

**Child Rights and Resilience
Conference Notes
International Catholic Child Bureau**

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Introduction

In June 2005 the International Catholic Child Bureau hosted an international consultation on Child Rights and Resilience in Geneva. This activity was an aspect of the work of the Child Rights Project in developing strategies to share ICCB's experience and approach in implementing the Convention on the Rights of the Child. Through consultation with other groups and organizations, our purpose was to consider more fully the relationship between child rights and resilience, and what would be required to implement a child rights/resilience framework in our programme work.

The papers that follow provided theoretical and practical insights to inform the consultation. These were complemented by group discussions, the results of which are also available in this document. We would like to thank all the participants for their lively contributions, and in particular the authors of the various papers whose experience and insight proved invaluable. Dr Anica Mikuš Kos was unable to join us for the consultation, but sent her presentation which is included in this report.

Particular thanks are due to the Oak Foundation who provided funding for the consultation, and to the following individuals for assistance with the editing of the final document:

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The cover page shows a bamboo plant.¹ It's strength, endurance and flexibility has made it a symbol of resilience in many cultures.

¹ 'Solitary Bamboo by Lisa Chakrabarti. www.painterskeys.com

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Child Rights and Resilience

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Introduction

Children's rights constitute the framework of reference for the activities of the International Catholic Child Bureau (ICCB). This reflects our concern for the protection of the individual child, and our commitment to creating conditions in which children's rights can be respected and fulfilled. Along with other 'child-focused' organizations, our history is one of concern for meeting children's needs and promoting their welfare and well-being. As we followed and contributed to the drafting process of the Convention on the Rights of the Child (CRC), there was a dawning realization that our work would change in response to the demands of this new human rights treaty. As with other organizations, the near universal ratification of the CRC brought about a significant change in our understanding and response to children, in particular children in vulnerable situations who are the focus of our concern.

Since the ratification of the CRC there has been less of an emphasis on children and their communities as 'beneficiaries' of child focused programmes, and more on the need to establish partnerships, to see children as 'rights holders' and to assess how programmes enable children to access their rights. The implications for change brought about by the ratification of the CRC were in many ways not anticipated. Organisations were required to rethink their way of working, and to consider what it meant to be a 'child rights' organisation as opposed to providing services to children in need. ¶

Consequently, the Department of Research and Development at ICCB initiated a Child Rights Project. As a first step, a consultation with the staff of ICCB projects ¶ was organized, with the aim of contributing to a process of reflection on the implementation of the CRC in our own work, in order to develop our understanding of the challenges that are associated with actions to promote and protect the rights of the child.

It was anticipated that the consultation with the field staff would contribute to an understanding of the following points:

- the extent to which the promotion and protection of child rights are integrated into our project activities;
- the contextual factors that influence the implementation of the CRC within ICCB's projects; which of these factors may be common to all project activities; and which are determined more by local issues and concerns;

- the factors that can promote or compromise the participation of children;
- the opportunities and problems that may be associated with child rights work;
- to define future orientations for children's rights policies within ICCB, taking into account the organization's specific strengths and limits.

Well before this process of reflection was initiated, the concept of resilience had informed ICCB's approach to developing and implementing community-based psychosocial programmes.³ Now, with encouragement from our colleagues, who had indicated a wish to define the future policies and orientation of the organisation, we considered it necessary to articulate more clearly the relationship between child rights and resilience in order to have a clear framework within which to implement interventions. Discussions with our partners and colleagues indicated that we should broaden our consultations to include other organisations working on resilience and children's rights. Our purpose was to facilitate a reflection on the relationship between the two concepts in order to gain a better understanding of the practical implications of implementing strategies to build resilience in the framework of a rights-based approach, and to contribute to ongoing work on the implementation of the CRC.

The Relationship between Rights and Resilience

*Respecting every child's human right to control and change their own circumstances is a key factor in resilience-building in children ... human rights and resilience are directly linked.*⁴

The CRC is “an international human rights instrument (that) constitutes a comprehensive listing of the obligations that States are prepared to recognise towards the child. These obligations may be of a direct nature, providing education facilities and ensuring proper administration of juvenile justice, for example, or indirect, enabling parents, the wider family or guardians to carry out their primary roles and responsibilities as caretakers and protectors.”⁵ As part of the framework of human rights law, all human rights are indivisible, interrelated and interdependent. Understanding this framework is important to promoting, protecting and realizing children's rights because the Convention on the Rights of the Child, and the rights and duties contained in it, are part of the framework.⁶

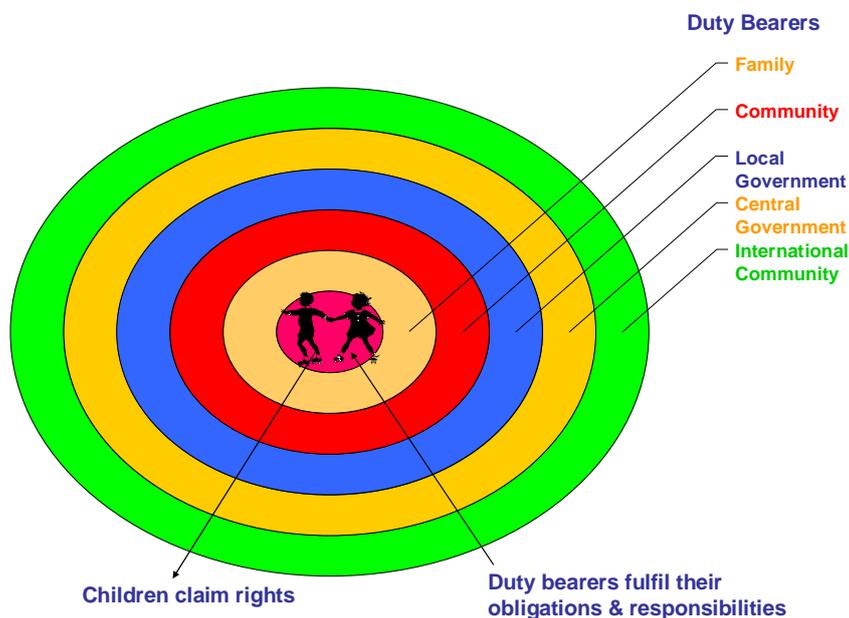
There are many definitions of resilience, and this paper does not propose to introduce yet another. The International Resilience Project (IRP) describes it as “an individual's ability to overcome adversity, or difficult life challenges, and continue his or her normal growth and development The IRP also emphasizes “both the individual's role in nurturing and sustaining his or her well-being and the relational, social and cultural factors that must be available and accessible to individuals who face multiple risks.”⁷

Thus, resilience refers to both individual qualities, and social and environmental factors that can enable children to overcome the worst effects of adversity, and that may help a “child or young person to cope, survive and even thrive in the face of great hurt and disadvantage.”⁸ It is a reality of life, one that often surprises us, and which exemplifies human potential even in

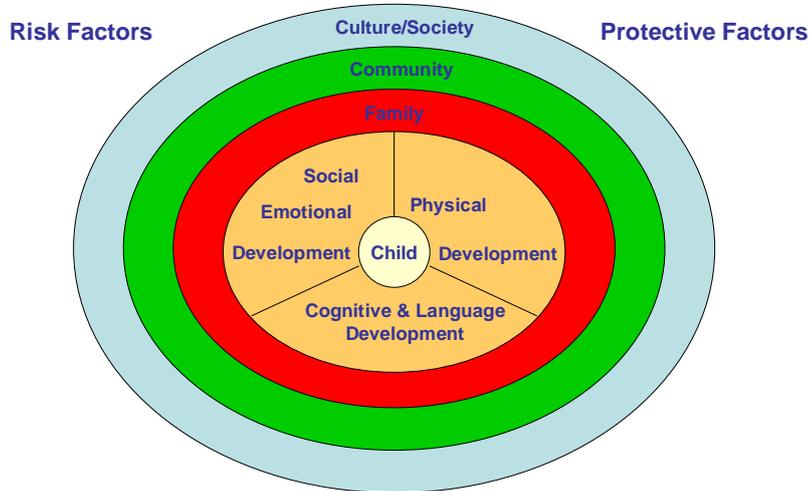
the most adverse of circumstances. It encourages a focus on the positive elements in people's experience, not only on solving 'problems'.

Resilience is a continuous process, an interaction between individuals - children in the case of our work - social systems and their environment. It therefore varies depending on the particular context, or stage in life. In a comparable way the CRC implies all levels of society, from the individual to state services, and the international level, emphasising the 'progressive realisation' of children's rights. It provides us with "a set of guiding principles ... and in its clarification of children's human rights sets out the necessary environment and means to enable every human being to develop to their full potential." ⁹ A resilience perspective gives us a particular view on how to put the principles of the CRC into practice. It is not a panacea, a remedy that will solve all problems and difficulties. Both the CRC and the concept of resilience are reference points to guide action in a given situation, and must be put into practice in a way adapted to local contexts and challenges. Neither one is a 'technique' that can be applied regardless of circumstances.

To the extent that both are dynamic, continuous processes involving children, it is important to also integrate contextually based knowledge of child development into programmes implemented from a rights/resilience perspective. The following two diagrams describe the environments in which children's rights and children's development are realised. The first diagram represents the concept of 'duty bearers'. ¹⁰ It shows which communities of interest have an influence on children's lives, and who therefore constitute duty-bearers for different obligations towards children. The second diagram represents the 'social ecology' in which children develop, including the risks they may confront, and the factors that protect them. ¹¹



Social Ecology of the Child



The ‘communities of interest’ within society – the individuals and groups who are responsible for children’s well-being and who can influence their lives and development – are essentially the same in both diagrams. The ‘rights’ environment, and the child’s ‘social ecology’ will differ enormously depending on the contexts in which we are working, however. The lives of many children will continue to be described by poverty, social and political instability, lack of institutional capacity, and the breakdown of traditional value systems and social structures. As a consequence, a significant number of children will suffer discrimination and social marginalization. Children’s human rights do not flourish when the situation is one of a pervasive abuse of human rights, and to the extent that these situations imply risk for children, neither can we make assumptions about their ‘natural’ resilience. Impoverished and socially marginalised children experience an accumulation of risk which leads to abuse and exploitation, and violation of children’s human rights.

Ratification of the CRC does not mean the establishment of a children’s Utopia, nor can we ignore the desperate situation of many children by saying ‘they are resilient’ and will cope with their adversity one way or another. “It is important to stress ... that no child is, or can be rendered, invulnerable to emotional or physiological stress. Where adversities are continuous and extreme, and not moderated by factors external to the child, resilience will be very rare.”¹² If we accept that resilience can indeed be a reality of life, this implies for us a measure of obligation to understand the processes that lead to certain children being resilient, and the identification of strategies to enhance this capacity in other children. We want to understand what is involved in applying the concept, and making it explicit in our work. Then, as Tony

Newman points out in his paper for the consultation, the importance of rights and resilience to children can be assessed “by the extent to which their promotion leads to measurable improvements in children’s health and well-being.”

The Context for Rights and Resilience

A rights based approach addresses the context of rights violations. There is analysis of the reasons why rights are breached or not fulfilled, and measures to address this are identified. Addressing the factors that contribute to rights violations within the context where we work automatically leads to activities with wider civil society and government institutions to promote an environment of respect for children’s rights and dignity. This broad context for intervention is mirrored by the extent to which promoting resilience must also consider the wider environment – the child’s ‘social ecology’.

A rights-based approach can be defined by contrasting it with a needs-based approach. They are both based on a desire to help people survive and develop to their full potential. They both seek to identify a range of assistance and actions that are needed to achieve this. Where they differ is in their underlying assumptions and the implications of these assumptions for programming. ¹³

Needs Perspective	Rights Perspective
Private charity	Public, political, moral and legal responsibility, obligation, duty
Voluntary	Mandatory
Welfare, alms, charity	Legal entitlements, claims, guarantees Justice, equality, freedom
Address symptoms	Address root causes
Partial goals (example: 80% of children are immunised; aim to deliver services to the largest number of people)	Complete goals – all people have the same rights (80% immunisation coverage means the right to immunisation has not been realised)
Hierarchy of needs. Some needs are more important than others (e.g. food before education)	Rights cannot be divided, they are indivisible and interdependent
Needs vary according to the situation, the individual and the environment	Rights are universal (the same everywhere)
Providing welfare services (object of needs)	Empowering (subject of rights). Rights holders (are empowered to) claim their rights
Determination of needs is subjective	Rights are based on international standards
Short-term perspective, filling gaps	Long-term perspective
Service provision	Awareness-raising of all groups (parents, children, decision makers)
Specific projects targeting specific groups of children	Holistic approach
Children deserve help	Children are entitled to help
Governments ought to do something but nobody has definite obligations	Governments have binding legal and moral obligations
Children can participate in order to improve service delivery	Children are active participants by right
Given scarce resources some children may be left out	All children have the same right to fulfil their potential
Each piece of work has its own goal but there is no unifying overall purpose	There is an overarching goal to which all work contributes
Certain groups have the technical expertise	All adults can play a role in achieving children’s rights (and children as well)

One of the significant differences between the needs-based and the rights-based approaches is that “a needs-based approach does not come with accountability. There is no moral or legal obligation on the state and/or other statutory bodies to protect or assist. Many rights have developed from needs, but a rights-based approach adds legal and moral obligations and accountability. Equally, in a rights-based approach, the holders of the rights are encouraged and empowered to claim their rights. This means that they are not seen as objects of charity (as they are in a needs-based approach) but rather those who are claiming their legal entitlements.”¹⁴

A Resilience Approach

ICCB projects are implemented in situations where children are considered extremely vulnerable. Their vulnerability is the result of poverty, discrimination, and social marginalisation, which leads to exploitation and abuse in all their various guises, violence and the criminalisation of children. As an example, the projects that contributed to the internal study are listed below.

Country	Project
Cambodia	Prevention and recovery of children from sexual abuse, trafficking and exploitation
Colombia	Working with children and families in difficult circumstances
Côte d'Ivoire	1. Street children & alternative education 2. Children in conflict with the law or deprived of their liberty
Estonia	Early intervention programmes in the context of the children's social and family environment
India	Prevention and recovery of children from sexual abuse and exploitation
Nepal	Sexual abuse; exploitation and trafficking of children and women
Perú	Working children
Russia	Children with multiple developmental disorders
Togo	1. Children in conflict with the law or deprived of their liberty 2. Working children

It is necessary to consider the relevance of the concept, in order to implement a rights-based approach that explicitly incorporates strategies to build resilience in situations where children are faced with an accumulation of risk that adversely affects their development. Ideally, the ultimate goal of our work is an environment where children's rights are protected. Yet we must accept that in the process of achieving this goal, we cannot protect children from all adversity. At a minimum, what we can aim to do is to find ways to enhance the resilience of children, and increase the likelihood of better long-term outcomes for them. This implies a continuous process of engaging children and communities in reviewing what we have learned from intervention strategies, in order that we can refine our work and better understand what resilience means in specific situations.

In the internal ICCB study cited earlier, two important points emerged from the children's contribution to the study, that relate to the factors that promote or constrain the implementation of the CRC:

- The necessity of developing practice from the children’s perspective that responds to their views and concerns;
- Ensuring that families support and are themselves involved in activities to promote child participation.

These issues are integral to a resilience approach, and in turn enable an environment where children’s rights are promoted and protected. Interventions that incorporate the participation of the children enable their active agency in their own development, they no longer need to be considered, nor consider themselves, as passive victims of adversity. Their involvement in the design and implementation of interventions can prevent situations of risk, and thereby violations of their rights, and go a long way to enhancing their resilience. The involvement of families will ensure that child participation is integrated into community understanding of child rights, and moves towards sustainable action to promote and protect children’s rights – the progressive realisation of their rights.

Recently, resilience has become something of a ‘fashionable’ concept, and there is some concern that it may be applied uncritically, in much the same way that western, individualised approaches to counselling and therapy have been used with people affected by conflict, and with cultures in which they do not readily apply. The term ‘traumatised child’ has been much used and abused, and invoked to justify often quite inappropriate responses to children who may be stigmatised by the use of this label, and whose real needs – and strengths – have gone unrecognised as a result. It would be a great pity if the term ‘resilient child’, albeit used from the opposite end of the spectrum, were to be used with a comparable lack of consideration of its meaning. Both would benefit from “a holistic, community-based approach to child protection that seeks to strengthen sources of resilience and support while simultaneously removing sources of vulnerability.”¹⁵

Much of the theoretical work on resilience has certainly been done in Europe and the United States, but the application of the concept is now moving far beyond its theoretical basis. The list of characteristics of resilient children below is one that would be recognizable to those of us from the ‘North’, but it would be unwise to assume that this would be generally applicable across cultures, and particularly so with children facing serious risks to their physical and psychological development on a daily basis.

Characteristics of Resilient Children¹⁶

- Strong attachment to caring adults and/or peers
- An ability to seek out positive, encouraging role models
- Easy interaction with adults and peers
- A level of independence and an ability to request help when necessary
- Regular engagement in active play
- An ability to adapt to change
- A tendency to think before acting
- Confidence to act or control aspects of his or her life or circumstances
- An active interest in hobbies or activities

As a contrast, the following list describes experiences that are common to children who have experienced violent displacement. ¹⁷ For most they continue to be a daily reality and, more than ‘risks’ or difficult experiences, they constitute violations of the children’s rights.

- Traumatic experiences of violence, abuse, exploitation, separation, fear ...
- Loss of the family home, familiar surroundings, friends, familiar people ...
- Loss of self-respect and self-confidence
- Poor diet and nutritional status
- Lack of opportunities for education
- Lack of opportunities for play and recreation
- Excessive burden of paid and/or unpaid domestic work
- Uncertainty about the future.

There is evidence to indicate that the concept of resilience has meaning across cultures, but should be applied advisedly. The International Resilience Project has proposed an ‘Ecological Model’ wherein “resilience is related to individual, relational, community, and cultural factors...” Their work indicates that “resilience is a culturally and contextually sensitive construct. Therefore, projects that work well with youth in one context are not necessarily going to work well in another. Researchers will need to be more participatory and culturally embedded to capture the nuances of culture and context, while avoiding bias and designing interventions to promote how resilience is understood. The better a youth’s own constructions of resilience are documented, the more likely it will be that those intervening identify the specific aspects of resilience most relevant to health outcomes as defined by a particular population.” ¹⁸

Risk and protective factors

Whether or not the characteristics of the resilient child in the first list above were found to be applicable across cultures and social ecologies, what strategies would we implement that can enable a child to overcome the experiences described in the second list, and get to this state of ‘resilience’. This is the essence of our dilemma. Resilience developed from the observation that certain people do well despite experiencing significant adversity. In its application, particularly with children in situations of multiple risks to their development and well-being, there is a consideration of the risks that confront children, and the protective factors that are available to them to mitigate the impact of risk. Protective factors are individual qualities or characteristics, and aspects of the social environment that buffer or moderate risk. A resilience approach can be considered in two ways: ¹⁹

- A risk-focused approach in which intervention is based on the identification of specific actual or potential risk factors. Examples of such a strategy are: the prevention of child abuse or neglect through parent and community education
- A resource-focused approach which will aim to prevent and reduce risk for the population as a whole by improving the number and quality of resources available to support children and their families. Sometimes this will consist of strengthening existing community resources, and reinforcing cultural norms and practices that seem to promote resilience.

Rights/resilience interventions cannot have an exclusive focus on the children. They must incorporate the children’s families and communities, as without their participation, we cannot gain an understanding of how they are affected by their circumstances, nor can we incorporate important values and customs which will be of benefit to the children. Community-based approaches acknowledge, and build on, existing coping strategies within the community, and seek to enhance the resilience of children and their families. Communities identify their needs and participate in identifying and implementing strategies that they consider are appropriate to their circumstances. As children’s well-being is intrinsically linked with that of their parents and other caregivers, this will incorporate an understanding of the risk and protective factors in the adults’ social environment.

When considering interventions that are implemented within a rights/resilience framework, it is important to emphasise that resilience is not just about personal qualities, but about the way in which these qualities interact with external factors within the family and wider environment. It is the latter that seems to fall most logically into the domain of intervention. If we can make a difference here, then we might hopefully strengthen children’s individual capacities to meet adversity. In her contribution to the consultation (see below) Linda Richter describes the “bare necessities (that) provide the elements of everyday life and relationship that support children’s development and achievement, including what we observe to be their resilience.”

- At least one stable and affectionate caregiver with a long-term commitment to the child;
- Material and social support, as well as protection, for the child and caregiver provided by family, neighbours, the community, and the state;
- Participation by the child and caregiver in meaningful social and cultural practices and institutions.

Yet we know that there are many children who do not have even these minimum resources, nor are likely to in the foreseeable future. Children in institutions, unaccompanied and separated children, trafficked and many working children are but a few examples. These ‘bare necessities’ are not only what children need, they are minimum basic rights for their survival and development. If we can make a start here, then we move from providing services, to addressing rights violations, translating the CRC into practical realities that can influence children’s lives for the better.

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In this paper, I have attempted to outline the point we have reached in ICCB in our reflections on children's rights and resilience. The papers that follow take up the issues I have raised, and I am grateful to the authors for the time they have taken to reflect on them. There are many questions yet to be debated, not least about the relevance and usefulness of the framework we are proposing. We hope that this publication will stimulate a wider 'consultation' to inform theory and practice that brings to life the hope that is inherent in the CRC, and resilience – its complementary construct.

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Resilience

A Different Way of Looking at Things

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Defining resilience

How is it that some children when faced with trauma and adversity are able to develop in a harmonious and positive way, while everything would seem to predict the opposite?

This question is at the starting point of work on resilience which, over the past few years has evoked significant interest, and which is gradually transforming practices in the fields of child health and social work. Resilience can be defined as “the manifestation of positive adaptation despite significant life adversity” (Luthar, 2003). This simple definition includes two elements: that a person is doing well and that there is, or was at some point, significant risk or adversity to overcome. However, this definition of resilience does not attempt any explanation of the process that leads to resilience.

The concept of resilience can be represented by the metaphor of the spring. Resilience, like a spring, has the ability to resist pressure, bend with flexibility and regain its original form. The image of a bouncing spring does not, however, reflect the complexity of resilience in children. In addition to the notion of ‘resistance to destruction’ is a second element: the ability to construct a meaningful life in spite of adversity (Manciaux, 2001). There is indeed an active component to resilience. Resilience, therefore, does not necessarily mean bouncing back to an original form, but rather growing into something new and meaningful (Vanistendael and Lecomte, 2000).

Studying Resilience

The aim of the study of resilience is to explore the mechanisms by which some children seem to persevere in the face of stress and adversity. It is hoped that lessons learned from the study of resilience can be applied to interventions aimed at supporting and encouraging children’s coping mechanisms and abilities. A question remains, however, about whether it is possible to promote the construction of resilience.

While there are many ways to study resilience, mention must be made of the importance of the exploration of life stories: myths; tales; novels and biographies. (Gianfranco, 2001). The richness and diversity of life stories evidence the reality and authenticity of resilience. Stories are also important in highlighting the process of resilience as ongoing, not fixed at one point

in time. Storytelling may give past events new direction and shape. In fact, the very act of telling the story of one's life may contribute to the process of resilience.

Also essential to understanding resilience is the study of risks, trauma, and resilience processes at the community level. Epidemiological studies can be an indispensable means to explore the reality of resilience, the conditions which promote it, and the processes of its construction.

Factors associated with resilience

Both life stories and epidemiological studies highlight a number of factors that seem to predict the development of resilience. These can be separated into two categories: individual characteristics and environmental conditions. Individual characteristics include flexibility, the capacity to adapt, and relational and social competence. Environmental conditions are most notably related to the presence of family and social support.

One of the most significant studies in the development of the concept of resilience was carried out in Hawaii by Emmy Werner and Ruth Smith, who followed 800 children and teenagers from the antenatal period until 32 years of age (Werner and Smith, 1992). The researchers were interested in risk factors related to developmental problems and psychopathology. Their results confirmed the seriousness of exposure to these risk factors. The authors also took an interest in those children who, having been subjected to very unfavourable conditions in childhood, were still able to achieve stability and competence as adults.

Werner and Smith found that the resilient children had a number of similar behaviour and character traits. For example, the study showed that resilient children were often affectionate and calm as infants. It also showed that resilient children tended to be active, competent, friendly, relaxed, self-reliant, and to react well to problems. Resilient adults seemed to be particularly sociable. In contrast, children who were less resilient to adversity were more often anxious, timid, unpleasant, apprehensive, suspicious, and withdrawn.

The social and physical environment also played a role in developing resiliency amongst some children. For example, resilient children often had a strong bond with a caretaker. This attachment figure could be the mother, but in many cases was another significant person, such as a grandmother or a sister. Less resilient children often lacked strong attachments and social bonds, which was particularly devastating for children with a high number of other risk factors.

Thus, optimal development is a result of the capacities inherent to the child and those available from his or her social and physical environment. Children's development evolves out of active interactions between the child, family, school, community, culture and larger political system. Human development should be considered in both a transactional model and an ecological model (Bronfenbrenner, 1979). In revisiting the old debate on the role of nature vs. nurture it becomes clear that it is in the interaction between the genetic/biological level

(nature), and the environment level (nurture) that a child's capacities are formed (Manciaux, 2001).

One of the most original suggestions that came out of these studies is that children play an active role in the creation of their identity. Each child participates in the complex process of self empowerment. Thus, the concept of resilience forces us to look past the determinism of genetics and environment, into the limitless possibilities of creativity and freedom (Aldwin, 1994; Bouvier, 2001).

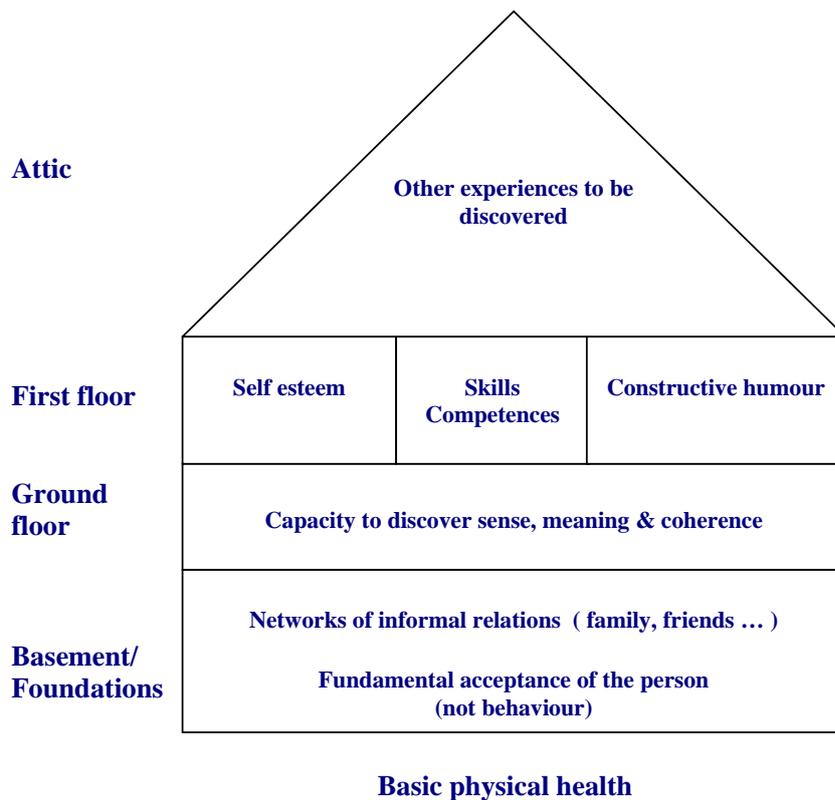
The study of resilience also shifts our focus from risk factors, in and of themselves, to the mechanisms behind risk factors. The concept of risk and protective factors is inherently ambiguous as resilience is not a permanent state, but a way of growth. Thus, the study of resilience is a study of processes and poses new methodological challenges.

Building resilience

Stefan Vanistendael proposed using the image of the "casita" (see below) to illustrate the process of the construction of resilience. A "casita" is a small house made up of several levels (Vanistendael and Lecomte, 2000). The foundation level of the casita of resilience represents basic material needs like food and health care. Networks of contacts—formal and informal—represent the basement. Included on this level are constructive bonds between the child and at least one adult who believes in their potential and who wholly accepts them. This person can be a relative, acquaintance, grandparent, neighbour, or professional. The ground floor represents the capacity to find meaning in life through religious faith, political or humanitarian engagement. The first floor contains several rooms: self esteem; personal and social abilities; and finally, a sense of humour. At the top, the attic represents openness to new experiences and surprises, and a capacity to believe in the ability to overcome suffering and find beauty.

While each of these elements is important, the presence of social bonding is essential. Resilience is not built individually, but through attachments woven, or as Boris Cyrulnik describes, "knitted" throughout life (Cyrulnik, 1999). Furthermore, there is a quality of unexpectedness associated with resilience—as its presence or absence cannot necessarily be predicted by looking at associated risk factors. The study of resilience pushes us to explore dimensions of human life that have not yet been systematically researched by professionals.

Casita: Resilience Building²



From risk to resilience: a change of focus in prevention

This shift in understanding opens up new horizons and has the potential to deeply and radically transform our practice, in particular in the field of child protection. In Child Health Services in Geneva, we work in the context of prevention and health promotion in schools, and are often urged to develop new actions for prevention of children's public health concerns such as maltreatment, child sexual abuse, violence, drug addiction, tobacco smoke, obesity, anorexia, suicide, etc. Given the limits of treatment and therapy in the face of these serious problems, the calls for work on prevention are multiplying. However, in the fields of health and social work, prevention is often difficult and of dubious effectiveness. Prevention programmes must be relevant, effective, and ethically planned.

1. .Stefan Vanistendael BICE/ICCB 1998

Advantages and limitations of the public health approach

The application of a public health approach to the prevention of psychosocial problems in children constitutes significant progress. The World Health Organisation outlined an excellent prevention model in their recent publication *World Report on Violence and Health* (Krug, et al., 2002). Below are methods of targeted effectiveness drawn from this report. This model includes four steps from problem to solution (Mercy and Rosenberg, 2000):

1. Define the problem and estimate its importance;
2. Identify the causes of the problem by characterizing its risk factors;
3. Develop preventive interventions, and evaluate their efficacy;
4. Implement interventions and measure their effectiveness and their impact on the problem.

Professionals in the fields of social work and clinical and preventive medicine approach their work from the assumption that the best response to a problem is derived from knowing its cause and understanding risk factors. A great deal is known about the devastating effects on children of painful events such as loss, separation, acute or chronic disease, deprivation, violence, abuse, etc. Understanding these effects is essential to understanding the origin of disorders and pathologies.

This approach does not work in all cases—to know that a person is doing badly does not inevitably mean that one knows what to do to help. Similar issues face us at the community level where identifying risk factors does not automatically lead to preventive interventions. Furthermore, prevention based on risks has the potential for significant negative consequences. In order to illustrate the possibilities and limits of the risk based prevention approach, we will examine some recent examples from our practice.

From removing a risk factor...

The first case illustrates the strength of the public health approach, where the modification of a risk factor is associated with the dramatic reduction of a serious health problem. In the 1990s, prevention of the Sudden Infant Death Syndrome (SIDS) by changing infant sleeping position had spectacular effects. In only a few years, information campaigns have made it possible to halve the death rate by instructing parents to shift the position of sleeping babies from the ventral position to the position on the back.

This case is exemplary, and probably one of the most impressive examples of the application of public health theory. However, it should be noted that such situations are rare in the field of psychosocial health. In this case, changing public practice was relatively easy because prone sleep only began to be recommended in the 1970s, ironically to prevent SIDS.

However, in most cases when risk factors are identified and are amenable to modification, their contribution to the total magnitude of the problem is relatively minor, in addition risk reduction strategies may have unintended consequences. For example, information

campaigns in the media on suicide may have the negative effect of triggering an epidemic of suicides. Sensitising the media to this risk and better information management could be done to prevent this (Mercy and Rosenberg, 2000). In practice, many identified risk factors for psychosocial and behavioural problems have few practical implications for prevention.

... to detection in high-risk groups...

Strategies for targeting high-risk individuals or groups often use risk factors in order to identify those in need and provide early treatment (Rose, 1985). High-risk individuals are often identified through screening tests—unfortunately, the use of screening tests to detect potential psychosocial problems presents a number of ethical and practical difficulties. A dramatic example of these difficulties occurred when screening was used to detect sexual abuse in Cleveland, in the UK in 1987. Two young paediatricians used an anal reflex dilation test to screen for cases of sexual abuse (Butler-Sloss, 1988; James, 1988). In a few weeks, more than 200 children were hospitalised, referred to the social services, and removed from their families. When parents complained to the media, a public inquiry was ordered and concluded that, of 121 cases of alleged sexual abuse, at least 80% were false allegations.

Grids of risk, prepared from epidemiological data used for the identification of high risk situations, pose many problems as well. The ethics of screening for behavioural problems may lead to stigmatisation and to blame falling on victims (Tomkiewicz, 1999).

... and information on risks

When neither removing the risk factor, nor identifying high risk groups is possible, preventive efforts are sometimes used in order to sensitise children and adolescents to risk behaviours. For instance, school health professionals are urged to talk to students about tobacco, alcohol and drug abuse, sexual behaviours, media violence, high risk conduct, etc. The expectation is that information on the risks involved in these behaviours would lead children and young people to make different choices.

However, prevention programs based on information dissemination are often ineffective, and may even be counter productive. As an example, a carefully designed and conducted programme for prevention of tobacco smoke showed, at evaluation, that pupils who participated in the programme had higher rates of smoking than those who did not (Beaudet, et al., 1999).

Such paradoxical effects have also been noted in child sexual abuse prevention campaigns. In some cases, it was found that when compared with control groups, children and young people who had participated in some kind of sexual abuse prevention programming had a slightly higher risk of becoming victims of sexual abuse (Finkelhor, et al., 1995).

From removal of the problem... to exclusion of persons

Faced with such limitations, attempts at prevention may become more radical and seek to eliminate the problem. A few years ago a number of private schools in Geneva decided to become "drug-free schools" and introduced non-voluntary drug testing (Bouvier, 1998). This approach proved counter productive and unacceptable ethically, educationally, and medically. In one case, a young pupil was brutally excluded from school on the basis of a positive test, in spite of his denials of any drug use. It was later found that the test result was a false positive, as this boy had taken a cough mixture containing codeine. These screening tests have since been abandoned in private schools in Geneva, but are still in use elsewhere despite the inefficacy of this approach, its deleterious effects on the school relational climate, and the potentially serious side effects. More generally, screening programmes may lead to unhelpful blame of victims and unnecessary exclusions.

... towards zero risk and null tolerance

Logic used to justify exclusions is usually preventative—based on zero tolerance. These approaches are ineffective and may violate students' human rights. As Tomkiewicz remarked, this approach may lead to the exclusion, and even to elimination of the person (Tomkiewicz and Finder, 2003).

As a result of a number of crises in Geneva schools in recent years, parents have demanded that the schools ensure zero risk for children. For example, during the SARS epidemics in Asia in 2003, a group of teachers visited China and on their return, parents demanded that these teachers be placed in quarantine to avoid the potential infection of students.

Parents who have children attending Geneva schools have become increasingly worried about a number of issues relating to children's sexuality. Parents are particularly worried about children having access to erotic or violent images through the internet at school. The school authorities agreed to place filters on websites accessed by children. However, it is impossible to protect children absolutely from exposure to sex and violence—as children can be exposed in a number of contexts. For example, parents are also worried about the rise of sexualised behaviour and play between young children. Child sexual abuse has very recently become a major concern in our society, and some parents now fear that sexual play between small children may cause irreparable trauma.

If the zero risk approach is applied to situations such as sexualised play between children, the excluded child may be prevented from accessing support and much needed resources. It is essential that schools maintain space for dialogue about sex education and that appropriate information on the development of children's sexuality be available to parents. It is also important that there are resources for dealing with parents' fears about these issues and for supporting those children who instigate violent or abusive behaviour towards other children.

Health promotion

Health promotion is often invoked as the best alternative to risk-based prevention. As outlined in the 1986 Ottawa Charter for Health Promotion, many efforts are directed at reorientation of services towards positive action such as: promoting empowerment and participation of children, environmental transformation, community action, and the development of children's personal and social competencies. The concept of health promotion in schools is based on these principles, however, there has been relatively little research done on the scientific basis of these principles and as such, evaluations are scarce. Health promotion is not an alternative to prevention, but should rather be seen as complementary and maintain links to the field.

From the fatality of risk to the hope of resilience

One weakness of the prevention approach is that it tends to focus on negative consequences and frequently results in labelling, stigmatisation, risks, and mental health problems. This may place blame on the victims, and may even reinforce the negative consequences. For example, prevention campaigns against child abuse and maltreatment are usually launched in order to sensitise the public and mobilise professionals. A recent TV programme about child sexual abuse was entitled: "Marked for life: the raped children ". While this clearly conveys a message about the gravity of abuse, it does not leave much hope for the victims. Tim Guénard, who was victim of extreme forms of child abuse and violence, wrote: "What made me suffer the most in my life, were neither the blows of my father, nor the three years of hospital, but people who said, 'unfortunately, 75% to 80% of abused children will become abusers themselves'; or 'he is from a high risk family'; or 'what can we make of him, with the parents he has had?' These words were much more violent than the blows" (Guénard, 2001).

Many dire predictions are made about the long term effects of child abuse, yet Tim Guénard escaped from this seemingly inescapable fate. He is an example of resilience. Resilience is commonly seen as an exception or paradox, but the study of resilience highlights another paradox: that this admirable phenomenon is not necessarily rare. In fact, one might be surprised at the number of children facing adverse situations who manage to develop a kind of resilience. For example, divorce is a painful situation faced by a large number of children. When parents divorce, a child is faced with many challenges—and may become "high risk", yet a majority of the children living these situations develop favourably.

It may be that by approaching at-risk children by looking at possible negative consequences, we have veiled our eyes to the reality of resilience. If resilience exists, it can deeply transform our practices. What does resilience teach us, and how can it help us to improve preventive actions?

Resilience and prevention

Using the concept of resilience may open new paths for prevention. Used correctly, this concept can help to meet health promotion objectives at the individual, community, and

environmental level. Solid scientific work has been done on resilience—specifically there have been a number of studies done on risks, vulnerabilities, and protective factors. Thus resilience could act as a link between prevention and health promotion.

Resilience should not be understood to mean an absence of risk or problems—it should instead be seen as a capacity to develop and construct a meaningful life in spite of, or rather because of, the experiences of life, adversities, and traumas. The concept of resilience was built slowly, starting from work on risks and vulnerabilities. This concept sheds new light on opportunities for prevention.

Firstly, the reality of resilience makes it possible to moderate the concept of risk. Without unduly reassuring people, it opens the prospect of a meaningful future despite severe trauma. This is certainly one of the reasons for the success of this concept with the public. Resilience opens the possibility of a constructive dialogue and the search for new answers. Without denying the risks and the vulnerabilities, resilience meets people in their lives, sufferings, and hopes.

Work on resilience shows that the many people who have persevered in the face of great adversity did not do so because of an analysis of the causes and risk factors. It does not appear to be essential to study the mechanisms and risk factors to find answers to problems in life. This will undoubtedly lead us to revise and make more complex models of public health.

Resilience leads us to modify our orientation towards prevention. While risk-based programs have focused primarily on self-protection, the concept of resilience moves our orientation outwards, towards others. Instead of enclosing each child behind fences of protection, resilience puts the focus on a more relational approach in which people are given support during adverse times. Finally, resilience is not an alternative to risk-based prevention, but rather its complement and its necessary addition. Resilience will certainly become an essential element of the approach of public health and social action.

Based on these principles, we at Child Health Services developed a new approach for the prevention of child sexual abuse. This programme, called "With prudence, with confidence", is now offered to each school class with 7 year-old children in Geneva, with the following objectives: to protect oneself with a prudent attitude; to be able to call someone to help in case of abuse or other trauma; to encourage a confident attitude; and to develop the capacity of children to become a support for their friends and relations living in difficult situations (Bouvier, 2004).

A change of practice

The construction of children's resilience can be supported by ensuring that adults working with children:

- Develop an attitude of listening, support, and interest in the child;
- Lay out clear rules, with realistic age appropriate expectations;
- Encourage the active participation of the child in the life of the family, school, and community (Vanistendael, in Manciaux, 2001).

The following have fundamental implications for educational policy. Most importantly, these tenets are in agreement with the Convention on the Rights of the Child (CRC), which thus becomes an instrument for the promotion of resilience in children:

- Respect for the child, to her person and integrity;
- Protection against various risks and dangers;
- Provision of basic supplies and services;
- Prevention against threats to health and integrity;
- Participation of the child, listening to her word and taking into account her opinion.

Moreover the Convention, by affirming rights, gives to all of us, children and adults, a framework of rights and rules, limits and demands. The protection of rights by seeking justice probably plays a crucial role in the construction of resilience, notably in child victims of sexual abuse. Justice starts by locating wrongs and affirming innocence. This process contributes to rebuilding the self-esteem of the victim, and can thus help the children to survive and develop resilience (Bouvier, in Poilpot, 1999).

The concept of resilience directs our practice in the following ways:

- Preventing risks is of primary importance. Risks are a reality and should be prevented when possible, through policies, changes in the environment, information, and education.
- No programme of prevention or social policy will succeed in removing all risks and threats.
- Even in seemingly hopeless situations, a child's future is not predetermined. There will be ways to build resilience and these should be sought. Preventive actions should aim to support children and their competencies.
- We must change our way of looking at children and their capacities. This may imply systematically including questions about the positive aspects of development and health in clinical contacts (Michaud, in Manciaux, 2001).
- Programming must support children's friends, relatives, and contacts because it is through them that resilience is built. That we all play a supportive role for someone in trouble is an essential message that shows the importance of bonds and solidarity.

Thus the idea of resilience pushes us to move beyond seeing children as simply potential victims, to seeing them as people who have resources and abilities to develop their own resilience, and who can become resources for their relations and acquaintances. Work on resilience is in its infancy, but it has begun to open the door of hope, showing us that nothing is ever definitively lost.

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From the Convention on the Rights of the Child to a Rights-Based Approach to Children

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I am concerned that the approach to children's rights has been taken off track: that we are increasingly forgetting the concept of "the human rights of children" and looking more and more at "children's rights" outside the human rights framework.

To try to illustrate this concern, I am first going to take a historical perspective, to highlight where we have come from in a relatively short period of time in our approach to children's issues.

From a dirty word...

In the 1970s, before we had a glimmer of the future Convention, "children's rights" was more often than not perceived virtually as a dirty word as far as working for children was concerned. UNICEF, for example, would not countenance mention of the rights of the child in relation to carrying out their mandate. It was not an approach that they felt to be constructive in terms of moving children's issues forward. Their approach then was to meet needs – which might, they used to point out, contribute in passing to realising rights – but not to fulfil rights as such.

This is not intended as some kind of gratuitous criticism of UNICEF, but simply to give an indication of what the overall environment was like at that time. Indeed, this approach to children's problems was not confined to the intergovernmental organisations. In the mid-70s, I worked for the International Union for Child Welfare (IUCW) that was, until its demise in the early 80s, the major non-governmental federation of child-focused organisations. The IUCW had a policy that was called 'active neutrality'. This basically meant "keep quiet"! Don't take positions or make demands on behalf of children that might create controversy or problems with governments. There was, in other words, a generalised fear of confrontation among organisations working for children. To make matters worse, the human rights organisations were not taking any significant account of children: Amnesty International, for example, gave no specific attention to children's issues at that time.

In addition to this environment of what I call the charity approach – meeting selected, non-controversial needs of those children designated as deserving – the reticence towards children's rights can no doubt also partly be attributed to unpopular initiatives such as "Kid-Lib" and Pupil Power in a number of industrialised countries, purportedly founded on "children's rights". In both these cases, the idea was one of pitting children's interests against those of adults or 'the system': in the first case, children against their parents, and in the second, children versus their teachers. So this was how children's rights were largely

perceived by the general population at that time: the post-60s situation where, at least in Europe, many things had been called into question. Where it was right to contest, and it was your right to contest, but the reaction was not actually founded on human rights as such.

... to the CRC

It was only in 1979, with the International Year of the Child (IYC), that we started to get some movement on the issue of human rights for children. Poland had submitted its proposal for a Convention on the Rights of the Child in 1978, with the idea that it be adopted during, and as a lasting memorial to, the IYC. And, although it was to some extent a coincidence provoked by an egregious event, it was nonetheless telling that during IYC – and in stark contrast to the IUCW, of course – Amnesty International came out with its first major campaign on a children’s issue, denouncing the massacre of 80 school-children in the then Central African Empire.

The fact that Poland submitted its proposal for a Convention to the Commission on Human Rights (CHR) is of both symbolic and practical significance for “children’s rights”. This was the first time that children’s issues had specifically been broached within the context of the CHR. That created the opportunity to try to ensure that the situation of children became a fully-fledged human rights issue.

We seized that opportunity. During the drafting of the CRC throughout the 80s, our attempt was to ensure that children’s issues would henceforth be taken up within a human rights framework. We, in the “children’s” community, enlisted the experience and considerable forces of the likes of Amnesty International and the International Commission of Jurists to guide and contribute to securing maximum impact on the evolving draft treaty. But our vision was not only that of setting out “the human rights of children”; it also meant implicitly taking on board, for children, the kind of action and initiatives that were being used by established human rights organisations in their efforts to promote and protect human rights in general. In other words, we were looking to cooperate with human rights organisations in order to come up with strategies that would have a human rights base for approaches being taken for children. We well knew that this human rights approach, so feared in child welfare circles at that time, does not come down to waving banners and denouncing abuses. We were well aware that ninety percent of work in human rights circles is basically rigorous research and diplomatic advocacy, of which only the tip of the iceberg is generally seen.

Must what goes up come down?

But what has happened since then in terms of the development of children’s rights issues as the “human rights of children” seems to me to have gone up one side of the mountain but is now sliding some way down the other. This perturbs me greatly. Maybe this is a pessimistic view, and I do not ask you necessarily to share it, but I would like you to consider some of the elements that have led me to believe that this is the case.

First of all, I want to express two concerns. One is that, in the children’s field, we are still lacking emphasis on hard data, on research, on systematic verification, checking sources and

information and justification before we launch into denunciations about problems that children are faced with. The other is that, in general, we are still not brave enough or sufficiently sure of ourselves or our arguments to tackle the worst violations. We can be good on rights promotion, but we too often – there are of course exceptions – hold back from rights protection. That is not good enough for working in favour of children’s human rights.

But in the context of this meeting, what I really want to emphasise is the fact that, in the 80s when we were developing the CRC and the human rights it contains, we had never heard of the term ‘rights-based approach’. It quite simply didn’t exist. It may have been invented during that time, but it certainly wasn’t a known slogan. In fact, the rights-based approach was to all intents and purposes “adopted” in June 1993 at the Vienna World Conference on Human Rights, so it is really only in the last 12 years that we have been living with it. And I dare to say that, even now, essentially there is no consensus as to what it really means and what it implies for our action.

Interestingly, just a couple of days ago I received clear confirmation of this: I was told that countless delegates at the just-completed UNICEF Executive Board were calling for more evidence of a human rights-based approach in UNICEF’s medium term strategic plan, but when they were asked what that would precisely imply, they were essentially incapable of responding. My correspondent concluded that we are basically navigating without a compass in vast waters between the “glib” version of what is human-rights based and, on the other side of the ocean, the “over-complicated approach which prescribes who is to do what”. In this respect, I am very much reminded of Hillary Rodham Clinton’s famous description of children’s rights, back in 1973 when she was chairperson of the US Children’s Defense Fund. She rightly, at that time, called children’s rights “a slogan in search of definition”, and exactly the same could validly be said of the “rights-based approach” today.

Not such a comforting concept

The rights-based approach concept has, nonetheless, certainly been taken on board with a vengeance by the child rights community. One might even get the impression that it was somehow invented more especially for responding to children’s issues, so rarely do you seem to hear the term in other spheres of human rights – in relation to women’s issues, refugee issues or to human rights in general. This is very clearly a cause, at best for reflection, at worst for concern. And I would undoubtedly go for the latter: it’s a cause for concern, and for two major reasons.

First, to a large extent, this singular rush to espouse the rights-based approach reflects the continuing legacy of the “charity” mentality in the children’s field and hence a certain discomfort, maybe even a degree of felt-ignorance, among those working for children who now invariably have to profess allegiance to the CRC. No doubt the overwhelming majority want to do this but, coming initially from a charity mindset, they understandably need an accepted reference point and guide for doing so. Being able to fall back on some kind of “rights-based approach” thus seems to fit the bill perfectly, whatever it may be interpreted to mean in various quarters. But the logical implication is that, 15 years after the advent of the CRC, we are still having to struggle as hard as ever to combat the charity legacy.

Second, it is troubling because the rights-based approach, however it is interpreted, is something that is basically to be applied to programming and planning, whoever the beneficiaries might be and whatever the context. It is thus designed and promoted – so far, at least – as a strategic tool, and if we get it right, it can be a useful tool at that. But it is about “process”: it is not – and this is the vital distinction – a rights-based approach, or attitude, towards those who are to be served. In our particular case, this means that it is not a rights-based approach to children but to programming for children. In other words, signing up to a rights-based approach does not signal a sudden resolve to take up children’s rights issues as such, but rather to tackle a given problem in ways that are deemed more compatible than before with children’s rights. While this is surely desirable and necessary, it is far from being sufficient for promoting and defending the human rights of children.

These two factors combined are largely responsible for what I see as the now-widening gap between the “children’s rights” and “human rights” communities who seemed to have been gradually brought together during the 80s in the exercise that culminated in the adoption of the CRC. This is a worrying for those of us who would like to see children benefiting from human rights activity. Let me give you an example: the issue known as “child participation”.

“I can’t see any children in the room”

In the possibly vain hope of avoiding misunderstandings later, let me say from the start that, of course, “child participation” as such is anything but bad. But equally, the way that the implementation of this “right to participation” is very frequently conceived and perceived at the present time is, from a human rights standpoint, problematic to say the least. Indeed, like the rights-based approach, child participation is yet another slogan in need of a definition.

If one thing is clear, however, it is that the rights-based approach is founded in good part on consultation with, and thus the participation of, those – children or others – who are supposed to be enjoying the rights involved. That premise is unquestionably correct and is, moreover, a major distinguishing feature of this approach as opposed to charity.

As far as children are concerned, however, the human rights that are behind the idea of participation are not necessarily getting the focus that they should be getting. What is getting the focus in the children’s community is participation in its most basic terms: physical presence and a time-slot. This usually translates as: you can’t have a meeting if you don’t have children there.

I remember, well before the CRC was adopted, how annoyed I used to get when sitting in meetings and invariably there would be some bright spark who would say sanctimoniously: ‘but I can’t see any children in the room...’, and would then look around the meeting-room to bask in the embarrassed approbation obligatorily bestowed by fellow-conferees. Today, in the post-CRC era, fewer and fewer conference organisers have proved willing to risk their necks by neglecting to take account of “child participation”. But, I would contend, this new reality is not what we should be trying to achieve.

In this respect, I would also contend that the idea of participation as it relates to children has been deliberately manipulated on the basis of a certain “interpretation” of the CRC. In many cases “interpretations” of the CRC are made by persons who are determined to find in the text of that treaty some way of making use of it for their own ideological ends. And, in human rights terms, that obviously concerns me.

The human right to “participation”

If you look at what inspired the inclusion of what we now call “participation rights” in the CRC (essentially Articles 12-16), you will note that all of them, with one notable exception, are quite simply pre-existing civil rights granted to all. They therefore already applied in principle to children, but were necessarily reaffirmed in the CRC to ensure that children would no longer be left out in practice as they had been previously.

The only one that is new is the infamous Article 12, designed to ensure that children are consulted and that their views taken into account in matters affecting them. The idea behind Article 12 was not to hoist a couple of kids onto the podium at the UN General Assembly. This is not child participation and it certainly wasn’t the intention of the drafters of the CRC that it result in, or be used to justify, such actions.

The idea behind Article 12 was simply that, when there were decisions to be made regarding individual children and their future, they be consulted and taken seriously. Such situations would include, for example, children for whom an alternative care environment is envisaged – there are many more examples, of course. In my view, however, the purpose of Article 12 has been manipulated out of all proportion, and the idea of “child participation” that it enshrined has, frankly, been usurped in terms of the basic human rights message we were trying to get across.

So, while an astounding amount of effort and resources are focused on getting children to “participate”, virtually nothing is devoted to protecting and defending the human rights of children whose “participation” has led to reprisals. When children need the “children’s rights community” most, in other words, we are frighteningly conspicuous by our absence. What have our organisations effectively done, for example, on the basis of Article 13, for children incarcerated because they have written or said something that is deemed to be politically out of order? Using Article 15, have we uncompromisingly stood by the side of those who have been detained because they are allegedly part of a group or association undertaking politically-motivated or “subversive” assembly? And how often, somewhat less controversially, have we even tried to ensure proper consultation with children, according to Article 12, who are removed or “accepted” from parental care for no real reason other than the family’s material poverty? – you know, those children in care who will tell you: “I don’t really know why I am here...”.

The rights-based approach and the human-child divide

Because the “participatory” idea has been, I dare to say, hijacked by parts of the children’s rights community, we are now in a situation where, too frequently, human rights organisations

are less and less convinced that they and we, the children's groups, are living on the same planet. At best, they may see that we have taken on board the rights-based approach to programming, but overall there is little evidence to demonstrate that we are adopting a human rights stand regarding children and children's issues.

I can only re-emphasise that one of the main obstacles to taking a human rights approach to children – as well as, not instead of, to programming for children – is the fact that we, in the children's sphere, are still overwhelmed by the charity approach. It is disturbingly instructive to note how many “rights-based” children's organisations still rely one hundred per cent on putting over a message that is needs-oriented and charity-based. Not “we are working to ensure that children and their rights are respected” but “look at these poor kids, we have to do something about their situation”. As long as we accept that this is the message that must be sent out in order to obtain resources necessary to fight for their rights, then in my view this is one more reason why we could never describe ourselves as taking a rights-based approach to children.

In sum, for me the “participation” issue is a striking example of why the children's rights movement is understandably losing its human rights credibility. That credibility will not be rescued by a rights-based approach to programming. We have to look once again at the real content and intention – the letter and the spirit – of the CRC and try to make sure that what we are defending and promoting is really based on that treaty, rather than on idiosyncratic interpretations which, if everybody is interpreting it in their own way, will deprive the CRC of its entire *raison d'être*. Those who try to use it in other ways may think they are promoting the rights of the child, but in fact they risk undermining the very instrument that embodies those rights.

In conclusion: by all means move ahead with a rights-based approach to programming, but necessarily in company with a human rights approach to children.

Limits to the Concept of Resilience

Tony Newman

Principal Research Officer, Barnardo's UK

My comments on the limitations of resilience theory are very much drawn from the perspective of someone who lives in a highly developed – by which I mean rich – country, indeed one of the richest in terms of GDP in the world. One crucial limitation – which I need to address at the outset – is the vast difference in outcomes that children in our respective countries experience, and hence the degree of urgency we attach to the challenges that children face. The most important outcome for a child of us is continued life rather than a premature or unnecessary death. Both the concept of resilience – and that of children's rights – need to be measured in terms of their importance to children by the extent to which their promotion leads to measurable improvements in children's health and well-being.

Article 6 of the CRC states:

1. States Parties recognize that every child has the inherent right to life.
2. States Parties shall ensure to the maximum extent possible the survival and development of the child.

However, as illustrated below, a nation's wealth determines the life or death of its citizens, especially its children.

Infant mortality and GDP per capita in countries represented at the consultation in Geneva (Source: World Bank and UNICEF)

Country	Infant mortality 1980	Infant mortality 2002	GDP per capita 2002
United States	13	7	35,750
Switzerland	7	5	30,010
Netherlands	7	5	29,100
Belgium	9	6	27,570
Germany	13	4	27,100
France	10	4	26,920
United Kingdom	8	5	26,150
Spain	13	4	21,460
Mauritius	33	17	10,818
South Africa	64	52	10,070
Colombia	30	19	6,370
Palestine	40	21	2,788

India	113	65	2,670
Togo	88	79	1,480
Nepal	133	64	1,370

Children's lives, the causes of their deaths and human responses to their unnecessary loss have changed remarkably little over the centuries. Few of us, from whatever culture or country we come from, will fail to recognise our childhood in Breughel's painting. Similarly, the grief portrayed by the woman for the death of children – by drowning, falls and war – is equally contemporary.



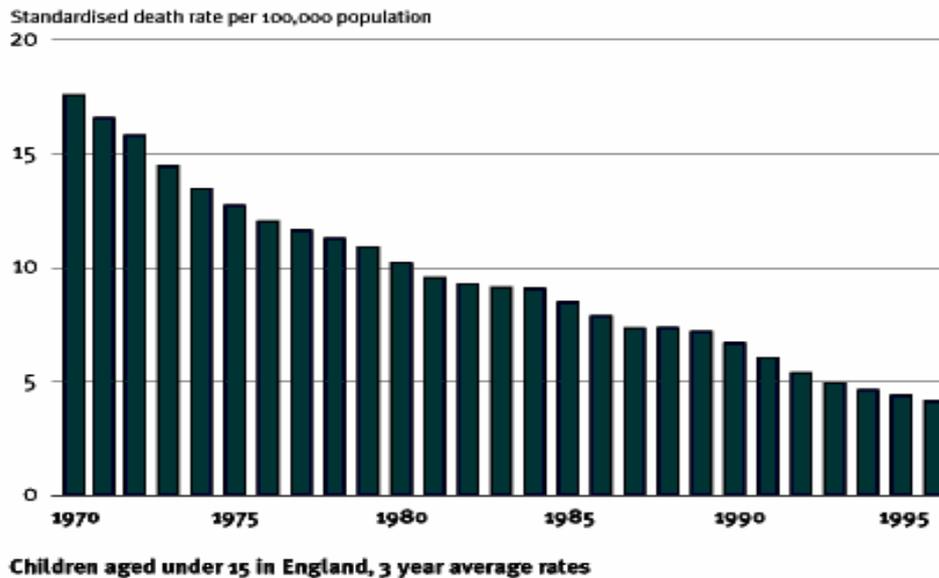
Breughel the Elder – Flemish children's games (about 1550)



Woodcut from Germany (about 1560)

However, there is enormous global variation in children’s risk of death – and our corresponding risk of becoming grieving parents. In rich countries accidents, not disease, malnutrition or warfare has become the main cause of child death.

Death rates from all accidents in children



Accidents now represent the single biggest killer of children and young people in rich countries, accounting for 59% of child deaths in the UK in 2000.

Poor countries have relatively high levels of injury fatalities yet public concern is usually low as the major killers are infectious diseases, pre- and peri-natal problems, and nutritional deficiency. High levels of concern for accidental injury tend to be found in richer countries, as the decline in other major causes of child death leads to their increased visibility. Thus, although the numbers of deaths caused by accidental injury is declining, the increase in the percentage of child deaths is due to the overall improvement in child health. Thus, high levels of concern for accident reduction are peculiar to rich nations such as the UK. Strategies to build resilience in rich countries are therefore – at a very fundamental level – concerned with a very different hierarchy of risk factors.

In rich countries at least, contemporary attitudes towards children and young people are driven by two strangely conflicting beliefs. On the one hand, we believe children should be encouraged to participate, to express their beliefs, have their opinions valued and even assume authority in many situations. On the other, we believe children are threatened by an increasing number of dangerous social and environmental hazards from which they need to be sheltered. Paradoxically, despite substantial improvements in many aspects of children’s health and welfare over the past half-century our pre-occupation with risk in developed countries has grown.

Our preoccupation with risk has certainly resulted in many substantial benefits, especially relating to the physical health of children. It is often, however, difficult for us- as professionals or parents - to make reasonable judgements about how much we should worry about a particular risk factor. It is rare for a day to go by without our attention being drawn to a new threat to our children's well-being.

What is clear, unfortunately, is that as physical morbidity and mortality has improved, children's emotional and mental health appears to have declined in all developed countries over the same period. If we imagine an 'average' British child today compared to 1970, today's child would be less likely to be injured in a road traffic accident, less likely to die from measles or other childhood illnesses, and more likely to live longer. Conversely, today's 'average' child would be more likely – if they are male - to commit suicide and have a behavioural problem and – if they are female – to self-harm and be depressed. Some benefits have been bought at a price. Children have been protected from road traffic accidents by being driven to school but exposed to risk of obesity and early death through coronary heart disease and type 2 diabetes by the resulting lack of exercise. Minor infections may have been prevented by the mass use of domestic cleansing products but – it appears – asthma prevalence dramatically increased by the resulting lack of opportunities to strengthen our immune systems. At what point, we might ask, is the good done by our protective strategies outweighed by the unintended consequences of our actions?

There are a number of important features associated with resilience that we need to acknowledge which may, in some circumstances, limit the practical application of the concept as a guiding principle in service design.

Key features of resilience

- Risk factors are cumulative
- If the 'chain' can be broken, most children can recover
- Transition points are threats and opportunities
- Acute stressors are (usually) less harmful than chronic ones
- High self esteem is important - but not always the answer
- Children only learn to cope through managed exposure to risk
- Resilient and pro-social behaviour are not necessarily the same

While promoting resilience emphatically does not mean exposing children to harm, or complacently assuming that they may recover from trauma without help, it does, however, suggest that we need to recognise the potential of children to cope and overcome demanding situations. This may involve our having to accept some very challenging and possibly counter-intuitive concepts. Contrary to the belief of many adults, chronic 'low-level' stress, such as that caused by persistent bullying or having difficulties making friendships, appears more harmful to children than episodes of acute trauma. Parental death is less strongly associated with poor adult adjustment than parental separation, especially following an extended period of conflict. Early responsibilities can help build resilience, as can part-time work in early adolescence, especially where useful skills are being learnt and children efforts are appreciated. Resilience may result from a child having to cope with premature demands

during times of family stress, but will most certainly not result if a child is unable to bear the burden of such demands. In a famous study that took place during the Great Depression, teenagers in families that lost most of their financial assets did better in adult life than young people in families who were less unfortunate. However, children who were too young to play any productive economic role in their household did worse. Citizens of rich and peaceful may be challenged by the paradox of early responsibilities holding out the promise of both success and failure, but our recent European past – and the reality for children in many parts of the world today – provides us with far more acute dilemmas. We condemn children’s recruitment to armed forces, an issue that I know concerns many people here, but this does not prevent us recognising their contribution as this picture illustrates – a memorial to the children who fought in the 1944 Warsaw uprising.



Finally – and perhaps the most difficult dilemma for agencies such as my own which are concerned with identifying and highlighting threats to children’s welfare - there is extensive evidence that where adversities are relatively short term, or where strong protective factors are present, around two-thirds of children appear to survive with no detectable long term harm.

A recent study illustrates this last point very vividly. Anyone of my age who grew up, as I did, in South Wales will remember the 1966 Aberfan disaster as one of the most shocking events of our lives. Aberfan is actually just a few miles down the road from where I live. Over a hundred children died when an old coal tip, affected by heavy rain, collapsed on a junior school. A study in 2002 by the University Hospital of Wales examined 41 survivors and found that 29% - between a quarter and a third – met the clinical diagnosis for post-traumatic stress disorder (PTSD) 33 years after the event. The legacy of such dreadful events in terms of adult adjustment was clear. However, survivors were at no greater risk than a control group of anxiety, depression or substance misuse, and around half this percentage in

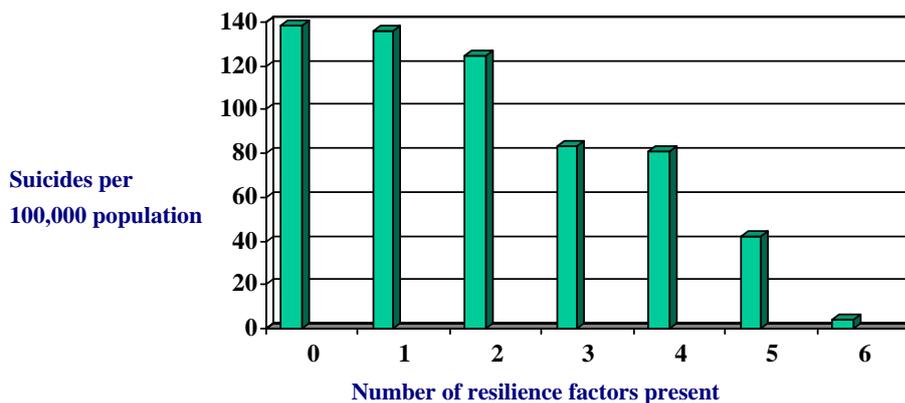
the control group met diagnosable PTSD criteria also. (A proportion of any population will have diagnosable PTSD, so we are not comparing 29% with zero.) Now traditionally, we are concerned with casualties rather than survivors. However, almost 3/4s of this population had no diagnosable disorder. Something – or more probably a combination of things - had protected them. Now, the study of resilience is about trying to find out what these protective factors are, and attempting to replicate these factors in the lives of vulnerable children and young people. Yet when this study was reported in both professional journals and the popular press, it was the negative impacts that were almost exclusively highlighted.

When we ask children what protects them difficulties and helps them recover, their answers are remarkably similar to those we find in the clinical literature. They highlight the importance of family, someone they can trust to share troubles with, being challenged, physically and mentally, being able to take part in decisions, help from fathers as well as mothers, having good friends, doing well in school, being able to make the best out of a bad situation – which a psychologist might term avoiding learned helplessness - and doing well at something – anything- that people admire.

Resilience is also an issue that is relevant to communities as well as individuals. Building social capital through effective community development programmes affects children of all ages. By social capital I mean the links that exist between members of a community, which are expressed through mutual trust and help, confidence in local institutions and supportive networks. Communities strong in social capital reduce the likelihood of children encountering multiple risk factors and provide more protection for children affected by severe difficulties.

It is well established that suicide rates are affected by broader social events. For example, teenage suicide rates doubled from five to ten per week following the collapse of the Argentinean economy in the late 1990s. Teenage suicide rates and self-harm is also typically high in Aboriginal, Native American and First Nation communities in Australia and North America, as illustrated below.

Adolescent suicide rates by number of factors present in First Nations communities



However, in some indigenous communities, rates are lower than national averages. These communities appear to share a common feature – they have high levels of control over the

organization and delivery of essential services, accompanied by the presence of strong cultural institutions. This indicates a strong link between empowerment of communities and the building of resilience.

I have pointed out some difficulties and limitations in applying the concept of resilience in practice; some associated with the concept itself and some with the mission of NGOs and child welfare organisations in general. I'll conclude by summarising what I believe to be the most important.

The concept of resilience has been accused of being too rooted in a specifically American notion of adversity of adding little more to other models of human development, such as attachment theory and being applied in a simplistic and sloganeering way. "What works" in promoting resilience may differ according to the circumstances of the individual person. Encouraging an open display of feelings may be a protective factor in a number of contexts, in others, it may not. Involvement of children and young people in decision-making may bring benefit in many situations, in some however, it may be harmful. We may even find some resilience promoting processes distasteful; for example, the stabilisation in male suicide rates from the early 1990s has been associated with the rise of 'lad' culture, and the accompanying opportunities for young males to strengthen their self-esteem. Resilience may also be in the eye of the beholder; a withdrawn and passive young person may be seen as resilient by a youth justice worker and in need of treatment by a child psychiatrist.

More broadly, some approaches to mental health promotion have been criticised for equating positive adjustment with producing, consuming, succeeding and avoiding risk-taking behaviours, and associating more radical or alternative lifestyles with deviance or psychopathology. As someone who works with practitioners, I frequently encounter the legitimate observation that the determinants of resilience appear to be strongly associated with wealth, intelligence, health and family stability - a self-evident truth for those who work with the poor, sick, disabled and lonely. Lastly, there is a very worrying lack of well-attested and replicable strategies or interventions specifically aimed at the promotion of resilience. Much research on resilience, whether based on epidemiological, longitudinal or clinical studies tends to identify naturally occurring personal, social or environmental factors that appear to be associated with resilience, few of which may be amenable to manipulation - which simply makes us commentators or observers, rather than giving us the knowledge on how to intervene in ways that will improve outcomes for children.

In conclusion, and to return to the issue of children's rights, I believe we need to address honestly a crucial question. Are there approaches to promoting resilience which may conflict with the promotion of children's rights? Or to reverse the question, are there approaches to the promotion of children's rights which may make children less resilient? If the answer to this is yes - or even yes, in some circumstances - then we may need to acknowledge some important limitations to resilience theory as an active ingredient in children's rights agenda.

¹ Chandler and Lalonde, "Cultural Continuity as a Hedge Against Suicide in Canada's First Nations" *Journal of Transcultural Psychiatry* 33, no. 2 (1998)

Developing the Practical Application of Resilience

Shirley Fozzard

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Background

It was while working for Save the Children Fund (SCF UK), in Hong Kong in 1983/5, that I first became aware of the serious effects of violence among refugees from Vietnam who were living in the closed camps. They had experienced war in their home country and, on fleeing their country by boat, had faced extreme danger at sea—many had experienced, for example, theft of all their belongings and rape by Thai pirates. Upon reaching Hong Kong these refugees were incarcerated in jail like conditions, with all freedom denied to them. Within the camp, there was a total lack of privacy and respect. All refugees, irrespective of their previous social and economic status were forced to accept their role as dependents. There were high levels of violence both within and between families. Refugee riots were dealt with by the authorities with yet more violence. I was particularly concerned for the refugee children. What would be the long term psychosocial effects of growing up in such restricted and violent conditions? Yet, at that time, it was difficult to interest others in their plight—even when I attended a meeting at the UN on behalf of SCF UK in Switzerland in the mid 1980s I was unable to engage other organisations on this issue. I was informed that “the psychosocial needs of refugees are a luxury we cannot afford”.

This situation changed when I met Margaret McCallin, at that time Director of ICCB’s Refugee Children’s Programme, who obtained the funding for a project in the Ukwimi Settlement in Zambia, where refugees from the war between Renamo and Frelimo in Mozambique were living. The children in the settlement had experienced extreme violence during the war: participation in, or witness to, murder and torture, flight through minefields, separations from their families and homes, and then the rigid living conditions in the settlement. The first task was to develop and undertake a research project to assess the social and emotional needs of both the children and community, and to determine the feasibility of implementing a project to address psychosocial needs. The results from the initial research project clearly demonstrated a need for an intervention project and I was asked to return to Ukwimi to develop a programme to address the issues of the children and their families. That is, a programme that would help the children to grow emotionally, psychologically, and spiritually, in spite of all that had happened to them previously and the hardships of life they faced as refugees. Details of the research and subsequent programme can be found in the ICCB publication, “Surviving Violence”.

It was at this time that I was introduced by Stefan Vanistendael to the work of Emmy Werner and colleagues, who in the 1970s were researching why some high risk children—who had experienced poverty, drug and alcohol abuse, or physical/sexual abuse and neglect—managed to thrive, whilst others became casualties. Importantly, she not only identified risk factors, but

also drew our attention to protective factors. Amongst these was the existence of emotional support from within the community. I quote:

“Our research has shown that, in many situations it might be better and less costly as well, to strengthen available informal ties to kin and community than it would be to introduce additional layers of bureaucracy into delivery of services”. (Werner & Smith, 1991)

It is this work which has both informed and confirmed my own practice.

Promoting resilience: examples from Zambia and Sri Lanka

In 1986, when I was first assigned by ICCB - in partnership with SCF US - to undertake the Ukwimi Refugee Settlement project, I intercepted a message from the SCF US programme manager to his bosses about me. He clearly had some reservations - perhaps because the local living conditions included living in a small concrete shed with no kitchen or bathroom, and only a moped for transport. He wrote: “I hope she is a self starter”. That seems to me a good description of the resilient individual!

One of the aims of the programme in Ukwimi was to promote community resilience. A central part of our approach to fostering resilience was to allow the programme to evolve by: listening to the refugees, living with them, and being a part of their community. Their involvement in the consultation and planning process was the first step in the promotion of resilience: if you like, a ‘self-starting’ process. However, the process of consultation with the refugees took time, and thus evoked much criticism from other professionals in the settlement, particularly from those at the level of management, who would demand to know why I did not have a ready made programme available for “these people”, a question I have heard many times since!

In addition to the initial process of consultation, there are a number of ways in which the very process of programme development can be used to encourage the growth of resilience in the face of continuing adversity. Some of the methods employed in the Ukwimi programme are summarized below.

A first step was to join with the community and undertake a joint assessment of potential key community resources and key individuals, who might contribute to the development of the programme. It was essential that all planned programme activity was appropriate to the culture and that the programme was owned by the Mozambican people themselves.

It was important to sensitize everyone in the community, both key individuals and organisations, to the needs of the children and their families. The effects of violence were revealed by the participatory research interviews, and were evident in daily community life. Raising the awareness of NGO staff, police, and teachers was followed by discussions on what could be done to reduce some of the obvious problems. This was particularly important with the police. Following our sessions with them, the police realised that the difficult behaviour exhibited by some of the older boys was due to seeing “things no child should see”.

They were most influenced by the pictures drawn by the children depicting their most memorable days back home. All depicted scenes of violence including chopping people, shooting, and killing. As a result of these discussions, they set up a games programme for the older boys.

In the same way, we recognised the need to work with existing local organisations, such as schools and health clinics. We undertook sessions with teachers in which we explored the possibility that a child's lack of attention or 'naughtiness' could be due to the after effects of their experiences, and needed understanding rather than punishment. At the local health clinic, many of the mothers would sit for hours without responding to their infants. A programme of stimulation was set up, but one of the first steps was to make simple toys in the skills training workshop we offered. This not only promoted the development of local skills, but meant that community itself produced the toys which were then used in the stimulation programme. The first stimulation sessions took place at the clinic—while the women were sitting under trees waiting for their turn to be seen at the feeding unit. It was interesting that many of the mothers in the programme wanted to play with the toys too!

We also worked with the mothers and children in the villages. We would sit under the trees and talk with small groups of mothers about issues of concern to them. Discussions covered, amongst other things, methods of child care and how to control children without violence. They were interested in what life is like in other parts of the world. Many mothers responded positively and said they were less stressed. The men noted the improvement for the women and asked for groups for themselves! They were encouraged to develop their own mutual support groups, in the traditional way, building palaver huts in which they could meet and talk after the working day. In our work with the children, we provided lots of opportunities to have fun! This included games, and singing and dancing in accordance with their own traditions.

The major contributors to the programme described above were the refugees themselves. It was their knowledge, skills, and experiences that were at the centre of all project development. For many, it was being listened to and respected that was most important. As one village leader said at a meeting: "thank you for giving back my people their self respect."

It was Florence Bruce, then in ICCB, who suggested that the processes developed to combat the effects of violence in Ukwimi could be applied to programmes to combat another form of violence—the sexual exploitation and sexual abuse of children. The first such programme was developed in Sri Lanka. Traditionally, programmes in Sri Lanka had been managed in a top down way with beneficiaries rather than participants in mind. The abilities and resources of local people were not recognized in such programmes. As one manager expressed it, "you cannot expect these people, the lowest of the low" to be able to take responsibility. Yet, remaining true to our belief in the ability of people to take charge of their own lives, we plotted remarkable progress in the well-being of the women in the programme as they were empowered to take control of their own lives. Details on the development of this programme may be found in the BICE manual *Developing a Community Programme for Prevention of, and Recovery from, Child Sexual Abuse: A Manual*. Following the success of the programme in Sri Lanka, other programmes were developed in Cambodia and India. Each programme is unique, responding to the needs, knowledge, skills, and expertise of the local communities. A

summary of principles used in programming and representing my current thinking are outlined below.

The promotion of resilience in children:

- Every child must have at least one adult who is caring, loving, and dependable - someone who believes in them;
- Children need positive reinforcement and encouragement. Draw attention to what the child does well, not only to their faults. This will improve their behaviour and promote self-confidence;
- Listen to children and hear what they say. This enables them to think for themselves, to make sense of their concerns, and to express their ideas;
- Social skills training will enable the child to react positively with peers and in social situations;
- Children need education to empower them to take their place in the community;
- Promote hope by offering children and the community a positive view of the future;
- Take a positive view of all children - they are first and foremost children, whatever their disadvantages or disabilities;
- Humour is an essential ingredient of working with children. Offer opportunities for fun - all children need it!

The promotion of community resilience:

- The promotion of resilience is equally important for groups and communities. A resilient community is able to manage its own affairs, deal with problems as they arise, and offer the most supportive environment for the development of its members. Again in summary, here are some guidelines for staff in development projects:
- Encourage a positive view. Don't use titles such as "Amputees Centre", or "Centre for Disadvantaged Children and Street Children". Use positive imaging to prevent negative labelling;
- Mobilise the community, but don't try to control it. Empowerment goes beyond simple participation. Give people in the community the responsibility that is rightfully theirs;
- Believe in people. Have a real belief that with support, people are capable of managing their own lives and communities;
- Afford respect to all, regardless of their position in the community. Don't just respect the bosses;
- Listen. Listen. Listen. The community knows best. Hear what they say;

- Initiate appropriate skills training to enable people to negotiate the local system. This may include training on: legal issues; communication skills; decision making; record keeping, etc. Ensure their survival through income generation;
- The community has a right to self control and decision making. It is the responsibility of project staff to provide information and suggest options, not to make to make decisions;
- As a staff member, let go! Learn to support, not control! Believe in the community. They can do it!

These principles are neither unique nor exclusive, nor are they to be taken as a blue print for action, but they have been used as guidelines for development in ICCB programmes.

There is still much to be learned about the promotion of resilience in children and in communities. Paul Bouvier, in his presentation at this meeting, defined resilience as “the manifestation of positive adaptation despite significant life adversity”. I would like to add “and the capacity to grow”.

It is to be hoped that current and future ICCB projects support such growth in the individuals and communities with which they are involved.

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Empathic Care Between Child Rights and Resilience

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The consultation on children's rights and resilience was convened by the International Catholic Child Bureau to explore perspectives on theory and practice that emanate from the relationship between resilience, on the one hand, and child rights on the other.

When I was invited to write this paper, I took advantage of the opportunity to examine the role of empathic care as a critical link between the perspectives generated by child rights and resilience, and to explore ways in which a theoretical and practical analysis of empathic care may enhance our understanding of resilience and rights programming, particularly with respect to young children.

To do this, I first explicate the concepts of resilience and child rights in ways that invite a link between them, and then define and describe empathic care as a concept that is at the heart of both children's resilience and child rights.

Resilience

Resilience is sometimes treated as a fixed property of children - an acquired trait or an instantiated skill; something children internalize from experiences, including those that are part of programmatic activities, which stand them in good stead when confronting prospective challenges (Boyden & Mann, 2005). From this point of view, resilience is a set of acquired, relatively stable capacities, attitudes, and/or skills, such as an internal locus of control, high self-esteem, self-efficacy, adaptability, and so on. From a programming perspective, therefore, attempts are made to increase children's resilience, on the assumption that resilience is somehow "banked" within the child and available to be drawn on when needed in the future. When examined carefully, however, programmes to increase resilience very often consist of guidelines that support children's coping capacity, implying that resilience is more situational and context-dependent than it is commonly understood to be. For example, in an approach endorsed by the American Psychological Association in Resilience in a Time of War (2004)⁴, parents and teachers of elementary school children are advised to, amongst other things, talk to their child, put traumatic events in a positive light, and enlist the child's help so as to build their sense of control and competence.

Some programmes that aim to improve children's coping capacity do not see resilience as a fixed attribute. Instead, resilience is used to describe a collection of protective mechanisms

⁴ http://ceinfo.unh.edu/4H/4H_OMK/elemntry.pdf (accessed November 2005).

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that attenuate risks to children’s development and to the fulfillment of their potential⁵. Most of these protective mechanisms are related to relationship and situational characteristics, including for example, caregiver interest and responsiveness. In the theoretical and empirical literature, resilience demonstrated by children is represented as a dynamic construct, adjusting continuously to balance risk and protective factors – a balance that changes as children move through developmental stages and confront varying environmental challenges (Garmezy, 1994; Masten, Best & Garmezy, 1991; Werner, 2001).

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Ann Masten specifically counters the view that resilience is somehow “special”, referring to what she calls “ordinary magic” - factors in everyday life and relationships that provide at least part of what is needed to help children cope with acute life events and proceed to develop normally (2001). That is, resilience in children, the capacity to cope with and withstand stressors, rather than being an intrinsic individual characteristic, arises socially and is sustained by their social relationships with other people.

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Bronfenbrenner’s ecological systems theory (1979) is frequently used as a way to understand the factors that promote and maintain resilience in children. According to this model, the social, cultural, and environmental influences that impact children are embedded in concentric systems with the child at the centre - from the microsystem of family relationships, through the mesosystem of broader social relationships, to the exosystem of schools and neighbourhoods, and extending outwards to the macrosystem of institutional and ideological arrangements that shape the culture and sub-culture in which the other systems operate (see Figure 1).

Simplifying both the Bronfenbrenner model, as well as a considerable amount of empirical work on children’s development and resilience, one can summarise the “ordinary magic” of which Masten (2001) speaks, and the “good-enough parenting” to which Donald Winnicott (1965) refers, as a circle of care around children, consisting of at least the following three elements:

- At least one stable and affectionate caregiver with a long-term commitment to the child;
- Material and social support, as well as protection, for the child and caregiver provided by family, neighbours, the community, and the state;
- Participation by the child and caregiver in meaningful social and cultural practices and institutions.

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These bare necessities provide the elements of everyday life and relationship that support children’s development and achievement, including what we observe to be their resilience. Without them, no decent life for a child seems possible.

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⁵ See, for example, <http://www.experiencedesignernetwork.com/archives/000299.html> (accessed November 2005).

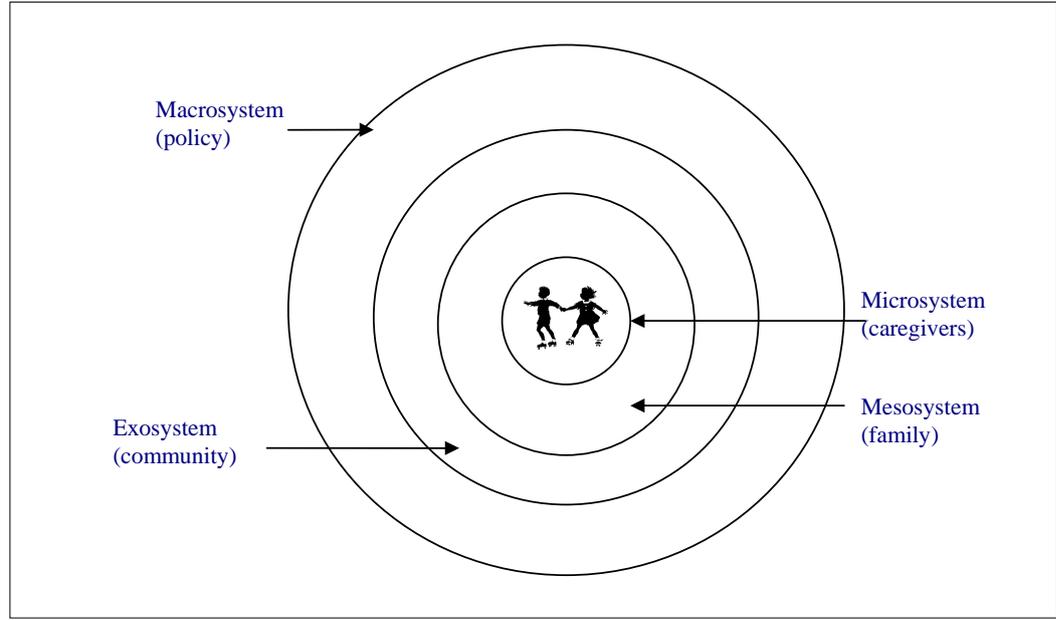


Figure 1: Bronfenbrenner's Ecological Systems Model

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Rights

Children's rights are founded on a moral and ethical view that children merit special consideration and that adults (parents, teachers, state officials, and others) are obliged to protect children from adversity (Boyden & Mann, 2005).

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Much of the concern with child rights, as codified in the Convention on the Rights of the Child (CRC), the African Charter on the Rights and Welfare of the Child, and other policy instruments, centres on achieving compliance at the country level (UNICEF, 1998).

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It is possible to overlay articles in the CRC on the three basic prerequisites for children's development outlined above. For example, the right to: identity, survival, and development (articles 6, 7, and 8), family care (articles 18 and 19), income support and social security (articles 26 and 27), and education and cultural activities (articles 28, 29, and 31). In this way, a clear relationship between factors that promote resilience in children, and protection of children's rights can be demonstrated.

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Another aspect of children's rights is frequently exemplified using an extract from the speech Eleanor Roosevelt delivered at the United Nations in 1958.

Where, after all, do universal human rights begin? In small places, close to home - so close and so small they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood he lives in, the school or college he attends; the factory, farm, or office where he works. Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere. (Melton, 2005, p. 918).

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In this quote is made clear that rights rest in, and are made effective through, human relationships and social contexts. The morality that gives heart and soul to the skeleton of conventions and charters is a human morality, one that governs the feeling and behaviour of one person to another, and of an adult to a child. What then, one may ask, allows human nature to recognise the morality of children's rights and engender resilience? How can the links between rights and resilience improve programmes to support children's development?

Empathic Care

Empathy is a difficult concept to define, and it is used differently in psychoanalysis, aesthetics, and sociology (Marshall, 2002). In general terms, though, there is agreement that empathy is a fundamental human (perhaps even a primate) capacity, possibly supported by our brain's ability to mirror the feelings and actions of other human beings. Empathy is the facility, as described by George Mead "to feel our self into the other" (1934, p. 366). When balanced emotionally and cognitively, empathy compels us to respond to, and act on, the distress of others. However, when emotionally unbalanced, our responses to the distress of others can be overwhelming and lead us to become self, rather than other, focused (Batson, Fultz & Schoenrade, 1987).

Empathy is one of the links between resilience and rights because it is the basis for committed care of children (which promotes resilience), of morality based on care (which engenders respect for human rights) (Gilligan, 1982), and of motivations that prompts individuals and groups to help others, in everyday life as well as in the programmatic work of local and international agencies (Oliner, 2003). Human beings appear to have an innate empathic capacity, demonstrated in early infancy by: newborn imitation (Meltzoff & Moore, 1977), affect synchrony between babies and their intimate caregivers (Feldman et al, 1999), crying triggered by the crying of other infants (Hoffman, 1978), and comforting behaviour by toddlers when exposed to distress in other people (Zahn-Waxler et al., 1992).

One can examine the role of empathy by looking at the distinction between primary care: the care a mother gives her child and other forms of interpersonal care, and secondary care: the care practised in humanitarian work and intervention programmes - though the two forms of care are not unrelated.

Primary care

The primary care provided by adults who are affectionate towards, and engaged with, a young child is widely accepted to be of fundamental importance. Intuitive parenting (Papousek & Papousek, 1995) refers to a programme of interpersonal behaviours with which adults respond to young children. These behaviours include the mirroring and imitation of emotional states, protoconversations with preverbal children, and the attribution of feeling, intention, and humanity to newborn infants.

Empathy or empathic identification with the child by the caregiver is regarded as a key element of engaged care and stimulation of young children (Dix, 1991). A related process, described by Meins (1997) as maternal mind-mindedness, refers to the caregiver's attribution

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of mental and related emotional states to young children. Together with empathy and mind-mindedness, both sensitivity and responsiveness are the critical components of a child's attachment to caregivers and to their developmental integrity. It is these caregiver qualities, sustained over long periods of time, which promote and maintain the capacities of children's resilience.

When empathy is weak or absent from a care giving relationship, the child may be labelled as bad, abnormal, neurologically impaired, weak, possessed by demons, or beyond help. This type of labelling may serve to place the child outside of a circle of concern, or what Karsten Hundeide calls the 'zone of intimacy' (Hundeide, 1991). In these circumstances, the child may be ignored, neglected, and/or abused. The empathic responsiveness of caregivers may be inhibited or blocked by their own experiences of inadequate care during childhood (Main & Hesse, 1990), as well as by stresses of poverty, war and conflict, and other situational conditions (Richter, 1999).

Although secondary care is related to primary care, and probably stems from common capacities and experiences, it does not have the immediacy and participatory elements of primary care. Secondary care is subject to conventions and values, and open to reflection and change. Stemming from its empathic base, it is the engine of humanitarianism and human rights. The empathic human origins of secondary care are recognised in Carol Gilligan's ethics of care (1982), Bauman's ethics of closeness (1996), and what the French philosopher Levinas calls the 'appeal of the face' (Vandenberg, 1999).

Secondary caring is usually formalised into principles of intervention. These interventions are "constructed" from observations of ideal or normal conditions, and then applied in abnormal conditions. As such, many principles of intervention derive from primary care giving and are inherent in human social and cultural organization. Examples of inherent forms of intervention are empathic care, teaching and learning, compensation and support, rehabilitation and recovery. All human societies express these interventions in one form or another.

The process of formalisation may cause interventions to become abstracted and bureaucratized and those implementing interventions may forget that many of the principles of helping are human and common to all people. In such instances, secondary care is disconnected from empathy, which is the foundation of our sense of responsibility for others. Remoteness and 'othering' can lead to negative judgements of those who we try to help, and our attitudes can objectify them. When this happens, we become indifferent and neglectful in ways that can allow us to dehumanise the 'other'. The recipients of our assistance are then expelled from our circle of concern – in much the same way as occurs when children fall outside of the caregiver's zone of intimacy (Vandenberg, 1999).

Empathy serves both to support children's resilience through primary care, as well as enabling a morality of care that makes possible the realisation of human rights through intervention programmes. In addition, empathy is dialogical, requiring a reply. As such, a consideration of empathy as the foundation of care gives us pause to consider what responses we might 'expect' from recipients of secondary care, and how our unmet, often unarticulated,

expectations might further distort our relationships with those to whom we wish to be of assistance.

What then does a consideration of empathy tell us that might be helpful for child programming from both a rights and resilience perspective? Firstly, all programmes should attempt to strengthen the empathic care of children through the social systems of their everyday lives. This can be done using a variety of approaches, including addressing the conditions under which caregiver empathy may be blocked, and increasing positive face-to-face interactions between the caregiver and child. Ultimately, children can only be resilient and continue to cope with difficult conditions if they are sustained by caring relationships with those around them. Secondly, programmes should ensure that an empathic perspective informs efforts to extend the realisation of children's rights. When adults identify with a child, including through recall of their own suffering when they were young, they may be more likely to recognise children's rights. Thirdly, programmes should retain an empathic perspective in their work to prevent interpersonal distancing and its consequences, and allow time for reflection on the questions that arise from this perspective, including: how do we expect recipients of our assistance to respond and what kind of reply do we want to hear?

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Children's Voluntary Work as a Means for Participation in Community Social Processes

Anica Mikuš Kos

Programme Director of the Foundation TOGETHER

Introduction

The Slovene Regional Centre for Psychosocial Wellbeing of Children (The Foundation TOGETHER) has developed a model of voluntary work that can be used as a means of empowering children to participate in the social processes of their communities. This model has been used successfully in Bosnia and Herzegovina, Kosovo, and Serbia and Montenegro. Several other countries and regions have initiated programming or expressed interest in this programming. These include Iraq, Chechnya, Ingushetia, North Osetia-Alania, and Macedonia.

The experiences of the Foundation TOGETHER in situations of armed conflict and in post-conflict regions have shown that children are interested in voluntary activities and may benefit from the opportunity to volunteer. After the wars in the former Yugoslav territories of Bosnia and Herzegovina, Kosovo and Serbia, literally thousands of children and youth became involved in voluntary activities.

The Foundation TOGETHER uses volunteers drawn from primary and secondary schools and universities. These volunteers commit to a year of work in which they provide weekly assistance to people in need. Voluntary work of children and youth is organised and monitored by mentors - who are usually teachers. The programming is integrated into the school system and links schools with communities.

Background

- Organised voluntary work for children provides an important means for teaching civic responsibility and for encouraging lifelong engagement in society. The programme involves a large number of children and young people as volunteers, as well as adult mentors drawn from the school system. The large number of volunteers has an impact on the population of children as a whole in both the school and community.
- It is widely recognised that volunteers may play a role in the protection of children's psychosocial development, mental health, well-being, and learning achievement. Volunteers are active in various non-governmental organisations and institutions such as schools, kindergartens, welfare centres, etc. They act as direct helpers to children, as well as providing complementary assistance and support to families, services, and institutions for children (schools, hospitals, boarding homes, etc.).

- In a majority of post-socialist countries, especially those affected by war, many children living in poverty and/or dysfunctional families are negatively affected by a lack of social capital (human resources). Volunteers enrich the lives of children in the community by providing emotional, social, and educational support. A volunteer's presence in the life of an at-risk child can have a protective influence on mental health and development.
- Involving children and youth as volunteers on a year-long basis is an important approach in the prevention of psychosocial disorders, and the empowerment of involved children. Participation in voluntary activities helps children to cope with traumas, losses, and post-war adversities that they have experienced. Receiving recognition for their social activities increases confidence and self-esteem. Rather than seeing themselves as helpless victims of evil and social adversity, they see themselves as active participants in their own lives and the lives of their communities.

The objectives and aims of the programme

The conceptual, social, and organisational objectives of this programme are: to provide children and youth with opportunities for social activism by helping people in need in the community; to promote youth participation in personal and community recovery; to develop children and young people's sensitivity to social deprivation and groups of people with special needs; and to empower children and young people to work for change in civil society through social involvement.

The main aims are:

- To create on-going organised possibilities for children and young people to participate in identifying and reducing social problems in their communities;
- To develop community and school-based models of solidarity behaviour for children and youth;
- To create practical civic education opportunities for children and young people through 'learning by doing';
- To contribute to the protection of child mental health at the community level by mobilising human resources to support children in need (children with psychosocial problems, learning difficulties, special needs, etc);
- To develop a model of child mental health promotion and protection by involving children and young people in social activities (voluntary work) which develops their self esteem and social skills;
- To develop a model of volunteer work in which at-risk children who were receiving help are able to become providers of help to others by volunteering.

While all children may benefit, the children most in need of volunteers' help include:

- Children with learning problems;
- Children with special needs;
- Physically handicapped children;
- Sick children;

- Children with psychosocial problems or disorders;
- Socially deprived children;
- Traumatized children, children who experienced losses or were otherwise affected by war;
- Refugee children;
- Children from dysfunctional families;
- Children whose psychosocial development is at risk.

Activities

The programme consists of:

Preparing the community, schools, and other institutions for the programme. Educating relevant institutions, services, and NGOs about the programme and forming agreements with them to complete the activities listed below.

Training of mentors: Mentors are trained to monitor and supervise the work of young volunteers (primary and secondary students). Mentors are teachers, interested in such activities and complete two trainings; initial and advanced.

Brief introductory workshop for volunteers: The introductory workshop aims to prepare volunteers for their work, explains to them the importance of solidarity and active participation in solving community problems, and shows them they can make a difference with their involvement.

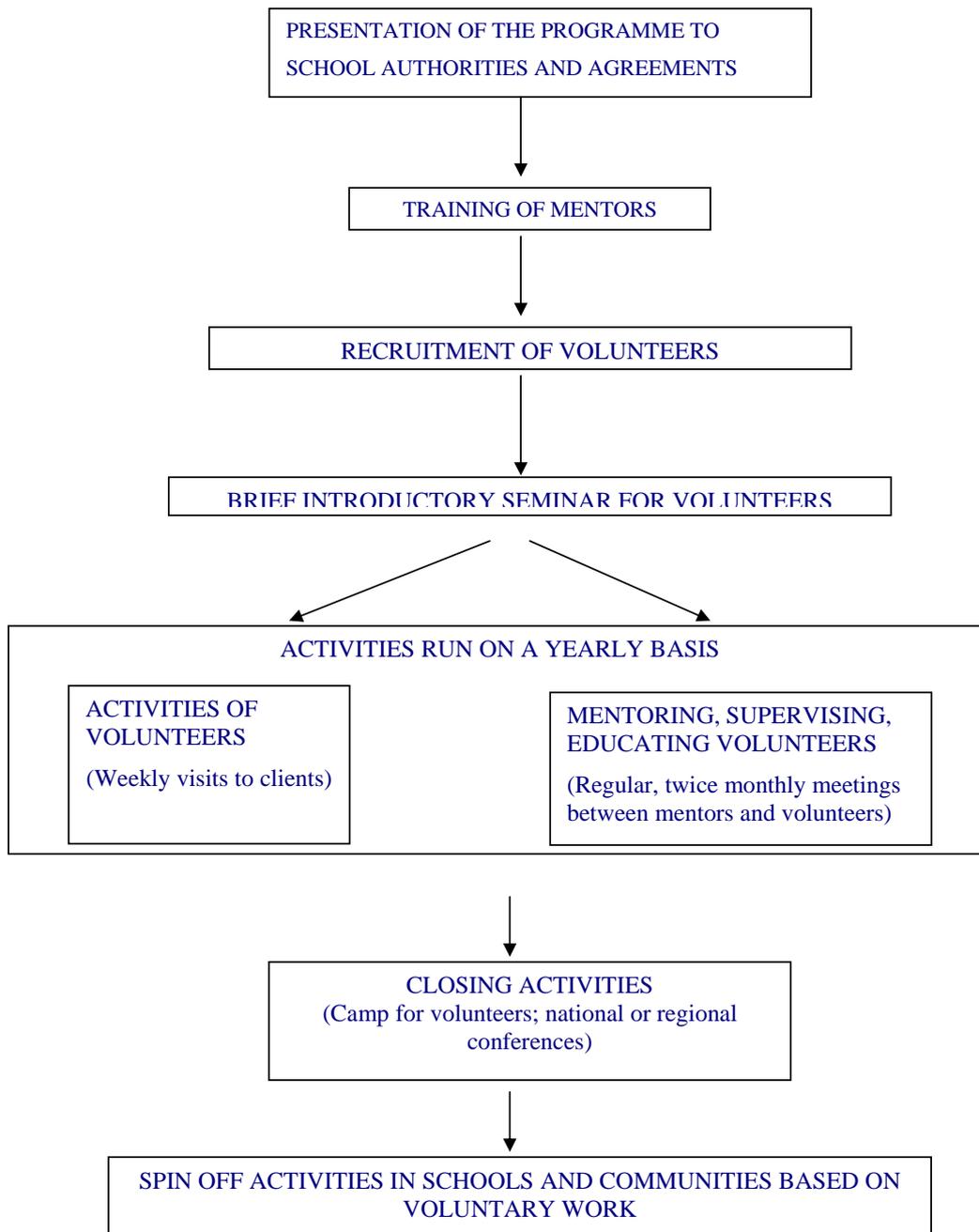
Activities of volunteers: Volunteers commit to working for one academic year and visit their “clients” once a week. They provide support to a variety of people, including children with learning problems, children with special needs, other children identified as being in need, elderly persons, and handicapped persons.

Monitoring and supervision: Mentors supervise volunteers on a weekly basis. One component of the programme is civic education. Through monitoring and supervision volunteers are encouraged to reflect on the social context in which they are working and focus on their role in the situation. The mentors are in charge of organising activities and carrying out other relevant tasks.

Closing activities: On completion of the programme, those volunteers who express interest in initiating voluntary work in their own communities are given the chance to participate in a camp. Another suggested closing activity is a conference (either at the national or regional level) in which the model could be presented.

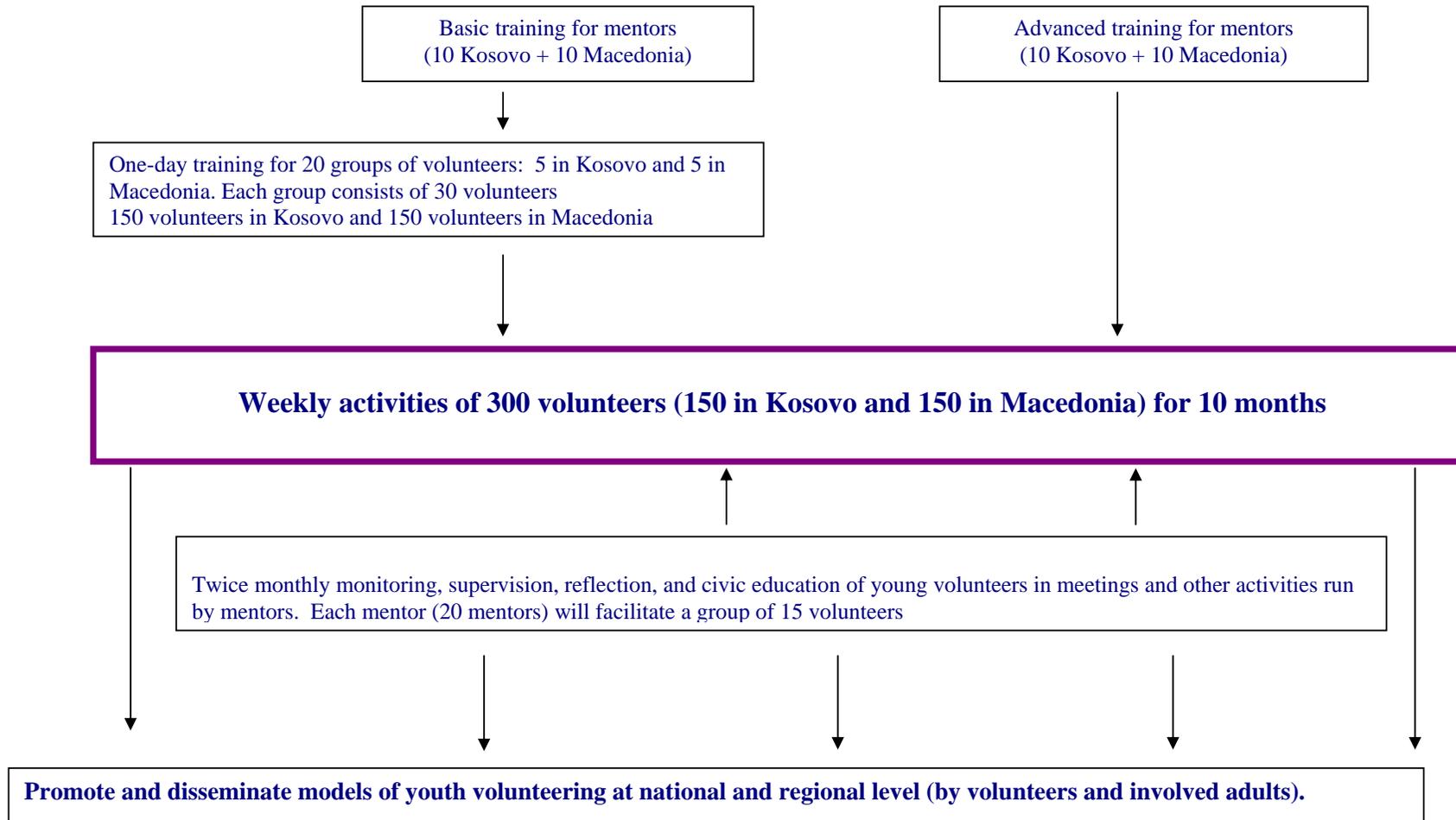
Scheme 1 presents the activities of the programme. Scheme 2 presents a concrete joint programme proposed for Kosovo and Macedonia financed by the ‘Wings of Hope Foundation’, the Netherlands.

Scheme 1: The activities of the programme



Scheme 2:

A concrete joint programme proposed for Kosovo and Macedonia financed by the Wings of Hope Foundation “the Netherlands”.



Effects of voluntary work

The most important aspects and impact of volunteers' assistance to children:

- Enrichment of a child's life through positive experiences;
- Improvement of psychosocial quality of life;
- Introducing protective factors in the life of children;
- Prevention and reduction of risks concerning psychosocial development (i.e. school failure or dropping out of school);
- Prevention of social exclusion;
- Development of social skills;
- Improvement of self-confidence and self-esteem;
- Cognitive development;
- Exposure to new activities;
- Learning from role models;
- Corrective and compensatory impacts on family deficits and dysfunctions;
- Improvement of school achievement;
- Better coping capacities;
- Quicker recovery processes;
- Better experience with people and improved vision of the humanity.

The impact on young volunteers:

- Opportunities to make a difference in the community through participative action;
- Sensitisation to the existence of social inequalities such as poverty, social exclusion, and other issues affecting individuals or the community as a whole;
- Learning strategies to deal with poverty and social exclusion;
- Development of civic responsibility;
- Acquire new practical knowledge and skills such as communication, supporting people in need, and advocacy for deprived groups;
- Receive recognition and gratification for their work;
- Develop a set of pro-social values (solidarity, moral obligation for active participation in problem solving, etc);
- Provide opportunities for children and youth who are receiving help to become volunteers and help others in need. Voluntary work may have mitigating effects on social malfunctioning and psychosocial disorders;
- The experience may shape future professional and political orientation. Many continue volunteering and promoting voluntary work in their future professional roles;
- Voluntary work enriches the life of young volunteers and adds new meaning and joy to life.

Impact on schools:

- Shaping the ethos of the school;
- A potent means of moral, social, and civic education of children;

- Human resource for assistance of children with problems;
- Improving school achievement;
- Improving behaviour of children;
- Prevention of psychosocial problems;
- Improving the reputation of the school;
- Linking the school with the community (children visiting elderly and disabled persons, etc);
- Mobilising resources in the community for helping children in need (volunteers helping children).

Impact on the community:

- Spreading the values of solidarity;
- Development of social capital;
- Developing and spreading models of good practice in voluntary work;
- Reducing social inequality and some other problems of the community as a whole;
- Educating youth for future roles as responsible and engaged citizens;
- Enhancing the sense of security for all members of the community.

How to avoid problems?

The innovative process of initiating organised youth voluntary work in countries affected by armed conflict and poverty requires adequate preparation. In order to ensure acceptance and successful realisation of programming, adequate time and energy must be invested in educating involved parties about the concept of voluntary work .

Of major importance when initiating programming is to highlight the continuity between social responsibility and traditional solidarity in the relevant region. This can be done by ensuring that the programme maintain respect for the local values and tradition of mutual help and solidarity, in addition to focus on the education of children for democratic societies.

All possible preventive measures must be taken to protect the programme from failing as it may prove difficult to regain community support to once a programme fails. Good organisation is essential since even established programmes have had to close due to bad organisation, insufficient support to volunteers, etc.

Young volunteers should have the opportunity to participate actively in the planning and development of the programme. They should feel like they own the programme. Volunteers should be socially rewarded and acknowledged for their role.

Some practical advice:

- Basic concepts for the local programme should be developed in partnership with local partners, taking into account cultural and religious values;

- Educate the local community to ensure receptiveness to programming;
- Users of the programme (individuals, services, and institutions in which volunteers work) should be adequately prepared for receiving volunteers;
- Good organisation and logistics for the whole process are needed;
- Volunteers should receive continuous monitoring, support, and education (regular meetings between mentors and volunteers);
- Volunteers should receive recognition for their work and be encouraged to develop their own programmes;
- Young volunteers should be given an important role in the promotion and presentation of the program;
- Mentors should be available to volunteers in case of difficulties and to answer questions;
- Mentors should work in partnership with volunteers;
- Problems should be solved without delay.

Advantages of the programme

- It is possible to include a large number of children;
- It is school-based;
- It mobilises human resources to meet needs in the community;
- It is well accepted by children;
- It is capacity building.

Resilience in a Nutshell

Stefan Vanistendael

Starting Point

- A fact: Life paths that surprise us for the better. They occur more often than we think, and not only with “special” people. *I have taken out Anne Frank and Billy Elliot as not all people who hopefully will read the document will know who they are. Can you think of another one? Perhaps Nelson Mandela?*
- A question: what can we learn from them that is also useful for other people?

What?

- The capacity of a person or a group to develop well when faced with major problems, such as trauma, very difficult life circumstances, extreme poverty....
- This is growth, rather than bouncing back, often with many ups and downs. What is essential is the long term basic trend.

Dimensions

- Resistance to protect one’s integrity
- (Re)building life and projects for the future
- Sometimes: transformation of a difficulty into a richness, e.g, the blind musician

Process

- Resilience is built in a life long process of interaction with the environment, in ever widening circles of human relations and responsibilities, from the “victim” to the level of the state
- This process needs often can be sustained by family and friends, but at times some professional help is needed

Criteria

- Is the person capable of a long term commitment (social, family, other human relations)?
- Sound altruism often is a sign of resilience

Limits

- Resilience is never absolute
- Resilience varies, according to situations and stages of life
- Resilience can never be a magical solution for all problems
- Resilience is no substitute for poor social or economic policies

Ethics

- In practice resilience always carries a strong ethical dimension (what is positive growth?)
- So resilience never is survival at any price, neither for oneself, nor for others
- Resilience is never a justification of suffering

Challenge

- Basic challenge: what can we (re)build together, given the constraints and the potential of the situation?

Strategies

- Some problems need some repair
- But real construction of life is based on one or more positive elements
- Such a positive can be minuscule, at the surface without any importance
- What is important is that the person in difficulty can really build on such a positive point, also from his or her own point of view
- At times such positives are hidden behind negative behaviour
- Strategies of construction are not identical with research strategies, variables that help to explain are not identical with variables we can take influence upon

Elements

Some elements found in a variety of situations, problems and cultures:

Fundamental:

- basic physical health (no famine) and security
- fundamental acceptance of the person, not his or her behaviour (“I believe in you”, in a way that is credible to the other)
- discovery of meaning (= constructive connection to surrounding life)

Others:

- self esteem
- variety of competences and skills (professional, social, life...)
- constructive humour
- Others, not anticipated: life always surprises us, always is richer than models.

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Summary of the Reports from the Working Groups

1. Participants agreed that the ‘desired destination’ of our work is the well-being of the child, family, and community.

To achieve this there are several possible combinations of approaches:

- Rights based programming;
- Resilience enhancement;
- Both simultaneously;
- Rights as a legal framework for resilience building.

2. A number of questions remain to be discussed:

- What value can be added to children's lives either through a rights based/resilience enhancing approach?
- To what extent does the power of the rights/resilience approach differ from context to context?
- Are there incidents in which children’s rights approaches could decrease resilience?
- Are rights always universal and relevant?
- If rights and responsibilities are linked, what are appropriate responsibilities for children at different stages of development? How do differing cultures/contexts affect this?
- Is the children’s rights approach the most suitable guide/framework for effective programming?

3. Why Rights Based Programming?

a) Does human rights programming:

- Lead to an increase in resilient people?
- Make a significant change in people’s lives?
- Create stronger communities?
- Ignore or marginalize certain cultural strengths?

b) What does rights based programming add to what we are already doing?

- Provides tools for advocacy at both macrosystemic and microsystemic levels;
- Creates mechanisms at the implementation level;
- Shifts the balance of power – counteracts the needs based approach amongst disempowered people;
- Builds confidence, self respect, and a sense of self agency.

4. Rights Based Programming: Conceptual Issues:

- Participation is a principle that governs and underpins all articles of the CRC, RBP, and resilience enhancement;
- RBP provides a legal and ethical framework;
- RBP can shift blame and responsibility, e.g. in cases of child abuse and neglect;
- RBP shifts power between duty bearers and rights holders;
- Facilitates participation through a sense of entitlement – not charity;
- Facilitates a sense of capacity, agency, and growth potential, whereas needs based programming simply aims to meet the immediate needs;
- RBP grows from the CRC but can be fluid and applied flexibly to inform practice.

6. Resilience: Conceptual Issues

- List of characteristics is too static, western, and individually based, and is biased towards popular and competent children;
- Resilience is a process, dynamic and fluid, not a set of individual characteristics;
- Role of spirituality and morality is critical, as are process such as rituals and celebrations;
- Resilience is universal, but is made concrete in specific ways;
- Hope, optimism, and a belief in a better future are critical aspects of resilience;
- Power of positive narratives;
- Is resilience culture specific? Or age specific/related?
- Need to recognise the uniqueness of the individual, family, community, and cultural context;
- Resilience must be simultaneously based in the community, within the family, and within other social structures;
- Recognise maladaptive coping strategies for survival, such as child prostitution, that increase risk.

7. Hope

- Children need to feel that their education leads them somewhere and provides opportunities for the future;
- Need to provide new opportunities for children to feel hope for their future;
- Reciprocal patterns of responsibility;
- Increase self confidence, respect, and esteem;
- Children need skills if they are to have hope.

8. Strategies

a) Staff:

- Ethos and attitude towards the recipients of assistance requires respect, empathy, active listening, etc.;
- The role of a facilitator is as a catalyst and guide;
- Community to define needs and programming;
- Mapping positive resources and assets available to the children and communities;
- Working together with adults and children;
- Identifying and involving positive role models for the children
- Integration of educational system;
- Identify and involve all key stakeholders;
- Form alliances with other organisations, and introduce cross-border strategies where appropriate;
- Work with duty bearers;
- Develop capacity in individuals, families, and communities to meet their own needs;
- Empathic care and role model as mode of interpersonal interaction.

b) Sensitising and preparing communities:

- Participation and shared decision making;
- Work to reduce labelling, exclusion, stigmatisation, and marginalisation;
- Be sensitive to un-intended consequences and raising false/unrealistic expectation;
- Develop empathy.

c) Theoretical & Ethical Issues

- Facilitative and enabling environment and processes need to be actively developed and used as a focus;
- Reviewing processes in collaboration with ethical structures within communities and society; creating decision making spaces;
- The necessity of evaluation that facilitates a continuous, open and confidential discussion to allow for learning;
- Understanding of the CRC as an international human rights instrument: this creates the legal basis for intervention and accountability. It defines the obligations of the government, and the organisations implementing interventions. The CRC should not serve only as a checklist for programme development, monitoring and evaluation.

d) Emergency and Crisis Situations

Whilst children's rights must be met in these situations, and there are opportunities for enhancing resilience, it is important to note that they are:

- Time limited;
- Operate according to different strategic principles.

9. Other Principles for Implementation

- Group work is very appropriate for most community development work and rights based approaches.
- Participation is a means towards developing communities through building networks and decreasing fragmentation and alienation.
- Some child driven activities need careful monitoring and sensitive oversight.
- Mediated learning experiences – Mauritius.
- Family parliament to facilitate dialogue, communication, and rights may hamper or be useful in this regard.
- Include biological, social, psychological, and spiritual dimensions.
- School of Solidarity and Justice Model represents an integrated approach (Mauritius).
- Holistic community based model of psychosocial intervention (South Africa).
- Children's Clubs (Save the Children internationally) – inclusive of all children, avoid stigmatisation and labelling. Child directed, but role of the facilitator is critical as children can be mean and nasty to each other.
- Definition of psychosocial support serves as a checklist of strategies for programming.

10. Indicators of Resilience

- Rights lead to increased capacity to be fully functional;
- Optimism, hope, faith in one's own ability to deal with adversity and to cope;
- Increased confidence;
- Solidarity, concern for others, sense of community and neighbourliness;
- Interdependence;
- Ability to access and exit services;
- Ability to engage and access socially meaningful social networks.

11. Critique & Dangers

There is a need to recognise the limitations of both individual and communal approaches.

Would it be better to teach a child:

- A new skill?
- His or her rights?
- Or help them to develop their social networks?

- Avoid interventions that are dogmatically driven by ideology;
- Work to prevent alienation of duty bearers. Duty bearers may disagree in principle about a duty that has been defined by us;
- Avoid any assumption that children are resilient. This may lead to a tendency to minimise the impact of risk, and some children could 'fall through the cracks';
- There should be no compulsion to apply strategies unless they are known to be effective, or can be shown to be effective, even if they seem plausible.

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