

CONSCIOUS AFFECTION AS AN ORGANIZATIONAL COMPETENCE

AT SOS CHILDREN'S VILLAGES LATIN
AMERICA AND THE CARIBBEAN



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Foreword

Generating the conditions to develop protective and safe environments which guarantee the full exercise of the rights of children, adolescents and the youth in our programmes is a commitment that SOS Children's Villages has assumed in a comprehensive manner and for which it is working hard at present

It is us as coworkers who must take on this commitment by making Conscious Affection permanent in our work and in our lives and go beyond by encouraging its development in others.

We have been working on its reflection and creation, along with the consulting firm Espirales CI, which have enabled us to identify different development areas at an organizational and staff levels with a focus on fostering those protective and safe environments in each of the workspaces of SOS Children's Villages in which we operate.

It is based on this work that we recognize Conscious Affection as a key competence that all, within the organization, must possess and provide others to create environments where our programme participants can develop in the fullness of their rights.

Acknowledging this key competence for our organization is only the first step to take on the challenge of mainstreaming it in all our positions and organizational levels, as well as to enhance its development in each person we work with at SOS Children's Villages.

This is a challenge we face as Human Resources professionals, both at a Regional and National level, working together to identify strategies that allow us to implement Conscious Affection in every one of our processes and make it a fact for our organization.

Counting on the support of the work team of Espirales CI in this path has been a great learning and an invaluable experience, which has enabled us to build together a vision of how we want to promote, develop and implement Conscious Affection in our work environments and especially for those who provide direct care to participants in our programmes.



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1. WHY PROMOTE CONSCIOUS AFFECTION AS A COMPETENCE AT SOS CHILDREN'S VILLAGES?

1.1 Defining conscious affection

The development of a person at a human and professional level is only possible if the person develops and lives in an affectionate protective and safe environment. And in the case of children, adolescents and the youth this is only possible if the adults in charge of their care guarantee a safe environment in all areas of upbringing and coexistence. The protection of all children and adolescents involves creating that environment of good affective treatment free of any form of violence, abuse or exploitation and in which adults are always governed by the interest of the child and respect for their human rights.

Conscious affection is defined as the capacity a person consciously, voluntarily and systematically has to generate a protective environment that is emotionally warm and to establish positive relationships within it. From a rights-based approach conscious affection is, therefore, a guarantee of the right to protection and full development because it makes the creation of a safe environment and good treatment possible. Conscious affection involves several skills that are described in this document, in each of which a person can be more or less competent because of their skills to relate to others, because they have undergone a personal growth, training and consciousness process leading to it.

Affection usually arises naturally in the context of personal and close relationships when relationships are positive, making people feel as safe and protected adults and children. And, in particular, in a context of upbringing and education of a child or adolescent this upbringing is only protective and a guarantor of their rights if it is affective and warm. But when we talk about conscious affection it is not a question of the kind of affection that arises spontaneously and naturally, but of affection that an adult grows and seeks consciously and systematically every day. And in any institutional care environment where the responsibility to ensure the full development of a person is assumed, then we have to speak of conscious affection as a professional competence not as a personality or temper trait. Conscious affection then is not only an option, but a responsibility.

This is why conscious affection must be understood and addressed as a professional competence. Only when coworkers are competent in conscious affection they will be able to generate a protective environment that ensures the full development of the persons in their care. And this protective environment is necessary for any professional role and at any level, whether of management, technical or direct care. In addition, this competence is particularly necessary for any organization or institution whose ultimate objective is the care of persons: a hospital, a nursing home, an institution that works with people with disabilities, a school or an alternative care option.

As with any personal or professional competence, it can only be developed if it is promoted through training and development processes that create the necessary personal and organizational conditions. Affection arises from some key personal conditions such as:

- the integration of the personal life history,
- positive affective bonding models,
- a network of support and affection and
- systematic guidelines of self-care.

These conditions that generate consciousness on a personal level and individually, can and must be moved to any professional work environment with people in the selection, performance management and training, and development processes. Throughout this guide specific strategies for each of these processes are developed at different levels of the organization: management, technical and support teams and direct care coworkers. But none of the strategies referred to will be viable without a clear and definite institutional commitment to promote conscious affection as an organizational competence to define the work environment in any of the work contexts and in the context of open and positive participatory leadership from management.

1.2. Conscious affection as a professional competence at SOS Children's Villages

Conscious affection is a professional responsibility of all our coworkers who are involved with people, but especially for those involved with children, adolescents and the youth given their particular vulnerability. And even more, if, as in the case of SOS Children's Villages they are children, adolescents and the youth at risk or with stories of emotional damage. Because the organization's responsibility is then to provide the offices, community interventions and community homes, social centers, care alternatives, etc., the safety and emotional warmth required to allow children, adolescents and the youth, and coworkers to have a full development in any of the contexts.

SOS Children's Villages works from a rights of the child approach. One of its key objectives is to promote the full development of children, adolescents and the youth through the creation of care alternatives and family strengthening. It must comply with the condition of ensuring that the environments it generates are protective and safe and promote that condition at the environments it works with in the communities. And for this it must incorporate CONSCIOUS AFFECTION as an organizational competence at all levels of the organization, not only at those corresponding to direct care.

Conscious affection is not only a desirable competence for direct care positions, but for all levels of the organization. Because only when such competition is a reality THROUGHOUT

the organization, coworkers at all levels: managerial, technical and management and direct care ones will generate protective and safe environments in their fields of work, whether an office, a team, a community intervention or an alternative care option. And only when those protective and safe environments take place it will be possible to offer quality intervention to children, adolescents and the youth.

In this way, when the organization assumes conscious affection as an organizational competence, it will achieve two objectives. On the one hand, to promote the full development of its coworkers which includes the self-care and consciousness of coworkers. In turn these self-care and consciousness processes will make the second objective possible: to generate the necessary organizational conditions to guarantee the right of children, adolescents and the youth to full development and respect for their physical and psychological integrity. **By guaranteeing the protective and safe environment condition and the promotion of conscious affection as an organizational competence, SOS Children's Villages promotes positive parenting as a methodology of direct intervention with children, adolescents and the youth and positive discipline as an approach to conflict situations within it.**

This document contains methodological strategies to promote the skills that define conscious affection as a professional competence at all levels of the organization. And it was created with the aim to be a methodological support guide for this organizational process that will take time because it represents a consciousness and transformation challenge that will require investing human and economic resources from a clear and defined organizational commitment.



2. SKILLS TO WORK WITH WITHIN CONSCIOUS AFFECTION

The tendency when working with affection is to think that it is a relevant competence only for the coworkers who are responsible for the direct care of people: the children, adolescents and the youth at risk that SOS Children's Villages works with in this case. However, the professional competence of conscious affection is required at all levels of the organization because only when the consciousness and self-care process this competence requires occurs, the protective and safe environments that contribute to the guarantee of full compliance of the rights of the child; which is the ultimate goal of the work of the organization, is generated. Only when the management level of the organization is capable of generating a protective and safe environment for coworkers is when they in turn will be able to achieve their full potential as individuals and full performance as workers. And from that development within a protective environment they would be able in turn to promote a cascade down from that environment to reach direct care coworkers.

Conscious affection is not a specific competence of direct care coworkers but a cross-sectional competence for any organization or institution whose function is the care of persons and, especially, in the case of SOS Children's Villages since it is an organization whose mandate is to care for children, adolescents and the youth who have a personal and emotional history of damage, so they will require an affectionate presence, steadiness and a higher consciousness to that of other coworkers' roles.

Conscious affection as a competence includes several skills that must be promoted at all levels of the organization with special emphasis on the level of direct care of children, adolescents and the youth. The skills are expressive affection; the ability to establish positive emotional ties and keep awareness of those already created, the conscious care of the planning and development of all phases of any intervention process, with special emphasis on beginnings and ends; the conscious and respectful look at the person with whom we work and the approach of conflict situations from the perspective of positive discipline.

This chapter will develop the skills included in the conscious affection competence as well as strategies **to promote each skill at various levels in the organization**. These strategies range between:

- Recruitment and Staff Selection Strategies, which will allow mainstreaming this competence in that process. All of the skills included in the competence are necessary for the different types of posts that are defined, but it is important to keep in mind that they will not have the same weight. That is why it will be necessary for Human Resources Advisers to adjust the strategies suggested here to the specific profile of the position they are looking for.
- Performance Management Strategies, defined to promote and evaluate the development of coworkers in each one of the skills, identifying performance gaps that allow adjusting the individual development plans of coworkers in each one of the skills. All of the skills that are included in the conscious affection competence are developable making it necessary to determine a minimum level of development required for each one of them. The strategies related to Performance Management should be tailored to each coworker based on the position performed.

- Training and Development Strategies to promote the different skills within the organization. Strategies pertaining Training and Development are included separately in section 4 as they are common to all levels of the organization and are the ones that will ensure the **Organizational Conditions** needed to develop conscious affection as an organizational competence.

The proposed strategies also differ for each skill, although some of them serve to promote multiple skills in a single action. On the other hand, within the proposed strategies, some include specific techniques which incorporate resources in the bibliography section for their development.

To simplify the mainstreaming of conscious affection as a competence based on the strategies related to the Human Resources processes mentioned above, the different posts of the organization have been divided into three groups:



- **Direct Care Positions**, which include all those coworkers working in direct contact with children, adolescents and the youth, families and communities both in care alternatives and in the programmes that the organization develops in the communities.



- **Technical and Management Positions**, which include technical and support teams and direct care coworkers in their different modalities (family advisors, technical team, etc.) and support positions when managing all functions at both national and regional levels



- **Management Positions**, which include positions that assume the responsibility of the different functions of teams, both at national and regional levels.

The list reflects the strategies proposed by the Human Resources Advisors of different National Associations of the region attending the workshop held in Medellín in June 2017, the proposals of those in charge of Human Resources, Programmes and Child Protection of the Regional Office who have jointly reviewed the process and this methodological guide, as well as the strategies proposed by the consultant.

It is not a fixed list of strategies nor are they mutually exclusive, they are just some of the strategies possible as a methodological guide for the conscious affection implementation process as an organizational competence. Each human resources team in each national association will be able to assess the feasibility of implementing these strategies or designing other they consider more adjusted to the specific reality of their scope of intervention or professional role they deal with.

2.1. EXPRESSIVE AFFECTION

DEFINITION

Affection is an experience not a thought, which is incorporated from a variety of sensory experiences. For this reason, adults, children, adolescents and the youth have to be able to experience it in their daily relationships at the work context of SOS Children's Villages within work teams and as direct caregivers. Expressing affection should not be punctual but systematic and performed with consciousness on the everyday life of relationships.

But that expression of affection does not necessarily have to be uniform in all people. There are different channels or ways to express it. There are three modalities to express the affection: physically, by means of words and by actions. Choosing one of these modalities is conditioned upon the sensory processing of who expresses it, but also to their ability to express affection adjusted to the primary sensory channel of each person. Adults have to be able to identify the sensory channel of the other person to express their affection so that they can perceive it in situations of stress or anxiety. It is not necessary to constantly adjust, in fact, learning strengthening occurs from other sensory channels through the relations that are established, but in situations of stress or suffering the emotional and sensorial adjustments to another person are necessary, in this case of the adult the child or adolescent to be able to accompany them. This adjustment is a mutual responsibility among adults (think of a work team) but in direct care charges the responsibility will always be of the adult the conform to the sensory channel of the child or adolescent. That is to say, the adult will prioritize the sensory channel of the child over his/hers in situations of stress, anxiety or suffering. That emotional adjustment enables the emotional integration of their experiences and positive coping in emotional stress situations.

The following are the different styles of sensory processing¹ that allow sensory and emotional adjustment and some guidelines that allow the identification of the sensory channel of a professional or a child or adolescent you are working with:

- The most kinesthetic people emotionally integrate experiences through movement and touch and that is why they need their referents to express affection physically. Movement is essential for a kinesthetic person to correctly process sensory, emotional and cognitive information, and to constructively deal with emotional stress. In a work team, there are people who need to move within an office, change of place or talk on the phone while moving, coworkers who will need to make field visits and face-to-face meetings to perform tasks programming or planning. People who will tend to naturally embrace, put their hand on the shoulder of another person, stretch out in a chair or make gestures. In the case of children, adolescents and the youth these needs are similar: they need movement to integrate learning, require greater containment and physical

¹ Navarro, A. (2016). Los estilos de aprendizaje: visual, auditivo, kinestésico. Publicaciones Didácticas Magazine. Available at: <http://publicacionesdidacticas.com/hemeroteca/articulo/075007/articulo-pdf>

contact in situations of stress or anxiety and they tend to like bodily activities and games, among other aspects, and dancing and body work methodologies will play an essential role in the development of their emotions.

- People who are more auditory not only process their emotional experiences through words or music, but they fully receive affection more when expressed in words. A professional who is more auditory will have greater verbal and written fluency, greater speech capacity and will tend to verbally structure content. These are coworkers that will require regulations, reports, verbal or written evaluations and who will seek different environments depending on the task to be done: If they are creative tasks, group work will facilitate their task because of the possibility of contrast and common construction of knowledge, but if they are analysis and synthesis tasks they will need little noisy environments to concentrate or they will even work better using headphones with music. More auditory children, adolescents and the youth will develop their experiences through storytelling and will seek closeness of adults to explain their experiences. They are the ones who most easily will adjust to the educational system as it is conceived, as well as to its evaluation methodologies. And music helps them to calm down.
- Visual people process the environment information much more requiring longer times to adjust to a new environment, and they are more sensitive to changes in the environment, team, place of work or methodologies or operating systems. In stress situations, these are people who sense physical contact as invasive, so they tend to be lonely and close their eyes or sleep when they are very stressed out. But at the same time, they are the people who are able to provide more detailed information of the place they are at or the physical environment that surrounds them. They tend to structure information visually with graphics and artistically. Visual art in any of its forms helps them develop contents: an image, an idea, a chart and they get affection better when it is expressed through the behavior of another person, such behavior defines a safe and positive context for that person. Visual people require longer times to adapt to any context because they process much more information and they sense physical contact as invasive in stressful situations. In the case of children, adolescents and the youth it is essential that the adults responsible for their direct care bear in mind the need for longer times, the difficulty in adjusting to new environments, the need to maintain a physical distance in stress situations and the value of sleeping to restore their balance.

Strategies to promote this skill

Recruitment and Selection Strategies

Recruitment and Selection Strategies



Direct Care Positions:

This skill cannot be evaluated in the selection process through an interview, since a selection interview is an assessing context which is unlikely to allow the person to express affection.

Therefore, asking the person to bring a previously written text talking about the person they love most in the world is suggested as a strategy. The content should be evaluated from the perspective of the criteria included in the description of the skill. Above all, assess if the text specifically includes the emotions that bind them to that person or simply give data on the biography of that person or events that occurred. Also, the text will be used to detect their sensory channel of development based on the data and how it is provided, confirming this aspect in the selection interview.

There is some evidence that can support this assessment:

- CUIDA Test (Colombia)²
- Machover Test³
- Colors Test (evaluates their personal history)⁴
- Test to evaluate affection (Woodward adaptation)⁵



Managerial and Technical Positions:

The selection processes to measure this skill are common to all categories of positions therefore the suggested test and the evaluation strategies should be included for direct care positions in this professional category.

² To learn more about the CUIDA Test: Bermejo, F.A.; Estevez, I. et al. Test CUIDA para evaluación de adoptantes, cuidadores, tutores y mediadores. Madrid: TEA Ediciones. Available at: <https://web.teaediciones.com/CUIDA--CUESTIONARIO-PARA-LA-EVALUACION-DE-ADOPTANTES--CUIDADORES--TUTORES-Y-MEDIADORES.aspx>

³ To learn more about the Machover Test: Aparicio, M. *Test del dibujo de la figura humana*.

⁴ To learn more about the Lucher Test or the Colors Test: <http://www.psicologia-online.com/articulos/2014/test-dibujo-figura-humana.html>

⁵ To learn more: http://www.academia.edu/5472375/CUESTIONARIO_PARA_AVERIGUAR_EL_GRADO_DE_AFECTIVIDAD



Management Positions:

The selection processes to measure this skill are common to all categories of positions therefore the suggested test and the evaluation strategies should be included for direct care positions in this professional category.

In the case of management positions, it would be interesting to include two key questions as part of the interview:

1. How would you act in the event that the mother of a person on your team dies?

As part of the actions the person should consider attending the funeral, offering some time off and express their condolences personally. If the person only focuses on how to manage the impact that circumstance can have on the team and work objectives, s/he is not contemplating the ability of expressing affection or of generating emotional ties nor a conscious and respectful look.

2. What would you do for a person of your team to know their performance has been effective?

The express recognition of worth of the performance must appear as part of the answer. And the awareness invested in the way of doing so must be valued. For example, to consider aspects such as if doing it individually or in front of the group, if it is accompanied by a handshake or if it contemplates some sort of public recognition, on the team, their work conditions, etc. At the same time, the specific way proposed to do so will give details of their sensory and emotional development channel.

Performance Management Strategies



Direct Care Positions:

Introduce or strengthen in case they already exist:

- Self-care environments and the exchange of experiences among direct care staff. Self-care processes are developed most extensively in the third chapter of the training and development strategies.
- Direct care staff participation in the planning and evaluation and follow-up processes.

As specific strategies suggested for performance evaluation:

- Identify development gaps that will allow the adjustment of development plans' content.
- Promote individual development plans.

- Assess whether the person is able to express daily affection to children and adolescents and families in any of its ways.
- Promote assessments of children and adolescents on the affection they perceive in that person.
- Assess the story offered to the children and adolescents' evolution technical teams regarding his/her ability to express affection and value it positively.
- Assess whether s/he is able to maintain the expression of affection for children and adolescents in everyday crisis situations.



Managerial or Technical Positions:

Introduce or strengthen in case they already exist:

- Self-care environments.
- Environments to exchange experiences. In the case of technical teams or human resources, for example, these environments will contribute to generating common assessment criteria that generate a systematization of the affection expressed not only in coworkers themselves to participate, but by the guidelines promoted in direct care coworkers.
- In areas that have to do with the management of the public image of the organization (Fundraising coworkers) create spaces to check if affection is expressly collected in the public image of the organization, both in the materials that are elaborated as in its approach.

As specific evaluation strategies:

- In the case of technical equipment, introduce systematic assessments of children, adolescents and the youth and families on the effectiveness of the intervention of the technical teams and of direct care coworkers regarding this ability: if they are perceived as emotionally close and warm and what specific examples they can give about that perception to also evaluate the emotional adjustment they use to manifest affection.
- Evaluate if they are able to listen to coworkers and children and adolescents and to the families they work with, to contain them emotionally and guide their actions.

In the case of other technical areas, it is necessary to develop strategies such as:

- Evaluate expressive affection in the relationships within the team. This assessment has to be carried out with focus groups and systemic techniques.

- Generate shared spaces of emotional encounter and leisure within working hours.
- Introduce regular field visits, as well as promote the organizational knowledge at an experiential level.



Management Positions:

For management positions, specifically evaluate their ability to:

- Access their teams and openness to listen keeping an open-door policy.
- Feedback, promoting 180- and 360-degree assessments in their planning, i.e., assessments where a person is assessed by both their direct superior and the coworkers who work for them.
- Affective communication with their teams, both in content and in form.
- Emotionally warm relationships with the members of their team, this aspect being evaluated by their team.
- If they have shown participatory leadership (ability to listen, contain, guide, prioritize and motivate their team).

2.2. ABILITY TO CREATE POSITIVE AFFECTION BONDS AND TO KEEP CONSCIOUSNESS REGARDING THE ALREADY CREATED AFFECTION BONDS

DEFINITION

As it has been explained by defining conscious affection, the level of affection in relationships does not generate emotional ties. Affection ties are a type of affective relationship that assumes a level of affective involvement, emotional commitment and permanence that it is not possible to assume with many people at the same time and throughout life. Bonds are unique relationships in which people choose each other and mutually commit, whether in a friendship, in a couple or in parenting. They are a type of affective relationship, but they are not the only one. And to generate a protective and safe environment it is not necessary to be with people that we are linked, but with people who make the person feel acknowledged and treated with warmth. Therefore, the emotional bond is a level of intimacy and relationship that does not correspond to a direct care task and less to a team management task or policy. Therefore, the conscious affection competence is needed to generate protective and safe environments that enable the full development, but it is not necessary to build emotional ties to generate those spaces.

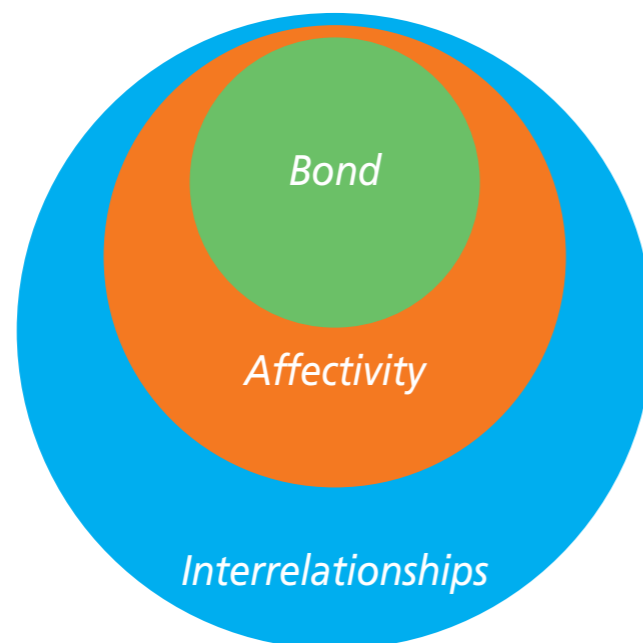
Differentiating between bond and conscious affection is essential to appropriately focus conscious affection as a professional competence, as a responsibility that should be demanded in the workplace as a responsibility toward the people we work with, particularly in cases where it is assumed a management or care role. There are three levels of interpersonal relationship:

- Interaction which is the relationship that is established on a temporary basis and for a specific purpose. There is an intentional and mutual exchange and it is a level of conscious or involuntary relationship, but one that should demand respect for human rights in all its breadth. For example: the relationship with a taxi driver taking us from one place to another or when we ask a police officer for information.
- Affection is the level of relationship that is established with one part of these people we interact with, not with all. It is a level of relationship that can happen unconsciously and naturally because there is an intuitive affinity with the other person generated by our somatosensory intelligence⁶. But it is also a level of relationship that the person can build with consciousness. Conscious affection

⁶ Horno, P. and Romeo, F.J. *Afecto, límites y consciencia. La disciplina positiva en los programas de Aldeas Infantiles SOS*.

arises from it. Emotional opening occurs at this relationship level and the feeling of emotional warmth which is essential to generate a safe and caring environment is promoted by it.⁷

- A bond is a type of affective relationship that is built between two individuals. Therefore, bonding is a feature of a relationship and not of individuals. It is a unique relationship where two people chose each other and establish a level of intimacy and emotional commitment that does not exist with the rest of the people. For example, bonds can be set out in families, with children, with a partner or with friends. They are numerous because they involve time and effort from those involved which prevents its generalization, and it provides the individual with a place of belonging, the sense of belonging. A person will build affective relationship models from it, which shape their affective development and condition their opportunity to a full development.



However, the conscious affection competence must include the ability to generate positive emotional ties. A bond should not be posed as a professional obligation, but it is necessary for coworkers to be able to open up to that level of relationship when the child or adolescent seeks it, starts it and needs it. That ability will be particularly relevant for direct care coworkers and for technical teams to be able to correspond when a child or adolescent opens to establish a bond with them. Establishing that bond can never be a professional obligation, that level of depth cannot be forced in an affective relationship. But it is necessary for the person to have the ability to be able to build it when needed because building that bond will allow the child or adolescent to rework their affective history through the incorporation of a positive linking model offered by the adult. And for all organizational levels it is necessary to have the ability to detect the emotional bonds that are created naturally in the course of the relationships to be consistent and respectful with those bonds created. It is therefore necessary to bear in mind the strategies needed to generate a positive bond to understand why a work environment and,

⁷ Horno, P.; *La promoción de entornos seguros y protectores en Aldeas Infantiles SOS América Latina y El Caribe. SOS Children's Villages*, 2018.

in particular, an alternative care environment should not be a bond but an affection context.

Once the different relationship levels are understood, it is important to consider the following:

- The bond is always reached from a previous relationship. It is not possible to move from mere interaction to the bond, it is a process that takes time and is conditioned by expressive affection.
- Unlike affection which can occur even if there is no response, bonds cannot be established if the two people involved do not wish to do so. No one can be forced to have a bond with another person because it is a level of a relationship that involves reciprocity and differentiation. As much as a person wants to build a bond with another person, if the other person does not want it, the bond will never take place.
- One of the features that actually distinguishes positive emotional ties is that they are reciprocal. But it is important to establish the difference between reciprocity and symmetry, both in families and in people who assume the upbringing and education of children, adolescents and the youth. In the case of bonds between direct care coworkers and children, adolescents and the youth there must exist emotional consciousness and openness from the adult to the affective bond a child may need. But it will not be an equal relationship, we must not lose sight of the educational and professional roles even in those cases where an emotional bond occurs. The bond will be reciprocal, but not symmetrical in the same way that should happen in families.
- Within emotional bonds there are technically differences between attachment, which is the bond with the upbringing figures in the first few months of life where love joins safety and survival. A safe attachment will unite the concepts of love and care within the baby in only one relationship model. And through that care experience, the child internalizes a particular bond relationship model that will tend to repeat in other relationships. All other bonds established through life are called bonds and they are determined by the bonding models that a person interiorized as a result of that first care or attachment experience.
- Not all bonds that are set (both in the case of primary attachment and later) are positive. There are unsafe bonding models that are destructive to the development of the person but are as strong and solid as positive ones. These unsafe bonds are divided between avoiding, ambivalent and disorganized.⁸

In this way, within conscious affection as a professional competence it is necessary to include the ability to build safe or positive affection bonds, as well as the ability to maintain consciousness about the possibility of building such bonds coworkers will offer. That skill is necessary for professionals in the context of their technical decisions to consider the possibility of establishing a bond with another person in particular because of the needs that person has, and the opportunity it has to modify their bonding patterns and life history. But it can never be considered as a professional obligation, unlike conscious affection. A

⁸ Horno, P. (2003) *Educando el afecto*. Barcelona: Graó

good example of this difference between the bonding relationships and conscious affection is the therapeutic context. A person attending a therapeutic process offers the therapist the possibility to establish a bond with that person and it is technically desirable to do so because the effectiveness of the therapeutic process is a positive and solid bond between therapist and patient. But it is a level of relationship that cannot be forced nor established as a professional obligation to the therapist. What is compulsory for him or her is to generate a protective and safe environment for conscious affection. This difference is much clearer even when it comes to other direct care coworkers, such as educators or management coworkers. This is even more important when it comes to an organization like SOS Children's Villages that works with children, adolescents and the youth who come with stories of emotional damage and with destructive bonding models in many cases, whose influence in their development is going to be modulated if they establish safe bonds with other bonding figures that from the moment they become such have the potential to be resilience guides⁹ to these children, adolescents and the youth.

But it is necessary to differentiate the affection that a person will consciously show to the whole group, i.e. a GROUP level relationship with the possibility of establishing an INDIVIDUAL bond that may or may not happen and that cannot be demanded as a professional responsibility. The conscious affection competence will search for the capacity to do so within it and to take advantage of the potential implied when becoming a bond figure.

Therefore, to analyze whether a person is able to build these safe or positive bonds, it will be necessary to see if s/he is able to develop the strategies necessary for this with awareness. A positive or safe bond is generated through four strategies that adults have to develop consciously and in a systematic way:

- Express affection consciously, systematically and in a sensorially adjusted manner as it corresponds to the level of a conscious emotional relationship. It is not possible to establish a positive bond without having previously established a conscious affective relationship. Conscious affection is the first strategy to create positive bonds, but it is not the only one. The differences between bond and conscious affection arise from the other three strategies.
- Generate a sense of belonging. Generate a sense of belonging to a group, community or family, the feeling of being chosen and irreplaceable is a characteristic of a bonding connection. This is one of the key differences between affection and bond. There are no places of belonging, but safe and protective environments and places of well-being in terms of affection that allow for full development, but they may be temporary with no permanence and cause a feeling of safety that can be achieved in various environments, not only in one. On the contrary, when a bond is created between two people, that relationship becomes unique and people become unique, chosen for each other and irreplaceable. A bond is an emotional commitment to turns the relationship into a unique one: two children in the same family are not interchangeable, friends are not interchangeable, and family is the place of belonging for an individual who needs to feel chosen and needed in that family unit, as a child and as an adult.

A work environment by definition is not a place of belonging because it is temporary, and it should not define the identity of those who work at it. A work environment is a place of coexistence where a common project is shared. And an alternative care has a vocation for provisional status in itself, so it must be a place of safety, but not a place of belonging. Work needs to be done with the aim of family reintegration or to search for another family care alternative, not for children, adolescents and the youth to feel they belong to the SOS Children's Villages, but for them to be deemed as "SOS Children's Villages children". The organization will always be a part of their story and life, but the place of belonging should be their community.

- Time and mutual knowledge. It is not possible to generate a safe bond without investing time in that relationship. The lack of emotional and physical presence generates unsafe bonds. And there is no mention to just any time, but to a time where emotional opening takes place. In that way, people gradually get to know one another at a level of greater intimacy and establish a key element of safe affective bonds: reciprocity. This emotional opening criterion is exactly what can distinguish some work teams from others. Some build emotional ties, others only establish affective relationships. Establishing those affective bonds should not be the target of the employment relationship but caring for them and being respectful to them if they occur are. One of the most serious problems in the care alternative context is precisely the care of the youngest children, children under the age of 3 years who need a bonding figure to develop fully. So, in that particular case the bond becomes a technical work objective itself and that is why the intention is to try to keep younger boys and girls in family care alternatives and as established by the international quality standards.

And in the case of the bonds between direct care coworkers and children, adolescents and the youth reciprocity should not be confused with symmetry. That fact that there is an emotional opening to the bond that a child may need, does not mean the loss of the educational and professional role so the affective bond will be reciprocal, but not symmetrical, in the same way that it should happen in families. From here it is understood why it is not advisable to work with family members, a couple or with one's own children, and if it is done it is necessary to contemplate its complexity. In the same way, for a child or adolescent direct care task a distinction must be made between the bond they have with their families and the affective relationship they will establish with the alternative care staff. But if, in the course of that relationship, a bond with a child or adolescent emerges and is created it is necessary to care for it in all its complexity and respect it, not ever questioning it.

- Commitment and Caring for Others. An affective bond is safe or positive when it involves the care of the other person and the permanence in time. The connection between the affection and care in the bond figure allows the child or adolescent to learn emotional self-regulation, defined as the ability of the person to balance autonomy and protection, self-care with the care of the other. Caring for the other person is what makes a bond safe (differentiating it from unsafe bonds) and enabling the full development of the person from the affective safety which that care, and presence offer. In a work environment relationships are often evaluative and of mutual interest, so you usually don't arise from deep bonds, but when bonds arise they often do so from this aspect: the care the person receives from their co-workers. But whether emotional bonds arise or not, the co-workers have

⁹ Forés, A. and Grané, J. (2008) *La resiliencia: crecer desde la adversidad*. Barcelona: Plataforma Editorial

to be able to develop this aspect because it is the key to defining their work environment. For example, a person responsible for management must be able to consciously take care of the working environment for the people under their charge in such a way as to make it emotionally warm. This would directly affect the commitment to working conditions for the teams. But it also affects other aspects. People must feel heard, that they are perceived with empathy for their personal needs and cared for in moments of personal crisis, as well as ensure non-discriminatory treatment to persons under their charge. This aspect never implies they are not technically and professionally required since the commitment with the common project, with the organizational guidelines and the objectives of each project must be part of the functions of management person. In the same way, technical teams should be able to make direct care people who see their needs feel responsible, not only of children, adolescents and the youth, and to take them into account in decision-making processes as well. In this way, they will feel cared for. Regarding the direct care posts children, adolescents and the youth will clearly measure the care of adults as a measure of their affectivity, therefore the cooks in the households or the individuals that undertake cleaning tasks frequently have deep relationships with children, adolescents and the youth.

Strategies to promote this skill

Recruitment and Selection Strategies



Direct Care Positions:

Include one of these alternatives in selection tests:

- Attachment Questionnaire for Adults CaMirl.
- Ask for a written autobiography to evaluate the development shown at their own biography,
- Role tests with situations that require care roles and see which strategies are proposed to resolve them. They should not be very complex or conflicting situations, where they position themselves as coworkers and have to do with their last conflict resolution ability, but with simple everyday situations that may lead the work with a child or adolescent. A possible situation could be when a child falls and cries, although is not a serious injury. The desirable response will to approach the child, ask questions and comfort him/her.

A key aspect to evaluate in this skill is if the person can distinguish between the affection that should be shown to all children and a personnel affection bond. This aspect is related to the guarantee of non-discriminatory treatment of children, adolescents and the youth. Discrimination can occur not only in the negative sense that assesses the difference as inferiority, but in a positive sense that established preferential treatment toward children, adolescents and the youth the person establishes a deep bond with. This aspect can be assessed by asking what the attitude of a person in situations would be where work relationships intersect coworkers' relationships. An example would be:

- If you want your family to know the children and adolescents you work with, choose between these alternatives to do so (the optimal response is the second one, the third one can be considered, the first one should not take place):
- You invite two or three particular children to have lunch at your house.
- You take your family to learn about the project on a community activity day.
- You organize a barbecue at home for all the boys and girls you work with.



Managerial or Technical Positions:

The selection processes for this ability are common to all categories. Therefore, any of the tests suggested for the direct care positions should also be included in this professional category, as well as the suggested evaluation strategies.

One of the specific items to evaluate in the case of technical teams is their ability to detect affective bonds that have already been created to be able to work with positive affective models as resilience guides for children, adolescents and the youth.



Management Positions:

The selection processes for this skill are common to all categories of positions therefore the suggested test and the evaluation strategies should be included for direct care positions in this professional category.

In the case of management positions, it is essential to also evaluate the non-discriminatory treatment of team members. In this way the same situation may be asked for coworkers in other categories to indicate how they would introduce their family to the offices or programmes where they work.

Performance Management Strategies



Direct Care Positions:

Assess through observation and assessment on both staff and children if direct care coworkers have identified the affective bonds that may have arisen with some children, adolescents and the youth: whether they are able to perceive which are the groups of friends among children, adolescents and the youth, if there is any type of bond relationship to any of the children, if negative bonds have been established by a coworker toward any family or children, adolescent or the youth.



Managerial or Technical Positions:

One of the specific items to evaluate in the case of technical teams is their ability to detect affective bonds that have already been created to be able to work with positive affective models as resilience guides for the children, adolescents and the youth they work with. Whether they are bonds with direct care coworkers as well as if they are bonds with themselves, and whether the bonds are positive or negative. The identification of negative bonds established between coworkers and children, adolescents and the youth or with families is one of the prevention keys to be incorporated in the SOS Children's Villages Protection Policy.

This would imply holding trainings on the different bond models and on the disorganized model bond specifically. From there on, introduce the use of the genograms of the group as a performance management strategy by the technical teams in their work at the care alternatives and communities' work.¹⁰

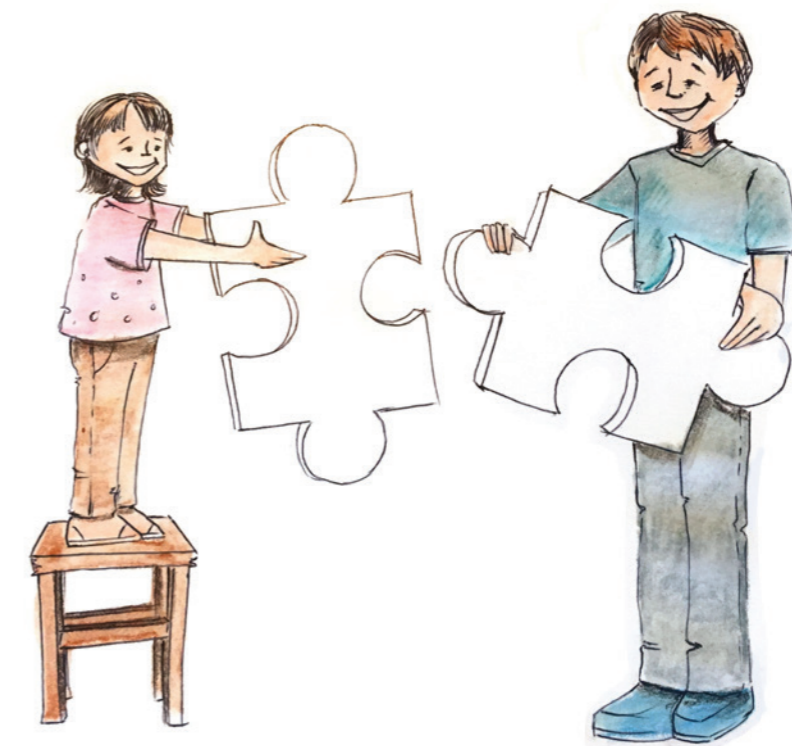


Management Positions:

Assess whether the management position has been able to establish with its team:

- Healthy boundaries between personal and professional life.
- Fairness and equal treatment in the team.
- Negotiating strategies for addressing and resolving those issues of personal life that can affect the dynamics of team coworkers.

In that sense, there are specific variables in the organization that make it difficult to objectively not create personal bonds that prevent the management position from keeping conscious affection as a group and equally for all members of its team, ensuring non-discriminatory treatment. Some of these variables can be the presence of the national director positions within programmes or the relationships between management and people on their "sponsorship" team from the specific management positions of children, adolescents and the youth.



⁹ Compañ, V.; Feixas, G.; Muñoz, D. and Montesano, A. (2012). El genograma en la terapia familiar sistémica. University of Barcelona. Available at: <http://diposit.ub.edu/dspace/bitstream/2445/32735/1/EL%20GENOGRAMA%20EN%20TERAPIA%20FAMILIAR%20SIST%20C3%89MICA.pdf>

2.3. PLANNING AND DEVELOPMENT CONSCIOUS CARE IN ALL PHASES OF THE INTERVENTION PROCESS WITH SPECIAL ATTENTION TO BEGINNINGS AND ENDINGS

DEFINITION

As described in the first paragraph, conscious affection implies being aware that the intervention is carried out through the affective relationship that is established. This is as true for an executive with his team whose affective management capabilities of the team are going to determine its effectiveness and performance, as for a caregiver in an alternative care with children, adolescents and the youth.

And if the intervention is carried out through the relationship, it is essential to direct consciousness to two key moments that need more sensitivity and even care when working with them: the integration phase, the arrival of a person to the team or of a child to an alternative care, and the leaving phase of the same person from the team or change to another office or team, or the leaving of a child or adolescent from an alternative care, whatever the exit reason.

One of the essential skills of conscious affection is to take care of the beginning and ending phases with special consciousness and care. In a work team, the beginning phase will lead to the possibility of integrating the person in the dynamics of the team and the organization, hence aspects such as the induction process of a new person to the organization, or the restructuring processes of the team or the areas that require specific plans that address these processes in a systematic way. In the case of direct care, it is also clear: the integration of children and adolescents and their family in a community programme or preventing the loss of family care can be one of the most complex and lengthy phases of intervention because of the suspicion, mistrust and assessment that the family feels subjected to. And in the case of care alternatives, the integration of each child carries a time that cannot be perceived and dealt with as evaluative. The objective should be that the child or adolescent lowers the dissociative mechanisms s/he has needed to use to survive, for them to sleep enough, to feel safe and from there achieve the emotional openness that is going to allow an intervention. Having a child or adolescent incorporate and adapt to the dynamics of the home is an element that is going to provide safety, but it cannot be set as a goal of the initial intervention.

With regards to the ending phase, let us consider the end of a project or programme in a community, leaving a business office, for whatever reason, or the change of the board of directors of a National Association. The closure of processes, their systematization, evaluation of results and their return to key stakeholders are all elements of conscious affection because

they give meaning and value to the affective experience and, particularly, to the contribution of a person to the achievements that have occurred, even when the conclusion at that closure is that their contribution has been negative or that they failed to meet the expectations that were initially established. In the case of care alternatives taking charge of the output of a child from home, due to family reintegration or because s/he is going to a care alternative, is key so that s/he can integrate the reasons for leaving, to adequately prepare for the transfer and to perform a positive affective farewell from alternative care, other children and caregivers. To say goodbye and affectively close a process allows opening to the next and the way of closing a process can affectionately change the meaning of the experience for the person.

Strategies to promote this skill

Recruitment and Selection Strategies



Direct Care Positions:

Include topics relating to the beginning and end of its intervention processes in the selection interview by means of interview questions or role-playing situations.

Some of these role-play situations for which planning needs to be done are:

- The first day of a boy or girl upon arrival to a care alternative: needs, actions and planning.
- A family leaving a community programme because it achieved the intervention objectives.
- Examples of mechanisms s/he would establish for follow-up and evaluation of a care alternative or a community programme according to the position.



Managerial or Technical Positions:

Include topics relating to the beginning and end of its intervention processes in the selection interview by means of interview questions or role-playing situations.

Some of these topics would be:

- Their introduction as a team to children, adolescents and the youth.
- Support actions of direct care coworkers in a forced transfer of a child or adolescent from one center to another.



Management Positions:

Include topics relating to the beginning and end of its intervention processes in the selection interview by means of interview questions or role-playing situations.

Some of these topics would be:

- How to plan and develop a first day of work with the team.
- Closure of a project developed by the team.
- Dismissal of a team professional.

Performance Management Strategies



Direct Care Positions:

Value:

- Development of farewell and closing ceremonies for children and adolescents when they leave a care alternative or for a family leaving the community.
- Specific guidelines developed upon the arrival of a child or adolescent to the care alternative (welcome gift, own breakfast bowl, introduction to the rest of the children and adolescents, design of activities for the period of adaptation.)
- Guidelines to start the intervention in a community: way of introducing themselves to the technicians, initial activities in that community, prior needs assessment, etc.
- Guidelines for receiving a child or adolescent who has left a care alternative without authorization.



Managerial or Technical Positions:

In the case of the technical teams and national consultants, assess the degree of implementation of:

- Action protocols for the entry of children, adolescents and the youth in care alternatives or to families in the programme or in the communities.
- Action protocol for the arrival of a family to a community and activities that SOS Children's Villages develops in it.

- Action protocols for the departure of children, adolescents and the youth of the care alternatives due to family reintegration or transfer center, as well as families in the home transfer programmes.
- Action protocol in the face of unauthorized departures of adolescents from care alternatives.
- Action protocol in the face of the abandonment of families of community programmes.

And to assess the degree of participation of the technical team and direct care coworkers in the design, implementation and monitoring of the protocols to be applied and of direct care coworkers.

For the rest of the technical teams:

- Incorporation processes of a professional in a team.
- Output processes due to dismissal or voluntary cessation of a professional in a team.
- Monitoring and evaluation processes as part of planning.
- Review of the timing awarded to programmes that should be included in the planning phase, initial setting, closing and evaluation and follow-up.



Management Positions:

Assess the knowledge, promotion and involvement of management in the development of the protocols for the other two organizational levels.

Specifically evaluate:

- Evaluation systems of the processes it sets.
- Integration guidelines of new team coworkers.
- Strategies to make close the processes.
- Care of the output of coworkers from the team, whichever the cause.
- Results-based programming.
- Evaluate strategies for planning, delegation and empowerment of the teams.
- 360-degrees evaluation to managers.
- 180-degrees evaluation to National Directors.
- Development of individual work plans.

2.4. CONSCIOUS AND RESPECTFUL OBSERVATION OF THE PERSON YOU WORK WITH

DEFINITION

One of the key elements of conscious affection is to be able to assess the behaviors of another person as a product of their emotional state or purpose, not related to the other. The behaviors of a person, whether disruptive or negative, are always related to their history, emotional situation or purpose which you might not know about, but it is there.

People, both adults and children, adolescents and the youth have common universal needs:

- They need to cover their biological needs (food, drink, rest...) and if they are not covered, they become irritable.
- They need to feel some safety and also explore and test their limits.
- They need an emotional connection with others and a sense of belonging to a group, but also autonomy and feeling they make their own decisions.
- They need to find meaning in life and in the things, they do (and there are actions that, in spite of being uncomfortable, make sense in the long term).
- They need to express themselves showing who they are, and they also need their moments of withdrawal, to be alone and take care of themselves.

These needs are reflected in the interpersonal dynamics of a team at every level of the organization, not only in the care of children, adolescents and the youth. That is why a person with high competence in conscious affection will be able to see the behavior of others with awareness and respect. The personal experiences of each member of a team or a management position, if they are not integrated within the person, are transferred to the team and work environment. If a person is going through a rough time and the team does not know it or cannot look at the person properly, that can cause misunderstandings because sadness or grief often manifest themselves in behaviors of rage or insecurity that are perceived as attacks by other people. Only when a person has a high level of competence in conscious affection, the person can see the behaviors of others as derived from their mood and their own needs and see them with respect, provided they do not attack other people.

In the case of direct care staff or of technical teams the aggravating factor of working with children, adolescents and the youth with stories of pain and emotional damage that manifest in behaviors that are difficult to manage is added. But if they develop this conscious and respectful look they will not interpret these behaviors as aggression or intentional challenges, but as a manifestation of the emotional harm of the child or adolescent. And they will be able

to take a proper stance, not getting involved emotionally and solving the situations that are generated.

And in this sense, there is a key aspect of that respectful look: not ever questioning the bonds of the other person, and especially their family of origin, whether the person is an adult or a child. Because, although what is in question can be correct, the other person is positioned as in need of protecting himself through the loyalty to their family of origin. To question the bonds of a person is to question the grounds of their safety and survival. A management position that questions the personal motives of the coworkers under their charge, or the family model in which they live or their activities outside of business hours has his team automatically against him. A manager with high competence in conscious affection is never going to question the personal life of his team except in cases where a human right is violated. In the case of SOS Children's Villages if a management position has on record that a professional violates the rights of the child in his/her private life, it is forced to intervene as it is set out in the Protection Policy.

And in the case of children, adolescents and the youth SOS Children's Villages works with this aspect is even more important for the direct care staff and technical teams. These children live a clear loyalty conflict between their need to protect their families of origin and the need to accept and integrate into the care alternative offered to them. The only way they will be able to do this is when caregivers and the teams do not attack or question their families of origin, so they do not experience the alternative care as a sort of threat they need to defend themselves from. In this way they will be able to integrate the fragility and the damage that the vulnerability of their families of origin caused them and move away from all the dissociative mechanisms they had to put in place to survive, promoting their resilience resources.



Strategies to promote this skill

Recruitment and Selection Strategies



Direct Care Positions:

This ability has to do with the assessment of the behaviors that children, adolescents and the youth manifest and their life stories. For this reason, the possibility of including a test in the selection process is being considered for it to be a list of behaviors that may be cumbersome to handle by an adult, but that are normal and logical in children, adolescents and the youth with stories of emotional damage.

Again, this is not about directly conflicting behaviors, but about everyday expected behaviors coworkers should count on. Some behaviors of this list could be:

- Children who steal food and hide it under their bed.
- Children who do not shower daily.
- Children who lie to hide what they have done.
- Children who reject the physical contact of the adults or the other way around, those who seek it compulsively.

The explanation given to those behaviors must be evaluated. Undesirable responses include relating it to bad habits or poor education or with the behavior of an adult. The aim is that they rate them as day-to-day behaviors and not as something serious and that they relate them to their personal story and damage. It is necessary to perform an analysis of the level of complexity of the explanation given.



Managerial or Technical Positions:

In this ability and for this professional category what changes for the selection process are not the criteria that searched for but the people who need to be coworkers who with a conscious and respectful look.

In the case of technical teams that look would also be necessary, in addition to that on children, toward the life stories of direct care coworkers as well as on the reactions that caregivers show toward children, adolescents and the youth. They must be able to relate their behavior with the life story of the child, but it is not necessary to give an explanation. The suggested approach answer is interesting to detect if their own story would impede a conscious and respectful look at the child. Therefore, that list of possible behaviors needs to include some for the direct care coworkers such as:

- A coworker that shows a subtle but evident preference for a child.

- A professional who requires children in a community to have a degree of cleanliness that does not correspond to their age and the reality in which they live.
- A coworker that does not allow the adolescents who live with him in the alternative care option to talk about sexuality.

In the case of other technical positions, the conscious and respectful look to seek for is toward their department colleagues, so the behaviors to be included in the list shall be the same ones specified for management positions.

Again, it is necessary to insist that what the explanation awarded to the behavior and its level of complexity is what is assessed. The idea is to look for explanations related to the personal situation of that person, to their life story and to situations that may be unknown at first but have an influence. Reductionist explanations and those related to a “bad intention” or “bad education” are valued as negative.



Management Positions:

In management positions the situations to be posed would have to do with the behaviors of people under their charge and with behaviors of the superiors hierarchically.

Some examples of these common day-to-day behaviors are:

- A person who repeatedly arrives late to work without giving an explanation.
- A professional who systematically tries to avoid working with another person.
- An upper management person who changes a decision already taken institutionally several times.

It is up to the heads of Human Resources to adapt the possible proposed situations in each category to the specific position being selected and its particular conditions. The suggested situations are just some of the possible ones.

Performance Management Strategies



Direct Care Positions:

Aspects that should be evaluated in the direct care coworkers.:

- Knowledge of the life history of children, adolescents and the youth or of the families they work with.
- Understanding of abuse or mistreatment situations experienced by the child or adolescent and how they can affect their behaviors.

- Individualization of their intervention, adapting their performance to the individual characteristics of each of them.
- Their knowledge of the cultures or communities of origin of children, adolescents and the youth or of the families they work with.
- Respect for the limit of not ever questioning the families of origin of children, adolescents and the youth especially in front of them.



Managerial or Technical Positions:

Aspects that should be evaluated in the coworkers of the technical teams:

- Knowledge of the life history of children, adolescents and the youth or of the families they work with.
- Knowledge of the life history of the direct care coworkers they work with.
- Their knowledge of the cultures or communities of origin of children, adolescents and the youth or of the families and direct care coworkers they work with.
- Activities they have organized or promoted at their intervention with the aim of promoting knowledge among children and direct care coworkers and the dignification of the places of origin and life stories of other children, adolescents and the youth with whom they coexist.
- Actions they have carried out before direct care coworkers to question or violate a child or adolescent by criticizing their family of origin.

Aspects that should be evaluated in other technical teams; coworkers (Human Resources, Fundraising, Finance and Control, etc.):

- Knowledge about the life history and cultures of origin of the people they work with.
- Knowledge of the characteristics of the communities and cultures where they develop the programmes of the organization.
- The contents and the approach of documents, materials, evaluation reports and other technical documents that the organization develops in relation to the multicausal and reductionist explanations it offers to the breaches of rights that the organization addresses.



Management Positions:

Aspects that should be assessed in management positions:

- Knowledge of the life history and personal situation of their team.
- Generation of self-care environments for the team.
- Review of work permits' policies.
- Guarantee of the quality of the contents of reports, materials, campaigns and planning of programmes to include approaches that respect the culture and origin of the communities where the organization develops its programmes and the explanations offered or raised for the rights violations that are occur in those communities. A very specific example of this conscious and respectful look is not to simply and directly link violence to poverty in any document, programme or action the organization develops.



2.5. ADDRESS CONFLICT SITUATIONS FROM THE PERSPECTIVE OF POSITIVE DISCIPLINE

DEFINITION

Conflict is part of human relationships. It is inevitable. But it is also an opportunity for growth. The key is not the conflict itself, but the way of dealing with it. That is why conscious affection implies the ability to deal with conflicts from positive discipline.

Positive discipline promotes a way of relating to and addressing conflicts where limits are imposed with firmness and affectivity, respecting the rights of all involved (including the children or adolescents when they are the main character) their emotional needs and the preservation of the affective bonds of those involved. A relationship model from the conscious and respectful look to the behaviors of others and a positive approach that looks at mistakes as learning and earnings and always focuses the intervention on damage repair. A relationship model where a safe affective and physical environment is guaranteed through clear rules established with consciousness and which compliance is mandatory for all persons, both in an office, a work team where the rules must be common to all members of the team including senior management or in the preventive work with families and the community or an alternative care. The aim is to establish mutual respect in democratic relationships where people, adults and children, adolescents and the youth have freedom but also a protective order in such a way as to allow a recognition of the rights and needs of all involved.¹¹



¹¹ Horno, P. and Romeo, F.J. *Afecto, límites y consciencia. La disciplina positiva en los programas de Aldeas Infantiles SOS.*

Strategies to promote this skill

Recruitment and Selection Strategies



Direct Care Positions:

Include the following issues in the selection interview either through questions or role play:

- An example of a personal crisis the person has face in his life that he deemed to be serious and believes to have solved it positively.
- Ask them if they develop some kind of self-care in their personal life.
- Tell them about one of the most common crisis situations: a robbery in an alternative care, a family that prevents a child from attending the community center, an aggression between two children, a family that reacts with shouts and insults in light of a conflict or a child who refuses to do his homework. What actions would you undertake?
- A situation where there are many demands and little time to resolve them, either in an alternative care or work in the community.

The interest is to assess both the resolution strategies employed and the priority set in both a personal example and the professional setting. And one of the criteria to be specifically assessed is the position of the person in dealing with violent strategies for conflict resolution, their position regarding physical and psychological punishment as an educational strategy. In this case, asking directly is not effective so the best is to raise it as a hypothetical situation asking how the person would respond.

Some examples of these scenarios are:

- A caregivers who demands boys and girls to bathe so that they can have dinner or who showers them with cold water when they misbehave.
- A mother who, in the face of a negative behavior from her child, says “How can you be so bad!”
- An adolescent who shakes his brother when he doesn’t want to fall asleep and won’t stop crying.
- Finally, it is necessary in this aspect to evaluate if the person identifies the relationship between non-violent conflict resolution and the focus on the rights of the child or not. It is desirable that he relates it in his arguments when analyzing the reaction.



Managerial or Technical Positions:

The selection processes for this ability are common to all categories. Therefore, any of the tests suggested for the direct care positions should be included.

In the case of technical teams, it is important to incorporate some issues relating to specific interventions in conflicts between children, adolescents and the youth with direct care staff and assess their action guidelines proposal in line with those included in the Positive Discipline Guide of SOS Children's Villages.



Management Positions:

The selection processes for this ability are common to all categories. Therefore, any of the tests suggested for the direct care positions should be included.

In the case of management, it is important to evaluate their awareness about the need for protective environments in the organization as a guarantee that will allow non-violent conflict resolutions.

In that case it would be good to include two topics:

- Which would be their reaction in the event of suspicions that a person under their charge were using authoritarian leadership with their team by yelling or insulting people on their team?
- What aspects the person considers that SOS Children's Villages should consider ensuring a protective and safe environment in a community home within a community?
- What actions would they implement on their team or area to promote positive discipline as a way for conflict resolution?

Performance Management Strategies



Direct Care Positions:

Value:

- The resolution of conflicts with regard to the aspects included in an approach from a positive discipline as to whether:
- The coworker is able to maintain the expression of affection and feelings validation in a crisis situation.
- The coworker always questions the behavior of the child or adolescent and not the person or the bond that connects him to the child or adolescent.

- If the coworker does not employ any form of violent punishment, neither physical nor psychological, for resolving conflicts or punishes using food-related events, leisure time or time spent with the families.
- If s/he does not judge or speak in bad terms of the family of the child or adolescent.
- If s/he does not expel the child or adolescent from the care alternative or threatens to do so.
- If s/he is able to maintain a positive approach when addressing a conflict.
- If the person has requested an emotional support environment as part of their job. Whatever the reason the consciousness of needing it and their request must be assessed as something positive.
- Incident tracking systems in care alternatives and at work in the communities from the technical teams and from management.
- Implementation of the activities referred to in the Child Protection Policy and in the guidelines defined in the Positive Discipline Guide.¹²



Managerial or Technical Positions:

Consider the following in the case of the technical teams:

- Specific actions developed for the implementation of the Child Protection Policy and the Positive Discipline Guide.
- Professional oversight spaces created for direct care coworkers.

Consider the following in the case of other technical teams:

- Actions taken to implement the protection policy.
- Organizational knowledge.
- Spaces for training and review of their life history.



Management Positions:

Value:

- Conflict resolution.
- Guidelines developed to implement the protection policy in their area.
- If they have set a positive and participatory leadership with their team (including 360-degrees assessments).

¹² Horno, P. and Romeo, F.J. (2017) *Afecto, límites y consciencia. La disciplina positiva en los programas de Aldeas Infantiles SOS*.

3. TRAINING AND DEVELOPMENT STRATEGIES TO GENERATE THE ORGANIZATIONAL CONDITIONS NECESSARY TO IMPLEMENT CONSCIOUS AFFECTION AS AN ORGANIZATIONAL COMPETENCE

To finish this guide on conscious affection as a professional competence in SOS Children's Villages, it is necessary to develop strategies concerning the training and development processes in the organization. These strategies are the ones that will allow creating or strengthening the organizational conditions that must occur for that competence to be developed in all levels of the organization: corporate, managerial and in direct care.

To the extent that the organization cannot guarantee those conditions, the staff at all levels will not be able to develop the skills covered within the conscious affection competence. It is therefore necessary, from the management level of the organization, the programme areas and Human Resources, to develop the following training and development strategies:



1. **Ensure protective and safe environments** in all areas where the organization works: offices, care alternatives or communities.

Protective and safe environments in any area in which SOS Children's Villages works are a condition for the development of conscious affection as an organizational competence and for programmes development based on the positive parenting methodology. Therefore, the first and foremost training and development strategy for conscious affection as an organizational competence will be to promote those protective and safe environments. The methodology for the development of protective and safe environments in different areas is developed in a separate document¹³, but it is structured around four levels: physical, emotional, conscious adults and prominence of children and the youth.

In any of the areas of the organization: offices, care alternatives, communities etc., only when people work in a protective and safe environment they can fully develop their conscious affection competence. When they are afraid of being constantly evaluated or judged they are defensive and prioritize their own protection and survival. And this happens not only to direct care coworkers, but to at all levels of the organization. When a management position is not able to establish a protective and safe environment with their team, this person does not relate openly, the level of conflict is increased within the team and performance drops. And in this situation the management position ends up assuming an authoritarian leadership, not a positive or participatory one. In a community program where families do not feel

¹³ Promotion of safe and protective environments at SOS Children's Villages in Latin America and the Caribbean, 2018.

that technical teams are treated with emotional warmth, people are not going to attend the activities that they suggest. And, of course, a care alternative is not a guarantor of the rights of the children, adolescents and the youth who live in the direct care coworker is not able to build a protective and safe environment in it.



2. Promoting Teamwork at All Levels of the Organization: Working in a team is one of the keys to achieving protective and safe environments because it makes consciousness and quality processes possible for coworkers. Therefore, the organization must promote spaces of teamwork at all levels of the organization as a training and development strategy. In this regard, in the case of SOS Children's Villages the development of direct care coworkers who work in isolation without the opportunity of contrasting technical performance criteria and become aware of their personal processes is of particular concern. Working within a network ensures the quality of results in any of the coworking levels. A team that works well is a guarantee of a safe environment for coworkers and of the quality of their intervention. When it works well, the team favors:

- a. The affection expressed toward its coworkers who learn how to interact from an affective pattern of emotional strengthening and care on a daily basis.
- b. The awareness of their interventions since several glances operate at the same time to assess a situation.
- c. The improvement of the quality of the intervention and the detection of situations of risk or vulnerability.

Among other areas considered to promote team work there are:

- Integration environments: work breakfast, cafes, social activities within working hours
- transparent and fluent communication channels
- 180 and 360-degrees evaluations of any professional post.



3. Promoting Self-Care as an Organizational Principle, Not Only an Individual One.

Teamwork and self-care are the two essential conditions to ensure conscious analysis and decision-making processes in any professional level. A professional who is not well does not think well, does not relate well, makes wrong decisions and performs less at work. A professional who does not have these self-care spaces will end up stressed and losing his personal balance. In the case of SOS Children's Villages that loss of personal balance can suggest direct harm to children, adolescents and the youth whose care they are required to ensure. Therefore, promoting self-care spaces for coworkers should not be an individual choice of each professional, but a guarantee from the organization in the fulfillment of its objectives. The organization should understand that only by encouraging systematic self-care spaces it guarantees an improvement in the quality of work at any level of the organization. Self-care involves the structural aspects of the organization that should be evaluated as:

- Generating work conditions at all levels that consider full affective and social development for coworkers.
- Promoting spaces of acknowledgement and motivation for coworkers.
- Develop or strengthen preventive health programmes.
- Develop or strengthen emergency and risks programmes.
- Work licenses policy: motivations, duration and coverage.
- Families insurance policies.
- Analysis of internal promotion conditions.

And also promoting self-care as an organizing principle is a development strategy that includes promoting some spaces and specific activities within the organization:

- **Leisure and Informal Personal Relationship Spaces** in the teams within working hours.
- **Personal Growth Spaces**, not only technical training ones, but:

- **Group Emotional Shelter Spaces.** Generate networking spaces that can go from trainings of experiential nature to meeting spaces or exchange of experiences on a regular basis. These spaces generate affective networks among attendees and also enable the improvement of the quality of work and exchanges of good practices between countries. These spaces will be especially important for direct care positions within the organization working in greater isolation. They are spaces where different coworkers at all levels can not only provide emotional support and shelter, but develop proposals for the technical improvement of their work, implement and validate new methodologies of action, etc.
- **Skills Promotion Spaces of Expressive Affection, Especially with Body Methodology.** This aspect is essential when working in social and community contexts where expressive affection has not been the parenting pattern of coworkers. On the contrary, many of them have been bred with physical and emotional patterns of violence which they are going to need to be aware about not to reproduce them at work within the organization. These violent guidelines may be shown from a manager to their team, a person to his colleague, from those responsible for technical teams toward direct care coworkers or to children, adolescents and the youth.
- **Spaces for the Development of the Life Story of Each Person.** The consciousness processes required to promote conscious affection as a professional competence necessarily go through the development of the individual life story. These processes should gradually be promoted at all levels of the organization and not only in direct care. If this is done only at the direct care level, there will come a time when these coworkers raise needs as a result of how the life stories of children, adolescents and the youth affect or intertwine with their own. A technical team professional who has not developed his own life story may misinterpret and react with coldness. That demand can be seen as disinterest or rejection toward the child when it can be an indicator otherwise: of consciousness and professionalism. Some examples could be a request for absence from work or not taking charge of a particular family in a programme. Therefore, it is necessary for this awareness process about the influence of one's own life story at work to be an organizational process, a training and development strategy for all levels and not just for one of them.
- **Therapeutic Spaces** out of the organization that coworkers can request without being penalized for it when a risk situation has been detected. These spaces can go from a support process for a management position that is overloaded or fails to redirect a conflict situation in their team to a therapeutic process for a professional at any level of the organization.



4. Technical Training and Continuous Supervision Processes for Coworkers of All Levels of the Organization, from Management to Direct Care Coworkers.

Only the promotion and continuous training of teams at all levels of the organization will ensure the promotion of conscious affection as a professional competence. Conscious affection, as it has been explained when defining it, is not a feature that can be made or considered as the personality trait of the person, but one that needs to be addressed as an awareness process. And this process has to be promoted systematically through a training strategy and technical supervision.

But these trainings have to fulfill a series of **characteristics in order to be effective** in the implementation of conscious affection as a professional competence. These characteristics are as follows:

- **Experiential** trainings that achieve individual awareness processes in coworkers.
- Trainings that **include body work methodologies** that allow becoming individually aware of somatosensory processing mechanisms.
- Trainings that **generate affective networks** among attendees allowing teams to move after the dynamics generated in those trainings. For example, if a training is performed for direct care coworkers it should consider a way to enable them to keep in touch later so that they can exchange the experiences and difficulties that arise in the implementation of the different tools learned.
- Trainings that include **case analysis exercises and good practices exchange spaces** between different countries.

In this line some specific actions that arise within the training strategy and technical supervision are as follows:

- Review the internal training programmes contents.
- Review the institutional guidelines and promote organizational knowledge with respect to the subject matter and its relationship with the organizational guidelines.

- Coaching for management positions.
- Supervision spaces and ongoing accompaniment as part of the self-care spaces previously mentioned.
- Generation of a methodological guide for the development and evaluation of this professional competence.
- Systematization of existing good practices.



5. **Promoting a positive and participatory leadership style** at the management level of the organization. This leadership has to be participatory, open and listen to the coworkers and designed to ensure protective and safe environments at all levels of the organization under its responsibility.¹⁴

To promote this leadership style a priority action to consider is specific training at all levels of the organization in conscious affection and in all the work that is being developed for positive parenting.

¹⁴ Blanch, J.; Gil, F.; Antino, M. and Rodriguez, F. *Modelos de liderazgo positivo: marco teórico y líneas de investigación* en Papeles del Psicólogo, 2016, vol 37 (3).

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