

CHILDREN'S

Partnering with
Viva
together for children

GOOD TREATMENT

CAMPAIGN

A Global Programme for Viva Partner Networks

The Vision

To promote lasting change for children in the following ways:

1. Adults in the community will know how to treat children better
2. The number of involved adults is measured and verified
3. Children understand how they should be treated
4. Children are empowered to advocate for good treatment

Introduction

Viva's vision is to see children safe, well and fulfilling their God-given potential. Central to this vision is a desire to see children not only treated well by the adults around them, but also for the children themselves to be aware of how they should be treated and to be participants in ensuring their own good treatment.

The Children's Good Treatment Campaign is intended to be a simple programme to implement and manage. It engages with a large number of local adults and addresses some of the key issues facing children. This programme has been adapted from the successful Good Treatment Campaign programme run by the Bolivia network for a number of years, but is simplified for successful implementation by each Viva network globally.

The Bolivia programme identified a number of success factors which indicate **significant potential benefits for networks** as we launch the Viva Good Treatment Campaign internationally:

Some Success Factors for the Good Treatment Campaign in Bolivia

1. Children were involved in all the methodologies, were listened to and were a source of practical ideas
2. Children were trained as ambassadors and they trained others
3. Children worked in parallel with adults
4. The programme supported the networks' child training and proved a successful source of proactivity
5. The programme taught about Child Protection and Children's Rights
6. The programme had a very simple basic message (good treatment of children) which was widely distributed
7. The methodology was simple to run, and attractive to adults on the streets
8. The network gained a good reputation for informed advocacy

We like the concept of a simple tool to engage with many adults in a network community, ideally through the actions of children connected with the network and trained by the network. **This programme offers potential to increase awareness across networks about children's needs and rights.**

Networks around the world are operating at different phases of network development and have different experiences and skills to offer. Some networks have developed a complex programme of Child Ambassadors supported by a Child Network. Others have only just begun to map their situation and introduce Child Friendly Churches or Christmas Parties. Recognising these differences and differing cultural contexts globally, we would like to offer a simplified version of the excellent programme devised by Bolivia, a programme that every network can engage in and one that will extend their skills, build child engagement and develop public awareness about the issues that children face and their rights.

We would like to invite networks to work with us to pilot this new programme in **September 2015**, ensuring adequate time for Consultants to help networks prepare. We expect the feedback from these pilots to contribute to a learning loop.

The Children's Good Treatment Campaign

This programme is simpler than Bolivia's Good Treatment Campaign but contains the same basic concepts of engagement with the community by children from the networks. The programme is based around a **Promise** to commit to good treatment of children by signing a **Promise Card**. The programme is to be carried out by children and for children. These children can be child ambassadors from the network, church members or young people connected with member organisations. Children's involvement must be fun, voluntary and inclusive, arising out of a sense of their ownership of the issues and programme. This is especially important where child labour is a significant issue in a network locality and where networks are supporting children with special needs.

There are many advantages in running a Promise/Campaign programme provided the issues presented are short, appropriate and memorable. Children should be able to talk to adults if they can remember and understand some key statements and the order in which they are presented. Adults will recognise that there is a defined limit on the amount of time to be taken for the 'interview' with a defined end: signing the **Promise Card**. The network will be able to record a reasonably accurate number of respondents very simply from the number of signatures on the **Promise Commitment Record Sheets**. The hand-out (we are proposing a business card) given to the respondent will encourage further thinking. The number and type of signatories and responses could provide some qualitative and quantitative feedback to be recorded by the adults accompanying the children and used for evidence of network data.

Venues for operation of this programme must be chosen locally to ensure safety and legality. In some regions, streets and markets are good venues but in other countries these would be considered dangerous and campaigning may be illegal. If sign-ups can be thought to involve trafficking it is essential to devise alternative ways of recording numbers of participants.

We are proposing a programme for international appeal and adaptation. The **Promise** would be based around a number of thought-provoking statements and each interview-candidate would

receive a leaflet or certificate, business-card style, to take away. Responses to the Promise statements would mainly be very short, often just yes or no in agreement or disagreement so the whole process would be simple to manage with the potential for thousands of interviews. The principle aim is to raise awareness of children and to get adults in the community thinking about children around a theme of good treatment. This is a widespread 'seed-scattering' approach rather than a teaching programme. Additionally, it involves children throughout, building on existing network child-participation processes.

Some networks may wish to use the programme to build upon the exiting public face of the network around an identified issue and to engage the support of a local celebrity or promotion theme. This could be an effective way of embedding the new strengths of the programme into a network's current strengths and direction.

Essential Components

A number of non-negotiable components are at the core of the programme. These are listed in the following box. In addition, some networks may wish to include aspects on an ongoing programme such as Child Ambassadors or an existing Keep Children Safe Coalition. Each network should know the key issues driving their strategy that have been identified through their Situational Mapping. Networks may wish to build in an emphasis on one of these issues

Essential Components of the Programme

1. The programme is to be called 'Children's Good Treatment Campaign.'
(Viva will promote this programme under one name for funding and global awareness purposes. Networks may prefer to rename the programme for cultural or needs appropriateness.)
2. The basic elements of the programme are a challenge to commit to the Promise by signing up and receiving a **Promise Card** which they also sign.
3. The programme will raise awareness of children's needs and rights in the area of good treatment.
4. The programme will bring heightened awareness of how adults treat children appropriately and inappropriately.
5. An additional more locality-specific topic may be addressed under this heading eg neglect, violence, child labour. This should be agreed by each network to best match their own researched children's needs and cultural contexts.
6. The programme will involve children and adults working together. Children will take the message but adults should accompany each group of children for safety and in case of difficulties of advocacy.

Continued ...

Essential Components of the Programme continued

7. The children will receive some simple awareness teaching on the issues that are to be presented by the programme and basic training and preparation on how they are to carry out the work safely and appropriately.
8. Adults who work with the children will be network members who understand the issues. They will receive training in the basic organisation of appropriate methodologies, child protection and safeguarding, reporting and evaluating.
9. Each person who is spoken to will take away a leaflet, business-card sized, summarising the key issues of the programme. The template for these is designed through Viva UK Mobilisation Team, but provides for local adaptation. This card reproduces the statements and provides challenges about the way we think. It will also inspire further thinking by including 5 ways to treat children better. It will encourage proactivity to achieve changes in attitudes and behaviours personally and in the community.
10. Every conversation should result in a name and signature on the **Promise Commitment Record**.
11. The programme will have the potential for follow-up presentation, media coverage and government engagement.
12. The programme will be pilot-run by volunteer networks from September 2015.

Preparing for the Campaign

The campaign presenters (children supervised by an accompanying appropriate adult) have a clipboard or stiff folder with the network name and contact details prominently displayed together with the title of the campaign. The **Promise** is based around a set of simple and memorable statements about good treatment of children. There should be room for at least 10 interviewees to sign each page of the commitment record sheets.

Scale should be carefully considered. It is preferable to plan a relatively small programme initially in order to achieve broad success with the participating children and adults. Be practical about the capacity of the network to deliver and the energy and cooperation of the participants. A small sample of the community deliberately chosen within one smaller location could provide better results than a widespread programme.

To keep costs low, networks can explore how cardboard boxes could be transformed into clipboards using rubber bands, lengths of wire or string, plastic bags to keep them dry and cheap ball point pens. A smart label could be attached to the back of the 'clipboard'. The commitment sheets are best printed so that they have an identical set and order of statements. Networks may need to prepare simple forms of identification, especially for the adults who accompany the children during

the surveys. Children like to have official badges or licenses too and T-shirts with the programme and network logos are always popular if funds permit.

It is good to consider what will attract adults on the streets to stop and listen to a child and then to agree to sign up to the **Promise**. Networks may like to use banners, music, a decorated table and chairs – whatever works locally. The sign-up record sheets will contain an example of an opening statement and request for engagement with 5 statements of good treatment.

The **5 Statements** (adapted from the Bolivia campaign) are based around good treatment. We propose that these are used in every new campaign but you may need to adapt or extend them to address key issues that your network is aware of.

Five Ways To Treat Children Well

1. Tell them that you love them every day
2. Listen to what they have to say and spend time with them
3. Accept them as they are and recognise their qualities
4. Support their learning and train them to accept good values
5. Teach them responsibility and help them to resolve conflicts

Additional statements could be adapted to address a specific and identified need for children in your town or they could be more general, allowing for discussion and recording of a more detailed response. These questions would require a literate person to record the detail of the response so they are not so easy to manage. They can be open-ended questions which provide opportunity for expansive discussion but limited recording, or closed questions requiring yes/no responses. Closed questions are easy to record but have limited value in opening up discussion. For example:

Sample Open Questions for Expansive Discussion & Some Feedback

1. How can children in this town be better protected and cared for?
2. What needs to happen so that children can enjoy being children here?
3. What would you like to do to help children and what could our local government do better?

Responses to the Closed Questions will be recorded on a single sheet of paper with 3 boxes (one for each question). Responses should be recorded as very brief summaries. The interviewing adult will try to capture random responses. Not every interviewee will answer every question but some random responses can be useful in building the bigger picture when the network does its reporting.

For simple evaluation of results, networks will benefit from more closed-style questions, requiring a yes/no response only. For example:

Sample Closed Questions for Gathering Additional Feedback

1. Have you thought about these issues before?
2. Do you know if children are properly protected in this town?
3. Do children have the right to an opinion and to be treated with dignity?
4. Can all children in this town grow up with good health and education?
5. Do you think that our community and authorities should work together to bring about Good Treatment for children?

These additional questions could be led or introduced by the accompanying adult, who could also record the responses. Recording 'yes/no' to closed questions is simple for children using a pre-prepared answer sheet but the content of extended responses from open questions would need to be summarised by an adult. Later, these more complex types of response can be grouped for data collection and analysis.

The recording for closed questions will be on a single sheet of paper, with space to collect ticks under Yes/No headings. Not all respondents will answer all 5 questions but at the end of the campaign the network will be able to report on the number of people who had thought of these issues before or who knew if children are properly protected etc. This sample information will have some value in further reporting.

Remember to train the children to thank people for taking part in the Children's Good Treatment Campaign.

Child Training

Children should be trained on good interview techniques prior to conducting the programme. They need to be prepared for negative responses as well as positive. More importantly, the children need to understand the issues that they will be presenting and be confident to explain them a little deeper if required. Not all children can do this. Sensitive and discerning selection of appropriate young people is required. It is unfair to set up children to fail in a potentially harmful situation.

Try to cover all these essential topics helpfully so that the children are well prepared. Include use of role-play to actually practice the interview techniques and ways of responding in a polite and representative manner. The length and style of this training will vary as networks best know their children and their needs. You may opt for a half day training each for participating children and the accompanying adults or a series of brief training meetings. Some networks will prefer to adapt

existing regular meetings or plan a series of events where the participants can work out the details themselves to create a deeper sense of ownership. Whatever the network opts for, aim to keep it as brief as possible but make sure that the content is essentially practical and that every child who is to participate in the programme has adequate knowledge and skills to do the interviewing and presenting. Avoid the temptation to present a certificated training course as this would detract from the main purpose of the training.

Adult Training

Accompanying adults should be network members who have already received Child Protection and Safeguarding Training. They will need to spend time considering the issues that are to be presented through the 10 statements as they will inevitably be required to respond to more complex questions and issues raised by respondents. As these adults will already be involved with children at risk through their projects and the network, the groundwork of basic understanding about good and bad treatment of children should be clear. However, we recommend taking time in role play, to consider potential responses and challenges from respondents and to practice raising additional questions and recording responses. As the accompanying adults will be overseeing the meetings between children and respondents, they need to be given guidance about how the interviews should be conducted (length, focus, content, data collection, use of the promise card, extended discussion, closure).

For Child Protection reasons, it is important that the designated Action Group should plan which adults accompany which children. We recommend groups of four to model good CP practice: 2 adults with 2 children at all times but recognise that networks will be able to involve many more children than adults. For this reason, we suggest that a number of pairs of children are placed in a strategic position where one or two adults can monitor what is taking place and intervene if necessary. The Action Group should plan the locations and times for the campaign and appoint a manager who can discreetly monitor that plans are followed by supporting and intervening where needed. Throughout the campaign, accountability and safety are paramount and the network has a responsibility to ensure that children are not conducting the interviews in unsafe locations or working over extended, unplanned periods of time.

The accompanying adults, together with the programme manager, should get all the groups of interviewers together at the start of each session to pray, review plans, arrangements and conditions, distribute materials and to check that each group is present and secure. At a pre-arranged time, the groups should re-convene to share what happened, return materials, share encouragement and give thanks. The children should be encouraged to contribute to and lead all of these sessions. The programme manager must create a sense of value for all the children involved and their efforts. They should be helped to understand how their advocacy is significant however difficult some experiences may have been.

Evaluation Systems

The aim of the statements printed at the top of the **Promise Commitment Record** is to provoke greater awareness. The Five Statements are followed by the Promise of agreement:

The Promise

I AGREE to the 5 ways to treat children well.

I COMMIT to applying these standards wherever possible and join with other members of my community to make it a safer place for children.

I CHALLENGE my community and authorities to do the same

SIGNED:

NAME:

It is important to keep the original signed promises, however grubby they may become from the street-work, as these can provide valuable evidence if networks are able to engage with local government over any of the issues raised. It is likely that the network will be aware of the real situation through situational mapping but it is good to collect a record of local people's views and attitudes as evidence of people's thinking and wishes. This sort of researched information can be invaluable when campaigning for better or differing provision. Numerical and locational statistics can also be collated by retaining these signed commitment papers. (The accompanying adult can add a location and time/date note on each completed sheet.)

We anticipate an Action Group would manage the whole programme including the initial training, preparation of resources, data collection and evaluation of responses collected. It may also be possible to use older children to record and collate responses.

At the end of each cycle or stage of the programme, impact must be measured, recorded and reported. The measures should cover inputs and outcomes.

The Promise Commitment Record and the Hand-Out

The sign-up sheet will contain the 5 statements for children to read to each person they talk with, and a request for the respondent to sign the pledge. Networks may wish to add an introductory statement or question for children to read out or to remind them how to begin an interview. An additional sheet may be held by the accompanying adult with the additional open or closed questions.

The interviewee is given an attractive **Promise Card** to take away. This takes the form of a business card and will contain the '5 Ways'. If it contains memorable statements, there is an increased potential for adults in the community to talk with their friends and families about its content, the meeting with the children and their attitudes and approaches to children. The card should provide network contact details.

A business card is often valued as it provides a type of status. It is easily inserted into a wallet or pocket and it can be displayed at home in some cultures. The use of reasonably durable card would ensure longer life. Some printing can now be done very cheaply on plasticised cards which are even more durable. The business card should be colourful and attractive, with child-friendly images so that it is clear that the initiative has come from children more than adults. The 5 statements will be illustrated with graphics as well as words. The Bolivia networks used cartoon images which were especially appropriate to their culture. It is possible to adapt the template supplied by Viva so that the images are appropriate to the cultural norms of your network.

Space will be provided for the recipient to sign his/her own **Promise Card**. The aim of the card is to increase the possibility of a positive response and to stimulate a thoughtful response.

Potential Funding

Viva aims to part-fund Children's Good Treatment campaigns through Viva UK if plans can be agreed and proposals completed. The template for the sign-up sheets and the business cards will be prepared by Viva UK but it is best for printing to be completed in-country.

Each network needs to plan for provision of clipboards, pens, badges or T-shirts and any other publicity materials they may need. We recommend that smaller networks working at Phase One keep these additional materials to a minimum for simplicity and low costs.

As with all network programmes, each network should seek their own basic funding to cover costs of initial publicity, the basic training, some refreshments, communication and some resources. If networks can engage all members in the programme, it is entirely reasonable to request a financial contribution from each member. It is also important to raise funds through earning, donors and proposals.

Extending the Reach of the Programme

The Bolivia network developed their programme over a period of 9 years from a single street campaign to a multi-user approach. From the outset of this simpler programme, it would be good to consider ways in which the Children's Good Treatment Campaign could be conducted in local business premises, local government offices, with media representatives and with other people of influence including teachers, health staff, care staff, family groups, churches and police. The programme could also have a significant effect if school children of all ages were invited to participate, especially older teenagers or those who take care of their own peers. Networks may feel it appropriate to use a differently designed commitment sheet and business card or leaflet for younger people and to record the numbers of child signatures separately from adult signatures.

The main programme will ideally take place over an agreed month, globally. We are currently considering September from 2015, annually, but recognise that school term times, weather conditions and traditional holidays may require some adaptation by some networks. During this month the programme would be high profile with banners, publicity, media attention and multiple pledge bases. However, there should be on-going components taking place throughout the year. This could be when organisations are targeted, training is offered to carers and parents, media messages and reports are presented and feedback meetings are arranged with local government. More complex aspects of the basic programme could then be developed such as working with media, meeting with local business leaders and community organisations, making presentations to local government, preparing children's dramas and recording child-led interviews about children's good treatment. Throughout the year, these more complex activities should still be led by children with adult network members in support. Networks could consider using or adapting the programme for Christmas Parties where children can get their own parents to sign up or through Child Friendly Churches where the children could get all the church members to commit.

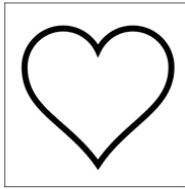
Children will also need further training and more child members of the network enrolled. The Children's Good Treatment Pledge can also work very well in conjunction with a child participation programme such as Child Ambassadors but should be run as a separate programme.

It is essential that impact continues to be measured, recorded, evaluated and reported at the end of each extended stage of the programme. New ways of measuring impact will need to be devised and the ultimate aim would be to gather accurate and comprehensive data on how children are better treated.

GOOD TREATMENT CAMPAIGN

THE PROMISE SIGN-UP RECORD

FIVE WAYS TO TREAT CHILDREN WELL



Tell them that you love them every day



Listen to what they have to say and spend time with them



Accept them as they are and recognise their qualities



Support their learning and train them to accept good values



Teach them responsibility and help them to resolve conflicts

SIGNED

NAME

CHILDREN'S

Partnering with
Viva
together for children

GOOD TREATMENT CAMPAIGN

Sample open questions for expansive discussion and some feedback

(These are for use by the accompanying adult or an older teenager)

1 How can children in this town be better protected and cared for?

2 What needs to happen so that children can enjoy being children here?

3 What would you like to do to help children and what could our local government do better?

Viva Network
Location

CHILDREN'S
GOOD TREATMENT
CAMPAIGN

Partnering with
Viva
together for children

Address

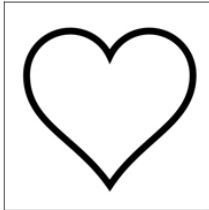
Telephone number

Email address

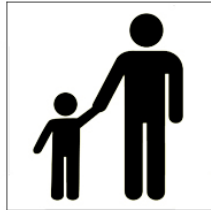
- 1 All children have rights
- 2 All adults should do their best for children in their community
- 3 Children have the right to an opinion
- 4 Children should be listened to
- 5 Children should never be sent out to work for long hours, to beg or to steal
- 6 Children should never be physically harmed
- 7 All children in this town should have safe homes and caring families to live in
- 8 All children have the right to grow up with dignity, good health, and education

The United Nations Convention on the Rights of the Child (UNCRC)

FIVE WAYS TO TREAT CHILDREN WELL



**Tell them that
you love them
every day**



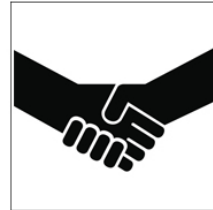
**Listen to what
they have to say
and spend time
with them**



**Accept them as
they are and
recognise their
qualities**



**Support their
learning and
train them to
accept good
values**



**Teach them
responsibility
and help them
to resolve
conflicts**

I AGREE to the five ways to treat children better. I COMMIT to applying these standards wherever possible and join with other members of my community to make it a safer place for children. I CHALLENGE my government to do the same.

Signed _____

Dated _____

Good Treatment Campaign logos

Standard



Square



Partnering with
Viva
together for children

CHILDREN'S

GOOD TREATMENT

CAMPAIGN

Network Feedback Form

Network name _____

| <u>Inputs</u> | <u>Outcomes</u> |
|---|--|
| <p>How many children, adults, churches and organisations were involved in running this programme?</p> <p>Children _____</p> <p>Adults _____</p> <p>Churches _____</p> <p>Organisations _____</p> | <p>How did they gain benefit and skills?</p> |
| <p>Hours of training/preparation given to:</p> <p>Children _____</p> <p>Adults _____</p> | <p>How did you review the GTC with:</p> <p>Children _____</p> <p>Adults _____</p> |
| <p>How many adults were spoken to during the campaign? _____</p> | <p>How many sign-ups were collected? _____</p> <p>How many cards distributed? _____</p> |
| <p>Budget set (include details of main expenditure) _____</p> | <p>Budget spent (describe the reason for any variables)</p> <p style="text-align: right;">_____</p> |

| | |
|---|--|
| <p>Number of responses to closed questions asked:</p> <p>1. Yes _____ No _____</p> <p>2. Yes _____ No _____</p> <p>3. Yes _____ No _____</p> <p>4. Yes _____ No _____</p> <p>5. Yes _____ No _____</p> | <p>Your conclusions drawn from responses:</p> <p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p> <p>5.</p> |
| <p>Responses to open questions asked (<i>summarise</i>):</p> <p>1.</p> <p>2.</p> <p>3.</p> | <p>Your conclusions drawn from responses:</p> <p>1.</p> <p>2.</p> <p>3.</p> |
| <p>Summary of any formal/informal feedback about the issues presented during this campaign and methodologies/numbers gathered. Include details of any adaptations to the programme that you made.</p> | <p>What has this programme shown you about children's treatment now in your city and the sustainability of improved/good treatment?</p> |