

MODULE 11

**WORKING AGAINST
STIGMA AND
DISCRIMINATION**

promoting equity, inclusion
and respect for diversity



CONTENTS

KEY MESSAGES - why is this topic important for you?.....	4
LEARNING OUTCOMES.....	4
I INTRODUCTION	5
II STEREOTYPES, PREJUDICE AND DISCRIMINATION.....	6
III EFFECTS OF PREJUDICE AND DISCRIMINATION.....	8
1. Interconnectedness	8
2. Internalized Oppression	9
3. Blaming the victim	12
IV HOW CAN WE DECONSTRUCT BIASES – TOWARDS INCLUSIVE THINKING	15
V NON-BIASED APPROACH TO WORKING WITH FAMILIES	17
1. Beliefs about families.....	17
2. Characteristics that inhibit family participation.....	19
3. Vocabulary of the non-biased strengths-based perspective.....	22
VI SUMMARY OF KEY POINTS.....	24
VII ANNEX	25
Information card 1	25
Information card 2	26
Information card 3	27
VIII REFERENCES	29



KEY MESSAGES - why is this topic important for you?

- You as a home visitor usually belong to the mainstream society and thus you share its biases, consciously or unconsciously. It is important to question your own views and become aware of your own biases in order to be more professional and effective in your work. You have to approach every family with respect and empathy focusing on what they do and not on who they are (i.e., the label they carry).
- In your work you will be challenged many times, because some families will stay closed and distant. Keeping in mind the best interest of the child, you will have to find ways to reach these families and build trusting relationship with them.
- By opening yourself up towards the parents/families who are different and by building on their strengths, you will be able to empower parents and boost their parenting capacities.
- As a home visitor you can help connect the more marginalized families on your caseload with the wider community and search for services which can contribute to the wellbeing of the child and the whole family.
- Several core beliefs will guide you well when working with families, regardless of who these families are. (Henderson et al, 2007) These beliefs include:
 - Parents are the child's first educators.
 - All parents have hopes and dreams for their children and want the best for them, but families may differ in how they support their children's efforts to achieve those goals.
 - All parents have the capacity to support their children's development, learning and success in life, but may need support in developing this capacity further.
 - Parents are best treated as equal partners; and
 - The primary responsibility for building partnerships with parents and family rests with the professional. Any parent can be "hard to reach". Parents must be identified and approached individually - they are not defined by gender, ethnicity, family situation, education or income.



LEARNING OUTCOMES

By the end of this module, you will be able to:

- Understand how stereotypes, prejudice, and discrimination are connected and how they contribute to the problems that some families on your caseload experience,
- Understand better your own biases and attitudes towards families and communities you are working with and how these biases and attitudes might influence both your professional role and the lives of children and families,
- Be able to recognize how discrimination becomes internalized by those who are discriminated against and how that limits their potential and opportunities, including parenting capacities,
- Be able to explore unbiased ways to work with families by exploring and building on their strengths rather than on their deficits,
- Be able to intervene and to speak out on behalf of children and families you are working with.

INTRODUCTION

The way we perceive reality, people, events and occurrences around us is greatly determined by the way our thoughts are organized, by our emotional reactions to what we observe, and by the expectations we have of ourselves and those around us.

During your work as a home visitor you will meet parents and families that are living hard lives, often on the margins of society. They may be considered “vulnerable” and “at-risk” for many different reasons, i.e., poverty, illness, disability, poor living conditions, unemployment, substance abuse, violence, etc. You may also meet people who do not trust representatives of governmental institutions including yourself because of fear, uncertainty, past disappointments, lack of knowledge of the official language, their legal status, etc. For the best interest of the child you will have to find ways to reach such families and build a trusting relationship with them. It is sometimes easier to label them as “non cooperative” or “hard to reach families” than to question our own approaches and practices. Inclusion of all families in our programs is not purely about increasing access; but it is also about personal and professional transformation so that everybody can be approached and included in the most suitable and acceptable way.

Often families are blamed for the situation they live in, and they are approached with low expectations, from a position of “saviour” or with a “top-down” approach, without empathy for their situation. Such families are usually criticized and instructed in what to do, without taking their opinion into account. It is easier to blame the victim when dealing with at-risk families than to work with them to help them achieve their goals and dreams.

When families are labeled and discriminated against they become blocked, that is, they do not know how to cooperate, are afraid of additional labeling, cannot see their strengths, and begin to passively expect help from outside. You as a home visitor can empower them, you can help them build their self-esteem and support their parenting capacities by building on their strengths. In English, there are a series of words starting with „D” that are used as descriptors (Brendtro & Ness, 1995):

- Disordered behavior,
- Disturbed emotions,
- Deviant thinking,
- Dysfunctional relationships, and
- Deprived”

Such descriptors tend to reduce a person or group’s ability to collaborate with others and build on their existing strengths to construct “culturally-competent” approaches. There is a current tendency of “culturizing” inequalities by saying that some families have different problems or approaches to life, parenthood and young children because of the culture they belong to, and that such cultural patterns should be recognized and respected. However, many of these “cultural differences” are more the result of inequality and discrimination.

Your challenge and obligation as home visitor is to find the most adequate way of approaching families without preconceptions and without the notion that they are deficient or lacking something, while always keeping in mind the best interest of the child. It is important to build on the family’s existing strengths. However, you will only be able to do this by getting to know the family. You need to act responsibly, in a non-biased way, using all opportunities to build strong partnerships with families. Thus, with your full awareness of the many obstacles some families and children need to overcome in order to live decent lives, you will be to influence children’s wellbeing.

To become more effective in this, we will explore together how stereotypes, prejudice and discrimination are maintained by our societies and look for ways to break the cycle, particularly with respect to stigma and discrimination in our own actions and practices.

STEREOTYPES, PREJUDICE AND DISCRIMINATION

We all make statements like “the others”, to make generalizations about people. This helps us to know how to interact with them in a way that we feel safer and have clarity. If we see someone in the uniform of a mail carrier, we assume he/she works for the post office. If we see a man who looks like he is older than 80 years, we assume that he is not in the workforce anymore.

Making generalizations can also cause us to jump to conclusions, (often negative) that are based on little (if any) evidence. When we make conclusions, we often label others. Most common labels are: lazy, stupid, irresponsible (negative labels) or clever, creative, responsible (positive labels).

Labeling is a more severe type of overgeneralization. Rather than assuming that a person’s behavior is accidental or extrinsic, the person making the generalization assigns a label to someone or something that implies the character of that person. Labeling involves assuming a person has certain characteristics based on unfounded assumptions. So we label people as good or bad, intelligent or incompetent, reliable or unreliable based on very superficial evidence. For example if we see during the home visit that the house is not neat and clean, we may conclude that mother is lazy. We may not consider that maybe she did not have to prepare for the visit that she is alone at home and is using all her time and energy to be with the baby, etc.



Video clip - Watch the video, Jumping to Conclusions....Not Always Good. <https://www.youtube.com/watch?v=J19oj-lySBA>

- What happened in these short scenes in this video clip?
- What negative conclusions or labels based on insufficient evidence was placed on these people?

This video shows some funny generalizations, but in real life generalizations, labeling and stereotyping can create a lot of problems, both to those who are labeled and those who are labeling. Those who are labeled are reduced to this label, and people tend to treat them in line with this label (e.g. if we think that somebody is irresponsible, we are unlikely to give this person an opportunity to take any kind of responsibility). Those who are labeling are affected, because they do not communicate with the “real” person but with the label they have assigned to the individual.

Stereotypes are assumptions based on unfounded ideas about different people and groups. They signify a gap or lack of understanding. We typically stereotype those individuals or groups we do not understand, for whom we have no/or very limited knowledge, or those who are different from us.

Stereotypical thinking is not only an individual process, but also a societal phenomenon – many aspects of our everyday lives are saturated with a stereotypical approach to reality, and we are often unaware of it (for example, a nurse must be female; a construction toy is most suitable as a present for a boy; boys and men don’t like pink, etc.).

All these stereotypes can easily lead to prejudice and result in different forms of discrimination. For example, a young man desiring to become a nurse will be told to study and become a doctor; if he is working as a nurse, people may assume that he is not very male or was not smart enough or ambitious enough to become a doctor.

We usually stereotype people based on how they look, their gender, race, and ethnicity. We also stereotype people based on characteristics that we assume are typical for certain groups or cultures. We may assume that it is easier to be nurturing for women; that boys and men are more aggressive; that white people are arrogant; black people are loud;

unemployed people are drunks; Asians ambitious; Roma are thieves, single mothers are poor, and poor people are lazy and ignorant.

While generalizing helps us navigate through our lives, stereotyping puts us in a dangerous place where members of society are limited in expressing their true potential and face barriers to contributing their talents and assets to society. Belonging to the group is what determines a person and limits his/her individuality. Groups are seen as coherent entities. All those who belong to the group are the same, and individual differences are ignored.

When reality does not correspond to our stereotypes, it is often easier to change our interpretation of reality, than change what we believe in. That is why we talk about exceptions – for example “this very poor woman who was still a great mother and managed to get her child through university”, “this dainty man”, “this clean Roma child who enjoys learning and being in crèche etc.



Reflection and discussion

- If you believe that men cannot take proper care of young children, how will you involve fathers and grandfathers?
- If you think all mothers are happy giving birth, how will you deal with a woman with maternal depression or post-traumatic stress syndrome?
- If you think that parents should listen to the advice from home visitors, how will you deal with parents who want to have a say?
- If you believe that every child should be raised by a married couple, how will you treat single mothers?



Watch the video, The Lunch Date.

http://www.youtube.com/watch?feature=player_embedded&v=epuTZigxUY8

- What were the overgeneralizations and the stereotypes presented in this video?
- Can you remember a time when you made an incorrect judgment about a person based on a stereotype? What can people do to avoid overgeneralization and stereotypical thinking?
- What stereotypes exist around some of the families you are working with as home visitor?



EFFECTS OF PREJUDICE AND DISCRIMINATION

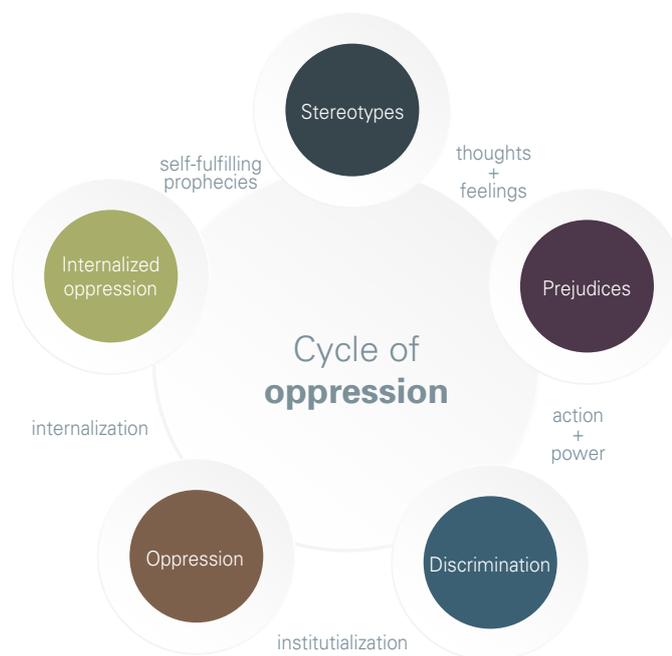
1. INTERCONNECTEDNESS

Prejudice, discrimination, stigmatization and oppression are long-standing problems in human societies, and various explanations can be offered for their origin. Throughout history, people have bonded together in groups to defend their territories, traditions or ways of life.

Yet group membership is also used to demonstrate superiority. Once a group has proven that it is stronger than others – typically through military or economic means—it sets out to prove that its superiority gives its members the right to dominate others, take control over their material possessions, and even their lives.

In these instances, a mechanism is set into motion: the group that is dominating another also creates a whole range of beliefs designed to prove that the group that is being dominated is inferior, unworthy, and somehow deserving of being controlled. It is as though as humans we cannot live with the knowledge that we are harming those that are equal to us, and we are thus forced to rationalize our behavior by portraying them as “inferior.”

Differences in religious beliefs, traditions, language, ethnic features and social economic class have all been used as justifications for establishing superiority over another group, which is then assigned a wide variety of assumed characteristics to justify its status. There is a surprising similarity across cultures in the attributes that are projected onto the group that is being dominated: childishness, impulsiveness, laziness, lack of responsibility, exaggerated sexuality, and simple-mindedness. (Ada & Campoy, 2004).



The following steps show how perpetuating stereotypes leads to formalized discrimination, stigmatization and oppression of groups:

1. It begins with perpetuating **stereotypes**. The stereotypes we hold form the basis of our prejudices (e.g., the most important role for a women is to be a mother).
2. **Prejudice** is a conscious or unconscious negative (and sometimes positive) belief about a group of people and its members. Prejudice involves judgments that are not based on factual and logical arguments.

They are resistant to change and include thoughts, strong emotions and willingness to act. Whenever a person holding such prejudices denies opportunities, resources or access to others, because of group membership, there is discrimination (e.g., a women wanting to combine a career and family are seen as too ambitious, neither totally competent as mothers nor as professionals; they are bossy; masculine, etc.)

3. **Discrimination** is prejudice in action. Discrimination can take many forms, including racism, sexism, heterosexism, ableism' (discrimination based on abilities), ageism (discrimination based on age – too young/ too old), etc. (e.g., companies are trying to find a way not to employ young women who do not have children, as they will get pregnant soon). Many acts of discrimination build up over time; they are perpetuated against one relatively less powerful social group by a more powerful social group and lead to oppression of a group of people

4. **Oppression** is systematic discrimination. For an action to be considered as oppression, it must have the following three components: 1) be a part of the national consciousness (nobody is questioning it, everybody take it for granted); 2) represent an imbalance of power; and 3) be institutionalized (institutions, services, everything is organized in a way so that some people and groups cannot succeed (e.g. majority of people believe that all women want to be mothers and that that they all see it as their most important role, women are forced to go to maternity leave, even if their career will be endangered; childcare institutions are very expensive; and fathers have problems to get baby leave. For women who want to work, maternity leave is very short, and when they start to work they do not have additional support. When they complain, they are told to resign and stay home with the child because that is their main role – to be mothers).

2. INTERNALIZED OPPRESSION

When group members believe in the stereotypes about themselves, they tend to act them out and thus perpetuate the stereotypes. These then reinforce prejudice and keep the cycle going (ISSA, 2005).

People who are labeled and discriminated against usually are also stigmatized. Social stigma and stigmatization are the extreme disapproval of (or discontent with) a person or group on characteristics that are perceived as distinguishing them from other members of a society. Stigmatization is closely connected with oppression and internalized oppression. Stigma is described as "a severe social disapproval due to believed or actual individual characteristics, beliefs or behaviors that are against norms, be they economic, political, cultural or social" (Stuart, 2004). It is characterized by assumed individual characteristics, beliefs or behaviors (e.g., mental illness, physical disabilities, diseases, gender identity, skin tone, education, nationality, ethnicity, ideology, religion or lack of religion), fear, prejudgment, and discrimination. In its most advanced forms, stigma leads to exclusion of the person from spheres of social functioning and causes feelings of guilt, shame, inferiority, and a wish for concealment (Stuart, 2004) (e.g., Majority of woman are afraid to say that they do not want to have children; if they have children, the majority of woman are torn by feeling of guilt for leaving their children while working. They believe that they are "bad "mothers and that they are hurting their own children. At the same time they believe that they are bad at work, because they are torn between children and work).



Self-assessment - Check for understanding

Name whether the following is an example of a stereotype, prejudice, discrimination, or internalized oppression.

1. Asking Roma parents who have problems with the early childhood services what they did wrong.
2. Women feeling guilty for wanting to be mothers and have a career.
3. Avoiding visiting houses of poor and disadvantage families.
4. Saying that the best mothers are stay-at-home moms.

5. Telling jokes about men who want to stay at home and raise their children.
6. Saying that fathers cannot be as good parents as mothers.
7. Having lower expectations from parents from low-income families.
8. Denying a father opportunity to take parental leave after the baby is born.
9. A mother from vulnerable group who believes that she is not capable or worthy of succeeding in anything she does.

SUGGESTED ANSWERS:

1. Discrimination (assuming that the people working in early childhood service cannot do anything wrong)
2. Internalized Oppression
3. Discrimination
4. Stereotype
5. Oppression
6. Stereotype
7. Discrimination
8. Discrimination
9. Internalized Oppression

As stated above in the text on stereotypes and labeling, categorizing is a natural aspect of our cognitive functioning. It allows us to more efficiently adjust to changes in our environment, assures predictability and clarity, and points out possible actions and reactions to other individuals and groups. However, it becomes dangerous when we take these labels for fact rather than a hypothesis that can be proved or disproved by reality. When facts get mixed up with our interpretation of facts, and we take interpretations as facts, then we begin a process of labeling that can result in self-fulfilling prophecies.



Reflection and discussion

Imagine that you are visiting a young single mother, 18 years old, with a 1-month-old baby. She is living with her parents who are taking care of the baby most of the time. The room she shares with the baby is full of clothes scattered around. She likes to listen to loud music and go out with her friends. You advised her to keep the room cleaner for the baby and to spend more time with the baby. To your disappointment, nothing has changed when you visit the next time.

- What is your first reaction? What do you think about this mother? How do you feel about her and her behavior?
- What are you going to tell her?
- What are you going to do with her?

Write your thoughts, feelings and possible reactions. Below you can find two scenarios – one is describing reactions which are leading to self-fulfilling prophecies /the other is illustrating the approach which is constructive and which opens the door for changings in mother’s behavior. Compare what you have written with these two scenarios. Is there something that you would change in your answers after reading the two scenarios and learning about Self-fulfilling prophecies?

Reactions and possible outcomes:	
<p>Self-fulfilling prophecies scenario</p> <p>What is most likely to make the mother continue doing what she is already doing now...</p>	<p>Breaking self-fulfilling prophecies scenario</p>
Possible scenarios	
<p>Label that mother as lazy and irresponsible</p> <p>Become angry with her</p> <p>Tell her that you do not trust her, that she needs to be more responsible, or start complaining to her parents asking them to take responsibility, or you do not talk to her but to her parents all the time.</p> <p>Mother withdraws increasingly, does not want to participate in your visit, does not listen to you, tells you that she does not care etc...</p> <p>PLEASE DO NOT USE THIS SCENARIO!</p>	<p>You can try not to judge her but to make different hypothesis why mother did not do what you have advised. Maybe she feels embarrassed because she is not spending time with her child, maybe she feels guilty for the state of her room? Maybe she is tired or depressed, sad that she is a single mother? Try to give her empathy and to communicate with her (you can always go back to Module on communication) to see what is bothering her. If she is afraid, try to comfort her and provide her with family support when she is feeling sad, or helpless. If she feels ashamed, try to connect her with other young mothers with similar problems.</p> <p>If she does not care, you tell her, without blaming, what are the consequences when parents are not taking care of their children.</p>

Self-fulfilling prophecies create the basis for people who are being stereotyped, labelled and stigmatized to start believing that there is something wrong with them and that they deserve what they are getting. Internalized oppression causes people to act in accordance with their assigned stigma or label. They may feel powerless and become depressed or act with anger, rage, indignation, or frustration, at times lashing out against those closest to them.

Adults suffering from internalized oppression may put down their children, find fault in everything they do, intend to “straighten them out” but, in the process, destroy their self-confidence. Another effect of internalized oppression is developing defensive patterns of fear, mistrust, withdrawal, and isolation from others. They sometimes feel ashamed of their own people and reject the families and communities that nurtured them.



Watch the video Skin Color: The Way Kids See It

<http://www.youtube.com/watch?feature=endscreen&v=JcAuOOPNrs&NR=1;>



What examples of internalized oppression have you noticed in the video?

- Look at the media in your own environment. What kinds of messages do people get from advertisements and from what is covered in the news or put on television? How do people internalize these messages in a way that has negative consequences for them? (For example: “Thin is beautiful” – In response, some individuals internalize this and become anorexic. “Families should consist of a mother and father” – A single mother then sets herself up for failure by getting into relationships with inappropriate men just for the purpose of creating this ideal family).
- What behaviours of the families that you work with might be examples of internalized oppression?

- How can you work with families that are internalizing negative messages from the media and society and help them feel more socially included?

3. BLAMING THE VICTIM

Often we hear comments such as:

- “The way she was dressed, she was just asking to be raped.”
- “She likes it when he beats her.”
- “They should just go get a job instead of complaining about being poor.”
- “They do not go to the doctor, it is in their culture.”

These are examples of “blaming the victim” (Ryan, 1971) . Blaming the victim places the root of social problems in the characteristics of individuals or groups, instead of the social system that is oppressive and provides unequal opportunities for different groups. This approach is often unconsciously reflected in the staff of the services created to help and support these “victims” .

In doing so, we attempt to solve social problems without changing the conditions that created them. Victim-blaming can be found in the negative reactions of legal, medical, and mental health professionals, as well as in the media and immediate family members and other acquaintances of the victim.

“Blaming the victim” actually serves to reinforce prejudices and rationalize discrimination, i.e., the unequal treatment of different groups. This mechanism is often the very essence of many interventions aimed at vulnerable groups, like actions aimed at changing the characteristics of at-risk groups rather than changing the circumstances causing these groups to be vulnerable and treated unequally.

There are four steps in the victim-blaming process (ISSA, 2005)

1.	The problem and the population affected are defined	A higher percentage of Roma children suffer from stunting. A higher percentage of women from the poorest communities suffer from maternal depression.
2.	The value systems, culture and typical behaviors of the two populations, one with the problem and one without it, are compared, usually by stereotyping	Roma children develop more slowly because the value of hygiene and healthy eating habits is very low. Women, which are poor, depressed, and without initiatives, are obeying the old cultural patterns, they are not emancipated.
3.	Locating the source of the problem in how the affected population is different from the successful population (e.g., their culture).	Roma children develop slowly because their parents do not care about them, nor their hygiene and eating habits. It is in their culture. On the other hand we know how important is to take care of what young children eat and about hygiene. We learned that. Women who are poor and depressed are weak, without initiative and they do not want to make a change. They do not want to try to take care of themselves, they are traditional, and they are not trying like we do.
4.	Initiating treatment that changes the affected population.	Organize workshops on healthy eating habits and hygiene. Give them booklets and brochures. Tell them what they have to do and how, where to buy healthy food and high quality toiletries. Organize workshops for women on how to be more assertive. Take them to a psychiatrist, give them medications for depression.



Very often people use this mechanisms having the best intentions on their mind, to help, support or protect. Intentions are good, but approach is not!

When we recognize blame the victim mechanism in our own behavior and thinking, or in others, we should not blame ourselves or others. We should try to make a change.



Self-assessment

Look at the steps in the Blaming the victim process and think how do they blame the victim rather than address some of the root causes?

ANSWER: Parents do not have money to buy healthy foods. They may be so poor that they have no running water and indoor plumbing for good hygiene. Pregnant women do not have access to the nutritious foods they need for a healthy baby.

ANSWER: Poor women suffer from enormous stress and often hopelessness of their situation, which contributes to depression. Even when they try, they cannot get job. When they get a job, they are often underpaid and work under hazardous conditions. No matter how much they try, they cannot break the cycle of deprivation and depression without additional help and support.

WHAT CAN BE DONE: Some ideas – help parents learn how to prepare healthy meal with food they have; support them in establishing women self-help group that help each other in food preparation, hygiene maintaining and stress reduction; help mothers networking, etc.



Self-assessment - Check for understanding

To be able to recognize blame the victim process in everyday life it is important to understand how it is working. Fill the blank spaces in the chart below following the 4 steps of Blame the victim process.

Identify a problem and the population affected by it	Childhood obesity among groups with low income
Compare the values and behaviors of the population affected by the social problem with the population that is not affected	People with low income people have the following values ... People with above average incomes have the following values ...
Locate the source of the problem in how the low-income population is different from the successful population.	Children from families with low income eat ... Children from families with above average income eat...
Initiate treatment that changes the affected population	Children and parents with low income need to... And to achieve that the following has to be done...
What structural defects are not taken into account in these treatments?	

Possible answers	
Locate a social problem and the population affected by it	Childhood obesity among the poor
Compare the values and behaviors of the population affected by the social problem with the population that is not affected	Poor people care about their immediate gratification, they don't get enough activity, they like fried food and sweets. People who are not poor care about good nutrition and exercise.
Locate the source of the problem in how the affected population is different from the successful population.	Poor children's families do not eat enough fresh fruits and vegetables.
Initiate treatment that changes the affected population	Obesity campaigns on billboards. Give parents money for food.
What structural defects are not taken into account in these treatments?	Fresh fruits and vegetables can be expensive or may not be even available in stores.



Reflection and discussion

- Do you often hear comments and ideas mentioned in the table above?
- Have you participated in activities that are done with good intentions but are based on blaming the victim?
- What would you do differently now?



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IV

HOW CAN WE DECONSTRUCT BIASES – TOWARDS INCLUSIVE THINKING



In the next exercise you will see some photographs. Go to **Information card 1** and look at each of the photographs for a minute and write down what you see.

When you have finished, look at **Information card 2** and complete task 2.

- What happened? Did you change your first answer? Why?
- What does this exercise teach us about how we make judgments?
- What are our limitations when we make judgments based on incomplete information?
- How can these kinds of judgments influence our professional life?

As we already mentioned, a stereotype is based on some fact or neutral description, but then this fact is explained or interpreted in an unfavorable way for the individual and/or group it is associated with. Often this interpretation is accompanied by an evaluation (usually negative judgment) of that group. For example: The stereotype that the poor are lazy and do not want to work is partly based on the fact that a higher percentage of the poor is unemployed. The problem is how this fact is

- **Interpreted** – in this case, the interpretation is that the poor are not interested in work.
- **Evaluated** –negative characteristics are now assigned to the interpretation: e.g., the poor are lazy, slackers; they are accustomed to be given everything without doing anything in return, etc.

To take unbiased approaches to people or situations, it is essential to differentiate facts (descriptions) and beliefs (interpretations and judgments), because it gives us a chance to identify potential causes of certain phenomena and to formulate a hypothesis that we can test objectively. Perhaps, for example, the poor do not have equal access to jobs, or they are discriminated against when they apply, etc. Interpretations can also be useful, but only if we remember that they are hypotheses that need to be tested: They are not necessarily established facts. Otherwise, interpretations and evaluations (judgments) lead to discrimination.

When we mix facts with interpretations and evaluations (judgments) we, as professionals can be in danger of becoming angry (because people are as they are) or helpless (we cannot do anything about this, they are just like that, there is no hope). For example, when you believe that mothers with low levels of education do not take care of their children, you may become very angry or you can just say that there is no hope, nothing can be done, there is no way to change the situation for children.

Doing a **DIE exercise** helps us see when we are mixing facts with our interpretations and judgments. It also helps us develop more divergent and creative way of thinking about people and situations. More creative thinking helps us find different approaches to solving problems and providing support to families. Then we are less likely to feel angry, but can focus our energy on problem-solving and building relationships with families.

In this model:

- **D** stands for **DESCRIPTION**: Describing only what you actually see (or hear). For example, for photo 4 from the handout 1, the description would be: women holding a baby. The description is factual and neutral.
- **I** stands for **INTERPRETATION**: We often interpret what someone is doing without knowing the real situation. For example, for photo 4 on handout 1, an interpretation could be: Roma women holding a baby and begging. By saying this we are interpreting what we see, and we are presenting a hypothesis about what is happening or has happened. We may or may not be correct about our hypothesis.

- **E** stands for **EVALUATION**: we place a value on what we see and have interpreted. For example, for photo 4 from handout 1 the evaluation would be: Roma women are bad mothers, they use their children to make money; this is typical for their culture and this is not ok. Now we are placing a judgment on our interpretation. It is this process of moving from description to interpretation to evaluation without knowing the true situation and the reasons behind it. This leads to labeling, stigmatization, discrimination and justification of discrimination.



Self-assessment - Check for understanding

In the following exercise, categorize each comment as a description of facts, an interpretation or an evaluation.

- The children are shy.
- Covering your eyes is a sign of weakness.
- The children are covering their eyes.

Fill in the appropriate statements below:

Description	Interpretation	Evaluation/Judgment

ANSWERS

Description	Interpretation	Evaluation/Judgment
The children are covering their eyes.	The children are shy.	Covering your eyes is a sign of weakness.



Go to **Information card 3** and try to apply these concepts and deconstruct widespread stereotypes about lower income families. Place each of these comments in the correct category of being a description of facts, an interpretation or an evaluation.

For you as a home visitor is very important to be able to observe situations in and with families without judgments and interpretation. It is not easy, and often it will require a very conscious effort but it pays off.



To make a distinction between observation, interpretation, and evaluation, ask a question: How do I know? How do you know?

- Think about a family you find extremely difficult to work with
- Write down everything that comes to your mind: what you think about them and how you feel about them
- Look at your list and ask yourself: How do I know that they are....?
- What are they doing/not doing? What do I hear and see which makes me react in this way?
- Then make a list of observations – what do you see/hear...?

This exercise helped you with the deconstruction of stereotypes/biases – now you have a list of observations. Try to find a potential explanation for the behaviours of each of your observations. And then, instead of having a list of judgments, you have a list of possibilities and opportunities and hypothesis you can work on.

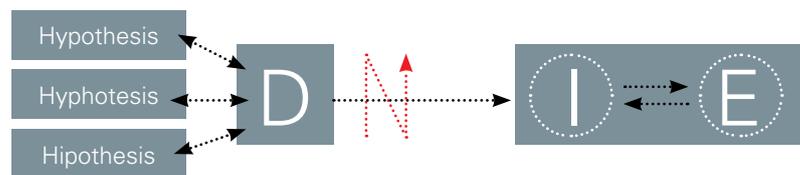


NON-BIASED APPROACH TO WORKING WITH FAMILIES

1. BELIEFS ABOUT FAMILIES

A label that is often placed on poor and vulnerable families is that they are “hard to reach.” Labels, such as “hard-to-reach” or “at-risk” can have negative effects on how we see and thus work with these families.

- When labelling individuals or families as ‘hard to reach’, it carries the risk of reinforcing prejudices, creating false expectations and alienating families who could particularly benefit from your home visiting services.
- To reach out to all families, practitioners need to overcome their prejudices and recognise any preconceptions they may hold about those they wish to engage.
- Individual families can be hard to engage because they are often from a different group or class from those that provide services to them. Additional barriers include personal resources (e.g., esteem, self-efficacy and confidence), lifestyle practices, difficulties with communication, poor health, and negative experiences in the past with service providers.
- Service characteristics can also inhibit engagement. This includes how services are promoted with potential users, the style and manner by which they are delivered by practitioners, how they are organised in terms of timing, location and coordination with other services, and whether the services meet a need of the individual families.



The key question; How do i know/How do you know?

A problem with using such labels is also that this implies that we are dealing with a homogeneous group, suffering from the same problem, which supports negative preconceptions. Being labeled ‘hard to reach’ maintains a ‘deficit focus’, implying a weakness and failure to perform due to limited ability or limited interest. This places the responsibility for failure to engage on the individual and family and not on the service and service provider. Such labels are unhelpful because they generate social disapproval and stigma, rather than leading to problem-solving and action for greater inclusion. (Whittaker, 2010).

On the other hand, high-income families may be suffering from the opposite perception. They are seen as competent, caring and knowledgeable. In reality this is not always true. High income and a good education do not guarantee a good home environment. Child maltreatment, parental mental illness, intra-family conflict and violence, and other issues are also found in these families, and sometimes they are not identified, because families’ status and income creates a protective barrier around them. That is the reason for universal services. All parents need the contact and support of home visiting services, some more, some less. Always keep in mind: “It is not important who parents are, but what they do!” (Melhuish, 2012)

As stated at the beginning of the module, to work effectively with families, we need to have the following core beliefs (Henderson et al, 2007):

1. All families have dreams for their children and want the best for them.
2. All families have the capacity to contribute to and support their children’s learning.
3. Families and home visitors should be equal partners.
4. The primary responsibility for building partnerships between programs and the home rests with the professional.



Reflection and discussion

Write down in the table - How can you show your families that you believe that:

Belief	Actions that demonstrate this belief
They have dreams for their children and want the best for them.	
They have the capacity to support their children’s learning.	
Families and the program staff/service provider should be equal partners.	
The primary responsibility for building partnerships between programs and families rests with the program staff or service provider.	

ANSWERS:

Belief	Actions that demonstrate this belief
They have dreams for their children and want the best for them.	Ask families about what they want for their children, their goals and dreams for them. Work with them to help them realize those goals and dreams. What social and life skills are important for them that their children acquire? What knowledge should they have to be successful as members of their own communities?
They have the capacity to support their children’s learning.	Ask families how they help their children learn certain skills. What do family members know about how to help their children learn?
Families and the program staff/service provider should be equal partners.	Listen to families about what is important to them and explore ways together to help them achieve their goals. Make what is important to them also important to you, and seek out their solutions as well as provide new ideas to them. All those that support the child’s development should have equal status, value and responsibility.
The primary responsibility for building partnerships between programs and families rests with the program staff or service provider.	When families do not respond, do not assume that it is because they do not want to. Explore other ways to reach them. Every family is different and will have different ways of communicating, preferred times and places to meet, and their own interests and needs.

2. CHARACTERISTICS THAT INHIBIT FAMILY PARTICIPATION



Sometimes it is not the family that has a problem, but the service that does not meet the needs of the family. Research has identified many service characteristics that make access difficult:

1. Poor communication (also inadequate marketing) of what the service is, what it has to offer, to whom, why, for how long, and where. This makes the real service invisible to the family.
2. Practitioners who display poor communication skills and who present families with unrealistic expectations.
3. Services that are culturally insensitive to the needs of minority groups and that fail to recognise population diversity.
4. Services that focus only on one of the caregivers, usually the mother, and provide the service at times and in locations or in ways that are not convenient or culturally acceptable to the other parent
5. Services that 'pathologise' parents, blaming them for things out of their control.
6. Services failing to accommodate special circumstances, such as need for childcare, transport, interpreters and/or peer support services.
7. Services disconnected from community user groups therefore out of touch with the real lives of local families.
8. A service that works independently and fails to collaborate with other agencies, making it difficult for families to meet their needs comprehensively and efficiently (Whittaker, 2010).



Choose two of these characteristics that were challenging for you when working with a family or group of families. What changes could be made that address these more successfully?

Family strengths perspective

We often blame families for not doing what we tell them to do. This can include not playing with their children, missing medical checkups or vaccination dates, not ensuring that children get enough exercise and eat nutritious foods, letting children stay up too late, etc. We should not just assume that families don't care. When asked, families may share the obstacles they encountered and be willing to jointly look at the issue and identify possible solutions. (You can find more on this topic in the Module on communication with families.)

It is often easier to blame families who belong to other cultural groups or who to belong to a less privileged group. We often judge families as incompetent because of who they are.

In contrast, an empowerment approach focuses on strengths, abilities, and potential rather than problems, deficits, and pathologies.

A strengths-based perspective is built on the following principles (Saleeby, 2006):

1. **Every individual, group, family, and community has strengths**
This perspective focuses on identifying, mobilizing, and respecting the resources, assets, wisdom, and knowledge that every person, family, group, or community has, as well as their potential for transforming their experiences and lives.
2. **Trauma and abuse, illness and struggle, may be injurious but they may also be sources of challenge and opportunity.** To say that negative experiences can also bring opportunities to an individual, family,

or community does not mean that we do not acknowledge the scars and pain these experiences cause. The strengths-based perspective acknowledges that frequently people who are facing adversity are resilient and resourceful, and we should explore and learn from their strategies to overcome adversity.

3. **Assume that you do not know the upper limits of the capacity to grow and change.** Take individual, group, and community aspirations seriously and with respect. People frequently are bound by an assessment, diagnosis, or profile that has become a verdict or a sentence in their lives. By holding high expectations for their families and helping them hold on to their dreams, hopes, values, aspirations, and vision, we are supporting families and helping them in creating better opportunities for their children.
4. **We best serve families by collaborating with them.** When we approach families as a facilitator or collaborator (having specialized education, tools, and experience to offer, but being open to the wisdom, knowledge, and experience that families bring with them) we work with families rather than on their case.
5. **Every environment is full of resources.** Every environment is full of individuals, families, informal groups, associations, and institutions willing to help others. When given the opportunity, they contribute with various assets and resources that others need, such as knowledge, company, special talents, time, and place, and the like. There are resources, partnerships, and strengths available in the community, ready for use.
6. **Caring, caretaking, and context.**
Human wellbeing is essentially related to caring. We should facilitate and assist families, groups, and communities to care for their members.

Strengths can be found in:

1. **What people have learned about themselves and others?** People learn from the challenges they endure as well as from their accomplishments. Resiliency seems to emerge from the interaction between internal and environmental resources and the risk factors that the person is facing.
2. **Personal qualities, traits, and virtues.** When going through adversity, people may become aware of some talents, assets, or resources that can draw on. In other cases, people develop new strengths and resources in order to meet their challenges. Some examples are creativity, spirituality, humor, caring, and the like.
3. **What people know about the world around them.** Knowledge comes from different sources, including education, culture, and actual experience. While learning about our world, we develop skills and abilities. For instance, families might know much more about the housing system than we can ever hope to learn. However, too often this knowledge is not used. We will identify it only if we observe and ask.
4. **Talents people have.** Frequently, you will find that people have surprising talents, such as singing, writing, painting, telling stories, making things by hand, and so on. Many times people do not even mention those talents because they do not seem relevant to what we are discussing with them. If we do not find out, we miss the opportunity of mobilizing these talents. While they may not be connected to the families' aspirations, they provide additional resources and tools to assist individuals in fulfilling their aspirations and reaching their goals.
5. **Cultural and personal stories and wisdom.** These strengths are sources of stability, guidance, a sense of belonging, and a place in the world. Narratives, myths, and cultural stories can be a source of identity, meaning, and inspiration through adversity.

6. **Pride.** When people overcome deterrents and bounce back from adversity; they may develop a sense of pride and accomplishment. It is the “survivor’s pride” (Wolin & Wolin, 1994) which is waiting to be discovered, usually behind a curtain of shame.
7. **The community.** There are many assets in the communities that should be included in the assessment, such as physical, interpersonal, and institutional strengths. People can benefit from giving as well as receiving, since this enhances their membership and empowerment.



Self-assessment - Check for understanding

Make a list of qualities that a family you work with in home visiting programs may have. Take the perspective of the family.

QUALITIES MAY INCLUDE:

- Facing problems and seeking help rather than denying or avoiding them
- Taking risks by sharing problems with the home visitor who is a stranger
- Showing perseverance in attempting to keep a family together under difficult circumstances.
- Expressing feelings and views openly rather than being guarded
- Exercising resourcefulness and creativity in making the most out of limited resources or managing and surviving on a meagre income.
- Making sacrifices on behalf of children and others.
- Seeking to further knowledge, education and skills.
- Expressing loving and caring feelings to family members.
- Asserting one’s rights rather than submitting to injustice.
- Attempting to meet one’s debts and obligations despite financial adversity.
- Seeking to become or remain independent.
- Seeking to understand the needs and feelings of others.
- Demonstrating the capacity to be introspective and to shift thinking or realign perceptions when presented with new information or alternative views of situations.
- Owning responsibility for one’s own actions and showing interest in making changes in self rather than focusing extensively on the changes one thinks others should make.
- Demonstrating the capacity for self-control.
- Demonstrating the ability to make individual value judgments.
- Manifesting the emotional capacity to function effectively in stressful situations.
- Demonstrating the ability to think abstractly and to make connections between cause and effects.
- Demonstrating the ability to form close relationships.
- Demonstrating the ability to consider alternative courses of actions and needs of others when solving problems.



Watch the video, Search Institute Family Assets: Tapping into Strengths to Overcome Challenges, <https://www.youtube.com/watch?v=X9jMGSOoJKE>



What stands out for you in this video?

- What did you learn about families facing huge challenges?
- What did you learn about children growing in families facing a lot of challenges?

3. VOCABULARY OF THE NON-BIASED STRENGTHS-BASED PERSPECTIVE

Language and words are powerful. Words can inspire, but they can also destroy.

We must examine the words we use with families and ask ourselves:

- Am I communicating hope, belief in potential of parents, and acknowledging their resiliency? or
- Am I teaching them to be helplessness, abandoning their goals, or weakening their aspirations?

Here are some considerations (Saleeby, 2006):

Term	Meaning	Application on the practice
Believing in the family/parents	Believing in the parents and family is central. Questioning the validity of the family views does not help them to overcome difficulties they face.	When you as a home visitor work with families, you need to convey our belief in their potential.
Dialogue and collaboration	In dialogue, we can discover and test our own knowledge, inner strengths, and wisdom; we can begin to connect with the others. In a caring dialogue, based on empathy, connection, and inclusion, we can overcome the barriers of discrimination, stigmatization, oppression and mistrust. We can establish deep connection and collaboration.	When you as a home visitor work with families, you need to collaborate with them through the recognition of their insights, views, and aspirations. In other words, you need to collaborate with them by listening to their voices.
Empowerment	It is necessary to challenge derogatory labels that some families and communities have by identifying and mobilizing the power within individuals and their communities and by fostering connections among individuals, families, institutions, and communities.	When you as a home visitor work with families it is important to trust families' wisdom and perspectives and believe in their dreams.
Hope	Hope and optimism are related to positive emotions and feelings. They convey the belief in a positive future.	When you as a home visitor work with families it is important to proceed from the recognition of the families' promise and potential. This does not mean that you do not acknowledge and understand the individual, communal, or structural challenges. It means that you understand the individual pain, suffering, limitations, and needs, keeping always a hopeful attitude and a profound belief in the possibility of change.
Membership	Belonging and inclusion are essential to all human beings.	When you as a home visitor work with families it is important to proceed from the recognition that every single parent and family member you serve is a human being like anybody else, and thus, should get all the respect, dignity, and responsibility that every human being deserves.

Term	Meaning	Application on the practice
Resiliency	Human beings have the inner capacity to overcome adversity and bounce back from difficulties to meet the challenges and ordeals of daily living as well as extraordinary circumstances. The facility for resilience is available to everybody; it is not just a property of some special people.	When you as a home visitor work with families it is important to keep in mind that resilience is amplified by the resources and resourcefulness of individuals, families, and communities, and by the education, mentoring and support that people find in their lives.



Reflection and discussion

Think of a family with whom you work or have worked in the past. How would you describe your ability to:

Believe in the family’s potential.	
Recognize the family’s insights, views and aspirations through dialogue and collaboration.	
Trust in the family’s wisdom and perspectives.	
Identify internal sources that would help the family to heal and transform.	
Help the family have hope.	
Help the family feel that they belong and are included as a human being.	
Identify where the family self-regulates, has flexibility and adaptability.	
Identify where the family has resiliency.	

VI

SUMMARY OF KEY POINTS



Final summary

All human beings tend to have biases.

To be able to successfully work with families as a home visitor, you need to be aware of your own biases. Your own biases can make you less effective and professional.

Finding ways and means to approach every family is your responsibility and you need to be capable to build a trusting relationship with them.

In spite of the difficult situations, all families have strengths and the capacity to overcome problems.

Some families you work with (or you will work with) are stigmatized and discriminated in many different ways. This is distressing their lives to a great extent, denying them access to different resources, services and opportunities. Your role is to work on changing that and creating better opportunities for them in the best interest of the child, family and society in general.



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VII

ANNEX



INFORMATION CARD 1

Look at the photos one by one and write down what you see



Photo 1. What do you see?



Photo 2. What do you see?



Photo 3. What do you see?



Photo 4. What do you see?



INFORMATION CARD 2 (ISSA, 2005)

Now look at the new pictures. What do you see now? Would you change your first comments now when you see broader picture?





INFORMATION CARD 3

Try to apply new knowledge and deconstruct widespread stereotypes about lower income families. Place each of these comments in the correct category of being a description of facts, an interpretation or an evaluation.

Stereotype 1:

- Poor people are ineffective and inattentive parents.
- On average poor parents play with their children and read to them 3 times less than middle class parents.
- Poor parents do not care about their children’s learning and development.

ANSWER:

Description	Interpretation	Evaluation/Judgment
On average poor parents play with their children and read to them 3 times less than middle class parents.	Low-income families are uninvolved in their children’s education.	Poor people are ineffective and inattentive parents

Facts:

Researchers routinely have found that low-income parents and guardians are extremely attentive to their children’s needs despite the many barriers they must overcome to provide for their families. This is no less true for poor single mothers, who often are the most scorned targets of the “bad parent” stereotype. We already established, for instance, that poor single mothers claim a sense of responsibility for inspiring their children to pursue higher education. More broadly speaking, when Robert Hawkins (2010) used a variety of qualitative research techniques to examine how 20 formerly homeless single mothers use their social networks to improve their lives. He found that they prioritized the wellbeing of their children in virtually every decision they made. He also found that they were not shy about seeking the help they needed to provide a good life for their children, even when doing so made them vulnerable or uncomfortable. In fact, following their longitudinal study of low-income families, a follow-up to Annette Lareau’s (2000) now-famous study of how socioeconomic class affects children’s home lives, she and Elliot Weininger (2008) unequivocally denounced the “bad parent” stereotype. They concluded that “working class and poor parents are no less deeply committed ... to the wellbeing of their children than are middle class parents” (p. 142).

Stereotype 2:

- Poor people are lazy.
- Poor people work less than rich people.
- Low income people are concentrated in the lowest paying jobs, having few opportunities for advancement and for benefits.

ANSWER:

Description	Interpretation	Evaluation/Judgment
Low income people are concentrated in the lowest paying jobs having few opportunities for advancement.	Poor people work less than rich people.	Poor people are lazy.

Facts:

Poor working adults work, on average, 2,500 hours per year, the rough equivalent of 1.2 full time jobs (Waldron, Roberts, & Reamer, 2004), often patching together several part-time jobs in order to support their families. People living in poverty who are working part-time are more likely than people from other socioeconomic conditions to be doing so involuntarily, despite seeking full-time work (Kim, 1999 in Strauss, V., 2013).

Stereotype 3:

- Low income children begin school with less developed reading skills on average.
- People from poor neighborhoods do not speak a standard version of the language, so they cannot read.
- Poor people are linguistically deficient and stupid.

ANSWER:

Description	Interpretation	Evaluation/Judgment
Low income children begin school with less developed reading skills on average.	People from poor neighborhoods do not speak the standard version of the language, so they cannot read.	Poor people are linguistically deficient and stupid.

Facts:

Veronique Dupere and her colleagues concluded that reading score differences between low-income and wealthier students could be explained largely by discrepancies in the sorts of institutions to which they had access throughout early childhood. Variations of language are not indicators of poor intelligence or deficient cultures. Instead, they are indicators of the regional, cultural, and social contexts in which somebody learned to speak.



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