




Welcome to “Stepping Stones with children”: a programme to strengthen resilience & relationships among orphans & vulnerable children & adolescents aged 5-14 and their caregivers. This is *not* a disclosure programme per se but disclosure forms a part of it. We will explain this later.



Intimate Partner Violence & HIV

- **Globally, 1/3 of women experience IPV**
(WHO 2013)
- **IPV -> increase in acquiring HIV by 1.5**
(WHO 2013)
- **Salamander report for WHO consultation 2015: 89% of women with HIV reported experiencing GBV**



For the Salamander report, see: http://salamandertrust.net/index.php/Projects/SRH&HR_Survey_for_women_with_HIV/

LINK TO IMPACT OF VIOLENCE ON CHILDREN - RELATIONSHIPS WITH CAREGIVERS AND VULNERABILITY TO HIV

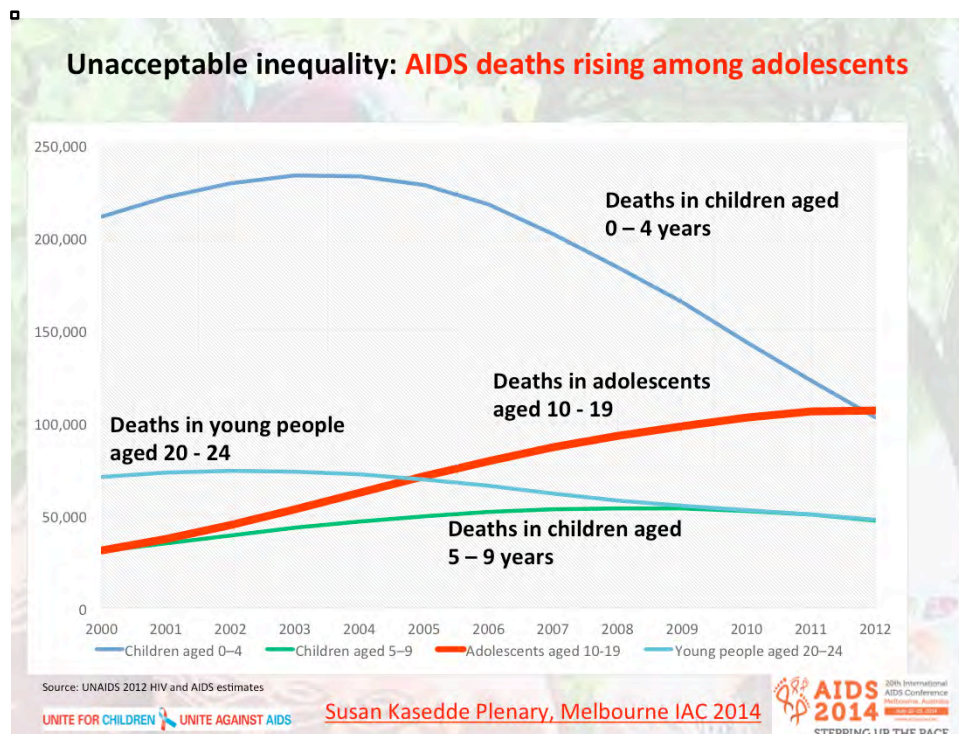
If women with HIV are experiencing GBV, this makes it that much harder for them to thrive and survive – and inevitably has a knock-on effect on how they can care for their children.

Similarly, children are witnessing this violence and will undoubtedly suffer as a result. We know that children who have witnessed GBV can often grow up to become perpetrators or enter abusive relationships with perpetrators.

Meanwhile, caregivers of orphans (often grandmothers) are often angry that their children have died), grief-stricken at their loss, desperate, over-whelmed by numbers of children in their care and don't know how to cope. They often shout and beat the children in reaction.

Orphaned children are bewildered, bereft and feel they are to blame for their parents' death. They "act up" and "misbehave" in response. How their caregivers treat them can have an effect on their vulnerability to HIV as they grow older.

Of course we are not blaming caregivers or children for their feelings or actions. We need to understand and support both caregivers and children alike in order to enable them to build resilience and move forward together in more positive ways – and to overcome violence in their relationships.



This and the following slide are taken from UNICEF's Dr Susan Kasedde's Plenary from Melbourne. They spell out the enormity of the challenge facing 10-19 year olds with HIV. This is why we are working with 5-14 year olds, to help them through their teens.

"I'd like to start by talking about this picture. The only group in whom AIDS deaths are increasing is adolescents. Every day 300 adolescents are dying due to AIDS.

At UNICEF, we've analysed the best data available and what we've found is that ten years ago, in 2005, 69,000 adolescents died of AIDS. By the end of 2012, that number had increased by 50% yet AIDS deaths had fallen by 30% across all age groups. This trend in AIDS deaths in adolescents can be seen in the red line above.

This is a humbling reminder that we have not done our best for adolescents. We must turn our attention to addressing this gap. We have got to end the AIDS epidemic among adolescents. And to address this inequity, we must act with urgency.

I'd like to share some more information with you on the current epidemic in adolescents."

HIV and AIDS Among Adolescents

1. One in five people are aged between 10 and 19
2. 2.1 million adolescents live with HIV, 1.7 million (82%) in Sub-Saharan Africa, girls account for 60%
3. In all other regions: HIV concentrated in key populations
4. Two thirds of all new HIV infections in 2012 were among adolescent girls
5. HIV is now the second leading cause of death among adolescents, 300 deaths every day

UNITE FOR CHILDREN UNITE AGAINST AIDS Susan Kasedde Plenary, Melbourne IAC 2014



This is the second of Dr Kasedde's slides:

1. "One in five people in the world today are aged between 10 and 19 which means that globally there are an estimated 1.2 billion adolescents.
2. Of the 35.3 million people living with HIV in the world today, 2.1 million are adolescents.
3. 82% of all adolescents who are living with HIV (1.7 million in total) come from sub-Saharan Africa: the region that accounts for just 16% of the world's adolescents accounts for 82% of all HIV infections in adolescents. Eastern and southern Africa, home to just 8% of all adolescents in the world, accounts for 63% of all adolescents living with HIV.
4. In all other regions, HIV is concentrated in highly vulnerable adolescents such as adolescent males who have sex with males, adolescents who use drugs, transgender adolescents, adolescents who sell sex.
5. And speaking of inequity and injustice, here's another thing to think about: of the 2.3 million new HIV infections that occurred in 2012, 300,000 - or just over 800 new infections each day - were among adolescents. Two thirds of these were among adolescent girls.
6. Just over a month ago, in a report on the Health of the World's Adolescents, WHO highlighted that HIV was the second leading cause of death among adolescents,



What is “Stepping Stones”?

- ✧ 1993-1995 – original Stepping Stones developed and published, rural Uganda
- ✧ Includes older & young men & women
- ✧ 1995-present – translated and adapted around the world
- ✧ [2008 Jewkes BMJ RCT: reduced IPV & HSV-2]
- ✧ 2008 Stepping Stones **Plus** (SRH & HR)
- ✧ 2014 Stepping Stones for Peace & Prosperity (for post-conflict settings)
- ✧ **2012 Stepping Stones with Children** work started



So what is “Stepping Stones” exactly? Stepping Stones is a programme based in the **community**. Above we chart the history of the programme over the past 22 years. It began when I was diagnosed with HIV when pregnant in 1992.



The programme has since gone global to over 100 countries. Adapted and translated into at least 30 languages, it reduced intimate partner violence (or IPV) in an RCT conducted by the South African Medical Research Council. The “What Works for Women” website grades it as Gray II evidence level for effectiveness, both in addressing violence against women and transforming gender norms. Women in countries including Malawi, India (where it has also ended child marriage in communities where it’s been used) and the Gambia have *themselves* reported IPV reduction, in response to being asked “what has changed for you?”.

REDUCTION IN CAREGIVERS BEATING CHILDREN WAS REPORTED BY BOTH ADULT AND CHILD PARTICIPANTS AFTER “STEPPING STONES WITH CHILDREN” PILOT WORKSHOPS IN DAR es Salaam in December 2013 and January 2014.

Jewkes et al 2008 *Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial* BMJ

2008; 337 <http://www.bmj.com/content/337/bmj.a506>

<http://www.whatworksforwomen.org/search?utf8=%E2%9C%93&q=%22Stepping+Stones%22>

<http://pag.aids2014.org/flash.aspx?pid=1806>

(eg COWLHA/Salamander Trust 2013; Bradley et al 2011, Paine et al 2002). You can view a film about COWLHA Malawi’s experience of using Stepping Stones to reduce IPV here: <https://vimeo.com/69251113>

Stepping Stones with Children: *a potted history.....*

- “What do we tell our children?”
- Experiences with 10 year old girls, Entebbe
- Gap in material for under 14s
- Hejoaka: huge HIV disclosure issues to “children” – and adults’ *fears*
- Van Reeuwijk: widespread sexual activity 10-16s



- a) 16 months after the original Stepping Stones workshop in rural SW Uganda, all participants said they had found the programme very helpful – but women said “what do we tell our children”?
- b) The late Professor Rose Mbowa of Makerere University Dept of Music, Art and Drama, our lead trainer, ran a Stepping Stones workshop in Entebbe. She was approached by 10 year old girls who said they wanted to be part of it also. So they formed a 5th peer group. At the end of the workshop they stood up in front of community leaders and requested that they stop being pursued by sugar daddies. So we know even the original programme works with children as young as 10. (see http://steppingstonesfeedback.org/resources/25/Rose_Mbowa_Using_role_play_to_change_attitudes.pdf)
- c) We have recognised quite a large gap in available material for under 14s so decided to focus on 5-14s in this programme now.
- d) Dr Fabienne Hejoaka in her doctoral research in Burkina Faso found a huge challenge of “disclosure” to children by adults, even when the “children” were in their early 20s. They were still deemed “children” because they had not gone through formal marriage rituals, owing to poverty. But as “children”, they were not considered old enough to be trusted with such sensitive information.*
- e) Dr Miranda Van Reeuwijk, in her doctoral research in N Tanzania reported widespread sexual activity among 10-16 year olds. <http://dare.uva.nl/record/305838>

*Tiendrebeogo, G., Hejoaka, F., Belem, E., Compaoré, P., Wolmarans, L., Soubeiga, A. and Ouangraoua, N. (2013). Parental HIV disclosure in Burkina Faso: Experiences and challenges in the era of HAART. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 10(sup1), pp.S46-S59.

PASADA, Dar es Salaam, Tanzania



- Long track **record** of HIV-related health services across Dar es Salaam
- Widely **respected** organisation – for *all*
- Stepping Stones successfully used with **older youth** – eg car washers' cooperative
- Wanted to work with **younger** children and adolescents

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ALSO: PASADA OFFERS SERVICES FOR CHILDREN WITH HIV.

AND CONDUCTED STEPPING STONES WITH CHILDREN IN SCHOOL.

For a poster regarding PASADA's work with young adults in slum areas, see http://steppingstonesfeedback.org/resources/25/SS_PASADA_Poster_Toronto_2006.pdf

PASADA was founded in 1989 just as AIDS was starting, when only counselling and palliative care were available. Its dedicated staff now supports 155,000 clients, most of them extremely poor, 70% of whom live in Dar. Half of those who have tested for HIV in Dar have passed through its doors. Of Dar's 4.5 million population, 75% are without their own water or electricity. Those who need to be on anti-retroviral (ARV) treatment have to come every month because of drug shortages. This costs clients extra time and money in terms of transport, childcare costs and time off any work.

Our Planned Programme Outcomes

- ✧ To build on past Stepping Stones experiences: **gendered and inter-generational relationship skills** & follow in its global footsteps
- ✧ To create a **safe & supportive training environment** to enhance sharing, communication and support for carers & young children alike
- ✧ To support caregivers and their children to **communicate** on these **sensitive issues**
- ✧ To train caregivers **to respond effectively** to social, physical, sexual and psychological needs of the girls and boys in their care
- ✧ To **build small networks** of shared mutual support in their communities
- ✧ To **reduce isolation** faced by both children & caregivers & to **increase their collective resilience** to the chronic challenges they face



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Innovative features

- ✓ 5-8s, 9-14s girls & boys & adult caregivers in 3 parallel groups, mainly separate, with some plenaries & encouragement to share learning
- ✓ Holistic, comprehensive programme including psycho-social, physical, sexual and material themes (29 sessions in total)
- ✓ Uses positive language, mindsight, virtues, visioning, as well as role-plays, games, & drawing
- ✓ Builds positive cross-gender & inter-generational communication



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Stepping Stones with Children Research & Development Process

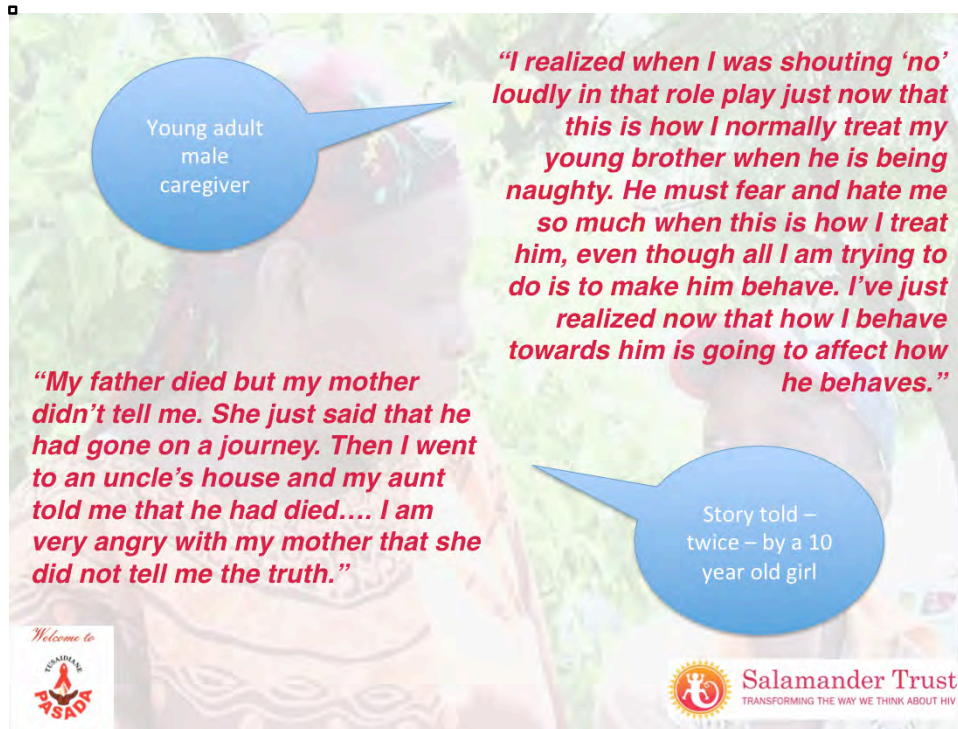
- Initial scoping exercise with children and caregivers **2012**
- Relevant materials adapted from sources which are already proven **2012-2013**
- 3 Pilot workshops – close documentation of observed process of individual exercises, sessions & facilitators' and participants' evaluations **2013**
- Review of changes brought about by using materials from pilot workshops, adaptation where needed **2014**
- Further revision on basis of independent reviewer feedback **2014-5**
- Now finalising to use, together with M&E process to capture changes more formally **2015**



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Preliminary findings are highly positive. The program will be rolled out in 2007 and will join other African partners for roll-out. We eventually anticipate further roll-out.

1



Here is an example of two quotes from a child and from an adult caregiver.

In the case of the girl, we supported her and her whole group to understand that our caregivers love us and want the best for us and that people used to think that it was best to hide sad news from children in the hope that they would just forget about the person, or in the belief that children can't handle bad news. But now research has shown clearly that it is much better for children to be told the truth and that is what this workshop is about – to support parents and caregivers to understand that, so that adults and children can communicate together much better over such hard things. This really seemed to help the children to understand where their caregivers were coming from. And they were glad to hear that the research shows that it is better for them to be told things. They agreed with this research.

In the case of the young adult caregiver, this moment was a real revelation for him. He was actually in tears. We supported him to understand that he had been trying his best to do the right thing, so his intention was good. And that now he had a different view of the effect of his shouting this workshop could now help him to develop a different way of connecting with his brother.

Lessons Learnt from first 3 pilots: Part 1

- ✧ There was 100% voluntary attendance throughout.
- ✧ Children reported widespread sexual abuse and physical violence.
- ✧ Children expressed strong desires for honesty around HIV “disclosure” and deaths, demonstrating deep maturity and clear future visions.
- ✧ Caregivers expressed initial terror of “disclosure” to children, fear of the enormity of their responsibilities and concerns regarding children’s ARV adherence, but displayed shared courage & resolve.



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Lessons Learnt from first 3 pilots: Part 2

- ✧ Several caregivers chose to *disclose* to the children during each pilot workshop & more caregivers have disclosed to the children in their care since.
- ✧ Old and young together expressed *joy* at new learning, *relief* at *sharing* and joint determination to build *mutual trust* and *support*.

***“When did I feel happy?
The day my caregiver told me I have HIV.”***

Boy, 10 years old, December 2014



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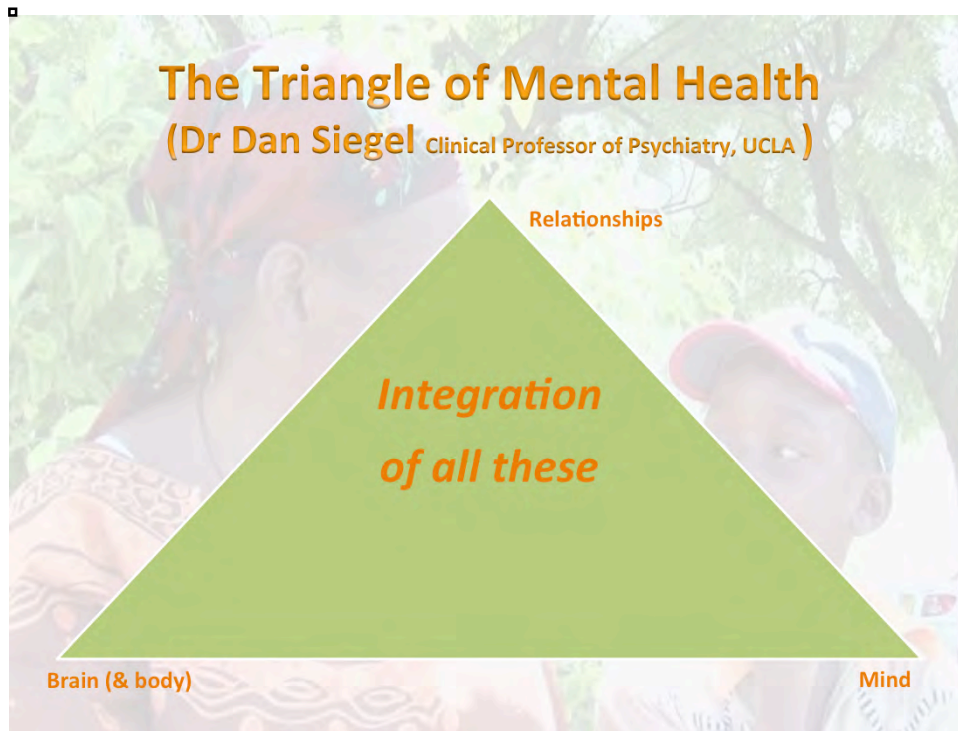
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Contents of Stepping Stones with Children

A Psycho-social dimensions	B Physical well-being	C Sexual well-being	D Material well-being
Journey of Life	All about HIV	Relationships, love & sex	Learning & contributing
Using our brains	Testing & talking about HIV	Sexual feelings & safety	Child labour
Gender & sex	Living well with HIV	Pornography	Livelihoods
Child and SRH rights	Partners in health care	Delaying, starting and stopping having sex	
The Tree of Life	Friendship	Condoms	
How to be Assertive	Going to school		
All about Virtues	Alcohol & other drugs	Children by choice not chance	
The Power of Love	Growing up	Protecting each other from sexual abuse	
Positive Discipline		Supporting survivors of sexual abuse	
Coping with loss			
Understanding death			
Virtues, positivity, mutual respect, inclusivity, safety woven through			

The programme has four main elements: psycho-social dimensions, physical well-being, sexual well-being and material well-being. Of course many sessions, such as the ones on friendship and going to school, relate to all four of these elements.

The glue which holds all the sessions together is seen in the bottom green line – an emphasis on our virtues and strengths within us that we all have, on positivity, mutual respect, inclusivity and safety. This is woven through the whole programme.



Since Stepping Stones was first created, we have always sought to support participants to work together to view the bigger picture, to understand the issues and challenges facing each separate section of their community, to step out of their own box and to view the world differently through stepping into one *another's* sandals and perspectives. We have always worked from the principle that we all carry the power of good within us, from cradle to grave and that, although we might lose sight of it at times, owing to ways in which we have been treated by others and our defensive responses to these, we can always re-find those **strengths within us** with the care and support of those around us.

We have often been asked what our theoretical framework was and have always found that a hard question to answer. However with new evidence on inter-personal neurobiology, we can now answer that clearly. Here we explain briefly Dr Dan Siegel's triangle of mental health*, which we see connects strongly with our programme.

Dr Siegel's triangle consists of three equal prime points, the MIND process that regulates our information flow in us; the BRAIN (which is connected through our spinal column to the workings and energy of all our essential organs of our body, including our heart, lungs, liver and kidneys), and RELATIONSHIPS – which is how our information and energy is shared between us and individuals and 1, 2 or more other people.

□

MIND	
Component	Programme Structure & Exercise
Mindsight	Developing insight about our own thoughts and feelings and empathy for other people's thoughts and feelings Gender roles questioned throughout Understanding how our brains work Wheel of awareness Ways to support own and others brain development during childhood and adolescence
Self-compassion	Ability spotting* to learn how to spot our own and other's strengths and build on them Positive language Critical consideration of influence of how we speak about ourselves and others Mind maps to analyse complexity of problems and find realistic solutions
Emotional balance	River of life as tool to explain emotional balance Assertiveness training Breathing & meditation exercises

Firstly, let's look at our minds. The three components that Siegel identifies which are perhaps most connected to our minds (though they are all inter-related remember) are: insight; understanding why we behave as we do and emotional balance, shown in this chart here.

For each of these three components, we have various different exercises throughout the programme which support these qualities to develop in the participants. We show some examples of relevant exercises in the right hand column here.

*See the next slide for a reference regarding ability spotting, introduced to us by Dr Elspeth McAdam



BRAIN/BODY	
Component	Programme Structure & Exercise
Regulating our bodies	Breathing and meditation exercises Body language exercises Using SIFT to notice our bodily sensations, images, feelings and thoughts
Ability to pause before acting	Using brain in hand model to remind us to connect upper and lower brains Using wheel of awareness to gain perspective from overwhelming feelings Volcano – what lies beneath angry feelings Practising pausing before acting through role plays and peer group support to (re)act differently
Intuition	Dreaming and back-lighting* Ability spotting – as listener* Support from peers

Now let's move on to the next 3 components identified by Dr Siegel. These relate more to our brains, which are connected to all our essential organs in our bodies and are shown in this chart with more related exercises. They are: regulating our bodies; learning and *using* an ability to *pause* before we act; and intuition – bringing the wisdom of the body up into our awareness.

*Dreaming and back-lighting and ability-spotting are particular techniques drawing on the work of psychiatrist Dr Elspeth McAdam through the Namweza programme and in schools and with young adults: see eg <http://onlinelibrary.wiley.com/doi/10.1111/j.1467-6427.2009.00461.x/full>

□

RELATIONSHIPS	
Component	Programme Structure & Exercise
Communication	Assertiveness training – eg “I”-statements Role plays about friendships, peer pressure and decision-making including negotiating about sexual relationships Role-plays as members of other peer groups Meeting with other peer groups to share and compare Sharing information from the programme with others
Empathy	Practising questioning and listening skills Using role plays to learn about how others think and feel Playing members of other peer groups in role plays Meeting with other peer groups to share and compare
Morality	Learning how to use our virtues to acknowledge, guide and correct our own behaviour and that of others Practising using our virtues including kindness, courage, justice, cooperation, self-discipline and responsibility Dreaming and back-lighting Moving from I-statements to We-statements (“We-dentity”)

Dr. Siegel’s last 3 components of mental health well-being are shown in this chart here.

They are: **attunement** – to feel *with* another person; **empathy** - ability to make maps in your mind of someone else’s experience; and **morality** - for the greater good of society – a “we” map.

Again please remember that all 9 components relate in some way to **all** the triangle.

Other key sources:

- Tina Payne Bryson (with Daniel Siegel)
- REPSSI
- Virtues Project
- Gill Gordon & HIV/AIDS Alliance past training manuals
- Jonathan Brakarsh
- Winston's Wish
- Dick Bolles ("What colour is your parachute?")
- Elspeth McAdam
- Kate Harrison
- Paul Gilbert and Choden



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These images show:

- Top left – the 5-8 year olds showing their individual trees of life and how together these form a forest of love.
- Bottom –right – how the storms which beset us all are less harmful if we stand together as a forest, supporting one another.
- Bottom left – rowing down the middle of the river of life, avoiding the whirlpools to one side and the rocks on the other
- Explaining how different parts of our brains work and how we can find our emotional balance in the middle.



The main documentary film can be viewed at: <https://vimeo.com/125781314> The password, if needed, is Watoto (case sensitive)

The participatory films will be posted on our vimeo.com site for Salamander Trust soon: <https://vimeo.com/salamandertrust/videos>

The **themes** of all the participatory films were chosen by the participants themselves, who were trained how to design, film, direct and edit their own films.

The film trainings were conducted by Dr Dominique Chadwick of Social Films (<http://socialfilms.org/>) with Salamander Trust Associate Nell Osborne

The main documentary was filmed by Dominique Chadwick with support from Nell Osborne

The introductory film is made by Nell Osborne

WITH HUGE THANKS TO....

Salamander Trust:

- Gill Gordon (lead author and primary research)
- Sue Holden (Programme Coordinator)
- Florence Kilonzo, Elspeth McAdam (advisers & co-authors)
- Pfirael Kiwia & Willbrord Manyama (trainers & co-authors)
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Our Funders:

- Our funders: Comic Relief and UNAIDS

And all the children & their caregivers in Dar es Salaam.....who have taught us so much

Welcome to



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We plan to organise training of trainers workshops across Africa next year for interested organisations. If you would like to learn more, please contact us through the Salamander or Stepping Stones websites.



Kivuko na Watoto | Stepping Stones with Children

By Gill Gordon with Nelson Chiziza, Sue Holden, Florence Kilonzo, Pfiriael Kiwia, Willbrord Manyama, Elspeth McAdam and Alice Welbourn

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The full programme includes: a two-volume manual with handouts, a counsellors' guide, two short documentary films, five participatory films and a guide to the films.