, and our cultural experience directly affect the way we help children. In this chapter, we shall show the importance of perception and of how it also affects our choice of interventions in helping children, including those in harmful situations.



Stress is the tension, strain, and the pressure we experience when we face a demand or expectation that challenges our ability to cope and manage our lives. It is part of our everyday life and we have many means to cope with it.

Traumatic stress is a surprising occurrence of piercing intensity that is outside the range of usual human experience that would frighten almost anyone.

Cumulative stress is one that is constantly present in an individual's life. Although he or she might have been able to cope at the beginning, the prolonged exposure to the stress results to negative effects.

The stress and coping framework aims to help us in understanding the context and the reactions of the children and families we work with. This understanding leads us to the appropriate methodologies in helping them.

As the child is exposed to *stress*, there are *physical symptoms* and *anxiety reactions* (meaning feelings of unease, nervousness, and concern). Physical symptoms include inability to sleep or eat, skin disease, acidity or stomach ulcers. Circumstances prior to the period of stress are important in understanding the impact of stressful events.

As a reaction to their uneasiness and to understand what is happening to them, individuals and children *seek information*. While adults often think that children do not understand what is happening around them, young children actually can perceive the situation at hand. Older children can meanwhile deduce and analyze situations based from the information they have gathered through observation, inquiry, and listening. The children's ability to cope rests on the kind and degree of available information.

As a means to cope with stress, the child and the family may look into strategies that may not have been traditionally defined as "coping". For example, there are children in prostitution who become actively involved in the trade only during the matriculation period or when a family member is sick. As social workers, it is important to identify these means as well as the their short-term and long-term effects. While we need to appreciate them as the capacities of children, we must also understand how these may have made the children vulnerable to abuse and trauma. Moreover, the various means of coping have a corresponding *physical effect*, which may be positive, negative or both.

All of these processes and events happen *within a context*. Let us take review the factors at play:



The child

We need a clear understanding of the external and internal resources of a child. This means identifying a child's strengths and skills as well as her weaknesses and needs. This will be discussed more fully in chapter 9, Strengthening Resilience.

The family

The basic unit of our society is changing. We see this in our work with children and their families. There may be single or separated parents, or one or both parents may be working abroad. There are gay and lesbian parents. Meanwhile, there are street children who consider their *barkada* their family. Despite variations in form, it is important that the family

supports the child. In the helping process, the role of the family in the child's life and how the child affects the family should be understood.

The community

It is important to have a clear picture of the direct environment where the family and the child lives, plays and works. Inquire about the other places where the children and other family members spend much of their time. Consider the following points:

- The school – Consider the child's performance, the teachers he/she likes and hates, subjects that interest or disinterest him/her. Take time to ask about his/her friends in school and the classmates that he/she does not like.

- The church – Does the church or people connected to it offer a support system? How does religion affect the life of the child?

- The workplace (if the child is working) – Find out the nature of the work, his/her employer and co-workers, how much does he/she earn, and if the work is dangerous or not. It would be interesting to note if the child manages to balance both work and studies.

- The *barkada* – The peer group plays an important part in a child's life especially if she/he is a teenager or if she/he works and lives on the streets. Get to know the *barkada*: ask about who they are and where they are from. How long have they known each other? How often do they spend time together? What do they do when they get together? What are the positive and negative influences of the *barkada?*

The society

These are the external factors that affect the child and the family: socio-economic factors, the cultural milieu (the beliefs and customs), social services available (or not) to them, and the political situation.

Towards recovery and reintegration, we were primarily taught to help the children and their families "cope" with a particular stressful event and if possible, "return" to previous living conditions/circumstances. As *agents of change*, we must enable those we have helped to become agents of change. Failure to promote change means repeatedly dealing with the same kind of problems.

PART TWO

Guidelines in Helping Children in Need of Special Protection

This part consists of six guidelines in helping CNSP. They are: ensuring safety, establishing trust, providing and re-establishing structure, facilitating and listening to children's stories, strengthening resilience, and identifying and strengthening resources. Each of these guidelines is equally important. However, depending on a child's particular situation, some guidelines may be of more immediate value than others. These six guidelines are not meant to be prescriptions for action. They serve as practical guides and suggestions based on the theoretical framework discussed in Part 1. They may be used as guides for reflecting on and modifying your own repertoire of actions for helping CNSP, or for building an entirely new set.

5 Ensuring Safety



What do we mean by "SAFETY"

THE FIRST THING THAT COMES TO MIND when we hear the word "safety" is protection from physical danger and injury. Naturally, the first thing we do in our interventions is to ensure that the child is physically safe and this usually involves taking the child out of a dangerous situation. On the other hand, we know that the abuses and exploitation that CNSP are exposed to go beyond the "physical." Traumatic and extremely stressful situations cause anxiety, fear and pain. For adults and children alike, these destroy *trust* in people and in the immediate environment. A traumatic experience destroys the sense of safety based on

trust. Children who are abused trusted the people around them to keep them safe, having been lead to believe that they will be safe in such an environment. The act of abuse, exploitation, and war turns the child's world into a place where everyone failed to protect her.

When we think about the issue of a child's "safety," it means that we also have to consider the emotional and psychological safety of the child. As adults, we sometimes naturally feel safe in the presence of a particular group or individual. This also applies to children. *We may have placed them in a physically safe environment but do they feel safe?*



What are CHILD FRIENDLY SPACES?

Child friendly spaces are places where the survival and protection rights of children are respected and upheld, and where all the activities are focused towards their best interest. In child friendly spaces, the children's developmental and participatory rights are also recognized, upheld and fulfilled. These are places where the children are surrounded by people they trust, places where they feel safe. These are venues where they feel that they can play, be themselves, express their thoughts and opinions, and learn new things from adults and from other children. Our usual examples of safe places for children are centers and the extended family system.



Alternatives to the usual safe places

Ensuring the child's physical safety has always been our immediate concern. Abused children or those who are in grave danger of being abused

are often referred to centers, most of which have strained resources. We also turn to the child's extended family members. These two are our usual concept of safe places. On the other hand, there have been and there are situations wherein the children are unwilling to stay in the centers. The case of street children and children involved in the sex industry presents a dilemma, particularly when they prefer to stay on the streets or continue their involvement in the sex industry. These children equate centers with "prisons" and will do everything to "escape."

"How can we ensure the physical safety of children if they are not willing to leave a situation where they might be harmed?" Poverty has effectively eradicated the idea of a safe environment among these children, who, as a result, generally do not believe that their families and the people surrounding them can be trusted to keep them safe and protected. Often, these children plunge head on into the dangers of the streets and in the world of prostitution. They would usually say, *"Bahala na."* Nonetheless, several studies with children have successfully identified ways that ensure the physical safety of these children even while in the streets – one is the significant role played by the *barkada* in a child's life. NGOs have recognized the potential of these gangs and *barkada* as means to protect and help children. Such is the experience of Kaugmaon, an NGO based in Davao City in the southern Philippine island of Mindanao. (For details, see box on page 73.)

As adults, we often see the negative consequences of belonging to a gang – undue influences, unprotected sex with multiple partners, substance abuse, etc. However, we have to recognize that the *barkada* is culturally significant to children and that it plays a large part in the development of their values. It is in the *barkada* where the children develop and strengthen *"hindi ibang tao"* relationships. It is their essential support system and refuge. Gangs or the *barkada* ensures that customers or outsiders do not harm or abuse any of its members.

How do we tap the potentials of the BARKADA?



Get to know the *barkada*, a key participant in the helping process. With this role in mind, we need information about the *barkada* in order to identify the strengths and weakness of the group that we are planning to approach. Hanging out with them in the places where they spend most of their time (their *tambayan* or their workplace) is an excellent way to get to know them.



The following are some of the things can do to gather useful inforamation:

- Familiarize yourself with the sub-culture of the group.
- Identify the members of the structure or hierarchy in the group.
- Know their routines and the ways that they protect each other.
- Know their "networks" – alliances and feuds with other groups and gangs, adults whom they go to for help, etc.

When you are with the group, remember to be non-judgmental. Affirm and encourage the positive values you see among the members of the *barkada*. If you do not feel comfortable with the behavior of the children in the group or with the values they believe in, tell them about your feelings but only after you have already established a trusting relationship with the group. (See chapter 6, Establishing Trust)

- Establish a good relationship with the leader of the group. You have the whole group's cooperation when you have the cooperation of the leader.
- Educate. Talk, discuss and debate about children's rights and responsibilities. Talk about issues that affect them like preventing STD and HIV/AIDS infections, reporting cases of child abuse, etc.

Conduct group work. (See chapter 12, Group Work with Children) Remember that the group is the tool and the target of change. It is inevitable that the problems of other members of the *barkada* will surface. Nonetheless, the *barkada* is a venue to reach more children in need of help. The continuing challenge is to find other methodologies on how to ensure the children's safety in such situations.



A Learning Experience from DAVAO

In the study entitled "The World of Children Involved in the Sex Industry" by UP CIDS PST, the life stories of the children revealed the importance of *kwentuhan, chicahan, tuksuhan, tambayan,* and *pasyalan*, activities often viewed by adults as mundane or a waste of the children's time. However, it was in these activities that the children talked and shared about their problems. Advice was offered and solutions were worked out. Kaugmaon, an NGO in Davao City recognized the importance of the *barkada* in the lives of the children.

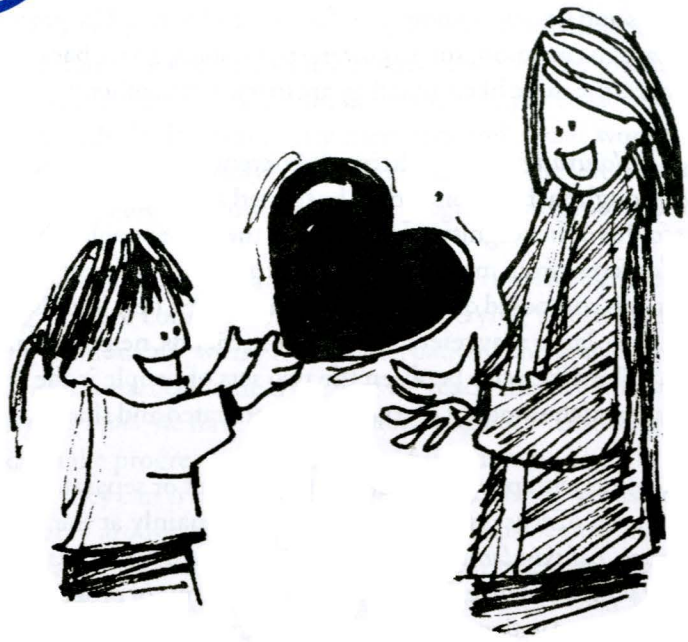
The children preferred to talk about their problems and ask for advice from peers, who understand, do not judge, and would do all that they can to help. Nonetheless, the children remain

aware that their *barkada* could exert a negative influence. There are members who are described as *basagulero* (trouble makers) and *malandi* (harlots) but they are also those described as *mabait* (kind) and *maaasahan* (dependable). As social workers, we must see the potential of the *barkada* and develop their positive characteristics. With their peer educators and counselors, Kaugmaon invited *barkadas* and gangs into focus group discussions (FGDs) wherein children talked about their lives. The FGDs focused on the places where the children spend most of their time, the activities they usually do and the problems and issues they face everyday. They also talked about the rituals in the *barkada* or gang, rituals that keep the group together, resulting in shared experiences. The structured activities were creative and interesting. The social workers had made sure that the FGDs also became venues to discuss children's rights.

The result of the study will help NGOs working with children to identify appropriate methodologies in working with gangs and the *barkada*. It would also help "outsiders" in understanding the sub-cultures of the different groups and how they can be tapped to help the children. Moreover, the FGDs became venues where the social workers got to know the children. This was particularly important since it established a good helping relationship between the adults and the children.

Most children agreed to participate in the discussions because the social workers were with other children known to them. The FGDs were held at night despite the curfew for minors imposed in Davao City because it is children often come out and get together. Since there is a curfew for minors in Davao City, the Barangay is informed of the activity so the children will not be "arrested" on their way home.

6 Establishing Trust



TEXTBOOKS, MANUALS AND TRAINING COURSES Instruct us to "establish rapport" with a child after we have ensured his or her safety. In helping CNSP however, we need to go deeper than rapport. The experience of Filipino social workers and childcare givers has shown that in gaining the trust or *tiwala* of children, it is important that we let them feel that "we are not other people" or *hindi tayo ibang tao.*

What is TRUST 

If people are comfortable with each other and feel acceptance, it means that trust is already present. When trust exists in a relationship, people lower their defenses and act naturally. They are better able to speak their minds and let others know their feelings and needs. The greater two people have in common, such as interests, hobbies, goals, background, experiences, the more likely that they are to trust each other.

In *Sikolohiyang Pilipino*, there are different levels of interaction and trust. Although each person should be treated as *kapwa*, meaning, with respect for his or her dignity and humanity, there are people who are *iba sa akin* (different from me) and *hindi iba sa akin* (not different from me). The former is composed of strangers, acquaintances, new friends and co-workers. The latter may refer to family, close friends, neighbors and co-workers. The difference between the two sets of people is the level of interaction and the amount of trust that is generated and shared.

In dealing with people regarded as "different or separate from the self," the level of trust is lower. Interaction is mainly at the levels of: *pakikitungo, pakikisalamuha, pakikilahok, pakikibagay,* and *pakikisama.* People act with deference, in accordance with norms of proper behavior and decorum, and with politeness and graciousness. People at these levels of interaction are still getting to know each other and mostly figuring out how to get on each other's good side.

On the other hand, if people have already developed a moderate or high degree of trust, they may be regarded as *hindi iba sa akin.* At this level, a person tends to identify with the other person and share that person's joys and triumphs as well as his/her problems and concerns. The levels of interaction for this kind of relationship are at the level of *pakikipag-palagayang loob, pakikisangkot* and *pakikiisa.* People who are regarded as *hindi iba sa akin* can be trusted with one's secrets, sources

of sadness and fears, and dreams. They may be allowed to see one's vulnerabilities, anger, and pain — things that are not shown to people who are *iba sa akin.* At the highest level of interaction, *pakikiisa* (to be one with the other), means sharing another person's cause and ideals, life, and fate.

The importance of the development of trust is also true when working with communities. Trust needs to be established with the collective, with the anticipation that workers and the community become one in their hopes and ideals. If community members and social workers, local government units, *barangay* officials are already on the level of *pakikiisa,* people work in the same direction, with progress going more smoothly.

As social workers, we are initially strangers to the children we are serving. We are considered *ibang tao.* In trying to establish a good helping relationship, we try to be polite, patient, and gracious. It is only after we have earned some trust that we reach the level of *pakikipag-palagayang loob.* We have become *hindi ibang tao.* At this stage, we can already make progress in helping the children, who already see us as someone they can trust. At this level of interaction, we also act more comfortably around the child. Enough trust has been generated and shared that we show them our personal, human side, that we are not just social workers but human beings with families, with fears, with shortcomings and our own sets of problems.

How do we ESTABLISH TRUST ?

TO BE ACCEPTED AS THEY ARE, to be able to trust and be trusted, and to be treated as *hindi ibang tao* is essential to the well-being of children of all ages and indeed, to all human beings. This section outlines a few strategies that we can use in establishing trust. Remember that

methodologies must be appropriate to the developmental age, gender, capacities and vulnerabilities of the child and his or her specific context.

Playing with the children

To establish a trusting relationship with children, it is very helpful that we partake in an activity that is important to them, and one such activity is play. For example, when working with young children individually in centers, hospitals or in their homes, playing with clay, dolls and puppets, blocks and other toys can be an effective strategy in earning their trust. When working with street children, joining or conducting group games are of great help.

However, we do not necessarily need to devise new games or play activities. Learn the games familiar to children, like the "rhythm and clap" songs popular among young children or the computer games beloved by teenagers. Our willingness to learn these games sends a positive signal: that we are willing to listen to them, to be open with them, and to learn from them. Through learning these games, we get to understand their culture or context, their values and language, and behavior that they consider acceptable or unacceptable. We are also reminded that we do not know everything and that, in order to help them, we must appreciate who these children are, understand how they feel and think, and respect what is important to them.

When playing with children, it is most important to have fun. Let go for a minute and enjoy their company without thinking of them as "cases". By showing them our lighter side, children are more able to relate with us. They become more willing to give us their trust. Below is an example of a group activity, based on a game popular among Filipino children:

Activity: **Mang Kepweng** (large group activity)

Objective: to let children have fun together.

Duration: 10-15 minutes

Procedure:

1. Have children select an "It," who will have to hide for a while and wait until called by the group.
2. Ask the group to form a tight circle and put their hands in the middle
3. Instruct them to have each hand grab hold of another person's hand, but not both of a single participant. Make sure that the chain is continuous or that no one is left out of the chain.
4. Once ready, have the group call out to the "It," by shouting *"Mang Kepweng!!!"*
5. The "It" must untangle the group without breaking the chain apart.
6. Once the group has been untangled, the "It" stands in the middle of the circle, breaks it apart, and chases after any one of the group members. Whoever gets tagged becomes the next "Mang Kepweng."

Note: If children already know the game, it might be good for the facilitator to join in and have fun.

Pakikilahok (participation)

In order to gain the trust of a child, we must make a smooth and comfortable entry into their lives. *Pakikilahok* means participating in

their favored activities, such as *pagtambay-tambay* or hanging out, singing, watching TV, and even doing chores, all with a degree of regularity. This would help children adjust to our presence, allowing them to get to know us and learn to relax and act naturally.

Pakikilahok has a special form. Called *pakikisalo*, it pertains specifically to joining people in mealtime. Filipino culture strongly attaches special meanings, particularly those of caring, closeness and life, to food and eating. It is not unnatural for any visitor to a Filipino household to be asked to join in the family meal, no matter how simple it may be. Family gatherings, town fiestas, birthdays, weddings, Christmas parties and other such events in the Filipino calendar are never complete without a large array of food. Stories are shared along with the food, and what transpires is symbolic of sharing life and its bounties and fortunes.

Pakikisalo may hold an even more special meaning for CNSP, who may not have had many opportunities to share bountiful meals with their families on happy occasions, let alone eat three meals a day with their loved ones. In activities with these children, let us make it a point to join them during meal times or snacks. Sharing the same kind of food, stories, and company and the feeling of togetherness creates a "family atmosphere," allowing the children to experience the special meaning that our culture gives on food and eating.

Pakikipagkuwentuhan (talking or telling stories)

Story telling is a Filipino pastime. *Pakikipagkuwentuhan* is not a one-way flow of stories from one person to another but a reciprocal process of sharing and making stories. Free-flowing and informal, *pakikipagkuwentuhan* can be an effective strategy in building trust. Unlimited by neither time nor space, it may be done at any time, with

postponements bearing little consequence since it can be continued the next day or at any appointed time. One can share stories while doing chores, while on the streets, or inside a jeepney. *Pakikipagkuwentuhan* means that we must also share our stories and be ready to give and receive comments and feedback. People, regardless of age, love to tell and listen to stories, but will only do so with or among people that they trust.

Teenagers love to hang around and just talk. When asked about what they did with their friends, they might simply say, "*Wala po, kuwentuhan lang.*" (Nothing, just talk.) When working with street children and those involved in the sex industry, hanging out with them and just talking would gradually break the ice and help develop a trusting and helping relationship.

Effective communication with teenagers requires some preliminary research on what is "in" among them. We need to know the popular songs, artists, movies, and cartoons. Although an "in-depth knowledge" of these topics is unnecessary, simply knowing about them could trigger conversations where the children will animatedly tell you about their interests. Boyfriends and girlfriends are also a favorite topic.

While *pakikipagkuwentuhan* with younger children may focus on their activities, their playmates, and what they saw on TV, do not be surprised when they begin talking about girlfriends or boyfriends or crushes. Open mindedness is a most effective tool: Try not to be judgmental if we hear about practices of which we disapprove. We can later offer advice when we have already established a trusting relationship. It is only then that our suggestions are more likely to be carefully considered. (See chapter 8 on Facilitating and listening to children's stories for more details about *pakikipagkwentuhan.*)



Things to consider in ESTABLISHING TRUST:

Confidentiality

In all our dealings with children, let us keep in mind that they have the right to confidentiality. Unless in a professional context or unless the information shared may cause harm to the child or others, personal stories or those that children had explicitly pointed out as "our secret" should not be divulged to other people. It would be unwise to ignore words such as *"Sa 'yo ko lang po sasabihin ito," ("I will say this only to you.")* - this means that things have to be kept in secret. During case conferences, it is also helpful to use code names.

Sincerity

Through non-verbal communication and consistency in behavior, children as much as adults are able to see whether someone is sincere or not. In any new situation, *pakikiramdam* is put into use. This is especially so for children who do not know what to expect and are just beginning to trust us. Pretending to be sincere will not help gain the trust and respect of the children, who are using all their senses to understand what we are *really* saying. In trying to get along with children or gaining their approval, we do not need to say or do anything contrary to our beliefs and practices.

Children will test our limits even during the early stages of establishing a helping relationship. For example, if children are smoking and offer a cigarette, we do not have to accept it on the pretense of showing *pakikilahok* (taking part in another's activity). Compared to uncritical acceptance, a polite refusal or deferment will earn more trust and respect. When sharing stories with children or helping them make choices, it is natural and all right to disagree with their opinions and choices. What is

important is that we are able to hear them out and understand the reasons behind their choices. Just as importantly, we are able to express our ideas without imposing them on the children and without making them feel that they are bad or wrong.

In the context of helping CNSP, we are encouraged to be appreciative of them, and to be helpful in developing in them a healthy self-image. *Concretely, this means providing them opportunities to exercise and* develop their skills, properly and sincerely acknowledging their accomplishments. When we give praise, it must not be empty. Children should be able to "feel" that the praise is well deserved and not just a routine, oft-repeated phrase.

Reliability

Compared to other children, CNSP have a harder time to trust adults. After all, they have repeatedly experienced being failed by adults, whom they may fear, avoid and see as untrustworthy and loathsome. Their mothers might have abandoned them, their employers might be abusing them, or their fathers might have been drunks who beat them up. It is then very crucial for social workers to provide these children the opposite experience – that they can rely on social workers

However, while reliability does not mean that we must do everything and be like superheroes, it means that we should deliver our promises and stand by our word. Reliability means being prompt for our appointments with children, being present at times they need us, whether for comfort, laughter, or advice. While there are real constraints against our availability and ability, it is important that we have genuine commitment and consistent efforts to help them.



Comfort level

In our interactions with children, we should remain conscious of our comfort levels and of those of the children. We cannot force children to play, eat, or share their stories with us if they do not feel comfortable with our presence. We have to bear in mind that by the time the CNSP have come under our care, they may have suffered from trauma and/or illness that they are having difficulties in relating with other children and adults. They may be unwilling and unready to trust anyone. In determining a child's comfort level, we must be sensitive to his or her non-verbal cues. We should adjust and step back if we see that the child is uncomfortable. (See Appendix A for a discussion on Communicating with Children.)

We may have invaded physical space, and the adjustment should also be physical, such as sitting a little farther away or taking your arm off the child's shoulder. We may have also invaded emotional or psychological space, and in order to make them feel comfortable, we would have to steer away from a sensitive story or *kuwento* by using humor, by simply stopping and changing the topic. We must always remain conscious of whether the child is comfortable with our *pakikisalo* in his or her activities. Remember that we might not always be welcome, and that the children may think of us as a nuisance.

Sensitivity to our own comfort levels and awareness of our limitations are just as important in our interactions with children. It is all right to step back if we have become uncomfortable with a story or an activity, or with a child's touch or physical proximity. While humor or a simple and straight delivery may be used to let the child know about our discomfort, we must remain careful not to make sudden verbal or physical outbursts, such as raising the voice, pushing the child away, or getting up and leaving without any word. We should ask for help if we feel any need to process our experience or if we need any advice on handling our feelings of discomfort.

7 Providing and Establishing Structure



What is STRUCTURE ?

"STRUCTURE" pertains to routines, our regular ways of having things done and the scheduled activities we do almost daily. In helping children, we have "structured activities" and these pertain to the planned activities, each with specific objectives and methodologies. Often used throughout the helping process, these activities facilitate data gathering, recovery and healing, learning new knowledge and skills, and monitoring and evaluation.

Why is structure important ?

Routines provide safety and order in the life of any human being. They provide the individual a sense of control over the environment and a grasp of the surrounding events. Traumatic experiences, however, destroy routines. Structure is lost as a result of the experience of abuse and exploitation. "Structured activities" help children re-establish structure in their lives or introduce structure to children who previously had none.

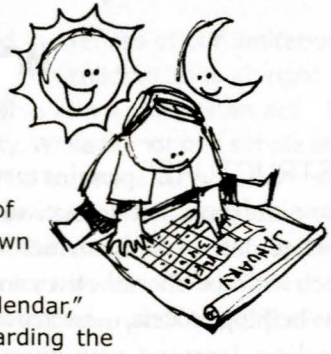
Close cooperation with the child is crucial in the effective establishment of routines. This means that the child must be involved in the planning and monitoring of routines and not solely in implementation.

Activities with children

Activity: **Planning a calendar** (individual activity)

Objective: *to help the child create a daily/weekly plan of activities*

Materials: Manila paper, pens, and crayons



Procedure:

1. The parent or significant adult should be present in the activity.
2. Explain the significance of the calendar and the importance of routine in helping the child grown and learn new things.
3. Start by defining a "weekly calendar," which must include details regarding the daily activities, such as the time, place and the people

involved. An outline or example should have been prepared beforehand.

4. Be participative and evocative. The parent or significant adult may disagree with the child's desired activities and express his or her opinion. Talk about it. Be sure to get the child's opinion as well and try to reach a compromise.
5. With no limits in creativity and rather than just using a marking pen, write down together with the child, the activities in a piece of Manila paper. All the people involved in the planning should "sign" the paper, making the agreement concrete.
6. Post the paper where the child can easily see it.
7. After a week, the child, facilitator, parent or significant adult shall sit down and assess the implementation of the calendar of activities. Following the same procedures, a monthly calendar can be drawn up afterwards.



Working with STREET CHILDREN

Street children look after themselves most of the time and their activities are based on their present needs. Placing street children in centers without preparing them often causes more problems. Sometimes even going to school proves to be challenging as the activities are structured – they do not have the attention span or the patience to sit and listen to the teachers for a whole afternoon or a day.

How do we establish what was not there in the first place? The calendar activity could also be used but we need more patience as the child adjusts to the activities. Close supervision is important and teaching life skills (communicating with others, conflict resolution, problem solving, concentrating on activities, and tools for analysis) will help in the adjustment.

Giving them time and venues to share and talk about their experiences, thoughts, and opinions

Structured activities

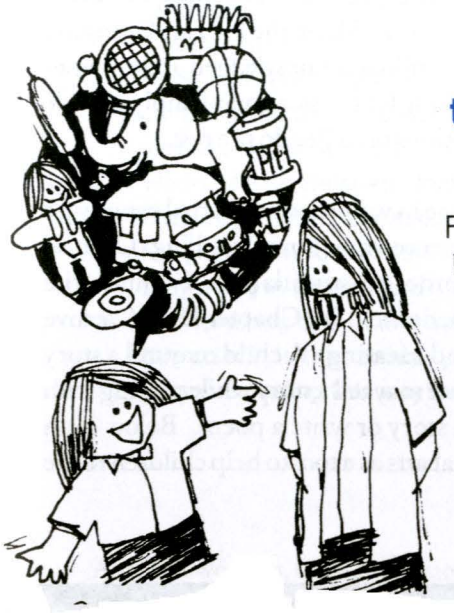
The following are activities designed by the social worker to meet certain objectives:

- Sharing one's experiences to a group of children with similar experiences. They can find strength and solidarity with each other knowing that they are not alone.
- Learning new skills that could help in raising self-esteem, e.g., art and theater, writing stories and poetry, crafts, and other skills that they can use for income generation.
- Raising awareness on children's rights, reproductive health, and other issues that concern them.

Time for themselves

Just like adults, children need "unsupervised" time during which they can do what they want. This provides them a chance to reflect on what is happening around them, to enjoy and play games, and to be with people they like.

8 Facilitating and Listening to Children's Stories



Importance of the "TELLING"

FOR PEOPLE TRAUMATIZED by abuse, exploitation, and war, the dignity that was lost is reflected in the "loss of connection with others, loss of control over life's events and loss of order and meaning. Recovery begins when they tell their story of what has happened to them, when they know they are listened to and when their experiences are taken seriously."[3]

In the Philippine context, *pakikipagkuwentuhan* is one of the many ways of connecting with people. Everyone involved shares a story while the rest listen. It is a non-formal exchange of experiences and opinions – those of individuals and the collective. The kind of stories shared reflects the depth of trust existing between or among the people involved in the storytelling. Remember that *pakikipagkuwentuhan* is reciprocal; we have to share our own stories. We get to know the children through their stories as much as they get to know us through ours. We should share what we feel like sharing, and be ready to answer questions about us and our life.

Pakikipagkuwentuhan is very verbal and much less formal and more flexible than an interview. *Pagpapakuwento*, meanwhile, is a process between an interview and *pakikipagkuwentuhan*. The role of the storyteller is more defined and appropriated by one person. A social worker might ask a child to tell a story about a particular event or a specific person or group of people. The child's role in the process of *pagpapakuwento* is more active than that during an interview. Taking the lead and bringing the story where he or she wants it, the child is acknowledged as the owner and bearer of the story. The person asking for the story may simply provide stimulus or guide questions and let the storyteller do the rest.

The sharing of a story may be done in various ways. Verbal expression is certainly the simplest and most often used mode in storytelling. Creative techniques may also be used in order to stimulate or facilitate the storytelling and processing of the experience. (See Chapter 11 on Creative Techniques for Communication and Healing) A child may tell a story about a picture he had drawn. Another may tell a story while playing with dolls. Some may prefer to act out a story or write a poem. Below is an example of an activity using the visual arts as a tool to help children relate a story:

Activity: **Collage Making**

Objective: To elicit a child's perceptions, feelings or thoughts about her family.

Materials: paper, pencil, crayons or pastels, construction paper (various colors), old magazines, scissors, glue or paste



Time: 45 minutes
Procedure:

1. Ask the child to make a collage of her family. She may use any or all of the materials available. Provide about 30 minutes for this.
2. Observe the child as she creates the picture. Is she hesitant? Does she have a plan? Does she need to have a lot of control over the materials and is meticulous? Does she verbalize while working? If yes, what is she saying?
3. When she is finished, look at the picture together and encourage her to talk about it. Ask her about the people in her picture. Who are they? What are their names? What are they doing in your picture? What are they feeling? Take note of interesting details and ask about them. Why did you use this color? Is that animal your pet? Why do you think this person is feeling this way?

As social workers, the information gathered from this method may be supplemented by later interviews with the child or other family members. Take note of the child's manner and behavior while making the picture and talking about it. It could provide insight as to the child's current cognitive and emotional state in relation to her family and the child's problems with her family or problems within the family. It might also tell you about any developmental problems. Difficulties in manipulation of the materials may be due to problems with vision, eye-hand coordination or fine motor skills. It might also help bring out a special interest in the arts and a gift for the use of visual arts for communication.

Unconditional acceptance

In listening to their stories, we may see that the children have different values from our own. This is particularly so in issues related to sexuality. Many child caregivers, not excluding social workers, have difficulties in situations involving children who have romantic and sexual relationships with peers or children who identify themselves as gay or lesbian. Many are at a loss when approached by ten-year old children asking for advice about their boyfriends, or by 15-year olds inquiring about abortions. Many do not know what to say or how to act when seeing young boys with lipstick and in girls' clothes. Child caregivers may become uncomfortable after hearing children share that they are into drugs or prostitution, or that they want to become sexy dancers in Japan when they grow up, or that they want to kill their fathers. Some would discourage further discussion and tell children that what they are doing or thinking is wrong: "That is bad for you so just stop it!" Others may meanwhile shake their heads and talk about the changing times: "*Ang mga bata ngayon! Nuong kami...*" ("Children today! During our time..."). Some may simply do nothing and avoid talking about the issue. The underlying commonality among these reactions: We are blaming the children for their "crooked values."

We should always remember that children are in a context and values and behavior are influenced by what they see in their families, neighborhood, and in the media. It is true that times have changed and not all the changes are good, but as social workers we are advocating for children's rights. This means that children are to be respected and treated with dignity and realizing that they have the right to access to information about their sexuality and relationships.

The challenge is to remain steadfast to our principle of unconditional acceptance. This means being open to discussion, to listen to children, and to share our opinions without being judgmental or imposing on them our value system. Unconditional acceptance will instead open chances to make a positive influence in the lives of children.



When the child shares a TRAUMATIC STORY, we must be prepared to do the following:

- Focus on the child. Express interest in what the children are trying to tell us, is important. Through body posture, gestures or facial expressions, they, just like adults, can figure whether you are really listening or not. This is related to our previous discussion on sincerity in *Establishing Trust*. We should not force or hurry them through their story and neither should we focus only on in what interests us. Certainly we can ask for clarification or for additional information, but we must let the child take the lead in the telling of his or her own story.
- Concentrate on the process of sharing, the experience, and the feelings. As social workers, we have the tendency to focus on the details of what happened – the time, date, people involved, and *the events that exactly happened.* Let the story flow through the first time it is shared. Do not take down notes or tape the sharing just yet. There will be other times to get the details.
- Be self-aware. If you believe that you have taken more than you can handle, take a break. This is related to the discussion on comfort in the section entitled *Establishing Trust*.

Drawing out the stories

Asking the right questions is also as important as listening. Open questions encourage elaboration and clarification. There are several kinds of open questions: [4]

Probing questions: These ask for more information. Examples of probing questions:

- When did you realize that...? *Kailan mo naisip na...?*
- How did you come to decide to...? *Pano mo naisip ang desisyon mo?*
- Please tell me more about how you came to think or feel that...? *Bakit mo naisip o naramdaman yun?*

Clarifying questions: These seek to sharpen the listener□s understanding of what has been said.

- When you us e that word...or expression, what do you mean by that? *Pag sinabi mong "ano"(o "wala") anong ibig mong sabihin?*
- Who are you referring to when you say "him/her/or them?" *Noong sinabi mong "siya" (o "sila") sino ang tinutukoy mo?*

Consequential questions: These inquire about the storyteller's perception about the possible outcome of a given event or situation.

1) If you did what you have planned, who do you think would be affected? *Kung sinunod mo ang plano mo, sino kaya yung maaapektuhan?*
2) How would the actions or events you have just described affect your family? *Paano kaya maaapektuhan ang iyong pamilya sa mga pangyayaring ikinuwento mo?*



What do you do when the child shares a PAINFUL EXPERIENCE with you?[2]

Painful stories include those of abuse that could be traumatic for the child. These stories are often kept inside and rarely told. The telling itself could be helpful if handled properly and sensitively. Otherwise, it could cause more pain and stress.

1) **Acknowledgement is enough when a painful story is shared.** Painful stories need to be recognized. Tell the child that you do feel and think that what he has been through was an awful experience. Accept what is being shared without judgment and this implies that you must not try to change the feelings being shared by saying that everything will be all right. Listen first and just be there.

2) **Offer comfort and support.** To an extent, you become a shield against the overwhelming painful memories.

3) **A child may relate several or a series of stories that he or she finds painful.** Do not assume that you know which is the worst. Be sensitive to the person's sense of what was most frightening or overwhelming. You can do this by truly listening to what is being shared.

4) **Closing a discussion needs sensitivity.** The pain that the child shared will not go away because he or she has shared them with you. The child will still have to live with the memory everyday. See if the child has needs that you are in a position to provide. If not, refer them to professionals who can give further psychosocial help.

Closure

After the sharing or telling of a painful story, provide closure. Process what happened. Ask the child about how she felt about sharing her experiences and share what you felt. Talk about what will happen next or of plans. You may end with a simple ritual like a song, a prayer, a hug or a promise that you will be there to help.

9 Strengthening Resilience



RESILIENCY is vital in the development of the child. Chok Hiew identified four sources of resilience, merging the individual's capacities and disposition towards the environment. These are the "I HAVE, I CAN, I AM, and I WILL" factors. While some of the points in this chapter have already been discussed in previous chapters, the following discussion focuses on ways to develop and strengthen these four factors. We need to see how our different approaches and interventions come together to help the child recover and to be stronger when adversity comes in the future.

I Have...

The "I Have" factors are the child's external supports and resources that endorse resilience. How do we build and/or strengthen these external supports?



Providing the child with material or education need not be a dole out. Make sure that there is a corresponding responsibility to services provided. For example, getting good grades in exchange for a scholarship. This arrangement must be explained well to the child. **It would be even better if the child herself identifies her counterpart.**

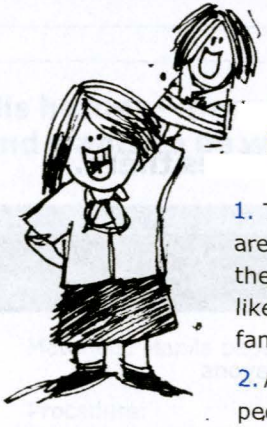
- *Build and strengthen trusting relationships* with parents, relatives, teachers, and friends who love and accept the child.
- *Establish structure and rules at home.* These include tasks that we expect the child to perform. When rules are broken, the child is made to understand the thing that he or she has done. The child needs to be disciplined but not to the point of being harmed.
- *Identify role models.* These are people who show the child the desired and acceptable behavior.
- *Encourage the child to be autonomous.* People around the child need to encourage an attitude for self-help and openness to seek help when needed.
- *Ensure access to health, education, welfare, and security services.* There must be consistent services to meet the needs that the family is unable to fulfill or provide.

As social workers, we often focus on the basic need first – protection, food, clothing and education. These are important to a child but the I HAVE factors are more than these – these are the resources that the child "owns." "In psychological terms, owning something or recognizing that something or someone is not only yours but is *with you*, is a big act towards recovery." (UP CIDS PST, 2002)

Activities that strengthen the "I HAVE" factors lead the child to reflect on various inputs. The following is a list of those inputs and a corresponding sample activity.

On the people can turn to when he or she needs help, those who are always there for him, and those important to him.

Activity: **VIP's**



Materials: Paper, pencils and crayons, scissors, Popsicle sticks

Procedure:

1. Tell the child to think about the people that are important to him/her, those who are always there to help him, and those whom he or she likes. They can be adults or other children, family or friends.
2. Ask the child to make big drawings of these people, one each on a piece of paper.
3. Afterwards, instruct the child to cut the drawings and attach them to the Popsicle sticks to make puppets. Help the child in cutting and attaching the drawings if necessary.

4. Ask the child to use the puppets in enacting a scene or event that made the person represented in the drawing important to him.
5. Here are some guide questions:
   a) Why was the event important?
   b) Does this happen often? Is this person always there for you?
   c) Do you feel that this person thinks that you are important? Why?
   d) What do you do to make the person aware that you consider him/her important?
6. Here are some questions to help the child in processing his/her feelings: What did you learn from this activity? How did you feel when we talking about people who are important to you?
7. Stress the point that every relationship is reciprocal, and that people must give and receive. Tell the child that if they help and are always there for you, he or she must also be willing to do the same.

The places where he spends most of his time and the activities he does there.

Activity: **Tambayan**

Materials: Manila paper, pens and crayons

Procedure:

1. Tell the child to draw a map marking the places where he/she spends most of his time.
2. Here are some guide questions:

a) What do you do in those places?

b) Who are you with?

c) Why did you choose to frequent that place? (Ask if applicable.)

d) What do you get or learn from these activities and the people you are with?

3. Together with the child, identify the positive values, activities, support mechanisms and behavior that the child had shared. Affirm and encourage him to continue doing or practicing these things.
4. If you believe that some identified practices or behavior are harmful to the child, ask the child about what he thinks about them and about the possible consequences of these actions. Share your own thoughts about the issue, but do not impose them on the child, who must come to his/her own conclusion about the issue. We must guide them into making an informed and carefully thought conclusion.

His heroes – people he admires and wants to be when he grows up.

Activity: *Idol ko si...* (My idol is...)

Materials: Manila paper, crayons and marking pens

Procedure:

1. Ask the child/children to make a poster of all the people they admire, their *idols*.
2. Post the outputs on the wall.
3. Here are some guide questions:

a) Who are your idols?

b) What are their attributes?

c) Why do you want to be like them when you grow up?

4. Help the child/children process their feelings: Together, identify the positive values and attributes of the people they admire.

I Can...

The "I CAN" factors are the child's social and interpersonal skills. We need to work with the child in these areas. We have provided sample activities for some of the various skills listed below.

Usually, the child acquires and develops his/her skills and abilities through learning in an environment. Abilities and skills are acquired, developed, learned. They are not given. So when we facilitate the "I can" factors in a child, this involves provision or facilitation of a learning environment, training opportunities, and exposure to different types of experience, among others.

- *Develop innate talents, interests, and intelligence.* All individuals have innate talents and intelligence. These talents range from the mathematical and logical fields, the arts, and language. But in our socialization the mathematical and logical talents are the ones that are considered important. Thus, when a child shows a knack for the arts, music, or the languages, it is not often encouraged nor developed. We need to work with the parents in affirming these talents and take steps to develop them.
- *Develop or improve communication skills.* This will enable the child to express his thoughts and feelings to others; listen to what others are saying and be sensitive to their feelings.

Activity: *Sino ako?* (Who am I?)

Materials: Cards with the names of prominent people, such as celebrities or politicians, maskingtape.

Procedure:

1. Instruct the children to form a straight line and have them all face right.
2. Tape the cards on the back of the participants.
3. Tell them that the objective of the game is to guess the name of the person written on the cards by asking the other participants questions answerable only by a "yes" or a "no," such as "Am I a man?" or "Am I a politician?" Until the child correctly guesses the name of the person, there are no limits in the number of questions.
4. Here are some questions to help the child in processing his/her feelings: What did you learn in this activity? What made guessing easy or hard? What is important in communicating with others.

- *Develop problem solving skills.* This enables a child to assess the nature and scope of a problem; assess what he can do to resolve it and what help is needed from others.

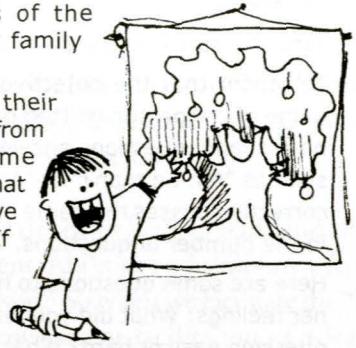
Activity: ***Puno ng Problema*** (Individual or group activity)

Materials: Manila paper, marking pens

Procedure:

1. For three minutes, ask the child to close his eyes and reflect on the problems he is currently facing.

2. Talk and share about the problems. Afterwards, ask him to choose one on which he would like to focus.
3. On a half a sheet of Manila paper, ask the child to draw a tree representing the problem he had chosen. Tell him to think about the following:
   a) What is the cause of the problem? His/her answers will represent the roots of the tree.
   b) What had made it worse? What are the circumstances and the people involved? His/her answers will represent the trunk.
   c) What are the effects of the problem on you, your family and your friends?
4. Help the children process their feelings: What did you learn from this activity? Discuss some pointers in problem solving that they had identified. Be sensitive about the child's capacities. If they are unable to see long-term consequences, do not force them.



- *Managing feelings and impulses.* Expressing emotions that will not harm the feelings and violate the rights of others is important in being able to develop trusting and relevant relationships.
- *Gauging the temperament of self and others.* This involves figuring out when it is a good time to talk to someone or to take action.
- *Encourage the child to seek trusting relationships.* Finding someone to ask for help when needed.

When a child says, "I can" or "*kaya ko*", it shows that he or she has the capacity and ability to do the task at hand. This knowledge and acknowledgement is a great source of resilience. Life skills in handling emotions, conflict resolution, and problem solving are also important. Activities that are geared towards acknowledging such skills strengthen the "I CAN" factors. We must also provide activities that could explore the capacities of a child or enable him or her to learn new skills. Opportunities should be provided but *we must not forget to present options as well as to determine the child's willingness to learn.* A case in point is a girl who was involved in the sex industry and had been placed in a center in Quezon City. The caregivers believed in providing the girl with useful skills and taught her how to sew and do cross-stitch work. The girl hated it and felt that she was forced to learn the skills. She felt that she had no choice and did all she could to "escape" from the center.

I Am...

The "I AM" factors are the child's internal, personal strengths such as feelings, attitudes and beliefs. According to Grotberg (1995), the resilient child says, "I am ....

- *Lovable and my temperament is appealing* – someone people can like and love;
- *Loving, emphatic, and altruistic* – glad to do nice things for others and show concern;
- *Proud of myself* – respectful of myself and others;
- *Autonomous and responsible* – responsible for my actions;
- *Filled with hope, faith and trust* – certain that things will be all right.

The "I AM" factors refer to the child's identity – his/her recognition of the self and its characteristics. In our context, it is the acknowledgement of the "*loob*," which pertains to the character or core of the person. Resilient children are often those that keep the *loob* intact even in the face of difficulty.

When a child is sexually abused, the self is torn to pieces and his or her self-identity is violated. The child feels unworthy and dirty. The road towards recovery starts with having been able to say, "No matter what happened, I am still a person. I am a good child." This may seem a daunting task, but such positive self-outlook greatly helps the child, particularly when there are people who make her feel so.

Activity: **My Scrapbook** (Individual or group activity)

Materials: Bond paper, marking pens, crayons, puncher, yarn, paste, magazines, art paper, a pair or pair of scissors

Procedure:

1. Tell the children that they will make a scrapbook or album about themselves. On each paper, they will draw and write the following:
   a) My family – they may put a picture if they have one or draw their family. Remind them that they might include anybody whom they consider as "family."
   b) My friends – draw and write their names under the drawing. They can include the reason why they are friends.
   c) My school – (if applicable) Ask about the children's favorite subjects and teachers.
   d) My talents
   e) My favorite activities or hobbies

f) My favorites – song, actor, actress, food, movie, etc. They may cut out pictures if available.

2. Encourage the children to be creative in decorating their album.
3. Ask the children to punch holes on the paper using the puncher and bind them together with yarn. It would be helpful to make a sample demonstration and a sample finished product.
4. In processing the activity make sure to ask about the positive characteristics of the children. Recognize and affirm the talents and interests of the children. Ask about what they learned and realized in the activity and share about your positive thoughts about their talents, interests, and friends.

I Will...[5]

The "I WILL" factors are the child's willingness, capacity and commitment to do or to participate in matters affecting him/her. These are the factors that make the child capable of participating in the process of recovery and reintegration. The child can plan, prepare and commit to self-help activities. These factors involve readiness to stand by the consequences of the decision or actions that he or she has taken.

While adults usually make the plans, activities that teach children planning and evaluation are important. Start with small activities that they can plan for themselves, for example, what they will do during the weekend. Discussing the process of planning with them will help them develop this life skill. We must not forget that in major decisions and planning, children must have all pertinent information so that they can make an informed choice. An example for this is the sample activity entitled "Planning a Calendar" in Chapter 7.

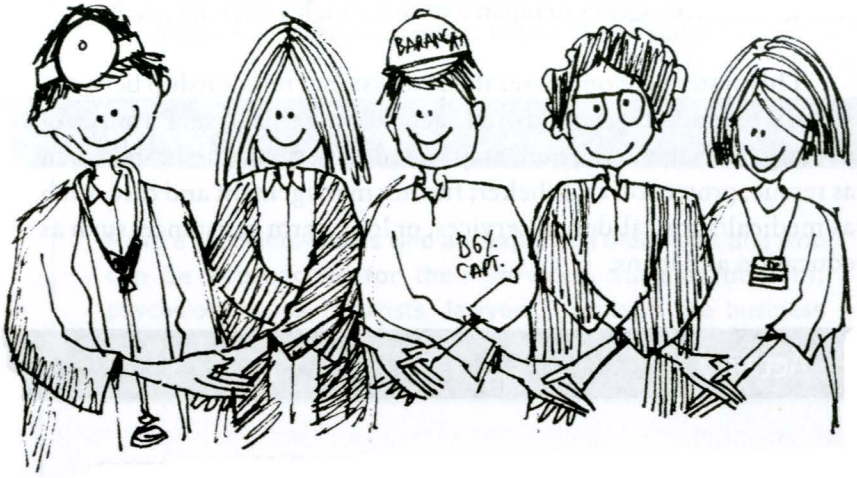
Activity: ***Gusto ko maging...*** (I would like to be)

Materials: foil and cardboard

Procedure:

1. Tell the children to form sculptures from the foil symbolizing their dreams or what they want to be when they grow up. They can make as many sculptures as they want.
2. Ask the children to share about their symbols.
3. Here are some guide questions: Why do you want to be a _____? Why do you want that to happen? What can you do to make your dreams come true? Who are the people who can help you in our way to our dreams?
4. Arrange the sculptures on the cardboard and put it on display.
5. Help the child process his feelings: What did you do learn from the activity? What did feel while thinking about your dreams? Stress that our dreams are what motivates us to be better and stronger persons. Much depends on each individual's determination to make his or her dream come true but we need the help others. In return, we must not hesitate to lend a hand to a friend, family member, or to anybody else who need help in attaining their goals.

10 Identifying and Strengthening Resources



CAPABLE OF MOBILIZING their inner resources, children are the "Number One" resource for healing. Through an "internal dialogue," they are able to move towards self-healing. Complementing the inner resources of children are the five important outside resources, beginning with us – social workers and caregivers.

Resource Number 1: The social worker and various agencies and organizations

When we talk about resources, we often fail to see the vital role we play in providing a more comprehensive and meaningful care for children and parents. We – as social workers and caregivers – serve as conduits to other resources and people significant to the child. With the observation of proper procedures and documentation a must, we make recommendations and facilitate access to the appropriate government or non-government agency or organization through a referral system.

This system encompasses the professional relationship between social workers/caregivers and the agency or organization. Purposes of making referrals vary: These may include emergency assistance such as rescue, protection and shelter; further management and care, such as medical/surgical/dental services, or long-term assistance, such as education and loans.

Activity 1

Make a systematic listing or inventory of available government, non-government and other private agencies/organizations and their services. Include address, telephone numbers, including hotlines, the name and position of the contact person. This list will serve as an important reference in your work with children. Remember to update it regularly.

The services needed may include:

1. health services - clinical consultation, immunization, dental services, laboratory, health education, hospitalization, emergency services, counseling, psychological testing
2. legal services and protection - complaints, rescue services

3. shelters- immediate, medium-term and long-term
4. economic opportunities - job placement, loans
5. education and skills training - PEPT (Philippine Education Placement Test), formal education assistance, production/ vocational skills trainings, street education, functional literacy
6. values and spiritual formation - religious services, retreats, recollection
7. social/cultural/recreational activities - summer camps, art workshops, sports fest, field trips. family day outings
8. traditional healing services
9. media - advocacy, reporting, letters to the editor

Activity 2

Make a list of individuals who are experts in their fields and who can be approached for their services, such as doctors, psychologists, psychiatrists, lawyers, people in the business industry, and traditional healers.

Resource Number 2: The Family as the Most Significant People to the Child

The family and other biological relatives are probably the most important sources of support towards a child's recovery. However, as a result of strong demands to provide for the needs of the family, parents either work all day or are working overseas. Many families, whether impoverished or middle class, are confronted with day-to-day economic problems and concerns. The very little free time the parents have may be spent drinking or gambling with friends or neighbors. As a result, many families have become "disconnected," with very little quality time spent with the children.



Communication problems emerge. Parents have difficulty talking with their children, teenagers in particular, and they feel that they cannot connect with them. The children on the other hand complain that they hear very harsh words from their parents most of the time. They complain of being accused of being lazy, getting into drugs or involving themselves in socially unacceptable behavior. Before a family can be tapped as a strong outside resource for recovery, we must help the members to "reconnect."

We can help establish stress-free routines that can help increase the quality and frequency of contacts among family members. These include eating meals together, going to church together, or going out to the park or mall, and watching movies together. Strengthening family relationships mean efforts must be made to assist such families. While alleviating economic problems may take time, such efforts in improving the family income could have a more long-lasting and stronger impact.

Parents may need to belong to a support group. These groups work on relationships. Its respective members usually come from a common background, homogenous enough to allow easier bonding. During the sessions, members listen to each other. The resulting realization: Problems are the same anywhere and yet, what may seem terrible to one person may not be as bad or difficult to bear for another. It is usually more productive if both parents do not belong to the same support group. Mothers can join a women/mothers group while a father may join an all-male support group. Bonding takes time, but the careful programming of acceptable activities could help prevent boredom or disinterest among the members.

Plan a different yet focused activity for every meeting. One session could be spent doing one's life map, or for music, drawing and painting. Another could be spent for an educational field trip, the birthday celebration of a member, or a body movement exercise. The next meeting could be spent sharing and discussing a specific theme such as handling adolescent children, or nurturing skills or communicating with children.

Resource Number 3:
The *Barkada* (The Peer Group)

NGOs working with children living and working on the streets have begun to look at the *barkada* both as an instrument and target of recovery. We have earlier cited the experience of Kaugmaon in Davao City in working with the *barkada* in promoting child participation and raising the awareness of children's rights in the community. The NGO conducts research on the *barkada* to identify appropriate methodologies in working with them.

As adults, we may have misconceptions about the *barkada*. Let us be honest about how we feel about the *barkada*. "What exactly do we fear from them?" The following exercise may be of some help.



Activity

1. Get a sheet of paper and fold it in the middle.
2. On the left side, write down all the negative things you believe might happen if *"napapabarkada ang bata"* (child joined a peer group)
3. On the right side, write down the positive things that a child can learn or get from a *barkada*. Try to remember what children say about their *barkada*. Try to remember your own *barkada*, the one with whom you were growing up and the present one you may have as an adult.

Belonging to a *barkada* has positive and negative sides. Many caregivers are working with the *barkada* and the gangs in finding ways to strengthen the positive and solve the negative.

Resource Number 4: The Employer

Among working children, employers, exempting those who are exploitative and who hold children in bondage, might unexpectedly turn out to be a significant resource. These "friendly" employers are usually those who lend money to the children in cases of emergency. Usually these are the employers of street children who sell garlands of jasmine, work as pedicab drivers, or clean/gut fish in the ports. Generally, these employers possess an amount of information about the children, including the people and places the children frequent. Their constant interaction with the children helps establish a close relationship. Being familiar with the child's disposition, these people could become partners in the helping process.

Resource Number 5: Traditional Healers

Often overlooked or ignored, culture-bound indigenous or traditional healers are another important resource. In many communities throughout the Philippines, people first consult traditional healers in times of childbirth or illness. Easily accessible to members of the community, traditional healers use a variety of healing techniques from the simple massage, medicinal herbs, incantations, to complex rituals involving altered states of consciousness.

In the Philippines, there are different categories of traditional healers: from the *herbolario*, or a person knowledgeable about medicinal plants and herbs, to the *hilot*, often a woman skilled in traditional touch therapy and birth delivery techniques. There is also the local counterpart of the shaman called the *babaylan*, known as *tambalan*, *belian*, or *panday* in other parts of the country. The *babaylan* category of traditional healers are concerned with illnesses of both physical and the spiritual causes and they may even perform rituals for the strengthening of the soul or the

protection of the spirit from any harm. As repositories of cultural traditions, folk history and rituals, people consult them for a variety of other concerns apart from health, ranging from agriculture to house building.

Traditional healers are excellent counselors, and often, people heed their advice. We can work with them in understanding and interpreting religious or mystical experiences of traumatized children and in giving meaning to the experience. They can explain to outsiders the framework for the beliefs that underlie people's decisions and actions as well as the manner by which people perceive and interpret their lives. While their framework or thinking may be different and sometimes contrary to our own religious beliefs, the traditional healers command respect. While imposing your own religious beliefs on them may result in a disadvantage, we still need to make sure that no harm is done to the children.

PART THREE

Tools and Techniques for Helping Children in Need of Special Protection

This section provides some knowledge of techniques for helping children. They are intended to build on existing skills, and for use within the framework of helping discussed in Part 1. However, the information and discussion here are far from exhaustive, and it is suggested that those interested should consult the materials listed in the references section for more in-depth discussions.

11 Creative Techniques for Communicating with and Helping Children



EXPRESSIVE HELPING ACTIVITIES[6], are very relevant to recovery. Activities that help children express themselves could be applied to facilitate coping, working out inner pains, and problem solving. There are several reasons why therapies based on the child's self-expression are helpful:

- The helper learns about the child's inner emotional situation, that is, his or her feelings, needs, perception of the situation, strengths and characteristic way of coping – all from his or her point of view.

- The experience of expressing the problem helps the child confront it, clarify it, and sort it out.
- It is easier for helping activities to flow from the problem in the *same language, symbol or images that was expressed with the child's full involvement.*

These expressive activities include (but are not limited to) play, art, drama and storytelling. Below we discuss the value of each, how to conduct play, art, drama and storytelling activities, and provide a sample activity guide. Keep in mind what you have learned regarding factors which hinder communication, the value of verbal and non-verbal communication, interviewing and processing (see Appendix A, Communicating with Children, for a review if necessary). Also, the activities should not be seen as clearly separate. They can be used together to complement one another.

Play Activities

A CHILD'S STATE OF HEALTH and well-being can be gauged from observations of his/her play. The less children play or are interested in play, the more likely that they are sick or unwell. Play is an activity which is pleasurable and independent of external rewards. Children will play even if they are not asked to, even without toys, and even without playmates. Thus, play is intrinsically complete and non-instrumental, meaning there is no other objective to play except play itself. Children do not play to gain adult approval, or to earn a grade, or to earn any reward. These qualities make play a valuable tool for helping children, as it is an activity which is as natural to children as breathing.

Play can be used not only for treatment but it also has a healing component. Viewing play as treatment reflect the medical model, which only seeks to bring the child back to the same condition before the trauma

or abuse by removing whatever is causing the trauma and eliminating its symptoms. Healing, however, is a more holistic approach and not only seeks to eliminate the symptoms but to affect the whole person, and to make him grow into a different, better human being. Below are some of the important uses of play, which make it valuable for healing. (Nylund, et al., 1999)

- Play as a medium of rapport building. If the group of children is already playful, ride along and join their games and laughter. If the children are withdrawn, hesitant, sad and quiet accept them unconditionally for simply feeling that way and it will become an entry point, drawing out their playful side at a timely moment. Play allows children to relax and thus make them better able to express themselves. They easily feel at home around toys and can communicate, sometimes without words, through their play.
- Play as a medium to convey messages of hope. Simple games could be modified to become venues to re-build self-confidence, a sense of hope, and a group spirit. For example, pass a ball around a group of children and whoever catches it will make a wish for the child next to him or her.
- Play as a medium for healing wounds. Play is the children's natural way of expressing their needs and symbolically working out their fears – it can be considered an "emotional laboratory" in which they can mentally digest experiences and situations which may be traumatic. It is a natural means by which they could recognize their own competencies and thus regain a sense of trust in themselves.

Play allows adults to enter and observe the world of the child without being too intrusive and imposing. This then helps us to understand them and how we can help them. And perhaps the most important of all,

play is the natural means by which they could discover and learn alternative solutions to existing problems, deal with pressing issues, gain insights to a current situation, reframe initially gloomy perspectives into more positive ones and consequently regain a sense of power that would enable them to look beyond their present situation.



Tips in conducting PLAY ACTIVITIES

1. Play can be an effective tool for teaching. It should flow smoothly and run from the simple to the more complicated to keep children's interest and to keep them from getting confused.
2. Play is often used in communicating with younger children. But more complicated games can still catch the interest of teen-agers and convey a message that can best be communicated through experiential activities.
3. Colorful visual aids can help a lot to help children remember, especially for children who do not know how to read yet.
4. It is important to have a plan when using play as a tool. The tool itself is useless if one does not have clear objectives in mind.
5. Use of indigenous games is strongly encouraged. Do not be afraid to innovate and experiment. Make your own games. Make sure the language, content and method are appropriate for the children you are working with.

Visual Art Activities

IN ADDITION TO BEING A VENUE for rapport-building, children's drawings have an *assessing* and *helping* value. By asking the child to draw and then talk about his or her art, one can learn much about his or her inner world – the needs, joys, and fears. Art allows the children to deal with the past. It helps children to separate themselves from the situation that they are sharing. It provides a way to deal with sensitive issues in a way that is encouraging and easily accessible by children. They are free to express feelings such as fear and confusion that they have been forced to keep hidden inside. An example of this is drawing and telling a story about it. Drawings are also concrete and graphic representations of the child's experiences, and thus asking him or her to draw will enrich the pool of information. (Carandang:1996) Creating something also gives a child a sense of pride and accomplishment. This feeling of satisfaction is, in itself, therapeutic.

Remember, activities such as this need not to be limited to drawing. Other materials could be used like clay, sand, sticks, mud, leaves, stones and anything that the children could use to sculpt and shape to represent figures. The use of art is appropriate for all ages. It is the type of materials used and the way of evoking the stories behind the drawings that must adjust to the developmental age, context, and language.

Using art activities to help children communicate and heal is not as simple as providing art materials and leaving the children to make a drawing. Some children will spontaneously draw when given the opportunity, but such is not always the case. Children in need of special protection who are traumatized or distressed might not feel communicative, may be too shy or uncomfortable and might not draw anything. The six techniques in starting art therapy to be described below can be used in various cases, depending on how the child feels about and behaves towards us, the art task and his or her attention span.[7]

Non-verbal Graphic Mirroring



This is when we copy whatever the child draws, including the color, speed, pressure used in execution. Mirroring what a child draws puts a high value on the emerging drawing and puts the child in a position of leadership. It also offers quiet support and somehow validates what the child is drawing and feeling about it. When it seems appropriate, use a different color, or add a different detail to convey the message that we are not the same as the child and have separate identities. This can lessen for the child the threat of being engulfed or merging.

Joint Non-verbal Conversation Drawing

In this technique, there is no particular objective in mind except to share a piece of paper together and see what happens. We begin by selecting a color which seems appropriate to the present mood and drawing a line or squiggle. The child does the same and the process of "conversing" is continued until both feel that the drawing is finished. We must remember that we are not autonomous and simply seek to reflect the child's feelings and let the child own the drawing. Sometimes the child will prefer to continue alone. When done, the drawing may be signed by both, titled and dated. This will set the tone of valuing whatever output is produced. This interaction also gives the child an experience of a positive interaction with a "parent figure" and at the same time lets him retain his individuality and have a sense of control over the interaction.

Characteristic of the Six Techniques

Techniques	Child's Attitudes and Behavior			Types of Interaction		
Suggested Techniques	To Facilitator	To Art Ask	Attention Span	Verbal, Non-verbal	Who Directs work	Who Executes work
Graphic Mirroring	Cooperative	Independent, responsible enthusiastic	Prolonged	Non-verbal	Child	Child ... facilitator mirrors
Conversation drawing	Cooperative	Hesitant	Good when supervised	Non-verbal	Child and facilitator	Child and facilitator
Squiggle Game	Cooperative to ambivalent	Hesitant	Good when supervised	Non-verbal	Child and facilitator	Child and facilitator
Directed Scribble	Ambivalent	Ambivalent, needing guidance	Good when supervised	Verbal	Facilitator	Child
Child as graphic secretary for facilitator	Ambivalent, disorganized	Disorganized and chaotic	Brief guidance necessary	Verbal	Facilitator	Child
Facilitator as graphic secretary for child	Resistant, detached	Resistant, blocked	Prolonged when supervised, guidance necessary	Verbal	Child	Facilitator

The Squiggle Game

In this technique, as in the previous one, the child and adult share responsibility for the ensuing art work as the adult begins by drawing a squiggle and asking the child to make something out of it. The child then takes her turn at drawing a squiggle and having the adult turn it into something. When this game is played several times, several figures will have been made, and the child may see some connections between them. She may create one picture from them, or develop a story.

Directed Scribble

The facilitator takes a more active role in this one by asking the child to select a color that "feels right" and having him hold it above the paper wherever he wants. The child is then directed to have the crayon "fall" in a certain suggested manner (like a leaf falling, or rain, a bird flying, a fish swimming, etc.). As the color touches the paper the facilitator may talk about emotion an movement — having the color move briskly, dance joyously, jumping nervously or angrily, then eventually gliding gently to stop. The child is asked to remember which lines felt good to draw, and he may want to add more to the scribbles. He can turn the paper around and develop any part of it that interests him. When the picture is done it is given a title and a story may be told about it.

Child Acts as Graphic Secretary for Facilitator

The facilitator asks for a specific drawing just to help the child focus, contain and organize a child who is highly anxious. Again, the facilitator must base her request not on her own likes or preferences but on the child's expressed or observed needs.

Facilitator Acts as Graphic Secretary for Child

The facilitator lets the child express his or inner vision through her. She may ask about color, placement, size and detail to stimulate the child's imagination. Children who are too self-critical or are manipulative may benefit from this technique. It gives them the chance to produce something and work productively with another who just accepts them for who they are and what they can do.

Sample Art Activity

Activity: The Box (individual or group)

Objective: To give children an opportunity for self reflection

Duration: 1 hour

Materials: shoebox (one for each child), white glue, scissors, construction paper in various colors, feathers, seeds, aluminum foil, cloth, magazines, newspapers, etc.

Procedure:

1. Give each child a shoebox and tell them that this shoebox will represent who they are. The outside of the shoebox they will decorate so that it shows what they think other people see or know about them. The inside will be made so that it represents who they are inside — how they really feel, think, what they really want and need. Provide 30 minutes or so for this.

Note: Before doing this it may be appropriate to begin with a brief meditative exercise which will make children think

back about their lives, what people say about them, how they feel, etc. to ready them for this activity.

2. When the children are done, give each time to share his or her work to the larger group.

3. Processing and synthesis.

Processing questions:

- Are the inside and outside of your box the same? Why or why not?
- Do you see any similarities between your box and the others'? What are the differences?
- Are you happy about the state of your box?
- If you could change it, what would you change?



Tips in facilitating art activities

1. Remember that the process is as important as the product. We are not concerned as much with whether the art produced is indeed artistic and can be hung for display in a museum. It is valuable to us as a child's means to express himself and communicate what may be hidden even from him. Thus the environment we provide should always be welcoming, nurturing, and non-judgmental.

2. Do not introduce materials which are very expensive and or which are not available to the child except through you. Access and availability of materials should be a prime consideration when doing art work with children in need of special protection. Using materials which are familiar and

easily available to them will convey the message that they have the resources for their own healing and recovery. We should not create new needs, dependence or a feeling of inadequacy. They may also feel uncomfortable and "unworthy" to use expensive materials. However, the exception is when children are in crisis situations (in extreme poverty, rescued from war zones or disaster areas, etc.) and it is near impossible for them to have access to materials. Supplying them with good, abundant materials gives a feeling of being nurtured and taken cared of.

3. Do not try to interpret the child's art work. Certainly we can try and make sense of the drawings by looking at the elements of line, shape, color, balance, detail, organization, focus, motion, and medium used. They can help us determine the child's emotional state at the time the art was created. However, we cannot presume that our interpretations are correct. It is the child who is in the best position to describe and give meaning to her work. Our role is to facilitate the child's understanding of herself through her art. If you think it is necessary, refer the child to a qualified professional.

4. Teach children to use art materials correctly, but allow for their creative use. We should be able to demonstrate and show children how to use the materials we present to them. Watercolors are transparent, should be applied going from the lightest to the darkest colors to be used in the painting. Oil pastels resist water and are very brilliant and solid, and may be applied one on top of the other. Latex paint dries with a glossy sheen, acrylic dries matte. Plaster of paris begins to set within minutes of mixing so one needs to work quickly. Demonstrating the different properties of

each art material encourages their use and exploration. However, we should let children be creative and use the materials in new ways. There are really not many rules in making art.

5. Be creative. We must also learn to let go of our inhibitions and judgments about our ability (or inability) to create. We can explore the material ourselves and think of activities or art projects which will suit the child's needs.

Dramatherapy[8]

Dramatherapy is valuable in helping as it provides an opportunity for discovery and communication of meaning. Within dramatherapy (Jones, 1996),



- life experiences are given added validity by depicting them dramatically with and in front of others.
- an individuals dramatic work is recognized and understood by other. The feelings and experiences they depict are empathized with and understood by others.
- the process of dealing with life problems through enactment leads to the creation of a vital relationship between the person's life experiences outside the Dramatherapy and the enactments they take part in within the therapy.

Dramatherapy is done in a series of sessions. Its general objective is to find a form for feelings to be expressed and explored and to be able to achieve personal change. The basic format of a session is described below.

Warm Up

This is an activity which allows participants to prepare for dramatherapeutic work. It usually involves several brief exercises in emotion, movement and/or language, and exercises for using materials (objects/props) creatively. Aside from this, the warm-up is also time for individuals to begin thinking about what problem or area they want to work with during the session.

Children may be led through breathing exercises and facial expression exercises. They should also identify what they want to work on — for example, children who have been sexually abused might want to deal with how other their families are reacting to their situation.

Focusing

Here the group or individuals become engaged more directly with what they want to work on. This might include working with specific props, building a role for a specific play. This phase is very flexible and often not structured by the facilitator. Participants tend to move naturally into it as needed.

Children who have decided they want to act out a scene where the family first learns about the abuse may begin to assign roles and think about the scenario individually.

Main Activity

This can take one of three main forms: (a.) one or more individuals working with an issue, (b.) a whole group working together with a specific theme, (c.) all members working on their own material with each other in small groups or pairs. They might want to use their time in any of the following ways:

- improvising a traumatic, real-life event
- physical depiction of a symbol from a dream
- using objects to play, to see what unconscious material emerges
- creating a sculpt (using other participants) to illustrate a problematic relationship
- making and using masks to depict split parts of the self
- enacting a fantasy story to reflect personal events causing difficulties
- developing an environment to explore a troubling theme
- physical activity with the body to deal with relationship problems with a significant other.

Closure and de-roling

This assists all the participants in moving out of the drama and leaving behind any enactment of dramatic process. There are two phases to de-roling. The first involves the use of specific exercises to move out of the roles (whether as actors or audience members). The could mean asking the actor to summarize his role, then asking him to step off the "stage" or sit on a chair off-stage and state his name and say something about who he is. The second phase involves reflection and absorption of what just

happened. The facilitator may ask the child what he thinks about his role, what he feels about the whole enactment, what he thinks are the similarities and differences between him and his role, etc.

Completion

This phase is different from closure in that it marks the end of the entire session, not just the enactment. It involves further integration of the material encountered in the main activity and preparation for leaving the dramatherapeutic space. Time may be spent for further processing and synthesis led by the facilitator, or for personal, internal reflection. There may also be a closing ritual, such as a song, a dance, or a brief exchange of statements.



Tips in using drama for therapy

1. **Act as facilitator.** We do not create the script for them and do not criticize their output. Again, it is the process, not the product, which has prime value. Children need to feel safe and able to experiment in the drama so that they can explore and develop problem solving and communication skills. We do not need to act as director. Some children will take on that role (particularly if the story being dramatized is their own) and will benefit from the experience of being in control and being able to make changes where they want.
2. **Provide a safe space.** The dramatherapeutic space should be well defined. It should have clear boundaries, and should be comfortable, and private. Psychologically, the space is made safe by agreeing on rules at the beginning — level of tolerance for negative remarks about

sexuality, class, religion, etc., use of foul language, confidentiality of stories shared and played, openness to others' opinions and consideration for others' feelings, etc.

3. **Use other techniques in conjunction with drama.** Children can act out scenes using puppets or masks they made, they may use toys, or use techniques in storytelling to tell the story they made.

Story Telling

STORY TELLING, in whatever form – drama, drawing, or oral sharing – is an effective way of communicating with children. Children may be the audience for a storyteller, or the storytellers themselves. When children tell a story they can say things to adults that they could not say otherwise.

Stories can be used to help children learn about their culture, feel part of it, and draw strength from it.

Stories can be used...

- To help children learn to deal with fear, anger and other strong feelings by experiencing them in a safe context of a story and talking about them.
- To help children experience the pleasures and rewards of good listening and learn to listen in different ways.
- To make children more aware of body language, other non-verbal communication, and the uses of language and voice.

- To stimulate imagination and creative thinking in children.
- To bring them new information and ideas in a way that helps them remember it.
- To help them explore values.
- To help children learn to express themselves as storytellers, story writers or critics.
- Stories can help children work through their difficult experiences or problems.

Ways of Telling a Story

1. plain story-telling

Storyteller tells the story from memory or reads aloud from the book, children listen. One can use one's voice, facial expression and posture to make the story telling more lively.

2. dramatized

The story is acted out by the facilitator. The storyteller takes on the roles of all the characters in the story. Voice, posture and movement are used to differentiate the characters from one another.



3. with questions

This allows the audience to have a more active part in the story telling. The storyteller may engage the listeners by asking them what they think will happen next, what they would do if they were in the situation, etc.

4. use of visual aids

Pictures or illustrations from a book, photographs, cutouts from magazines, or drawings can be used to help children visualize the story as it unfolds. The visual aids must be prepared and arranged before hand, and should be presented one by one at the appropriate moments. Other variations of this technique would be the use of a blackboard and chalk. The storyteller draws characters or object on the board while she tells the story.

5. use of sound

The story is told through sound effects or music, which may be made by the storyteller or the audience. Stories with animal characters, with vehicles, or in various environments (forest, city, farm, etc.) may be made more exciting with the use of sound effects or music.

6. symbolic props

The storyteller uses simple props to enhance the storytelling. For instance, a single piece of cloth can be used as a princess' shawl, a beggar's robe and a fisherman's net in the same story. The use of symbolic props stirs the imagination. One can also use several props for a story, or make props through origami as she tells the story.

7. puppetry

Instead of the storyteller herself telling the story, puppets can effectively be used to tell a story. Puppets can be very simple or very complex, depending on the material used. One can use paper, shadows made by a projector can be used, junk materials (plastic, glass, newspapers, etc.), cloth, and other ordinary household items. An added experience in a storytelling session would be to have the children make the puppets to be used in storytelling.

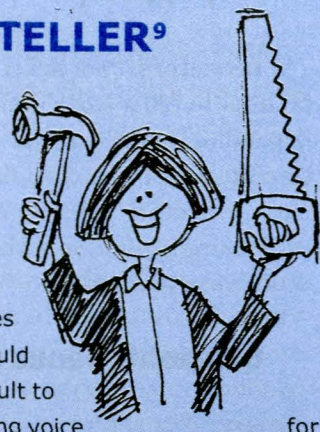
8. spontaneous improvisation

This means there is no rigid script or story to follow. The storyteller and children may collaborate to create a story instantly, without a plan. The storyteller functions more as a facilitator for making the story — asking questions as to the characters, setting, happenings in the story. In this case, context plays an important role. Begin with a setting and character for your story that the children are familiar with and can relate to, but remember that the only limit to the story they create together is their imagination.

9. simultaneous interactive

The storyteller may break the audience into several groups, and ask each group to perform part of the story, or produce sounds and/or movement at appropriate moments.

Tools of a STORYTELLER[9]



A. Voice

A storyteller may use her voice to create the atmosphere or tension as the story progresses. It is alright to use different voices for different characters, but the changes should not be too dramatic because it is more difficult to maintain and you might end up using the wrong voice for a character. Speak in a clear voice and speak loud enough to be heard by all audience members.

B. Timing/Pacing

Pacing is determined by the volume and speed of talking, and the progression of action in the story. Dialogue tends to slow down a story while narrative action speeds it up. Repeating lines in a story, pausing in between sentences, phrases or words serves to build climax or put emphasis.

C. Body Language (Facial Expressions and Gestures)

Remember that gestures must add to the story, not create a distraction. Facial expressions and gestures should be simple and natural. Shifts in the story may be emphasized through shifts in stance or slight pauses. Younger children, rather than older children or adults, tend to be more attracted to larger, more vigorous movements. If you have a large audience, broader, slower gestures are more appropriate.

D. Imagination

A good storyteller imagines the story vividly all the different parts of the story. You must keep in mind the appearance and personality of the character, the setting, and the other things that affect the character. Also try to use the entire body as aids in telling the story.

E. Characterization

Study the characters of the story well. Find out why they act, think and speak the way they do, analyze their relationships with one another, and visualize their appearance and voice. You may start with the main character and proceed to study the other characters in the story until you master all of them.

BEFORE a Story Telling Session

BEFORE WE BEGIN TO TELL A STORY, some questions need to be answered in order to ensure that the storytelling session is indeed helping children. Below are the questions a caregiver needs to ask in order to prepare for a storytelling session.

1. Who do we tell the stories to?

Get to know your audience. What are their ages, experiences, likes and dislikes? The kind of stories you tell and how you tell them will depend on who your audience is. The content of the stories must be relevant to the audience, and the storytelling method must be appropriate for them.

2. Why do we tell stories?

What is your objective? Do you want to teach them about the value of taking care of the environment? Would you like to help children in evacuation centers to process their experience of armed conflict? Do you want them to appreciate and respect diversity? Before choosing a story, the objective for the storytelling must be clear to the storyteller.

3. What stories can you tell?

It depends on your objectives. Our culture is rich in parables, fables, myths, epics, legends and folktales which can be told to children. Choose a story which meets your objectives. You may choose a particular story because it tells of an event or issue which is relevant to your intended audience, or because it can help them learn to solve a problem, or because it expresses hope, or simply because it can entertain. Aside from choosing from a wide array of books and resource materials, the storyteller may also draw on his own experiences and observations and create an original story.

4. Where will you tell your stories?

The venue is an important consideration in storytelling. If possible, choose a place which can comfortably accommodate you and your audience, where distractions are minimal, and where there is enough space for telling the story in the method chosen. Make sure that you see all of the members of the audience and that they can all see you. Storytelling may be done outdoors, especially if the storytelling method requires a lot of movement and participation from the audience, or if it is the setting of the story, or if a change in scenery is needed. Just ensure that the space is safe and noise levels are tolerable. If a storytelling session has to take place in less than ideal situations, such as on the streets or in a very crowded area, adjust the storytelling method so that it is more engaging and participative, in order to keep the participant's interest.

5. When and how long?

The length of a storytelling session largely depends on how long the audience's attention span is — younger children tend to have shorter attention spans, and the method of storytelling — the more participative methods tend to take longer. Adjust the method according whatever is appropriate for the audience and for the objectives of the storytelling activity.

Be considerate of the time when storytelling sessions are held. Storytelling right after a heavy meal can be a challenge because children may become sleepy after meals. Likewise, interest is difficult to hold if children are hungry, or are very tired. Choose a time when your intended audience are most available and can give their full attention. Evening or late night storytelling sessions may not seem to be advisable, but it could be if the audience are street children, or working children.

6. How will you tell the story?

The method to be chosen should be appropriate for the audience and for the story. Younger children will appreciate various visual and auditory story aids, and can also participate by making sounds or speaking one specific line at appropriate moments throughout the story. Older children also enjoy visual and auditory stimuli but may also enjoy participating in the storytelling by dramatizing or improvising dialogues.

The same story can be told in an infinite number of ways. Do not be afraid to adjust and explore the different techniques for storytelling to suit your audience. It may help to think about the possible responses of your audience. In the end, it is constant practice which will help us gain more skill in the various techniques of storytelling. Prepare yourself. Study the story, understand it, decide on a method, then practice.

DURING a Storytelling Session

TO BEGIN A STORYTELLING SESSION, the storyteller must catch the children's interest and curiosity through the use of motive questions. Motive questions open the session by gently leading the child's awareness from his or her own experience to the story. The questions must intrigue children, elicit wonder, and perhaps create puzzlement which will motivate them to find answers in the story. Aside from the use of questions, showing a picture, symbols, or actual object important in the story can also help motivate children.

The storyteller must also be conscious of difficult words in the story. She may choose to simplify the language used in telling the story, or unlock difficulties in vocabulary at the beginning of the storytelling session. This may be done through presenting the object that the word represents, using pictures, demonstrating an action, or use of context clues (as in using the word in a sentence which can help explain the word).

Children's interest and motivation must not only be elicited at the beginning but must be kept at a high level throughout the storytelling session. This can be done by choosing the venue and time of storytelling wisely, by ensuring the comfort of the audience, and by maintaining eye contact with each audience member while telling the story.

After the story telling, provide time for children to ask questions. Facilitate the discussion so that their understanding of the story may be enriched. Encourage them to answer each other's questions, and relate the story to their own lives. Aside from having a discussion, other enrichment activities may also be employed such as: presenting the story as a play, drawing the main characters, making puppets, creating a dance, singing a song or reciting a poem related to the story. Other means are available. Choose an activity which will help them deepen their understanding by employing as many of their senses as possible. Ensure

that the activity is appropriate for your audience and the objectives of your storytelling session.

Sample story plan: Bayanihan

One of the best traits of Filipinos is their being cooperative. We call this "Bayanihan" or "Bataarisan." Unfortunately, this trait is quickly being replaced by indifferent and individualistic attitudes culled from Western influences. This should not happen; bayanihan should always stay in the hearts and minds of Filipinos. And this book is an example to show and teach children the spirit of cooperation even in little chores.

Objective: Teach children the value of helping each other.

Presentation :

The basic idea in this book is to introduce to children the meaning of "bayanihan" or the idea of self-help and collective action by members of a community. Find out first if children know the meaning of the word. Explain the meaning further by citing concrete instances of bayanihan in the community. The book is made up of a series of actions illustrating the idea of bayanihan. Have each child take turn in explaining every situation in the book. After each situation, emphasize the outcome of bayanihan.

Supplementary Activities:

1. Bayanihan Chart. Make a display board (a piece of cartolina or similar material) where children draw examples of situations in their everyday lives showing the bayanihan spirit.
2. Classroom Bayanihan. After the session, let the group show the bayanihan concept by fixing up the place where the storytelling session in held. If possible on a daily basis,

assign different tasks to each child (or in groups of two or three) like sweeping the floor, arranging the chairs, etc.

from: Story Telling for Young Children (1983) Manila: Children's Communication Center



Tips in storytelling

1. We reinforce that we have to make the story appropriate to the audience. The language, content, presentation/style should be appropriate and meet our objectives. You can create whatever you like, the story does not have to be "real", as long as it reflects some aspect of real life. It should reflect something about yourself, your fantasies, wishes, dreams, anxieties and frustrations. The storyteller may arm himself with stories by reading.
2. Motivate children. Learn to ask questions at the beginning of a session which will catch their interest and tickle their imagination. But the best motivator of all is your own interest. No child will listen to a bored storyteller who is not enjoying what she is doing.
3. The basic point is sharing and listening. Story telling in the Filipino experience is very participatory in nature. Adults do not hold all the information, nor all the power.
4. Story-telling has a therapeutic value and this is highly recommended to draw out problems of children but you have to be prepared for your own reactions to the stories and for processing the children's stories.

In general, whether conducting play activities, art or storytelling sessions with children, planning, implementation, feedback and evaluation are important steps in the entire process.

When conducting activities with the children, be sure to: (from PETA primer: How will I conduct a Children's Workshop)

1. start with short, routinary activities (body movement and voice exercise, morning greeting, or sharing of the self, etc.)
2. ask open ended questions rather than yes or no questions.
3. be conscious of needs and pacing of the children. Be flexible and adjust to the needs of the group. This may mean adjusting the schedule, adding humor or using other approaches or methods, encouraging participation from shy participants, separating older from younger children in some activities.
4. affirm strengths and accomplishments.
5. document and evaluate the activities so you can determine whether your objectives have been met and whether adjustments need to be made for the next activity.

12 Group Work with Children

What is GROUP WORK ?



ABUSE IS AN EXPERIENCE that affects not only the child but the entire family as well as the community of the abused child. In the past years, the reported incidence of abuse cases has raised exponentially and with it the demand for counseling child abuse survivors and his/her family. In a country where it is not uncommon to have only one government social worker in a municipality, or one psychologist in a rehabilitation center, caregivers of children in need of special protection have utilized the group approach to helping.

Initially it could be said that the group work was utilized as a strategy to reach more clientele, even as a cost-saving measure. Research into the experience of group counseling has proven however that it has its intrinsic advantages and benefits that are not always addressed in an individual counseling session. As a result, family and individual counseling are now often conducted in conjunction with group counseling.

It could be said that group work was group counseling such that training in group approaches were limited to group counseling/therapy theories and methods. In practice, however, counselors have employed other forms of group work in their helping repertoire, aside from group counseling. They engaged in skills training, awareness-raising, and prevention work. The understanding of group work has since become more comprehensive, not restricted to any one particular methodology, such as group counseling or group therapy. The standards of the Association for Specialists in Group Work now define group work as "a broad professional practice that refers to giving of help or the accomplishment of tasks in a group setting. It involves the application of group theory and practices by a capable practitioner to assist an interdependent collection of people to reach their mutual goals, which may be personal, interpersonal, or task-related in nature."[10]

Types of group work[11]

THERE ARE DIFFERENT TYPES of group work and the four major ones are outlined here. It is important to note that there may be considerable overlap that may be found in these four types of group. But it is useful to differentiate the different types to give us an idea of the breadth and scope of the practice of group work.

- *Task/work group work:* applying group dynamics principles and processes to facilitate accomplishment of identified work goals, e.g. formation of committees, task forces, teams, or discussion groups
- *Guidance/education group work*: educating, preventing, developing competencies in members in a group setting, e.g. parenting, social skills, managing stress, life skills training

- *Counseling/problem-solving group work:* helping participants resolve usually non-severe social, personal, educational concerns through interpersonal interaction, support and problem-solving
- *Therapy/reconstruction group work:* helping participants understand and remedy significant emotional and psychological problems, through the process of personal disclosure and interpersonal feedback and support.



The Common Goals of Group Work

Emmanuel Tropp describes four basic "purposive processes" which common-goal groups go through. These are the gains in social growth that individual members achieve through the group experience.

1. **Release of feelings.** Anger, fear, guilt, and affection tend to block effective social task performance if not openly expressed and unburdened, preferably in the presence of others who are in comparable situations and can thus appreciate and respond to expressions.
2. **Support.** This means acceptance and affection through belongingness and recognition of self-expression that is translated into achievement, which encourages the tapping of further strengths resulting in gains of self-esteem.
3. **Reality-orientation.** By seeing others in similar situation – how they handle themselves and how others see them, each member gains a clearer picture of behavior among peers; and

4. **Self-appraisal.** This involves attaining from all the foregoing a clearer perspective on one's self and others, new options for handling situations, increased ability to make judgment and a more responsible way of handling life.

Source: Coyle, Grace L. in Helen Northern, Social Work with Groups, New York: Columbia University Press: 1969)

Group Work and the FILIPINO CHILD

THE THEORIES AND METHODS in Sikolohiyang Pilipino or Filipino Psychology, as previously discussed, serve as our guide in the conduct of group work with children.

It can be argued that group approaches are especially effective in group-oriented cultures where the individual is not defined separately from the family or where a more dependent or external orientation is valued or accepted. This orientation shapes the individual's understanding of his/her abuse experience as well as the help-seeking or coping mechanisms employed. In fact, the Filipino is observed to rely more on the family, peer or other social networks rather than on professional caregivers such as psychologists or psychiatrists for emotional support. As such, it is recommended that the significant members of the family or other group be involved when helping the child.

Filipinos are also more sensitive and have a stronger need for acceptance, belonging and security. As observed by Jaime Bulatao, Filipinos are freer to be themselves when in the company of sympathetic group of friends than in a one-on-one situation. The group setting in a

group counseling session for instance can fill this need easily as the individual learns that she/he is not alone in the experience of abuse.

Situating the child within a system of relationships, shaping and being shaped by his/her interactions in the family and community, it is not difficult to understand that the trauma of abuse and exploitation necessarily affects the child's family and community as well. Group work should thus target these groups as well and harness their participation in helping children in need of special protection.

Special Considerations in Conducting GROUP WORK with Children

Objectives

A crucial element in determining the group set-up is the objective(s). Forming groups may be pushed by reasons that are of a personal, educational, social or vocational nature. It is important to be clear what our objectives are in helping the children. In the bio-psychosocial care of children in need of special protection, it is not uncommon for social workers to form different types of groups to deal with the different needs of children, e.g. counseling, life skills training, or letting the child be part of a youth community organization.

Open versus Closed Groups

If the group is open, new members can join or leave at any time. If the group is closed, members are determined and fixed who meet for a designated number of sessions and are expected to be with the group from the beginning until the end.

Grostsky et al (2000) recommend that child sexual abuse therapy groups, and even support groups, should be closed. Closed groups help create a

sense of trust and safety at a faster rate as new persons do not enter the group at any given time. A sense of family is created as the children get to know each other well, learn to relate with each other, and attempt to resolve personal and group conflicts together. Stronger friendships are formed in closed groups than in open ones. The atmosphere of trust, safety, family and friendship formed in closed groups make it ideal for counseling a group of child sexual abuse survivors and support groups where disclosure and processing of experience maybe quite difficult.

Open groups may be advantageous when the aim is to facilitate initial disclosure and initial processing of the disclosure of abuse, such as in a school setting. In this situation, the students may come and go, participate in the education sessions, and feel free to disclose at the time they feel prepared to do so.

In psychoeducation group work, such as a training course on parenting or life skills education, it is suggested to have closed groups when modules are designed in such a way that learning in one session builds on a preceding session.

Duration

Group work can be run for an on-going basis or for a fixed number of sessions. Groups that are not time limited are more often open groups, allowing new members to join at any given time. Suffice to say the number of sessions vary depending on how many are needed to accomplish the goals of the group work.

But sometimes, the socio-political context may be more of a determining factor such that the duration and goal of group work are adjusted accordingly. This happens when conducting children's psychosocial activities, in war-torn areas where the security situation doesn't allow for an extended group work. The goal is reduced to the sharing of experiences and release of feelings relating to war and violence. Even so,

experience has shown that most children in armed conflict situation are not given an opportunity to talk about their experience and feelings such that these one-session play and art activities are deemed beneficial for the children and their families alike.

Focus

Groups are usually focused or "topical" particularly when forming counseling or therapy groups. The group members tend to have similar problems or experiences to allow for as deep a therapeutic work as possible. In this case, the groups are usually closed and small in size. There are groups that are more general in focus, with goals related to improving overall life satisfaction or improving family relations or interactions. The composition of members tends to be heterogeneous.

Age Categories

Grotsky et al (2000) suggest that groups will be more effective if group members are close in age – within a 2-year age range. Group members are at close developmental levels, with comparable abilities to verbalize, read, draw and write. The child's ability to pay attention varies with age. A 5 year old can have trouble sitting for more than 5 minutes while an 8 year old can sit for 10 to 15 minutes. In the experience of Grotsky et al, the age span can be a little more spread for older children. Needless to say, the design of group activities should be appropriate to the age categories of the group members.

Size

The number of participants may range from 5-30 children depending on the group goals and resources available. In the experience of Grotsky et al, the ideal size for child sexual abuse therapy groups is 6 in order for each child to get some focused attention. If the group is large, say with 30

members, the activities should be designed to allow for members to break into smaller groups during intensive interactions or sharing sessions. An important factor in determining the size of the group is the number of group facilitators and documentors. The ideal ratio for a therapy group is 1 facilitator for every 3 children and 1 documentor for every 5 children. Given constraints in resources, the group members should not be so many that each child cannot get individualized attention.

Parents' involvement

One or both parents of the child or a significant adult in the child's life are advised to participate. Activities for parents or significant adults, as well as for parent-child interaction, should be considered when planning group work.

Gender of facilitators

The gender of the facilitator becomes an issue especially when conducting group work with sexually abused children. In the experience of Grotsky et al (2000), gender alone can negatively trigger some children's abuse histories and defenses and may interfere with their ability to participate in the group. Facilitators should be mindful of this potential among children to generalize and transfer their abuse issues to gender. For Grotsky et al, it is advisable to have female facilitators for the girls' groups and one male and one female facilitator for the boys' groups. What is more important, however, is to have both males and females introduced as healthy role models to the children at different times in their recovery process or whenever possible.

Gender of Child Participants

The issues surrounding the question of forming same-gender or mixed gender groups are the same as those raised regarding whether

groups should be led by facilitators of the opposite sex. In therapy groups involving child survivors of sexual abuse, same-gender groups are found to be more effective than mixed-gender groups. (Grotsky et al 2000) The experience of abuse of girls is different from that of boys. Girls may be more willing to disclose their experience of abuse when boys are not in the room. But whatever the type of group, the important thing is to see each person, boy or girl, as unique and to treat their experiences as such.

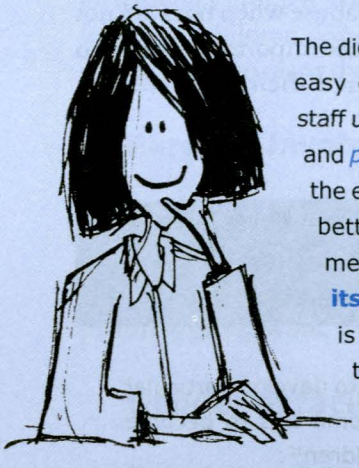


On facilitation

To be effective, group facilitators need to develop particular skills and attitudes. The following are some tips to become effective facilitators of group work with children[12]:

- Be enthusiastic about the group.
- Treat each child with respect
- Act childlike sometimes, but always remember that you are an adult.
- Share real feelings with children.
- Physically stand or sit at children's level.
- Be flexible with your planned activities.
- Respond sensitively to group members' disclosures of abuse and trauma.
- Impart information in the group when necessary.
- Give and receive feedback in the group.
- Help children attribute meaning to their experience.
- Help children to integrate and apply learnings.
- Seek outside support and consultation.

On FACILITATION as a Process of Implementing Therapy



The dictionary defines facilitation as making something easy or less difficult. In the native language, the staff use the term *pagpapadaloy*. However, facilitation and *pagpapadaloy* are not exactly equivalent. Rather the essence of facilitation in CRC practice is projected better by the Filipino concept *pagpapadaloy* which means **enabling a process to flow or to take its course**. To allow the process to take its course is to act as a catalyst or motivator. Necessarily, the *tagapagpadaloy* or facilitator does not impose on the child in the process of helping. It entails going along with the unique pacing of each child. In facilitation of group activities, the children are provided opportunities for the **release** of emotions and thoughts, **awareness** of themselves and others, **exploration** of the information and options presented to them, **synthesis** of their learnings as individuals and as a group, **management and mastery** of their affect and cognition, and **application** of their learnings through action points that may be used immediately or later; it is action-reflection-action mechanism that guides this sequence. In the process, the facilitators relate to the children also within the framework of *pakikipagkapwa*. Thus facilitation creates an atmosphere of love, acceptance, attention, recognition, respect, freedom, safety/security, and responsibility, consequently allowing the processes of learning and healing to take their course.

Excerpted from: Guerrero, Marie S.J.S. On Facilitation as a Process of Implementing Therapy: The Children's Rehabilitation Center Experience, 1994

Confidentiality

Confidentiality is a complicated issue. Certain aspects of the Philippine realities – inadequate facilities, a highly personalistic culture — make the principle of confidentiality difficult to observe. The facilitator must know how to handle a group situation in such a way that confidentiality is respected by all members of the group. In group work with children, the challenge is to make them comprehend the meaning and importance of the principle of confidentiality in a way that is understandable to them.

Many parties - social workers, police, lawyers, school personnel, parents - may be interested in the child's case. Facilitators may respond in general terms, explaining the exercises done and how well a child is participating. If the facilitator is asked to give out more specific information, it is advisable to let the child know in such a case. The facilitator should ask the child if there are things that he or she wants or does not want the facilitator to talk about. In this case, the facilitator should try to understand why the child might have needs. If there are legal situations where the facilitator may be required by law to report what the child has disclosed, the facilitator must make the child understand this requirement, and report back to the child what had happened.

Conducting Group Work WITH CHILDREN

Use of Play and Creative Arts

Play and creative arts can be especially useful in facilitating release of emotions and thoughts, insights and learnings from experiences and self-awareness. Play is the natural medium of expression of children.

Play and creative arts can be particularly effective as well for those who are reluctant and uncomfortable in verbalizing their feelings.

The combination of the introspective nature of creative arts and the social experience of group therapy makes for a powerful therapeutic environment. Contrary to popular notion that the use of play and creative arts as a group therapy technique is only for younger children, it is particularly effective for the adolescent population "since the very struggles of the adolescent revolve around self-expression and peer interaction." (Linesch 1988 in Rambo)

Short play and art group activities with children

Short play and art group activities with children are activities aimed to bring children and families with similar experience together so they will no longer feel alone, promote awareness of the dynamics, causes and effects of the problem at hand, provide a venue for release of emotions such as stress and fear, and to foster a sense of belonging and hope during a time of crisis. They do not have long-term recovery goals but are limited only to the attainable objectives of the activity at hand. Remember that these activities may contribute to relieving stress but they do not instantly help children recover from their traumatic experience. Recovery and healing always go through procesess that cannot be crammed into short play and art activities.

In short play and art activities with children, it is important to establish a connection between the activity and the children's experiences. For instance, ask the children to draw about what scared them recently. Initiate games with the children that are reflective of their experiences. The connection may not be evident to the children so these activities must be processed. (Refer to discussion on PROCESSING below) For instance, a play activity can be used to process children's fearful/stressful experiences.

Short play and art activities are also venues to identify children who are in need of long-term psychosocial help and services and may participate in extended play and art group activities later on.

Extended Play and Art Group Activities with Children

Extended group activities with children are a series of activities that not only bring children and families together for support, expression, encouragement and education but they contribute to the helping process – towards recovery and healing from a traumatic experience.

These activities may range from a week to a month. Because of its duration, it is usually held in the summer time when there is no school or during times of crisis and school is suspended. The children may go home everyday and come back for the sessions.

It is recommended that the activities include the children's parents. Parents are encouraged to participate in sessions tackling parenting, helping their children cope with their problems, and in other "parent-child activities." Extended group activities with children supplement individual psychosocial services and they contribute to the recovery of the children from the effects of traumatic stresses.

Pre-activity

1. Review the case record of each child who will participate with the team that will conduct the group activity.
   a. What is the profile of the child participants?

b. What are the common experiences and problems of the children?

c. What is currently being done to help the child?

d. How will they benefit from the group activity?

2. Determine the goals, specific objectives and the activities that will meet the objectives

   a. Are the goals, objectives and activities realistic and attainable?

   b. How will the participants benefit from the activities? How will the objectives supplement the individual help that the children may be receiving?

   c. What activities should best answer the objectives? Are the activities appropriate to their developmental level? Are they participative? Are they interesting?

3. Choose and design the activities well. Determine the length of the activities based on the objectives and context of the children.

4. Ensure that the materials needed for the activities and documentation, food and medicine, and other logistics are ready.

5. Plan carefully. Review the considerations outline above and make your decision: open versus closed groups; duration; size; age categories; mixed gender or same-gender groupings; and gender of facilitator.

6. Get the permission and commitment of the parents/ guardians that they will allow their children to attend the group activities.

7. Get the parents to participate in the activities, such as:

a. Session on parenting skills

b. Session on helping children cope with stress/problems

c. Parent-child activities

The first two sessions could be held at nights after working hours. The parent-child activities could be held during the "family day" in the course of the group activities.

Implementation



Some pointers to remember:

Be aware of how the children are participating and reacting to the activities.

- Are the children bored?
- Do they find the activities too hard to do?
- Are the activities taking too long?
- Are the children tired?
- What did the children learn?
- What did the children share?

Check on the documentors or note-takers or process observers.

- Can they document the activities well?
- Have they recorded accurately the participants' responses/ sharing?
- Have they recorded accurately the dynamics of the children's interactions?

- Have they recorded accurately the implementation of the activities, the changes and adjustments made?
- Are they noting down their observations on children assigned to them?

When conducting group activities, group the children into smaller "family groups", e.g. of five members. Evenly distribute the children based on age, sex, capabilities, etc. This is to stimulate the structure and support that a family can provide. The older children could act as big brothers or sisters to the smaller ones.

Process the children's experiences. Always process the activities in order for the children to understand what they were for and that the children may learn something from the activities.

Processing

Processing is important for the children to understand what the activities were for. After the activities, you can ask the children some of the following questions depending on the activity that was conducted:

1. (to the group) What did we do today? Did you have fun? Did you learn anything?
2. Ask for volunteers
   - Who wants to share what he/she drew to the group? What did you draw? Tell us about it?
   - Did the games remind you of anything? What did you remember? What did you feel?

   (If appropriate, like in a school, offer a little reward to those who would volunteer, e.g. a candy. If the activities

are held in camps, offering rewards of candy is not appropriate because the children may all be starving and giving candy to some would seem unfair.

3. After the questions, and if negative emotions may have been triggered by the activity, give the children pointers on what to do or how to handle these emotions.



Processing CHILDREN'S FEAR

Start from the children's stories as examples and ask them what they usually do when they feel afraid. Sort what is right and wrong from their answers but do not point out the children who gave wrong answers! Just repeat the correct ones and add on to what was said by the children.

The following are some suggestions on what the children could do when they feel afraid because they remembered what they saw or experienced:

- Go to a person you love and trust, be it your parents, teachers, sister, brother, or a friend, and tell them what you feel.
- Pray. Relax. Meditate.
- Take deep 10 breaths. If you still feel afraid, continue to share what you feel to your the person you love and trust. Don't be afraid to ask for their help.

Ask the participants to add on to these pointers.

Closing, Debriefing and Evaluation

The end of each activity/session is a time to celebrate and acknowledge the children's participation, learnings and achievements. Thus it is important to review what has transpired, summarize the learnings, acknowledge and celebrate individual and group successes. The end is also a transitional process when the children move from the group and apply the skills and learnings in their everyday life and find hope in the future.



Here are some pointers for closing/debriefing/ evaluating group work with children:

- After each session/day and at the end of the whole activity, ask the children about their thoughts and feelings.
  - At the start of the day/session, how did they feel? How do they feel now?
  - What activities did they do?
  - How did they find the activities?
  - How did they feel during the activities?
  - What did they learn?
  - What part did they like/dislike the most?
  - Which was fun and which was not?
  - What would have made the activities better?
- If resources permit, allow the child's family and friends to the closing activities to share in and affirm the child's accomplishments.
- At the end of the session/day, conduct a short evaluation with the team of facilitators/caregivers. Note down the team's observations and recommendations.

- Modify the activities for the next day/session, when necessary. Document the observations on the processes that took place and the modifications made to the activities.

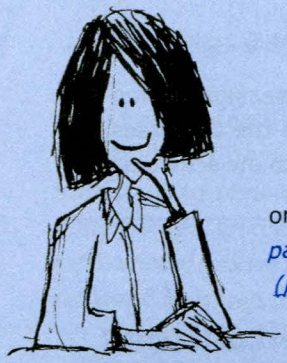
Group Work in Specific Situations

Group work with children experiencing grief[13]

Grieving is defined as "any significant loss that a person had experienced, including death, loss of job, rape, terminal illness, divorce or break-up of a relationship." (Price) The intent of conducting group work among people in grief is for them to understand that grief, regardless of origin, is a process rather than an event. The group setting provides them a place to recognize the complexity of grief and the grieving process.

Setting up a grief group

When setting up a grief group, provide a description of the group to the members. Explain that the group is process-oriented. Provide information about the grieving process. In the experience of Price in setting up a grief group in a university setting, individual screening was made on a potential group member. Those whose depth of grief required individual counseling were not considered appropriate for group therapy.



The Filipino Child's EXPERIENCE OF GRIEF

Children's first reaction to the death of their parents or other family members was that of *(panghihina at pananamlay ng buong katawan)* physical weakness and *(pagkaawa sa sarili at pasakit)* self-pity. According to the children, they felt emotional difficulties like the feelings of being sorry and loss *(pagdamdam at panghihinayang)*. How tiring it was to *(humagulgol)* cry hard; how good it felt to be alone *(gustong mapag-isa)*. In the initial stages, the individual tend to run away and evade danger *(tumakas at umilag sa panganib)*. Believing that they do not anymore have any control over their lives *(pagkasira ng nakagawiang mga gawain)*, children are so hurt to the point of losing all the drive to go on with their usual routines *(pagbaba ng motibasyon)*. Then the children and even adults begin to neglect themselves so that even when children are ill, adults find themselves too busy and concerned with other things *(pagbaba ng tingin sa sariling mga kakayahan)* instead of paying attention to the children.

For indigenous group in some regions of the Philippines, grieving is associated not only with loss and separation from loved ones but also with the loss and separation from their ancestral lands and other properties which they are forced to leave because of evacuation or bombing during military operations. The process of grief is complicated but it can be simplified if people could express their feelings and if they do not have to worry about their security right after the death of their loved one. The child's trust on the adults' capacity to provide support should be restored and his or her inner self has to become whole again so that he can start dreaming once again and work for this dream's fulfillment.

Excerpted from: Esguerra, Maria Elisa F. Children's Grief Resulting from Loss of and Separation from Parent(s) due to Armed and Political Conflict: The Value of Support Systems. 1993.

Stages of Grief Group

The Initial Stage. This involves developing trusting relationships within the group, finding one's identity in the group, and defining one's individual goals and expectations from the group experience. Sharing of grief stories facilitate intense bonding.

Transition Stage. This is characterized as a stage of conflict, resistance and defensiveness. During this stage, the group members "test the waters" to see if the group is a safe place to share their true selves. At this stage, the major issue for group members is to get beyond their initial stories of loss and to personal issues surrounding their loss and how they felt. Feelings of anxiety are felt as members attempt to share at a deeper level.

The Working Stage. This is the time of cohesion and productivity. This is the stage for individual members to take effective action in bringing about the desired change in life. Members realize that they are responsible for their own change. Members provide support to each other.

The Integration Stage. This stage is characterized by integrating what individuals learned in as a result of being in the group and transferring those learning experiences to the outside world.

Group Work with SEXUALLY ABUSED CHILDREN[14]

GROUP WORK with sexually abused children is not only effective, it is highly rewarding and creative. The sooner the child enters into a helping relationship, the easier it is to lessen the early effects of sexual

abuse: shame, self-blame, low self-esteem, poor social functioning, fear, isolation. By minimizing these destructive feelings and processing through the abuse, children regain a sense of safety and trust, and learn to relate genuinely and spontaneously again.

Topic Areas/Objectives

The list below indicates some areas we can work on when conducting group activities with sexually abused children. Detailed objectives per topic area can vary depending on the considerations already mentioned. Is it a support group (release, encouragement, education) or a therapy group (recovery and healing)? Are we conducting a short play or art group activity or an extended one?

1. Trust and safety - reduced fear, shame and isolation
2. Self-esteem – self-valuation, sense of belonging, hope for the future
3. Internal and external boundaries - thoughts and feelings and how it affects behavior
4. Dynamics of sexual abuse – what, why, how?, effects, personal safety needs
5. Trigger reactions to sexual abuse – managing trigger responses
6. Self-protection/healthy body image – nurturing the body, sexuality, self-protection skills
7. Closure – putting abuse in perspective, learnings, self-growth

Over-all Flow

To reach our objectives and our goals, the group sessions or activities follow a natural progression. That's why the flow of the group activities is very important. Activities are linked to each other, one concept or learning builds on or is integrated with the others. The list below is an example of a flow that a group therapy session with sexually abused children.

1. Children learn to identify their feelings
2. Children learn to separate themselves from the abuse
3. Children gain perspective and are able to explore their reactions to the abuse. They begin to understand that their reactions have origins (the abuse) and sources (the abusers).
4. Children's level of internal threat is greatly reduced. Their anxiety decreases and their self-confidence increases. They are able to make decisions from a place of understanding and clear choice. They feel safe to take risks, assume responsibility and take control over things within their ability to control.
5. Children feel connected with group members, have a sense of belonging, feel confident and accepted.
6. Children reclaim their bodies and have a healthy body image.
7. Closure – transition from group back into their everyday lives. Sexual abuse is becoming an event of the past and the children are ready to assume their lives.

Notes

1 Hurlock, E. (1982). Developmental Psychology: A Life-Span Approach. McGraw-Hill, Inc.

2 Berger, K. (1980). The Developing Person. Worth Publishers, Inc.

3 Bartsch, K. & Bartsch, E. (1997) Stress and Trauma Healing: A Manual for Caregivers. Diakonia Council; of Churches and Veluka Trust, South Africa.

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2 Dela Cruz, T., Protacio, E.P., Balanon, F., Yacat, J., at Francisco, C. Trust and Power: Child Abuse Through the Eyes of the Child and Parent. Program of Psychosocial Trauma and Human Rights ng Center for Integrative and Development Studies, University of the Philippines and Arci Cultura e Sviluppo – South East Asia (ARCS–SEA).

5 The International Resilience Project (Grotberg, 1995) divided the qualitative factors contributing to resilience (sources of resilience) into three categories: I Have, I Am, and I Can. Prof. Chok Hiew (2000) added the fourth category, I Will, in his framework on promoting resilience in sexually abused and exploited children.

6 Text based on Ma. Lourdes Arellano Carandang's *Pakikipagkapwa-Damadamin: Accompanying survivors of disasters.* Bookmark, Inc., 1996, Philippines.

7 Wadeson, H. et al. (1989). Advances in Art Therapy. USA: John Wiley and Sons.

[8] Discusion take largely from Jones, Phil (1996). Drama as Therapy: Theatre as Living. USA: Routledge.

[9] adapted from Gamez, M.G. and Sacris, C.N. (2000). Story Telling. Manual for Young Children. Philippines: Adarna House.

[10] ASGW, 1990, p. 14, in Conyne, http://ericass.uncg.edu/newdev/conyne.html

[11] Discussion taken from Conyne, http://ericass.uncg.edu/newdev/conyne.html and Psychological Services Center, http://departments.mwc.edu/psc/www/group.htm

[12] Culled from Grostky et al. 2000 and Conyne, http://ericass.uncg.edu/newdev/conyne.html

[13] Price set up grief groups among college students, faculty and university employees over a four-year period. This discussion is culled from his paper. Price is a Professor in Department of Counseling Psychology, University of Kansas. See http://ericass.uncg.ecu/newdev/price.html

[14] For more information and sample activities, refer to Grotsly et al. 2000.

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APPENDICES

Appendix A

Communicating with Children

Effective communication is fundamental to any relationship. In helping children, it is especially crucial to be able to connect with them and be able to communicate well. In this section we look at how we can better help children by communicating better. We will discuss communication in general, interviewing children in particular, and explore various creative methodologies for communication which help in the healing of children.

Communication

Communication is the means by which individuals relate to one another in order to achieve personal and group objectives. In one message, one communicates facts, events, perceptions, ideas, needs, wants and beliefs. Other than spoken or written word, one communicates through gesture, tone of voice, facial expressions, eye contact, body posture, timing in speaking, and physical distance.[15] Thus, even though the spoken word is the primary mode of communication, the non-verbal cues could also send strong and clear messages.

When communicating with children, it is important to be aware of the non-verbal messages we are sending and that the children are expressing. On our part, inconsistencies in the verbal and non-verbal message can be confusing or frustrating to children. Saying, "You are welcome here." might not be as effective if there is no eye contact, and if the speaker is sitting or standing far apart from the child, like from behind a desk. Inconsistencies in children's communication to us can

mean that there is something more than what is being verbally expressed. If a child says, "I'm alright" in a small voice and unhappy face, then the non-verbal message is stronger and is more likely expressing her true state rather than what she is saying.

In some of the cases we encounter, children, because of trauma or because they are very young, are unable to communicate effectively by speaking or writing. In these instances, non-verbal communication is a valuable means of figuring out what they feel and think. Sighing, downcast eyes, a stooped back and silence means that a child is sad.

Elements of Communication

COMMUNICATION INVOLVES the interaction between the sender and the receiver. The message is sent towards the receiver. A message has two components – content and feeling. Take note not only of what the child is saying but what the child feels as he is saying it. Feedback is when the receiver sends a message back to the sender. It is through feedback that the understanding between the sender and receiver could increase. Thus, when talking with children, provide them feedback about what they said, so that they can correct you if you misunderstood. Also, ask for feedback so you know if the child understood you correctly, and so that he knows it's alright to ask you if they don't understand what you said. Keep in mind that communication is a multi-faceted phenomenon that involves a number of factors in the context of both the sender and receiver.

Conditions which Hinder Effective Communication[16]

Just because a message has been sent to the receiver "communication" occurred. It has only "partially occurred" unless feedback was sent and

was confirmed by the sender. The circumstances that may hinder effective communication maybe environmental, verbal skill oriented, phenomenological, or resulting from a host of conditions present within the individuals who are attempting to relate.

The sender could distort messages by giving out mixed messages verbally and non-verbally, and the receiver may distort what she hears because of her own needs and experiences. The two could also be trying to relate in an environment, physical and psychological, which contributes to the clarity of sharing what was intended. In an atmosphere of suspicion, for example, both may become unduly cautious in communicating with each other. Other factors that might hinder effective communication are: preoccupation, emotional blocks, hostility, charisma, past experiences, stereotyping, physical environment, mind-wandering, defensiveness, and inarticulateness.

The factors mentioned affect the receipt of the content and feeling of the messages. And messages are often misunderstood if not both content and feeling are clearly transmitted. Thus, active listening is important in order to catch both content and feeling components of a message regarding personal concern. This involves the body, the mind and the feelings.

In active listening, the helper enables the helpee to understand him/herself by communicating warmth, acceptance and understanding. Through active listening, children will feel free to express their fears and problems and facilitate the helping process.

Stages of Effective Listening To Promote Communication (Langlois,1997)

1. Clarification is the utilization of questions to illuminate meaning; it is often used after receiving an ambiguous message from a child.

Steps in Clarifying

1. Identify the content of the speaker's verbal and nonverbal message
2. Identify any vague or confusing parts to the message to check them out for accuracy or elaboration
3. Decide on appropriate ways to clarify the message, such as "Could you describe," "Could you clarify," or "Are you saying".
4. Assess the effectiveness of your clarification by listening and observing your parent's response.

2. Paraphrasing is a rephrasing of the content part of the message.

Steps in Paraphrasing

1. Recall the message by restating it to yourself. "What has the parent told you?"
2. Identify the key content by asking yourself, "What idea, situation, person, or object is discussed in the message?"
3. Carefully word the rephrasing to insure that the response leads to further discussion or increased understanding for all parents.
4. Stress important words and ideas that were expressed.
5. Select a sentence stem for your paraphrase.... "It seems like..."
6. Assess the effectiveness of your paraphrase by listening to and observing the child's response. Verbal and non-verbal messages will confirm the usefulness of the paraphrase you have chosen.

3 Reflection is a rephrasing of the speaker's feelings, or the affect part of the message. It is similar to paraphrasing, but it deals more with the emotional tone or component to the message (this is not dealt with when paraphrasing). Reflecting feelings has five intended purposes: (1) it helps children to feel understood, (2) it encourages them to express more of their feelings (both positive and negative) about a particular situation, person, or idea, (3) it helps them to manage their feelings, (4) it helps children who express negative feelings about others, and (5) it also helps them discriminate accurately amongst various feelings. Learning to deal with feelings is especially important when a child experiences intense feelings such as fear, dependency, or anger. Strong emotions can interfere with a child's ability to make a rational response (cognitive or behavioral) to pressure.

Steps in Reflection

1. Listen for the presence of feeling or affect words in the child's message.
2. Verbally reflect the feelings back to the speaker using different words.
3. Select an appropriate sentence stem, which matches your interviewees's choice of sensory words. After deciding on the appropriate lead in, it is necessary to add on the context, or situation, around which the feelings occurred (paraphrasing).
4. Assess the effectiveness of your reflection.

4. Summarization is an extension of the paraphrase and reflection responses that involves tying together and rephrasing two or more different parts of a message.

Steps in Summarization

1. Attend to and recall the message or messages by stating them to yourself covertly
2. Identify any pattern or theme
3. Select an appropriate beginning for your summarization that uses the pronoun "you" or the child's name
4. Select words that describe the theme and tie together the multiple elements
5. Assess the effectiveness of your summarization by listening and observing whether the parent confirms or denies the summary.

(Source: Langlois, Harold V., Challenges of Team Management, a course for graduate students. Cambridge, MA: Harvard University.)

Communicating Love

Although in the course of our helping relationship, we would have been able to communicate a lot of things to children and communicated in different ways, the most valuable message to give to children who have been hurt is that they are loved. Feeling loved is different from knowing that one is loved. It is often the case that children know that their parents and/or caregivers love them, but they do not *feel* loved. Children who are constantly made to feel that they are loved by someone are healthier in all aspects of their lives (physical, mental, emotional, moral,

spiritual), because love becomes the fuel for positive relationships. Love may be communicated through any of the following five languages:

Touch (Hawak, haplos, yakap).
Affirmation (pagpapahalaga)
Quality time (panahon ng pagsasama)
Listening (pakikinig)
Gift (pasalubong, sorpresa)
Acts of service (pagsisilbi)

Interviewing Children

OUR INTERACTIONS WITH CHILDREN are multiple and varied, but one of the most common interactions is interviewing. Below we will discuss the various skills needed for interviewing children.

Skills Needed for Interviewing

1. Observing

Prior to the interview, observe the child's non-verbal cues, physical and personal appearance, posture, facial expression. In the interview proper, facial expressions occur simultaneously with verbal expressions. However, many times there is a discrepancy between verbal communication and facial expressions. The most accurate communication of true feelings occurs when verbal communication and non-verbal communication reflect the same basic meaning.

2. Listening

This involves hearing what the client is saying literally and understanding what it meant. To understand completely and respond properly, we must be attentive and concentrate on what the child is saying; understand the meaning of words, languages, facial expression and non-verbal communication. We must be sensitive to emotionally laden words to have a clear picture of the child's problems and conflicts and the reasons they exist.

3. Questioning

When we ask questions, we must be clear in our purpose. The question posed may be for gathering data, for understanding the child□s situation, for motivating the client to pursue a specific topic or subject matter, or for helping the child clarify his/her thoughts.

4. Exploring

This means delving into a topic in depth. It lets us and child share the child's experience for as long as he/she is willing. It can be used to help the child express powerful feelings that are essential to resolve the crisis. The purpose of exploring is to encourage the sharing and expression of feelings as well as to gain information.

Two different skills are involved in questioning and exploring:

a) timing – the ability to know when to ask question without interfering with the flow of the child's conversation.

b) formulating or phrasing – questions should be designed to encourage the child to express feelings openly and freely



Other considerations for questioning and exploring:

- tone of voice
- use open-ended questions
- language and vocabulary use should fit the child's educational level, age, and frame of reference
- an indirect method is to form a question as a statement, e.g., "That sounds really painful", or "That must have been really hard for you". This kind of questioning is used to get the child to share more feelings. It is used when the child may be a little reserved or reluctant to express painful feelings.
- Use of comparative questions. For the child who says her parents do not love her, the helper could say, "by love, do you mean affection or concern for your welfare? The question stimulates the child to think about what love is and about whether there are some positive things in the relationship. The direct question, "What do you mean by love?" could make the child defensive and reactivate basic feelings of being unloved.
- In formulating direct questions:
  a) the sequence of questions should progress from the general to the specific
  b) the questions should progress from the less personal to the more personal
  c) the questions should be worded to elicit answer of a sentence or more and to avoid "yes" and "no" responses.
  d) The questions should be worded to avoid bias.



GUIDELINES in Interviewing Children

1. When a child is presented for an interview, they are likely to be feeling anxious, fearful or nervous. Thus, it is very important for the helper to help the child feel comfortable and at ease. Demonstrate through reassurance that you understand that the child is feeling uncomfortable. Younger children may need to play freely; this helps them to relax and feel comfortable. For adolescents, a general talk about their hobbies and interests will serve a similar purpose.
2. Introduce yourself. Explain in simple terms who you are and what is going to happen. Remember that the child may never have been interviewed before and may not understand what is happening. Smile. Sit on the same level as the child. Remember that the child will interpret your tone of voice, rate of speech, volume, facial expression, movements, gestures, as well as your words. Try to be warm and accepting and don't make sudden changes in any of the above.
3. Never assume that the child understands you. When checking to see if he/she understands, ask the child to repeat your question rather than asking, "do you understand?"
4. Rephrase misunderstood questions. Repeating the question may be taken as an indication that the child has given an incorrect answer and the child may change his answer.
5. Use a language or other ways to communicate that the child can easily understand, e.g., story-telling, play and art. We also need to know about their world that is different from ours. It helps to remember ourselves at their age.

Processing

When we interact and communicate with children, processing should be part of the interaction. Processing refers to reflection on the interaction focusing not only on the content but also on the experience of the children and their caregivers.

Processing seeks to:

- Help children understand what just happened. After any interaction, it is necessary to provide a venue for children to think back and reflect on what happened. They may want to ask questions for clarification, and the caregiver must be there to answer them and make sure that they do understand. In the context of interviews, painful stories or experiences may have been shared by children, and processing is especially valuable here. Children need to understand what is happening in their environment to facilitate learning, coping, and affective, cognitive, and social development.
- Provide children with a chance to express their opinions about the activity and the experience. This is feedback. This not only ensures that children got the message that was being conveyed, but also gives them the opportunity to express their opinions and make suggestions as to how the process or activity may be further improved.
- *Provide a closure.* When sensitive issues are discussed and emotions have been surfaced, the activity must provide finality, a resolution or a plan. A closure could include a reflection on the experiences shared by others, or on the child's own sharing. Children may be encouraged to think about what they want to do next, in relation to improving their situation or solving their current problem.



In asking questions, keep in mind that we should ask about:[17]

- what actually happened.
- how the children felt about the activity.
- what thoughts came to them during the activity.
- their insights about themselves and/or their peers, or the activity.
- whether they learned anything. If they did, is it relevant for them?
- their suggestions on how to improve the activity. Or what follow-up activity should be made.

Appendix B

The Helping Process

The helping process was one of the first things taught to social workers in their training. Through our practice, we all know that the classic diagram of the process is but a guide, that in reality many things happen at once. It is not a linear or step by step process. The following is a review of the process but we added the indigenous methodologies that social workers have been using in practice to fit the process in our context:

Identification of the problem

In helping children and families, we often start with the *primary problem* – this is usually the presenting problem or the problem that the person in need believes to be the most urgent. During the course of getting to know each other, gathering and confirming information, more problems usually arise. From these, the *underlying problem* will arise.

Data gathering

Though the process indicates that this should be at the start, we know that this occurs throughout. The following are the important information that we need:

Identifying data such as name, age, civil status, address, family composition, etc.

The nature of the presenting problem, that which is causing the most difficulties

- The perceived cause of the problem and a narration of the event that may have caused it
- The factors that contribute to the problem
- The help that the person in need has received from NGOs, family, and friends)

We do not have to obtain them all in one interview for as the case goes along, we acquire more information not only from the client but from other significant people.

The "intake interview" is the tool we often use to get most of the information that we need, another way to start in exploring the child's background through a life story. A life story is "the story that a person chooses to tell about the life she has lived as completely and honestly as possible, what is remembered of it, and what the teller wants others to know of it, usually as a result of a guided interview by another." [18] Obtain the life story should conducted informally. Thus, in our context *patanong-tanong* and *pakapa-kapa* are important techniques.

Patanong-tanong is an indigenous method of asking questions characterized by casualness.[19] This makes it easier for the child to answer our questions and for the other significant people as they do not see or feel threatened by the numerous questions we have for them. This technique is very participatory if we compare this to an interview. The child or person we are talking to can also ask questions.

Pakapa-kapa is characterized by searching and probing through a jumble of information or events in search for a pattern or meaning. This is obtaining information without preconceived assumptions and judgments. This makes helps us become more objective in our data gathering.

Assessment of needs

The assessment or *pagsusuri* is based on the data gathered on the following:

- The presenting problems
- The underlying problems
- The factors that contribute in perpetuating the problem

The participation of children and parents in the assessment of needs is important. If they do not "see the problem" they will fail to work with you to solve it.

Planning and setting goals

The helping process must be participative, thus, planning the activities for the helping process need to done *with* the persons needing help and not *for* them. In cases where the main person needing help is a child, his or her participation will be based on her capacity to join in all the activities involved. Activities must be formulated to help children express their thoughts and contribute to the planning. It is also important to include the family of the child and other significant persons in planning and setting goals since they are also a part of the helping process. These significant people currently provide support for the child and/or be in need of help themselves.

In our context, this part of the process and onwards becomes more effective if the social worker is "*hindi ibang tao*" to the child and the family or is considered as "one of us" not an "outsider." This relationship entails *pakikisangkot* or active involvement and *pakikiisa* or being one with, often characterized by complete trust.

Implementation

During the implementation of plans, monitoring is crucial. Again it is best if the adults or other children significant to the child are involved. Even the child herself can be actively part of monitoring the implementation of the plans. More of this will be discussed later.

Evaluation

De Guzman (1992) recommended the following points should be evaluated:

- The identification and specification of objectives, the actions taken and the desired effect or output
- If there were changes that happened, what were they and what caused them
- Comparing the achieve changes and the desired effects of the helping process in planning, *evaluation must be together with the children and their families.* If one or more of following were persistent even after help has been given, the case must be referred to psychologists or psychiatrist:
- Uncontrolled or frequent crying or other extreme reactions to mildly stressful events
- Sleep problems – too much or too little
- Anxiety
- Anger
- Stress-related physical illness: headaches, stomach aches
- Inability to forget traumatic experiences
- Excessive ruminating or pre-occupation with one idea

- Excessive ruminating or pre-occupation with one idea
- Blunting of emotions
- Suicidal thoughts/plans
- Extreme dependency and clinging
- Nightmares
- Bedwetting

This does not necessarily mean that the management of the case would be completely transferred to psychologists or psychiatrist especially when the child has established a trusting relationship with the social worker. The sessions with the other professionals would compliment the current plans that you have drawn up with child and the family. Needless to say, close coordination with the therapists is important.

Ending the helping relationship

In the textbooks, we have often been told that the end of the helping relationship is the "termination of the case." But in our context, after all the processes that happened where the social worker has become "*hindi ibang tao*" the relationship continues. Many social workers have become *ninang* or *ninong* (godmothers or godfathers) to the children of adults whom they helped when they were children. Some have named their children after the social workers who supported them. Birthdays are remembered, fiestas and wedding are celebrated, and a death is mourned together. Yes, the helping relationship may have ended but the children and families we work with could become part of our lives.

Appendix C

Documenting Cases

This is an account in writing of the progress of a child/individual in a case as it moves from the beginning of the problem-solving phase towards its eventual solution. The caregiver must make a step-by-step account and s summary of the process.

Case recording is considered as an indirect tool in case management as it enables to caregiver to see how the case is progressing, reflect on his/her actions, and make appropriate modifications. It has other purposes:

1. For practice – to ensure the adequate and appropriate delivery of services
2. For administration – so as to be able to evaluate the services
3. For teaching and supervision – to communicate knowledge and improve skills
4. For research – to discover new knowledge and to assist in social policy formulation and planning

Types of recording

1. Process recording – a description of the dynamic interaction that has taken place in an activity. It should contain the purpose of the activity, description of what happened, the caregiver's observations and impressions, and recommendations.

2. Summary recording – these are condensed versions on the status of the case. They may be tailored to fit the needs of who needs the summary or whatever purposes it will serve. They may be:

Socio-economic – specifically focuses on the economic difficulties of a family. This is useful in referring cases to agencies that provide income-generating projects.
Periodic summaries – This is important in long-term cases since summaries that cover a certain period of time, e.g., every six months, will help the caregiver and administrator to keep track of the progress of the child/individual.

Transfer summaries – made for the agencies where the caregiver will refer a case. It may contain a brief statement of the problem, the plan, and what was accomplished so far.

Closing summary – focuses on the results of the helping process. It may contain the following: the situation at intake and the reasons involved, the services extended by all agencies concerned, the result or status of the case.

This handbook for social workers on bio-psychosocial help for Children in Need of Special Protection (CNSP) is a reference material that is intended to help practitioners in the field. It is the product of the combined effort of UNICEF, DSWD and UP CIDS-PST to upgrade the capacities of caregivers by providing a concise and practical resource material based on a rights-based approach toward helping and Sikolohiyang Pilipino. It is hoped that with an orientation towards more child-sensitive, holistic and culturally appropriate methodologies for helping, caregivers will be able to provide CNSP the help they need for healing.

Pyschosocial Trauma and Human Rights Program
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