MODULE 11: VULNERABILITY AND CULTURE

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VULNERABILITY AND CULTURE

►definitions of culture and vulnerability

►possible connections between vulnerability and culture

►the downward spiral of child vulnerability

►most common forms and factors of vulnerability

- disability

- children deprived of family care

- migrant, refugee, unaccompanied children

- children belonging to ethnic and/or religious minorities

HOW TO DEFINE CULTURE?

UNESCO: "culture is that complex whole, which includes knowledge, beliefs, arts, morals, laws, customs, and any other capabilities and habits acquired by [a human] as a member of society."

WHAT IS VULNERABILITY?

►**high probability of "a negative outcome"**

- expected welfare loss above a socially accepted norm
- resulting from risky/uncertain events
- lack of appropriate risk management instruments.

►**multi-dimensional nature and multiplicator effects**, e.g. people who live in poverty often face

- discrimination,
- social exclusion,
- inadequate access to education,
- inadequate access to health care,
- inadequate access to cultural or sport activities.

World Bank's social protection framework for social risk management

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WHAT IS VULNERABILITY?

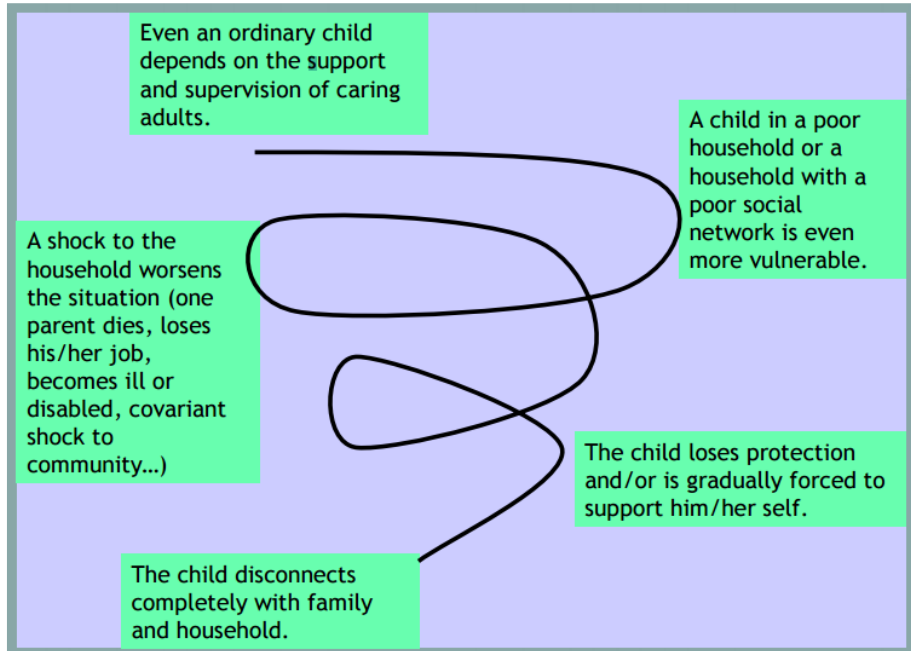►**targeted violence and hostility related to disability**
- both criminal and non-criminal acts
- serious barriers to realisation of the rights of people with disabilities in UN Convention on the Rights of Person with Disabilities (CRPD)

<div align="right">rf. EU Agency for Fundamental Right's (FRA)</div>

►**children in vulnerable situations are victims of violence more often**
- because they cannot protect themselves
- they are not visible or not recognised by the professionals, institutions,
- they are not seen as integral parts of the society

World Bank's social protection framework for social risk management

THE DOWNWARD SPIRAL OF CHILD VULNERABILITY

Even an ordinary child depends on the support and supervision of caring adults.

A child in a poor household or a household with a poor social network is even more vulnerable.

A shock to the household worsens the situation (one parent dies, loses his/her job, becomes ill or disabled, covariant shock to community...)

The child loses protection and/or is gradually forced to support him/her self.

The child disconnects completely with family and household.

Each shock leads to a new level of vulnerability, and each new level opens up for a host of new risks. The probability of a child experiencing a negative outcome rises with each shock.

At the bottom of this spiral we find children who are separated from their families or in situations of severe family abuse and neglect.

FACTORS OF VULNERABILITY

Social

Physical

Economic

Environmental

Political

Cultural

MOST COMMON FORMS OF VULNERABILITY

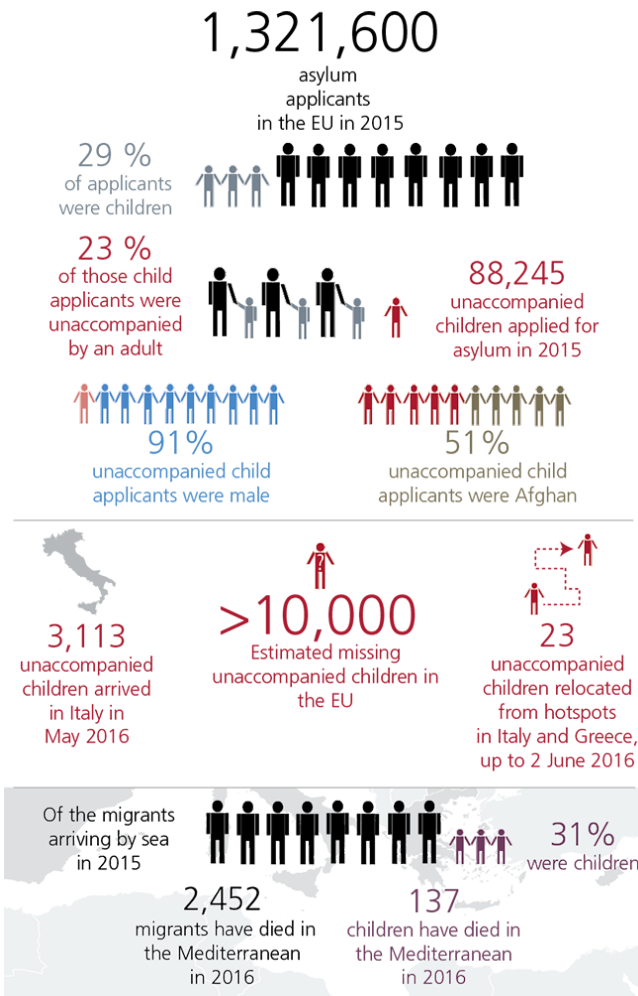disability, migration, ethnic minority, children separated from parents

children in conflict with the law, children in war or conflict zones

children affected by natural disasters, age, gender, poverty, sexual orientation

orphaned, abandoned children, children living in abusive, neglecting environment

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MIGRANT CHILDREN: THEY FACE A CULTURE OF DISBELIEF AND SUSPICION

THE SITUATION OF MIGRANT CHILDREN

1,321,600
asylum applicants in the EU in 2015

29 % of applicants were children

23 % of those child applicants were unaccompanied by an adult

88,245 unaccompanied children applied for asylum in 2015

91% unaccompanied child applicants were male

51% unaccompanied child applicants were Afghan

3,113 unaccompanied children arrived in Italy in May 2016

>10,000 Estimated missing unaccompanied children in the EU

23 unaccompanied children relocated from hotspots in Italy and Greece, up to 2 June 2016

Of the migrants arriving by sea in 2015

31% were children

2,452 migrants have died in the Mediterranean in 2016

137 children have died in the Mediterranean in 2016

Refugee children, displaced children with disabilities:

► among most hidden, neglected and socially excluded of all displaced people.

► often more isolated following their displacement than in home communities.

► negative attitudes can escalate in a crisis.

HOUSE OF LORDS, European Union Committee (2016): Children in crisis: unaccompanied migrant children in the EU

THE SITUATION OF MIGRANT CHILDREN (CONTINUED)

▶ **overcrowded reception centres, insufficient lighting, sanitary, sleeping facilities**
  - risks of sexual or gender-based violence

▶ **severe discrimination in housing, education, health, work or social security.**
  - laws discriminating against non-nationals
  - programmes and policies fail to address specific needs and vulnerabilities
  - unable to access basic services or at levels below international human rights standards
  - access to remedies often unavailable because of migration status

▶ **Xenophobia, racist sentiment and discriminatory practice**
  - affect civil, cultural, economic, political and social rights of migrants
  - principles of equality and non-discrimination are at stake

International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families

ETHNIC MINORITY- DISCRIMINATION AND SEGREGATION REMAIN PERVASIVE

THE SITUATION OF ROMA PEOPLE

► Europe's largest ethnic minority.

  ▪ 10-12 million in Europe, some six million in EU.

  ▪ Concerns:victims of prejudice and social exclusion,

► Eastern Europe :the most vulnerable minority group

  ▪ Economic vulnerability, 71% or more of Roma households in deep poverty.

  ▪ Lack of education:low graduation of secondary school (29 percent)

  ▪ High unemployment rate: less than half of all Roma men and a quarter or less of all Roma women can find jobs.

► The European Roma Rights Centre: problems with implementation of EU

  ▪ Framework for National Roma Integration Strategies

  ▪ Pervasive discrimination and segregation

  ▪ Human rights' abuses

European Commission: Tackling discrimination
The European Roma Rights Centre
The World Bank/Roma

CONCEPT OF PROFESSIONAL CURIOSITY

PROFESSIONAL CURIOSITY –
an alternative to the concept of "cultural competence"

Concept of "cultural competence"?

- ►**limits in the light of cultural diversity**: simply not possible to have even cursory knowledge of the range of backgrounds, histories and contexts that one might encounter
- ►**implicit assumption of shared cultural beliefs and values**: every individual has his/her own cultural self-concept, assuming them across whole groups is another form of stereotyping
- ►**leads to feelings of inadequacy and remorse**: cultural backgrounds are so diverse that professionals necessarily face someone from a background they know little about

Concept of "professional curiosity"!

CONCEPT OF "PROFESSIONAL CURIOSITY"

► ask and engage in conversational process of a listener ask and engage in conversational process of a listener

► placing each family member in position of a knower of his/her (cultural) self-perception

► culture/ethnicity is just one lens through which to approach children and parents; others lenses may at certain points or for individuals be less or more significant

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PROFESSIONAL CURIOSITY – Learning Objectives

► **"know thyself"**: become aware of own values, biases and beliefs as well as prejudices

► **culture not cultures**: reflection on static, totalising, and collectivising understanding of culture; developing a dynamic, historic, societal individualising concept of culture

► **culture and interaction**: awareness of ethnocentric perception and interpretive patterns, intercultural change of perspectives, openness for disproof of cultural assumptions

► **awareness of power relations**: reflection on the influence of institutional, societal, political, structural, etc. related imbalance of power ("othering": labelling as 'us' and 'them'; implicitly excluding minority children or families from the circle of trust and belonging

► **culture as just one lens**: through which to approach children and families; other lenses may, at certain points or for individuals, be less or more significant

PROFESSIONAL CURIOSITY – Learning Objectives

- **competent coping with incompetence**: be a hearer who seeks to understand from another's perspective, to imagine what might be troubling them and then explore this in conversation; asking about and exploring these aspects of lived experience as a route to earning trust which over time will also promote trust on one's capacity and capability as a professional
- **accepting uncertainty and ambiguity**: belongings oftentimes are ambiguous; be able to leave not comprehending standing; accepting cultural diversity without giving up own professional and ethical values
- **creative pragmatism**: practical fantasy and skills to engage in a co-producing process to achieve sustainable working contracts
- **abilities to deal with conflict and to dialogue**: respectful and appropriate questioning without crossing the line for limits of cultural tolerance (discourse ethics)

VIGNETTES

M11: VULNERABILITY & CULTURE
Introductory Presentation

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VIGNETTES

An outstandingly gifted Roma (or migrant) child lives in a poor, small community. An NGO supports him to attend a metropolitan elite school in order to ensure equal opportunity for him. The child moves in a dormitory and has got a chance to visit his home occasionally. The parents worry that being far away for so long, the child might look down on them and not keep contact with the family and also suffering from exclusion, discrimination. Once at school, it turns out that the boy is significantly behind academically and lacking basic social skills. This frustrates everyone around. The child prefers to go home, but there are no good local schools around, and minorities are exposed to discrimination.

The parents of a 14 year old girl had decided the further education of their child without asking her. The mildly disabled girl is really good at different types of handicrafts. She likes weaving, sewing and making pottery. Although she would like to choose manual work for living, she is forced to take a course in retail. The child is not able to focus at school, so both the teacher and her parents are unsatisfied with her. Nobody asks her opinion. Is this a form of abuse?

DISABILITY: MANY FACES OF PREJUDICE, IGNORANCE, DISCRIMINATION

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SOME FACTS ABOUT CHILDREN WITH DISABILITIES

▶ limited data, available evidence based on small scale studies

▶ poverty and disability reinforce each other

▶ denied access to basic services (e.g. education, health care, social services)

▶ disabilities in institutions, nursing homes, group homes or in other residential institutions.

▶ disproportionate vulnerability to violence, exploitation and abuse.

▶ stigma, prejudice, ignorance and lack of training and capacity building

Unicef (2013): Children and Young People with Disabilities Fact Sheet

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VIOLENCE AGAINST CHILDREN WITH DISABILITIES

▶ CRC: measures to protect all children from violence, including those with disabilities.

▶ CRPD: introduction of specific measures to ensure protection for children with disabilities

Evidence from countries throughout the world reveals a pattern of disproportionate violence against children with disabilities

▶ Violence everywhere: in the family, school, the community, the justice system, the workplace and residential care.

▶ Consistent evidence from research: children with disabilities are 3–4 times more likely to experience physical and sexual violence and neglect

▶ Poverty or no access to social protection/basic services: birth of a child with a disability can lead to significant family stress resulting in rejection and violence,

▶ Stigma and fear often leads to invisibility, denied access to other children, isolation in their neighborhood,

▶ Protection systems and reporting mechanism 's failure of finding the needs of children with disabilities:

▶ Difficulties in accessing help, effective justice or redress

Violence against children with disabilities

ENGAGING CHILDREN WITH DISABILITIES IN DECISIONS AFFECTING THEIR LIVES

It is important to

▶ clearly identify obstacles impeding the participation of children with disabilities

▶ examine why participation is important for children with disabilities

▶ provide practical guidance on how and where to reach out and engage children with disabilities more effectively and systematically

▶ prioritize ways to measure the effectiveness of participatory initiatives with children with disabilities

TIPS FOR ENGAGING CHILDREN WITH DIFFERENT DISABILITIES

Children have the right to influence decisions that affect them. Children with disabilities should be engaged in the development of policies and programmes relevant to them. Yet, different impairments require different techniques for engagement to ensure all children are heard equally.

Visual Impairment
- Ask children what mechanisms will help them to participate. Would they like texts provided in braille? Read aloud?
- In group settings, have everyone introduce themselves
- Use names when addressing others so all children know when they are being spoken to
- In group meetings, have children indicate they want to speak by saying their name (rather than raising a hand)

Hearing Impairment
- Use the mode of communication the child prefers (i.e. a hearing aid, sign language, lip reading, speaking, or a combination)
- Wave or gently tap the child's shoulder to gain their attention before speaking

When speaking to a child who can read lips:
- Face the child when speaking, do not cover your mouth
- Speak slowly and clearly (but normally)

Speech/Communication Impairment
- Be patient
- Listen to the child, avoid interrupting them or finishing their sentences
- Ask the child to repeat what they said if you did not understand
- Consider other forms of communication like writing methods or computer technologies
- The child may want communication assistance from a person they know well

Physical/Mobility Impairment
- Ensure the facility you are using is accessible
- Choose activities that all are capable of participating in
- Be flexible/willing to adapt an activity
- Do not sit/lean on assistive devices, they are part of the child's person
- Ensure you are at the same eye level when addressing the child (i.e. sit in a chair to be at eye level with a child in a wheel chair)

Hyperkinetic Impairment
Since hyperkinetic impairment causes a child's body or extremities to move involuntarily, it is important to:
- Speak to the child
- Paying attention to them and not their involuntary movements
- Continue to speak normally even if the child is moving

Psycho-Social Disability
- Treat the child with dignity and respect
- Be flexible and allow choice. The child may become anxious when they feel they do not have control
- Keep discussions calm
- Speak in a normal tone of voice

Intellectual Disability
Children may take more time understanding, remembering, or communicating information:
- Use simple language/summarise information (yet avoid infantilising children)
- When needed, repeat information/explain it in new ways
- Use communication methods the child prefers (i.e. hands-on learning activities, art, music, etc.)

Autism
- May have difficulty interacting with others so reward attempts by the child to understand/communicate
- May have delayed speech so other forms of communication can be helpful
- Encourage them to keep engaging in the activity but stop when they want to
- Create opportunities for them to communicate

PLAN International (1 Dec 2016): Guidelines for Consulting with Children & Young People with Disabilities

WORDS & EXPRESSIONS THAT SHOULD BE USED TO SPEAK TO OR WRITE ABOUT CHILDREN WITH DISABILITIES

Often times people do not know hot to speak to children with disabilities.
It is important to be respectful and considerate towards one another. When asking a question or conversing with a disabled child, speak directly to them rather than their caregiver.

Acceptable Words and Expressions

A person with a disability/ an impairment or a child with [name of specifc disability]

For example, "a child with impaired hearing"

Non-disabled person, a person with no disability

Unacceptable Words and Expressions

Sick, lame, deformed, abnormal, mental

Avoid using phrases such as "suffers from [specific disability]

Normal, healthy (as opposed to the disabled)

PLAN International (1 Dec 2016): Guidelines for Consulting with Children & Young People with Disabilities

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CREATING AN INCLUSIVE ENVIRONMENT FOR PARTICIPATION

▶ check whether the environment allows everyone to participate equally (i.e. are there ramps or wide enough doorways)

▶ accommodate a child's individual needs based on their specific impairment. A child should also be asked how best to meet their needs.

▶ avoid helping children with disabilities unless they need it or ask for it

▶ be open to change to accommodate children

Mieke Schuurman, Eurochild (2014): children's participation in public decision-making

GROUND RULES FOR ADULTS WHO CONSULT WITH CHILDREN

► ensure the children know who you are

► explain to the children why it is important to give their opinion

► avoid technical terms and jargon

► adults involved in the consultation process have to be honest with the children

► avoid treating children as victims or weak

► avoid situations that can create stereotypes or bias

► confirm the accuracy of what a child has said

Mieke Schuurman, Eurochild (2014): children's participation in public decision-making

GROUND RULES FOR ADULTS WHO CONSULT WITH CHILDREN (CONTINDUED)

► children have a right not to answer questions and remain silent

► explain that there are no correct and incorrect answers to questions

► ensure there is enough time for children to think and provide answers

► value the views of the children and take their views seriously

► strive to understand the children in the context in which they live

Mieke Schuurman, Eurochild (2014): children's participation in public decision-making

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CHILDREN IN INSTITUTIONAL CARE: IS HARMFUL TO CHILDREN'S DEVELOPMENT

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IN WHAT WAY IS INSTITUTIONAL CARE HARMFUL?

► Children are denied their fundamental rights with respect to family life

► States fail in their obligation to support families when reasons other than their parenting ability prevent them from caring for their children.

► Children's physical, cognitive and emotional development damaged in institutional care,

► Emotional support: essential for brain development, (the smallest baby also needs the close, loving contact from an early age).

► Structural and functional changes in the brains of children growing up in institutional care, characteristics: poor cognitive performance, lower than average IQs and poor performance poorly at school.

► Risk of developing mental health problems, vulnerable to abuse and exploitation.

► Victims to trafficking, exploitation, unemployment, homelessness and depression on leaving the care system.

► Long term impact on their adult's life: becoming single parents and relying for their children on institutional care.

► Reinforcement of discrimination in institutional care systems.

► Roma children and children with disabilities particularly overrepresented in institutional care in Europe.

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COLOPHON

▶ The training material at hand was developed as part of the project **Multi-disciplinary Assessment and Participation in Child Protection Proceedings: training program with modules and toolbox, international network (MAPChiPP)**.

▶ This collaborative project was **supported by the Rights, Equality and Citizenship (REC) Programme of the European Union** and conducted by the German Institute for Youth Human Services and Family Law (Germany), Family Child and Youth Association (Hungary), the Estonian Union for Child Welfare (Estonia), the Netherlands Youth Institute (Netherlands) and Child and Family Training (UK).

▶ **Module 11: Vulnerability and Culture was developed in main responsibility of the Family Child and Youth** by Dr. Maria Herczog and Anikó Gyárfás.

▶ We would like to thank Dr. Thomas Meysen, Henriette Katzenstein and Dr. Felix Dinger for their substantial support in preparing and revising the present material.