Training for Transition (TFT)

Capacity Development for Organisations Working with Vulnerable Groups

Love is a pre-condition for Learning and Development

CHILD PROTECTION TRAINING MANUAL

COMMUNITY SYSTEMS STRENGTHENING PROJECT

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Community Systems Strengthening Partnership

A health committee network

Women on Farms Project

Capacity Development for Organisations Working with Vulnerable Groups

The Learning Network, University of Cape Town's School of Public Health.

Contents

Introduction

South Africa battles with persistent and often violent crime. Our government has been unable to curb the escalating violence, so we have to come up with creative alternatives from a community-based perspective.

Our solutions have to use developmental, social theory and come up with practical, workable solutions, where people have more hands-on ability to address social problems and participate in shaping policy and practice in South Africa. No doubt there have been many books and initiatives and academic arguments served up on behalf of the people affected by the social problems, but none coming from the people who live in these conditions.

The creation of a safer society seems to be everybody's concern but nobody's problem as we hear government officials make powerless statements like "*enough is enough*" or hard-working NGO's saying demurely "*It is not OK to hurt a woman*" as they battle to work within the rigid constraints of a patriarchy that wants to prescribe to woman how to speak.

Child abuse generally and child sexual abuse more specifically, is one of the biggest problems that our society faces, since transitioning from legal apartheid. So we have to come up with fresh ways of "*…talking about crime and safety and offering inclusive solutions that do not rely on a state response*" Dr Johan Burger. Institute for Security Studies.

This training course uses a curriculum that builds on existing community agency, in this case, the health committees, to come up with some interventions to address the social determinants of health.

It uses an extensive monitoring and evaluation framework, outlined in the Community Systems Strengthening Manual, a phased in community entry process and a clear set of indicators to track progress and measure change.

Each of the four programmatic areas, outlined by health committee members as being a priority, is assessed through the use of a baseline tool that measures what is in place on entry to a specific community.

BASELINE ASSESSMENT

Who: Name: _____

What: Name of Organisation: _____

Where: Place: _____

When: Date of Assessment: _____

SCORING RESULTS

Baseline	1 Year Assessment
No. of 0s = No. of 1s = No of 2s = No of 3s =	No. of 0s = No. of 1s = No of 2s = No of 3s =
List: Areas of strength	
List: Areas of weakness	
Overall assessment	

Specific Objective 1: **Train a cadre of child-protection trainers.**

Activities	Outputs	Indicators	Outcome
1. Train interested health committee members to form a community-based child safety forum.	Increased number of skilled child-care practitioners in community	# Young parents attend workshops on child development and human rights.	Child Safety Forums are established.
2. Train ECD practitioners and assist with identifying, accessing and preparing appropriate venues for daily child-care. Negotiate with local government for identified needs.	Increased number of affordable child-care facilities in neighbourhood providing quality care.	# of children cared for in a safe environment.	New child-care centres providing quality care, a stimulating environment and daily nutritional meals, exist.
3. Host community meetings with local government officials, local clinic, police and community-based health care workers.	ECD and child-safety practitioners network with municipality, and other support programmes.	# of integrated events between local government and community projects	Access to government grant, health and nutrition support programmes and ECD support.
4. Cooperate with schools to identify vulnerable children.	Introduce an after-school life-skills programme.	# of children enrolled in life-skills programme with access to daily meal.	Children involved in constructive and productive activities
5. Track, record and document all intervention strategies and process status.	Baseline intervention information and process/progress tracking. Monitoring and evaluation process in place Success stories documented. Challenges identified for ongoing evaluation process at quarterly intervals, per annum.	# child registers at ECD centres # of schools participating in programme # of health committee members trained as ECD practitioners. # of community members trained as community-based care workers. # of community forums hosted and attendance by local government. # Increased access to government services, grants and other support structures.	An efficient integrated model for community based service delivery.

Child Protection: Conducting the Baseline Assessment, as a community entry tool.				
All organisations providing training to children, freely participate in a self-evaluation:				
CROSS-CUTTING ISSUES	**SERVICE NOT PROVIDED 0**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Needs Assessment	Service needed but not provided	• Organisation is aware children have multiple needs but has no formal system for assessing them • Staff meets individual needs as they become aware of them	• Assessment process is in place • There is no process of monitoring or follow-through • Some children's needs fall through the cracks	• Child register used to document child needs and progress. • Assessment process in place, consistent and provides follow through • Results are monitored • Organisation involves family and community to ensure children's needs are met in a sustainable manner
Ability to meet holistic needs	Service needed but not provided	• Organisation recognizes that children need holistic care	• Organisation provides or facilitates that a child's holistic needs are being met	• Organisation raises awareness in community and family and helps them meet child's holistic needs • Program is monitored and evaluated to ensure children receive quality, holistic care
Community Ownership	Service needed but not provided	• Organisation determines programmatic activities with no input from the community • Community members may be involved in program execution on a very low level	• Organisation asks for community input at a programmatic level • Community members drive the implementation of the program • Major decisions are made by organisation	• Community led programmatic decisions • Community members implement the program • Major decisions are made by community with input from organisation • Organisation plays a mentoring role, but allows community to own the program
Child Participation	Service needed but not provided	• Organisation determines programmatic activities with no input from the children • Children may be asked to do small	• Organisation asks for children's input at a programmatic level • Children are involved in implementation	• Children are involved in all aspects of program • Major decisions are made with input from children • Children are taught to lead the program (i.e. youth leadership

		• parts of the program such as lead a song or game	of program	program)
Caregiver & Family Support	Service needed but not provided	• Organisation does not have formal activities to support caregivers • Organisation services the child without contact with family	• Organisation has some activities to support caregivers, but no formal program • There is no monitoring of the caregivers • Staff meets caregiver needs if they are aware of them	• Organisation provides on-going caregiver support • The support provided is monitored and follows a set structure • The organisation encourages the community to be involved and for caregivers to form support networks to ensure sustainable support • Organisation services child in context of the family.
PHYSICAL	**SERVICE NOT PROVIDED**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Nutrition	Service needed but not provided	• Organisation does not have a formal program for food access • Staff addresses food access issues as an emergency response only • Organisation provides food for child but does not address the family's vulnerability	• Organisation has food access program • Organisation keeps a list of children who need access to food and facilitates that they receive food on a regular basis • Organisation is investigating sustainable food access interventions	• Organisation has identified sustainable food access intervention and is helping family access food • Organisation is addressing vulnerability of family and not just child • Organisation keeps records of food access program and regularly checks child's height/weight ratio to ensure the child is developing at a healthy rate • Community is involved in the intervention
Clothing & Blankets	Service needed but not provided	• Organisation does not have a formal program for providing clothing and blankets	• Organisation has a blanket and clothing program through ad-hoc donors • Basic criteria are	• Organisation has an on-going program that is sustainable based on community generated programs or long-term donors

		• Staff meet individual needs as an emergency response only Follows Basic Criteria: • Blankets are warm & hygienic • Clothes are appropriate for weather conditions • Clothes provide appropriate covering	met and there is a focus on gender and age appropriate clothing	• Program is monitored • Basic criteria are met and children are clothed, in such a way that a sense of 'normality' prevails; mitigates any stigma, promotes 'belonging'. Situation specific clothing (School, Sports, Casual)
Housing	Service needed but not provided	• Organisation is aware that some children have issues with housing • Resources are inconsistent • Organisation helps children in emergency situations, but neglects important housing needs	• Organisation has program for helping children with housing issues, but are inconsistent or donor dependant • Organisation keeps records of children's housing needs	• Organisation facilitates community involvement to ensure housing needs are being met in a consistent and sustainable manner • Program is monitored and reported on • All housing issues are addressed, but organisation has capacity to prioritize housing needs
Basic Health Care	Service needed but not provided	• Organisation is aware of children's need for health care • Staff addresses children's needs as they arise	• Organisation knows health needs of children in the organisation • Organisation helps children get healthcare when needed	• Organisation helps family and community take responsibility for children's health • Organisation helps family get child tested for HIV/AIDS if child displays symptoms and access ART if positive • Organisation keeps confidential records on child's health
Immunization	Service needed but not provided	• Organisation is aware children need to be immunized	• Organisation has special days where children can come to be immunized, but no records are kept to ensure all	• Organisation has an immunization program to ensure all children are immunized • Organisation keeps record of each child's

			children in the program are immunized	• immunization • Organisation helps community and family members take responsibility for child's immunization and creates awareness around the importance of immunization
Protection	Service needed but not provided	• Organisation is aware of children's rights • Organisation ensures that children are safe from physical, emotional and sexual harm and abuse while in their care	• Children are safe while participating in organisation's programs • Children are taught how to protect themselves and organisation reports abuse • Adults are trained on child protection.	• Organisation has a child protection policy • Organisation reports abuse and have a system of follow-up to ensure the safety of all children in their program • Organisation has good relationships with police and social workers to ensure reported abuse will be addressed • Organisation promotes awareness of the importance of keeping children safe in the community and family
EMOTIONAL	**SERVICE NOT PROVIDED**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Coping Skills: Self-Esteem Building Resilience	Service needed but not provided	• Organisation is aware and understands the importance of self-esteem, but does not have specific activities to build self-esteem • Staff treat children with respect and require other children to do the same	• Organisation has self-esteem building activities, but there is no structured program	• Organisation provides self-esteem building programs • Organisation is working with community and/or family to reinforce the importance of building a child's self-esteem • Programs are monitored and evaluated to see impact and identify areas of improvement
Self-Expression	Service needed but not provided	• Organisation is aware and understands the importance of	• Organisation has activities that allow for self-expression, but	• Organisation provides opportunities for self-expression • Organisation promotes

		• self-expression • Staff allows children to express their ideas	there is no structured program for allowing children to express themselves	children expressing themselves with family and community members
Attention from a Caring Adult	Service needed but not provided	• Organisation is aware that children need attention from caring adults • Staff have meaningful interactions when children appear sad or withdrawn	• Organisation has activities which allow for children to receive attention from a caring adult	• Organisation provides attention from a caring adult • Staff keep a record of time spent engaging with each child to ensure they are able to give attention to all children
One Permanent Adult Carer	Service needed but not provided	• Organisation advocates that a child receives attention outside of the service they provide from family or community members	• Organisation makes sure all children live with an adult family member or have weekly home visits if a child-headed household	• Organisation has a program where all children who do not have a caring adult at home are paired with an adult in the community who volunteers to spend time with the child on a regular basis • Organisation provides training to permanent adult carers (family members & volunteers) to ensure they are equipped to meet child's needs
SOCIAL	**SERVICE NOT PROVIDED**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Religion and Culture	Service needed but not provided	• Organisation is aware of a child's need to understand their culture • Organisation provides ad-hoc activities to raise cultural awareness	• Organisation has regular activities to help children participate in cultural activities • Staff teach children about positive aspects of their culture	• Organisation involves churches, community leaders, traditional healers, etc. in teaching children about their culture • Organisation encourages family and community to teach children about their culture
Communication Skills	Service needed but	• Organisation is aware of the	• Organisation has activities to help	• Organisation has a program that focuses on

	not provided	importance of building communication skills, but do not have specific activities for this	children build communication skills, but do not have a formal program • Staff model effective communication	building communication skills • Organisation gets family and community involved in effective communication • Programs are monitored and evaluated to see impact and identify areas of improvement
Relationship Building Skills	Service needed but not provided	• Organisation is aware of the importance of relationship building skills • Staff encourages children to build relationships	• Organisation has activities to help children build relationship building skills, but do not have a formal program	• Organisation has a program that teaches children relationship building skills • Organisation encourages family and community involved in relationship building • Programs are monitored and evaluated to see impact and identify areas of improvement
Interaction with Peers	Service needed but not provided	• Organisation is aware of the importance of a child interacting with peers • Staff encourages and facilitates interaction	• Organisation provides activities which encourage children to interact with peers but do not have a formal program	• Organisation provides a program for children to interact with peers (such as sport, crafts, drama, etc.) • Organisation encourages family and community to value this need and allow time for play and peer interaction • Programs are monitored and evaluated to see impact and identify areas of improvement
Sense of Belonging	Service needed but not provided	• Organisation is aware that children need to experience a sense of belonging • Staff include all children	• Organisation ensures that children experience a sense of belonging through activities, but has no formal way of ensuring children feel they belong	• Organisation ensures that children experience a sense of belonging in the program, in their family and in the community • Organisation coaches caregiver on how to build sense of belonging in the home
		• Organisation	• Organisation	• Organisation services all

Destigmatiza tion	Service needed but not provided	keeps child's HIV status and status of the family confidential • Organisation only provides services for certain children in the community which perpetuates stigma (i.e. only works with AIDS orphans)	targets a wide variety of children so there is no stigma attaches to participating in their programs • Organisation does not actively work to alleviate stigma in the community	children in the community with needs • Organisation works to reduce stigma in the community through education and destroying myths
MENTAL	**SERVICE NOT PROVIDED**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Life Skills	Service needed but not provided	• Organisation is aware the children need to be taught life skills • Staff addresses these issues on a need by need basis	• Organisation has activities which teach children life skills, but there is no set program and results are not monitored	• Organisation has programs which teach life skills • Organisation encourages family and community involvement • Programs are monitored and evaluated to see impact and identify areas of improvement
Access to School	Service needed but not provided	• Organisation is aware school access is an issue but does not ensure all children in the program have access to school • Staff help children on an individual basis if they find they aren't attending school	• Organisation encourages children to go to school and helps them access materials needed for school • Organisation does not record which children are attending school	• Organisation ensures children in their program have access to school • Organisation encourages family and community involvement • Programs are monitored and evaluated to see impact and identify areas of improvement
Homework Help	Service needed but not provided	• Organisation is aware children need help with homework but does not have activities to help children with	• Organisation has activities to help children with homework but there is no formal program and results are	• Organisation has a formal program to ensure they provide homework help to all children in the program • Organisation encourages family and community to

		homework • Staff help children on an individual basis if they express need	not measured	get involved • Programs are monitored and evaluated to see impact and identify areas of improvement
SPIRITUAL	**SERVICE NOT PROVIDED**	**MINIMUM 1**	**DEVELOPING 2**	**IDEAL 3**
Helping children get support from activities that build spiritual awareness.	Service needed but not provided	• Organisation realizes importance of spiritual support and does not force children to participate in the organisation's faith based activities • Staff of the same faith as the child offer spiritual guidance upon request	• Organisation has faith-based activities and which include the faiths of all children in the program	• Organisation has activities that promote spiritual awareness • Organisation gets religious leaders from the community to facilitate religious activities to ensure that each child gets spiritual support from their own religion • Children are asked for input in spiritual programs • Programs are monitored and evaluated to see impact and identify areas for improvement

Developing the Vision

A Safe Environment for Children

Anything that can be dreamed

Can be achieved

Theory: Elements to consider when developing a vision

How we imagine success is critical: A vision of success is a clear picture of the achievable. The vision should be realistic, based on the context. It should still be aspirational. The vision might need multiple partners to make it achievable. It is seldom the work of only one person.

The vision can focus on changes in and between people, groups and institutions that the organisation can realistically influence.

The organisation is **not** the centre of the universe.   The community where the change is being enacted is. It is one of the agents of change, acting in concert and influencing the outcomes.

Reflective Activity
- The facilitator will get people to reflect on the productivity of the 'current way of doing things' with existing activities. Then think about what will be left behind once the capacity development institution is gone.
- Start out with brainstorming some of the changes that participants want to see in their community.

Writing the epitaph
- The facilitator will then ask "*When the intervention is dead, what must be written on the tombstone? What essential transformation would have occurred*?"
- Capture in 15 words or less the essential transformation.

Examples:
1. Here lies the first organisation that provided real services in our community.
2. We empowered 1000 young people.
3. We helped our local community to be self-sufficient.
4. We brought our people into the modern world.
5. We educated 120 women in child protection, 120 young people in peace building, 120 adults in procuring food for our community and 120 health educators.
6. We gave back to our community, control over their own lives.

Once the vision has been clearly defined, the training starts.

1. Understanding Child Protection

Learning Objectives: Participants will be able to

- **Recognise child abuse**
- **Understand legal definitions**
- **Understand the conditions that allow abuse to flourish**
- **Recognise the role of early socialisation in child protection**
- **Understand the importance of Community Structures as a prevention tool**
- **Understand the role of adults in prevention education and abuse prevention**
- **Counsel and refer children appropriately**
- **Establish child safety initiatives**

Activity 2

Recognise and understand Child Abuse   **30 minutes**
Method: Group Work

- In groups participants write up the different kinds of abuse and come up with a definition for child abuse.

Definition

The facilitator then writes up a definition and using the work generated by the groups, generates the different, acknowledged, forms of abuse. Definition should be similar to: The intentional harm caused to a child by omission or commission. A child till the age of 18.

Categories of abuse

1. Physical Abuse
2. Emotional Abuse
3. Neglect
4. Child Labour
5. Structural abuse
6. Child Trafficking
7. Sexual Abuse

Other kinds of abuse

- **Shaking baby syndrome:** shaking the child can cause brain damage. This is apparent when the child starts vomiting or becomes tired. The child then needs to be taken for a scan
- **Foetal alcohol syndrome:** Children are born with this due to excessive use of alcohol by the pregnant mom.
- **Munchausen by proxy:** Parents who make their children ill for attention.

The facilitator then reviews each of the different kinds of abuse to ensure a common understanding.

The potential warning signs are clarified and should be assessed with care and should lead to further investigation, if sufficient concern exists.

1. Physical abuse:

- Injuries or bruises at various stages of healing.
- Excuses for injuries. Explanation does not match injury.
- Refusal or an unwillingness to discuss them.
- Withdrawal from physical contact.
- Inappropriately covering up eyes, arms or legs
- Consistent reluctance to go home.
- Running away from home
- Distrust of adults.
- Self-destructive tendencies.
- Bullying or overt aggression toward other children.
- Too passive and compliant.
- Adults show signs of aggression toward the child.

Activity 3
Hitting as a Form of Punishment? 10 minutes

- Participants indicate whether they were beaten as children.
- Debate in plenary, alternatives to hitting.
- Facilitator asks participants to discuss alternative forms of discipline.

Points to Ponder
- ✓ Corporal punishment is illegal.
- ✓ The use of physical force with the intent of inflicting bodily pain, **was** a very common form of discipline.
- ✓ Many of us were spanked as children.
- ✓ Corporal punishment sends the message to children that physical force is an appropriate response to problems or opposition.
- ✓ Some adults still argue about the level of force when hitting children.
- ✓ What a child learns from being hit is that the use of violence can be condoned under certain circumstances.

Indicators: The child;
- Avoids physical contact with others.
- Is apprehensive when other children cry.
- Wears clothing to purposely conceal injury, such as long sleeves in hot weather.
- Refuses to undress for sport or for required physical exams at school.
- Give inconsistent versions about occurrences of injuries.
- Seems frightened of parents.
- Is often late/absent from school.
- Comes to school early and seems reluctant to go home afterwards.
- Has difficulty getting along with others.
- Plays aggressively and often hurts peers.
- Complains of pain upon movement or contact.

- Has a history of running away from home.

- if adult and child tell a different story (interview adult and child separately)
- Children who are wary (scared) of adults (especially significant adults such as the father or step-mother).
- Violent shaking (e.g. a baby with little other symptoms except vomiting and disorientation). Doctors are able to identify by looking into the retina of the eye or a scan.
- Sometimes accidental injuries are caused as a result of neglect.
- When we are able to verify that the information that we received is factual.
- Cigarette burns: these are normally in less obvious places such as under the feet or on the inside of the arm where it can be hidden by a long t-shirt or sweater.

If stages of **bruising** are inconsistent with the story told.

Stages of healing	Day 1-3	Day 3-5	Day 5-7	Day 7 onward
Colour	blue	red	green	yellow

Compare the stage of healing, with the story provided of how the injury was incurred, in order to recognize accidental from non-accidental abuse.

When community health committee members encounter children who present with different stages of bruising or consistently different injuries, this is always a reason for further investigation or reporting to the relevant government official e.g. police office or social worker.

A broken bone: A clean fracture would indicate one hard, sharp blow whilst splinters around the fracture could indicate a fall or tumble.

2. Emotional Abuse

Emotional child abuse involves behavior that interferes with a child's mental health or social development.
- constant criticism
- ignoring a child
- insulting, belittling, swearing, name-calling, comparing child to a bad role-model.
- Favouritism
- Minimizing achievements
- Invasion of privacy
- Black-mailing and bribing
- Emotional abuse is sometimes covert rather than overt (e.g. parents who are mostly depressed or unhappy. Parents constantly fighting. Not actively interacting with a child. Spending more quality time with the favoured child.
- Emotional abandonment.

One website calls it *"the systematic tearing down of another human being."* Such abuse can range from verbal insults to acts of terror, and it's almost always a factor in the other three categories of abuse. While emotional abuse by itself doesn't involve the infliction of physical pain or inappropriate physical contact, it can have more long-lasting negative psychological effects than either physical abuse or sexual abuse.

Emotional abuse can come not only from adults but from other children: Family and siblings are often responsible for emotional abuse.

Neighbourhood or schoolyard **bullies** or peers in schools that permit a culture of social ostracism.

The signs of emotional child abuse include **apathy, depression**, and **hostility**. If it happens at school, the child may be **reluctant to go to school** and develop or fake a physical complaint.

3. Neglect

Deliberate with-holding of basic needs.
- Food, shelter, education, health care, basic clothing
- Love and affection
- Not developing obvious skills
- Not attending to health needs e.g. ongoing headaches or toothache.
- Not providing proper discipline.
- Leaving a child unattended for long periods of time
- Not providing age-appropriate developmental resources for development e.g. paint, books, musical instruments. (parental or institutional).
- More concerned with partner(s) than with child(ren).

Neglect is often about those aspects of child care that has to do with physical protection of the child. Withholding basic health-care like taking a child to the doctor for an ear-ache of a toothache could be classified as neglect.

If children are not getting proper nutrition that provides there body with the best defense system, such as eating a balance of carrots, pumpkin, fruits, green vegetables, calcium and protein, it could qualify as neglect, depending on whether it relates to poverty or deliberate with-holding. Children are dependent on adults to guide them in healthy eating choices. Lots of vitamin C will prevent colds.

Ensuring that children drink sufficient clean water is a priority. Care-givers and parents need to oversee these, until it becomes a habit for the child to drink a glass or two of fresh water in the morning, afternoon and at night. Water flushes the system.

The basics of hygiene training from a young age would also fall under this category. This teaching includes simple practices like;
- Washing the whole body once daily.
- Keeping underwear and top garments clean.
- Brushing teeth daily

- Washing all fruits and vegetables before eating them.
- Washing hands after using the toilet.
- Washing hands before eating.
- Using only previously boiled water to prepare food or drinks for young children.
- Keeping bed linen and blankets clean.
- Keeping all surfaces where food is prepared hygienic and clean.
- Teaching children not to bite off the same apple, drink out of the same bottle or share lip-ice or an ice-cream. This provides for an easy transfer of germs.

Remember that neglect includes both the emotional and physical needs of the child. Many of the aspects related to child protection in general, would therefore also be regarded as neglect in the different areas of abuse that follows.

Behavioural signs for the above include;
- Shyness or passivity.
- Extreme changes in behavioral patterns.
- Poor interpersonal relationships or a lack of self-confidence.
- Clinginess, withdrawal or aggressiveness.
- Regressing to infantile behavior such as bedwetting, thumb sucking or excessive crying.
- Recurrent nightmares, disturbed sleep patterns, or a sudden fear of the dark.
- Depression
- Low self-esteem.
- Flinching away or ducking from emotion or people moving towards them.
- Eating disorders or loss of appetite.
- Self-mutilation such as "cutting," biting oneself or pulling out hair.
- Unusual habits like rocking, sucking cloth.

4. Child Labour

Deliberate with-holding of basic needs.
- exploitation of children
- developmentally or age inappropriate work
- forced labour
- children doing adult work
- forced to leave school to take adult responsibility
- young girls taking adult chores in household with no time to play or for self.

5. Structural Abuse

Deliberate with-holding of basic needs.
- Institutions
- The state
- Legislation
- Schools, shelters, institutions for orphans, Welfare institutions
- Withholding food to make people politically compliant

- Food scarcity: governments need to plan (failure to do so should call for emergency measures to facilitate periods of scarcity and lack).
- Poverty humiliates, degrades and breaks down self-esteem.

Resources Aimed at the Prevention of Child Abuse and Neglect

RAPCAN

WHAT IS CHILD ABUSE?

Hitting or hurting a child- often to relieve your own frustration

Breaking down the self-confidence of a child

Leaving a child without supervision

Not listening to a child

Teasing a child unnecessarily

Forcing a child to touch you

Verbally abusing a child

Exposing a child to pornographic acts or literature

Touching a child where or when he/she doesn't want to be touched

Manipulating a child

Neglecting a child's medical needs

Not taking proper care of a child, for example: not cleaning, clothing, or feeding a child

Not listening to a child

Neglecting a child's educational needs

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6. Sexual Abuse

Any sexual comment, behavior or activity with a child, which includes;
- verbal
- touching
- oral sex
- incest
- sodomy
- sexual suggestion or innuendo
- penetration
- rape

Activity 5

Who are the Abusers?   **30 minutes**

Purpose: To develop an understanding of power and powerlessness.
Method: Buzz session and Brainstorm.

Procedure: Participants are asked to take a partner and tell them about a child sexual abuse story that they encountered in the community, in childhood or read about. In plenary, participants are asked to respond to the question; "*In your stories, who were the abuser*?" This is done so that participants generate a list of names based on reality rather than on perception.

The facilitator using the list generated by participants will point out that it is generally a crime where unequal power relations are exploited but it is also a crime of opportunity.

Concerned adults should be in a position to recognise the opportunities that lead to child molestation and interrupt these.

Indicators

- Talking about having a secret.
- Unexplained fear of a particular person.
- Unusual knowledge of sexual matters.
- Acting much younger or older than chronological age.
- Frequent lying, or a fall in grades at school.
- Aggression
- Running away from home
- Age inappropriate sexual behaviour
- Frequent masturbation
- Aggressive behaviour
- Fear of a particular person in the family or overtly sexual attitudes and comments
- Possessiveness by male relative toward a child
- Regressing to infantile behavior such as bedwetting, thumb sucking or excessive crying.

- Recurrent nightmares, disturbed sleep patterns, or a sudden fear of the dark.
- Talking about having a secret.

It is important to remember that some of these symptoms of child abuse can be normal manifestations of play and activity. Other symptoms could be the result of a traumatic event that is not necessarily abuse, like divorce, or are signs of a physical disease such as depression. They are definitely "red flag" symptoms of abuse.

Any of the above behavioral signs are cause for concern to a parent, teacher, or caregiver. A good first move is to open and nurture trusting lines of communication. Increase the time spent with the child, and increase the attention given to the child. Show more interest in their lives, and ask more questions. Assure them of your unqualified love and support, and make sure they know that you want them to feel happy and confident. Make sure they know that no matter what has happened, - you will always love them.

Increase your contact with their teachers, counselors, and peers. Find out more about their activities, the people they spend time with, and the families of their friends.

Many people fear that reporting child abuse or neglect will destroy a family. The truth, however, is that getting help can protect children from further harm and assist the family in facing and overcoming its problems.

Myths and Facts about child sexual abuse

Myth	Fact
Strangers are normally perpetrators	Most abuse committed by someone known to the child
Children are seductive	Adults are always responsible for abusing children
Men cannot control their libido	Men can
Men who were abused re-abuse	Stats indicate that more women are sexually abused and do not re-abuse
'sick' men sexually abuse	Sexual abuse is abuse of power
The child consented to sex	A child under 18 cannot consent to sex. It remains a crime committed by an adult.
Girls are weak	Child sexual abuse is based on abuse of power through grooming, coercion or force (rape).
Children 'hide' information	Children are socialized to respect their elders and obey those in authority. Abuse instills shame and often time the abuser has threatened or made the child take responsibility for what occurred.

Activity 6	
Gender Socialisation	**15 minutes**

Purpose: To recognise how parents can contribute to unequal gender socialisation.
Method: Brainstorm.

Procedure: Ask participants to call out the different messages that we bombard our children with, toys we buy or chores that we give, based on gender and the facilitator writes it up under two columns titled 'Girls' and 'Boys'.

Adult Intervention in Child Abuse

In addition to reporting suspected child abuse when you learn about it, you can intervene effectively if you encounter a parent or caregiver abusing or about to abuse a child by striking the child or screaming at the child. "*Can I hold the baby for you?*"

It's a matter of offering on-the-spot help rather than scolding or threatening to call authorities. If you yourself are overwhelmed by child-care responsibilities, frustrated by a baby who won't stop crying, or in danger of harming your children, you can reach out for help. Pick up the phone and call someone who can help.

Stress that the abuse was not the child's fault.

Education is still the best form of Prevention

It is not possible to be with your children 24 hours a day. In terms of education, you can support organizations and programs that work with the public to encourage and teach good parenting skills and provide help for parents at risk of abusing their children. Such programs include;

- parent education programs
- emergency services and referral
- home-based visits
- family resource centers
- parent support groups
- mental health services

You can also teach your children how to deal with bullies and how to identify, fend off, and report attempts at sexual abuse. And you can learn how to monitor your children's Internet use for signs of potential sexual abuse.

Review

1. Write up six different forms of abuse and provide a definition of child abuse.

2. When evaluation child sexual abuse, what is the dynamic that makes it possible for this type of abuse to occur and name three things we can do to address it.

3. Generate a list of other examples of power dynamics in society and discuss the potential for abuse.

In conclusion, remind participants that where unequal relations exist, abuse of power is always a possibility.

Generate a list of unequal power relations.   5 minutes

This activity is concluded by pointing out that wherever there are unequal power relations, abuse of power can occur. We the look at early socialization and sex education to examine how empowered our children really are.

Activity 8

Sex Education   **15 minutes**

Purpose: To recognise the importance of Sex education
Method: Brainstorm.
Material: Flip-chart and khokis
Procedure: the facilitator asks the participants to respond to the questions "*Who taught you about sex? What were you taught*?" and writes up the responses in two columns.

It is then pointed out that children should be getting basic sex education from a reliable source so that they go into the world armed with factual information. The facilitator should then gauge from participants if they have sufficient and accurate information to pass on to children in their care.

This discussion leads into a role-play.

Purpose: To provide an opportunity for CHC members to test their knowledge on sex education
Method: Role-play.
Material: Chairs
Procedure: The participants are asked to take their chairs to an open space in the room and sit facing a partner. The facilitator asks them to act out the following roles;

1. Identifying one side as mothers and the opposite side as six year old children, parents are asked to respond to the question; "*Mummy, where did I come from*." Using age appropriate language the parents have to respond the way they would to a six-year-old child.
2. Participants are then asked to move to the next chair so they sit facing a different partner.
3. One side is now identified as fathers and the other as 14 year old boys. The 14-year-old boys explain to their fathers that they had a dream and woke up with wet pyjamas. Fathers have to explain to their 14-year-old boys what is happening to their bodies.
4. Participants are then asked to move to the next chair so they sit facing a different partner.

5. One side is now identified as a pre-school educator who walks in on a child masturbating. The other side has to respond to a four-year-old child, the way they would in a real situation of this nature.

This session should generate a lot of laughter and the facilitator then explains that it is very important for the participants to be armed with information when doing community work.

Working with Children: Prevention education is absolutely essential.
- Age-appropriate information should be given continuously.
- Children need to know they have a right to refuse any touch and can challenge adult authority.
- Encourage a sense of body ownership.
- Role model healthy and loving relationships in the presence of children.
- Early socialization should be empowering for girls and encourage sensitivity in boys.
- Understand children's natural sexual development so that we can detect unnatural displays which are sometimes tell-tale signs of abuse.
- Teach children that they have a right to say no to any adult e.g. father, teacher etc.

Body Rights

Children need to know about their body-rights from the youngest possible age. They need to be taught that nobody has a right to hurt them or touch them in inappropriate ways. Tell them what 'private parts' are. With young children re-enforce this message through regular activities.

Activity 9

Body Rights: Activities to do with young children

Collect or draw pictures of various community authority figures such as a picture representing a mother, a nurse, a police officer, a doctor, a teacher, a priest, father, uncle, mother's boyfriend etc.

Have a group activity with the children where you point to the various figures and ask; "*Does the police officer have authority over your body*?" Children have to shout loudly "*No!*" Go through all the pictures over and over till children get the message. Then ask children; "*Who owns your body*?" They all have to shout "*Me!*"

Follow up this activity by teaching children about a body bubble. Using their arms they make a circle in front of themselves. This indicates the safe space and nobody has a right to infringe on their space.

Prevention education also requires that children have sufficient information to take care of themselves. This includes;
1. Each child knows their own name and address. If children are too young to memorise this information, it must be written somewhere inside a school bag.
2. Each child must have the telephone number of a safe adult on their person.
3. Each child must be able to tell a police officer the name and contact details of a safe adult in the event of being lost. E.g. Parents name and place of employment.

4.   Children must be taught what to do if parents are not home e.g.
- Do not open the door if an adult is not home.
- If someone wants them to take them out, they need to inform their parents first.
- Do not accept gifts without parents/caregivers permission.
- Do not eat sweets or lollipops, cold-drinks or suckers given by a stranger. Explain why.

The 'what if' game is useful to re-enforce these rules. Play this game with the children;
"What if I was not home and someone knocked on the door and said he was the TV repair man? What would you do?"
"What if Uncle Simon offered to take you to the mall?"
"What if a very well-dressed lady asked if she could by you some nice clothing?"
"What if the teacher asked you to lift your skirt?"

Activity 10	
Developmental Changes in Teenagers	
Girls	**Boys**
- Rapid body growth - Breasts start growing (sometimes one before the other) - Body becomes more curvaceous - Hair starts growing under the arms and in the pubic area. - Become more sexually aware of members of the opposite sex and attracted to members of the opposite sex. - Mood swings - Likes to be alone in room - Attention shifts from family to peer group - Start menstruation (The body develops an egg which can be fertilised and if fertilised through sexual interaction) becomes a baby. If the egg is not fertilised, the body releases it as blood on a monthly basis. This is called menstruating. - Strong sexual feelings and urges may develop - Increased fantasizing - Takes more care in dressing up and developing a look as they formulate an identity e.g. 'sexy', 'student' 'goth'.	- Rapid body growth - Voice breaks and then deepens - Develop facial hair such as beard, moustache and sideburns. - Hair starts growing under the arms and in the pubic area. - Become more sexually aware of members of the opposite sex and attracted to members of the opposite sex. - Mood swings - Likes to be alone in room - Attention shifts from family to peer group - Start having 'wet dreams'. Involuntary ejaculation happens when dreaming. Boys develop sperm which, when emitted during sexual intercourse, fertilises the egg of a girl, which results in pregnancy. - Strong sexual feelings and urges may develop - Increased fantasizing - Takes more care with dressing up and look as with girls.

- Ask participants what the difference is between sex and sexuality.

Sex is biological and sexuality is an expression of how we feel about ourselves and reflect it in our ways of being.

During the discussion ensure that all participants know that sex and sexuality are natural and normal aspects of our development.

Community health committee members can be asked to explain which exercises they use during teenage pregnancy and sexuality education with children.

There are normally a number of organisations that deal with child abuse. Invite an organisation to come and do a child-safety activity with the children. It is better to get people who can provide the correct information.

Many children in South Africa are abducted and raped and in this situation the children are almost powerless to defend themselves against a violent adult. This has to be reported immediately to the police. This means that, to the best of our ability, children need to be under adult supervision for as long as possible.

From a prevention perspective, the best we can do is to provide children with a lot of safety information to ensure that children can protect themselves from unscrupulous adults and that they do know their rights and that they know how to recognise a dangerous situation.

Some practical suggestions for when adult supervision is not possible include;
- Always walk in groups or with a friend whether it be to the shop or from school.
- Invite a friend over when home alone.
- Ask a neighbour to keep an eye on activities.

Grooming

Remind children that even people who are nice to them could have the intention of abuse as a goal. This is called 'grooming'. The molester will start out by buying the child gifts and paying special attention to the child. This offer of 'love and affection' gradually becomes more sexualized.

It is often people known to the child such as an uncle, a neighbour or even the mom's boyfriend that will be in a position to groom a child. Parents and care-givers are advised to trust their instincts on such matter and make sure that children are not left alone in the company of suspect adults. Children should be warned about being alone with a person that a care-giver even suspects of potentially abusing a child.

Remember, prevention is better than cure.

Activity 11

Responding to Disclosures   **15 minutes**

Purpose: To Develop an Understanding of the conditions required for a confidential disclosure

Method: Experiential Learning.

Procedure: The facilitator assures the participants of confidentiality. Participants are asked to move far apart from each other. Participants are each given a pen and piece of paper and asked to write down their most treasured secret. Once the activity is completed the participants are told that they can tear up the secret and the facilitator collects the bits and

pieces and demonstrates that it is thrown-away, in a bin, all mixed up. Participants are then asked to share under what conditions they would share this secret and the facilitator will write up the responses.

Your immediate response
- Find a quiet place to talk
- Listen to the child.
- Believe the child and tell them that.
- Console the child to alleviate immediate fears
- Ask the child what he/she thinks should happen
- Tell the child what you are able to do
- If it merely requires family intervention, arrange to visit the mother without disclosing what the child has said
- If it requires legal intervention, report it to the police or a social worker
- If it will help the child to cope. say that the abuser has a problem
- Say that you will do your best to protect and support the child
- If necessary, seek medical help and contact the police or social services
- If your child has told another adult, such as a teacher or school nurse, contact them. Their advice may make it easier to help your child.
- Determine if this incident may affect how your child reacts at school. It may be advisable to liaise with your child's teacher, school nurse or head.
- Have a trusted referral list close by.

Activity 11	
Listening Skills	**30 minutes**

- **Purpose**: Learning to Listen
- **Method**: In pairs.
- **Procedure**: With a partners, talk about a child abuse case that you are aware of for approximately 5 minutes. The other person has to listen without interruption, with attention, paying close attention to body language and facial expression. After 5 minutes swop places. The facilitator manages time. After the second person has spoken, share the experience of what it felt like to listen without interruption.
- Each participant sits outside, on their own and must record 10 different sound. No talking allowed in this exercise.

Counselling Guidelines

1. Ensure confidentiality.
2. Safe, private venue
3. When a situation requires disclosure, inform the child about what needs to happen.
4. Be aware of your body language.
5. Have sufficient tools e.g. dolls (sexual abuse), drawing equipment, toys.
6. Don't be afraid of silence.
7. No leading questions.
8. Open ended questions

9. Show empathy
10. Let the child know that it is not his/her fault.
11. Don't make promises that you cannot keep.
12. Empathy not sympathy

Counselling
This section looks at counselling orphans and other vulnerable children.

Key points about counselling children and young people are:
1. The basic principles of counselling are the same as for counselling an adult.
2. Counselling may be provided to children and young people **individually** or as part of **family counselling**. Common situations where children and young people need counselling include; a) HIV testing, b) disclosure of HIV test results, c) death or illness of a family member and e) sexual abuse f) community violence.

3. Counselling a child requires a relationship to be established between the child and the counsellor. This is called 'joining'. Methods to do this depend on the age of the child.

4. Counselling children and young people requires skills in talking and listening to children and young people.

5. There are many tools which can be used to help the 'joining' process (communicate) with children and young people. These include drawing, telling stories, play and drama.

Principles of Counselling
Counselling aims to help people cope better with situations they are facing. This is true for counselling children and young people too. This involves helping the child to cope with their emotions and feelings and to help them make positive choices and decisions. Doing this involves:
- Establishing a relationship with the child
- Helping the child tell their story
- Listening carefully
- Providing correct information
- Helping the child make informed decisions
- Helping the child recognize and build on their strengths
- Helping the child develop a positive attitude to life

It does not involve:
- Making decisions for the child
- Judging, interrogating, blaming, preaching, lecturing or arguing
- Making promises that you cannot keep
- Imposing beliefs on a child

Types of Counselling
One-to-one: Counselling may be provided to children and young people as individuals. This is called one-to-one counselling.

Family: Counselling may also be provided to a child as part of a family. This family counselling is a form of group counselling.

Group Counselling: Group counselling happens when a group of people, who have gone through a similar experience, or have similar issues, are brought together to address the problem through a group counselling session.

Particular Situations in which a Child may need Counselling
Situations in which a child may need counselling include:
- When HIV testing of a child is being considered.
- When deciding who to tell about the result of an HIV test. Telling someone else the result of a test is called "disclosure". This happens particularly when an adult has had a positive HIV test. The adult needs to decide if they are going to tell their children the result. If they do so, they need to decide how best to do this.
- When someone close to the child is dying or has died.
- When it is suspected or known that a child has suffered sexual abuse.
- In cases of community or family trauma or disturbance.

Other Issues
Adults providing counselling for children and young people need to be aware of their own feelings towards issues which might come up in counselling a child. In addition, they should be aware of their own beliefs or culture, tradition, religion and gender. They should avoid imposing these on the child. They also need to be clear of rules regarding confidentiality.

These should be made clear to the child in a way appropriate for their age. In many cases, counselling may reveal issues which require action. The counsellor may need to act on behalf of the child on some of these issues. This is a form of local advocacy .International HIV/AIDS Alliance; FHI Family Health International http://www.aidsalliance.org/sw2403.asp

Child Protection
Child protection is a fundamental right of each child. South Africa has high rates of physical and sexual violence towards children.

Make sure that each child in your care has the following information. Write this up as a **Protection Plan**.
1. Knows her/his name and address, especially the toddlers need to be taught this rote fashion. Let them repeat it till you are confident of their knowledge.
2. Knows someone they can talk to if they are feeling unsafe. Establish a safe person if none exists. Let children know that they can talk to this person at any time about any problem they might have, especially if someone has done something that they feel is not right.
3. They have the right to say '*NO*!' Let the child repeat this. "*I have a right to say 'no' even to my teacher, my father, the priest or any person that is asking me to do something that seems wrong*".
4. Teach children about their body rights. Teach them a song; "*My body's nobody's body but mine. You run your own body. Let me run mine. My body's mine from my head to my toe. Leave me alone when you hear me say 'no*!"

5. Hit, kick or scream if you feel you are in danger and tell immediately. Do not keep secrets like this as it will increase the danger.
6. Give children a positive sense of themselves so they know the difference between love and sex.
7. Keep telling until someone believes you.
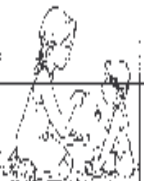
Rights and Responsibilities

Information taken from: NCRC (National Children's Rights Committee)
Reproduced by RAPCAN: Suite 87, Private Bag X12, Tokai, 7966 Cape Town South Africa
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CHILDREN LEARN WHAT THEY LIVE

If a child lives with criticism.

        He learns to condemn.

If a child lives with hostility.

        He learns to fight.

If a child lives with ridicule.

        He learns to be shy.

If a child lives with shame.

        He learns to feel guilty.

If a child lives with tolerance.

        He learns to be patient.

If a child lives with encouragement.

        He learns confidence.

If a child lives with praise.

        He learns to appreciate.

If a child lives with fairness.

        He learns justice.

If a child lives with security.

        He learns to have faith.

If a child lives with approval.

        He learns to like himself.

If a child lives with acceptance and friendship.

        He learns to find love in the world.

Dorothy Nolie

Activity 12	
Developing a Community Activity	**30 minutes**

Purpose: To recognise that communities can develop interventions for child safety, once they have identified the root causes.

Method: Group work.

Procedure: Participants work in different areas and identify a particular concern that they can take action on and then follow the following steps.

a. Conduct a problem-analysis.
b. Using the facilitation skills training, they have to do the intervention planning, develop an plan of action and share their activity idea.

Examples of problems

1. Drug dealers sell drugs at a local school.
2. More than one girl has been raped on a nearby field.
3. Girls are neglected and under-valued, creating opportunity for them to be abducted or to be trafficked.
4. Young children go hungry due to family poverty.

Activity 13	
Developing a Community Activity	**30 minutes**

Purpose: To recognise that deep-seated rage contributes toward criminal behaviour.

Method: Group work.

Procedure: On the basis that "*anger is nothing but fear*", participants talk about the conditions in their neighbourhood that creates fear.

c. Conduct a problem-analysis.
d. Using the facilitation skills training, they have to do the intervention planning, develop a plan of action and share their activity ideas.

Activity 14	
Developing a Community Activity	**30 minutes**

Purpose: Reflect on our environment and develop workable solutions.

Method: Group work.

Procedure: Participants review the following questions and generate a range of responses.

Question 1: What can we do in our own environment to make us safer?

Question 2: How do we negotiate with local government to achieve this?

REFLECTION PAGE

We have public servants in the form of government ministers, municipal officials and ward councilors. We have a revenue service that very effectively collect our taxes. We want to see it used to improve our safety and increase our access to a healthy environment. Safety is a foundation for progress and every citizen is entitled to it.
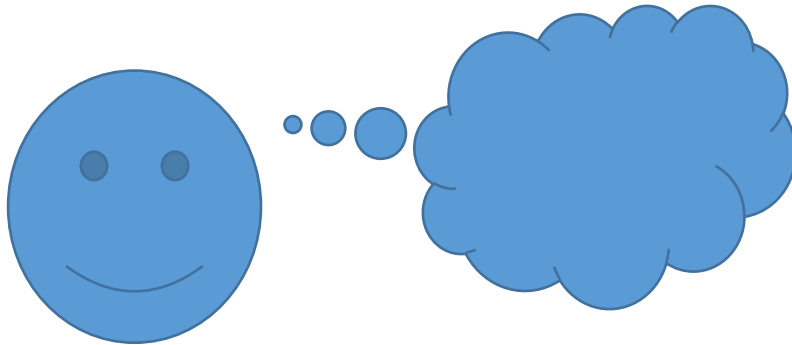
Let's Reflect on the Health System

Our Health Minister said: "*The curative health system the country is engaged in is very destructive, is unsustainable and is extremely expensive. We are running an expensive model which says everybody must be sick first and rushed to hospital… a healthcare system only survives if it is based on prevention of disease and promotion of health, not treatment*." Dr. Aaron Motsoaledi. Minister of Health. 'Prevention is better than cure.'

Let's Reflect on Prevention Options

- Access to food and nutrition (Children do not develop adequately on junk food).
- Gender education to reduce sexual violence
- Access to opportunities for growth
- Child protection strategies
- Safe places to play
- Health Education
- Self-reliance

Solutions have to contribute toward peace-building, rather than fighting someone or something. E.g. more people in jail does not translate into less crime if we are not addressing the root causes of social problems.

The creation of a more compassionate society, where every human has a decent standard of living and a realistic expectation of living in safety and with abundance, is more likely to result in success, than a "*shoot to kill*" or "*zero-tolerance*" approach.

3. Early Childhood Development

Learning Objectives:

- **Understand Early Childhood Development theories**
- **Understand own motivation for work in this field**
- **Understand the Policy Environment**
- **Norms and Standards**
- **Getting Registered**
- **Further training**
- **Compulsory Reporting**
- **Getting Funding**

Activity 1

Who Am I?   **30 minutes**

Purpose: Reflect on our community role.
Method: Individual work.
Procedure: Participants reflect on a range of options in child protection work and generate reasons for their choice.

1. Early childhood development practitioner
2. Access to food and nutrition
3. Community Safety Forum
4. Trauma counselling
5. Other

Resourceful individuals can seize the child-care opportunity to generate income and so become partners in the care and stimulation of children. Others might decide to open a soup kitchen and supply the ECD initiative with daily meals. Yet others might decide that they want to support traumatized children, assist with accessing a safe place and provide lay counselling.

The goal is to ensure that the majority of children are able to have access to educational stimulation for ongoing cognitive development and to access various other social services.

Early childhood development is not just for children to have an opportunity to play (although this is important), but it is a pre-requisite to success in many spheres including children's rights, parental rights to freedom of movement, job creation and ensuring that every child across the length and breadth of the country, starts life on an equal footing.

In order to address change we have to look at the roots of our socialization which brings us back to child development and the role of the early environment in shaping who we are.

This relates to the extent or lack of stimulation, early exposure to violence, access to books or a lack of it, toys and educational opportunities, the quality of our interaction with significant adults and interactions with the broader environment.

Activity 2: Child Development

Who Am I?   **30 minutes**

Purpose: Reflect on dreams.
Method: Plenary.
Procedure: Participants reflect on their earliest dreams, and share with the group what they were and why it was or was not achieved.

This exercise is done to establish the importance of assisting young children with realizing their dreams. Every human being is able to realise their potential (self-actualise) if they have a supportive environment and access to opportunity.

Activity 3: What is a Theory?

Formulating ideas   **10 minutes**

In plenary participants explain what a theory is and how it is formulated.

Activity 4: Theory

Understand Early Childhood Development Theories   **30 minutes**

Purpose: To understand the theories that support healthy child development.
Method: Plenary.
Procedure: Participants read through the theories on child development. The facilitator provides additional explanation, where needed.

From a perspective of economic investment in children and addressing social inequalities, it is widely documented that early intervention has long-term benefits. Primarily, a government that provides opportunity for child-care, creates a safety net from hunger, exploitation and neglect for its youngest and most vulnerable citizens. In addition, it ensures an opportunity for early numeracy and literacy activities, a vital ingredient for successful transition into school.

Currently government subsidies for ECD can only be approved if it is centre-based i.e. it is housed in a building, although diverse and innovative responses are acknowledged by the Department of Social Development.

South Africa remains a country of enormous inequality with clear geographic, racial and gender disparities. Many families do not have the basic ability to send their children to pre-school.

Although this is fundamentally determined by affordability, it also relates to available services in the community. These services and other rights are taken for granted in an average socio-economic, environment.
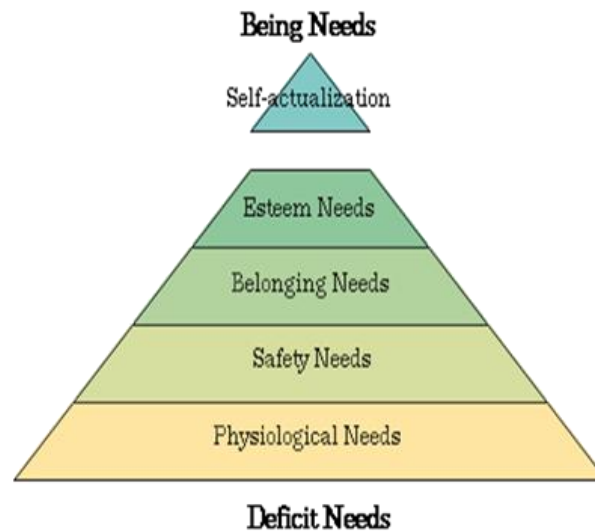
Our primary needs first have to be met, in order to optimally self-actualise.

Central Premise: Some needs take precedence over others. For example, if you are hungry and thirsty, you will tend to try to take care of the thirst first. After all, you can do without food for weeks, but you can only do without water for a couple of days! Thirst is a 'stronger' need than hunger.

Likewise, if you are very, very thirsty, but someone has put a choke hold on you and you can't breathe, which is more important? The need to breathe, of course.

On the other hand, sex is less powerful than any of these. Let's face it, you won't die if you don't get it! In other words, what people become in adulthood is based completely on what the earliest socialization and environment provided for the young child. It has absolutely nothing to do with skin-colour. Let's look at the theory of child development.

Maslow took his idea and created his now famous **hierarchy of needs**. Beyond the details of air, water, food, and sex, he laid out five broader layers:

- The physiological needs,
- The needs for safety and security,
- The needs for love and belonging,
- The needs for esteem, and
- The need to actualize the self, in that order.

1. **The physiological needs**. These include the needs we have for oxygen, water, protein, salt, sugar, calcium, and other minerals and vitamins. Also, there's the needs to be active, to rest, to sleep, to get rid of wastes (CO_2, sweat, urine, and feces), to avoid pain, and to have sex!

Maslow believed, and research supports him, that these are in fact individual needs, and that a lack of, say, vitamin C, will lead to a very specific hunger for things which have in the past provided that vitamin C -- e.g. orange juice.

2. **The safety and security needs**. When the physiological needs are largely taken care of, this second layer of needs comes into play. You will become increasingly interested in finding safe circumstances, stability and protection. You might develop a need for structure, for order, some limits.

Looking at it negatively, you become concerned, not with needs like hunger and thirst, but with your fears and anxieties. In the ordinary adult, this set of needs manifest themselves in the form of our urges to have a home in a safe neighborhood, a little job security and a nest egg, a good retirement plan and a bit of insurance, and so on.

3. **The love and belonging needs**. When physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. You begin to feel the need for friends, a sweetheart, children, affectionate relationships in general, even a sense of community. Looked at negatively, you become increasing susceptible to loneliness and social anxieties.

In our day-to-day life, we exhibit these needs in our desires to marry, have a family, be a part of a community, a member of a church, a brother in the fraternity, a part of a gang or a bowling club. It is also a part of what we look for in a career.

4. **The esteem needs**. Next, we begin to look for a little self-esteem. Maslow noted two versions of esteem needs, a lower one and a higher one. The lower one is the need for the respect of others, the need for status, fame, glory, recognition, attention, reputation, appreciation, dignity, even dominance. The higher form involves the need for self-respect, including such feelings as confidence, competence, achievement, mastery, independence, and freedom. Note that this is the "higher" form because, unlike the respect of others, once you have self-respect, it's a lot harder to lose!

Maslow sees all these needs as essentially survival needs. Even love and esteem are needed for the maintenance of health. When your family ups and leaves you, it seems that love is again all you ever wanted.

Activity 5	
Meeting the developmental needs of a child	**30 minutes**

Purpose: Participants understand the holistic needs of children and can plan for it.
Method: Group work.
Procedure: Participants develop a daily programme that addresses the child's developmental needs.

Activity 6
Meeting the developmental needs of a child   **30 minutes**

Purpose: Participants understand the holistic needs of children and can plan for it.
Method: Individual.
Procedure: Participants develop a weekly programme that addresses the child's developmental needs. Each participant presents their weekly plan and shares with the group.

Example of a Daily Programme
A daily routine helps to establish stability. Children should be able to access and use the toilet at any time.

7.30 Arrival – children put coats bags etc. in a recognized space.

8.00 Welcome songs

8.15 **Breakfast is served**

8.45 Sharing (social and therapeutic activity – caregivers pay attention)

9.30 Outside play (weather permitting)

10.30 juice/tea/water and snack

11.00 Story time

11.30 Active learning (math or science) a range of activities e.g. sequencing – bring containers or lids and children put them in sequence or fit them into each other, animals – walk to SPCA, pre-literacy – display and explain words such as STOP sign, NO ENTRY, seasons – children bring leaves, pebbles (beach for summer), pictures of rain falling, umbrellas or an activity that teachers colours – rainbow, primary colours.

12.30 Pack away and clean up.

13h00 lunch

13h30 Free time

14h00 Safety first – any safety lesson (Personal or environment). Children also have an opportunity to share fears.

15h00 juice/tea/water and snack

15h30 cultural activities (drama, dance, music, painting) Re-inforce self-esteem.

16h00 Clean up Prepare for home

Concluding Activity

Participants are reminded that any ECD service should have a programme pasted in a visible place, so all staff are aware of the programme and times for activities. Although deviations from the programme are inevitable, children thrive in stability and a regular routine for bathroom and eating times, prevents bathroom accidents from happening, with young children.

The other important element for running an ECD service is maintaining a child register. All applications for funding, to the state or donors, will require a record of the number of beneficiaries and the kind of service provided. Below is an example of a child register.

This register should be kept in an accessible place and can be adapted, based on the kind of service provided by the ECD service.

Child Register

Name of Organisation _____

Date: _____
Number of care-givers: _____
No of children: _____

Name	Surname	Age	Family Circumstances	Sex	Address	Road to Health chart	Safety referral	Daily meals	Grant Status
John (Pic)	Dube	3	Single mother, unemployed, need service to find employment	M			✓	b/fast & lunch	In process
Jane	Skilpad	6	Mother a *tik* addict, granny on pension	F		✓		b/fast, lunch, afternoon snack.	None

Active Learning

- ✓ Focus on the process of learning, rather than the end product of it.
- ✓ Using active methods that require re-discovering or re-constructing "truths".
- ✓ Using collaborative, as well as individual activities (so children can learn from each other).
- ✓ Devising situations that present useful problems.
- ✓ Evaluate the level of the child's development, so suitable tasks can be set.

Activity 7

Classroom Application   **30 minutes**

Purpose: To get adults to understand active learning concepts.
Method: Group Work.
Procedure: In groups, plan active learning activities and share in plenary for feedback.

The facilitator provides a range of materials and options and groups select their material and share their classroom ideas/method for active learning opportunities for children, in plenary.

The Legal Framework for Provision of Care

To guide people involved in care, development and protection of children and it covers:

1. ECD Services and programmes.
2. How to register a service.
3. Government is obliged to fund these services.
4. ECD practitioners are required to perform their duties according to the Act.

Activity 8

Understanding the policy Environment   **30 minutes**

Purpose: Review post 1994 ECD Policy framework that replaced the old laws.
Method: Plenary.
Procedure: Using a brainstorm, participants reflect on which children can be regarded as needing care and protection.

1. **The Children's Act. 38 0f 2005 and Children's Amended act 41 0f 2007.** Some provisions and associated regulations came into force on 1 April 2010.

The aim of the Act is to support families and promote children's well-being, prevent abuse and Neglect and ensure appropriate care for children in need of care and protection.

The act specifies:

- ECD programmes and partial care
- Drop in centres
- Protection services (Identifying, reporting and supporting abused and vulnerable children).
- Child and youth care centres (places of safety and shelters for homeless)
- Prevention and early intervention programmes (Provision of basic necessities, home-based care, parenting programmes).

Section 150 of the Children's Act says that the government has to take action to protect children and gives effects to children's constitutional rights to;

- Family care, parental care and appropriate alternate care
- Social services
- Protection from maltreatment, neglect, abuse or degradation
- Putting the child's interest first in every matter concerning the child.

Every person working with or for children should;
Respect children's rights – to be free from violence and have access to a range of developmental needs.
Protect children's rights – take active steps to prevent harm.

Promote and fulfill children's rights – put programmes in place to make these rights a reality, such as protection from abuse.

Principle: **The Best Interest of the Child**

Section 9 of the Children's Act says that "***the best interest of the child is of paramount importance***" in all matters concerning care, protection and well-being of a child.

Each case will be different and child care practitioners will balance a range of factors including; (the Act provide a full list)

- The child's age, maturity and stage of development
- The child's gender
- The child's physical and emotional security and his or her intellectual, emotional, social and cultural development
- Any disability or chronic (long-lasting or ongoing) illness the child might have
- Child's personal relationships with parents, family or care-givers
- The attitude of the parents toward the child
- The capacity of the parents to care, provide for and protect the child
- The likely effect on the child in the case of changed circumstances
- The need for a child to maintain a connection with her or his family, culture and tradition
- The need for a child to be brought up in a stable family environment
- The need to protect a child f5om physical or psychological harm or witnessing harmful behaviour

Children's Participation

Section 10 of the Children's Act states;

"Every child that is of an age, maturity and stage of development … has the right to participate …" and includes

- The right to be heard
- Freedom of expression
- The right to information

Section 11 of the Children's Act says that consideration must be given to;

- Providing the child with parental, family or special care
- Creating conditions that ensure dignity, promote self-reliance and facilitate the child's active participation
- Provide support services to the child and the caregiver
- Create opportunities for the child to participate in social, cultural, religious and educational activities.

Which is also covered by the African Charter on the Rights and welfare of the Child. These are international laws that apply in South Africa. Another International law covers children with disabilities and chronic illnesses: United Nations Convention on the Rights of the child under Article 23 recognises children with disabilities as a vulnerable group. This means that they should be included in ECD services and programmes.

ECD Definition in the Children's Act: The process of emotional, cognitive, sensory (physical), spiritual, moral, physical, social and communication development from birth to school-going age.

An ECD Programme: A programme planned within an ECD service, which intends to provide learning and support suitable to a child's level of development. Alternately it is called 'the curriculum' or the 'learning programme'. The child's age, stage of development and abilities are catered for in these programmes. E.g. Montessori Programme.

An ECD Service: A service that intends to promote the development of children from birth to school-going age, provided regularly by a person who is not the parent or primary care-giver such as a crèche or pre-primary school.

An ECD service can use more than one programme. It is therefore important for ECD service providers to be trained on one or more programmes. A programme does not have to be based on curriculum, it could be based on methods for supporting child-health, safety and stimulation.

Example 1
A team of ECD practitioners, can develop a model where they visit and spend time with children, within the homes of one of the parents. They bring along their toy kits, books and sandwiches, bananas and fruit juice. This could be called a **home-based care programme**.

Example 2
An ECD programme could be offered at an ECD service that focusses on advancing pre numeracy and pre literacy skills of children. This service will be focused on advancing the **math and science skills** of the children. Yet another ECD service could be a centre that uses dance and cultural activities as a programme. Art, drama, theatre etc. would be the main focus of activities and with time set aside early in the morning for more cognitive activities.

Example 3
Another ECD service could have the desired outcome of making children more aware of their environment, have many outings and excursions to the local river, the animal rescue service and the mountains and would have **science and nature** as its main programme activities.

Of course, an ECD centre could provide a programme that tries to focus on all of these during the week. A range of different programmes at various ECD centres provide parents with options, based on the interests that their children display.

Children, in their play, often demonstrate their area of interests, such as playing 'doctor' or 'shopkeeper'. It neighbourhoods with high levels of violence, children will start to show this in their play and it demonstrates that children need to be exposed to constructive activities, to emulate.

ECD **programmes** may be provided in a range of different contexts but the Act has certain requirements that have to be complied with:

- It could be described as a partial care facility which caters for children of pre-school age. Partial care is defined as any person (paid or unpaid) taking care of children on behalf of their parents when;
- When more than six children are being cared for
- Care is provided during set hours of the day, or for a brief period
- The terms of care are agreed to by the parent or caregiver and service provider (but excludes a school setting, hospital or medical facility).
- A child and youth care centre accommodating children of pre-school age.
- Any partial care facility, providing partial care services for children below school-going age, such as a day-care service or an ECD centre, must provide an ECD programme.

Difference between ECD Programme and Partial Care Service

ECD Programme	Partial Care Service
An ECD service does not have to be limited to a facility. The caregiver can provide a service at a family home, in a community centre or at her own home. The Act recognizes a number of ways to provide suitable learning and support, including methods that are not centre-based.	Offered to children who gather together in a public structure or private facility, such as a crèche, drop-in centre or day-care service. A partial care service can offer more than one programme e.g. crèche in the morning and after-school programme in the afternoon.

Examples from *Sombambisana* Project

CASE STUDY 1

Ntataise Motsupatsela Playgroup: A Motsupatsela van parks on a community play area and moms or care-givers bring the children to play with educational toys, read books, skip, play with balls etc. The Motsupatsela team interact with the children to teach parents the vital educational role of play and point out what the children are learning. So in addition to the children having a place for stimulation and play, the caregivers or moms, improve their knowledge of ECD. The programme also helps parents who comply with the criteria, to access government grants, provide assistance with getting birth certificates and direct parents to relevant health services, where they identify a need.

Ntataise Motsupatsela Playgroup

CASE STUDY 2

ECD practitioners conduct home visits, bring cereal and fruit, play, weigh children and document results, assess for health-related interventions. This work is done in collaboration with the health facility and alleviates the waiting time at the facility. Health interventions are identified and referred to the health facility as displayed in the pictures from a Lusikisiki home based model, provided by the Early Learning Resource Unit (ELRU).

Lusikisiki home based model, provided by the Early Learning Resource Unit (ELRU)

The Act also considers ECD as a form of prevention and early intervention where high levels of vulnerability require innovative responses and can therefore be tailored to meet the needs that the context requires. Early intervention in the Act identifies programmes that;

- Strengthen family relationships
- Develop parenting skills and caregivers ability to protect the best interest of children, especially children with disabilities.
- Promotes healthy relationships within the family.
- Provides psychological, rehabilitation and therapeutic programmes.
- Prevent neglect, exploitation, abuse of children and failure to meet their developmental needs.
- Prevent family problems from recurring, so they don't harm children or interfere with their development.

- Prevent escalation of family problems that will result in children being in state care or homeless.
- Keeping families together.

These different models and range of programmes, provide the health committee members, ECD practitioners, to identify their area of interest and provide the desired ECD service. Any intervention, however, has to comply with the national norms and standards.

Activity 9	
Norms and Standards	**30 minutes**

Purpose: To understand the health and safety requirements for providing an ECD service.
Method: Pairs.
Procedure: Participants review norms and standards and present in plenary.

NATIONAL NORMS AND STANDARDS	
The provision of appropriate developmental opportunities	**The programme should;** ✓ Be run according the stages of development of a child ✓ Be delivered by staff who have the relevant knowledge and training ✓ Foster respect for culture, dignity, individuality and language ✓ Provide opportunities for exploration and offer daily variety and creativity
Programmes aimed at helping children realise their potential	**The programme should;** ✓ Make sure that children receive care support and security ✓ Promote children's rights to rest, leisure and play ✓ Promote self-discovery, self-control and independence ✓ Promote and support children's motor, communication and sensory (physical) development ✓ Promote child-to child interaction ✓ Programmes should be evaluated and monitored

Caring for children in a constructive manner and providing support and security	**Programmes should make sure that;** ✓ Toilet facilities are safe and clean for children and potties are available ✓ Every child under 3 years must have a potty ✓ Children between 3 and 6 years should have access to a toilet and hand basin – one facility for every 20 children ✓ A place for children to bathe is available ✓ Discipline is provided with care and respect for the child and builds character ✓ Policies, procedures and guidelines related to good health, safety and nutrition, practices are followed. These policies must include the prevention of contagious diseases, the provision of, at least, 1 nutritious meal per day. A space for cleaning baby bottles should be provided. ✓ Children should be supervised by an adult at all times. ✓ Staff to child ratios are observed

Ratio of staff to children by age group;

1 – 18 months	1 staff member to 6 children
18 mths – 3 years	1 staff member to 12 children
3-4 years	1 staff member to 20 children
5-6 years	1 staff member to 30 children

The norms require that each staff member have a support person, if affordable. All persons working with children must be screened. A form 29 must be completed and submitted to the Department to check against the Sexual Offences register.

NATIONAL NORMS AND STANDARDS

Ensuring development of positive behaviour	**The programme should;** ✓ Promote the development of positive social values ✓ Promote an understanding of and respect for diversity and be conducted in a non-discriminatory manner ✓ Include caregivers in the development of positive behaviours of children ✓ Make sure that staff demonstrate and model positive social behaviour

Respect for and nurturing culture, spirit, dignity, individuality, language and development of each child	**The programme should;** ✓ Programmes should promote appreciation and understanding for children's culture and language ✓ Educators should use one language of instruction in class ✓ Children should be free to communicate in the language of their choice outside class ✓ Cultural diversity should be respected by staff ✓ Programmes may help with late birth registration, as appropriate ✓ Programmes must be based on an integrated approach
Meeting the holistic developmental needs of a child	**Programmes should make sure that;** ✓ Programmes should be run according to the child's capacity ✓ Caregivers and parents should be involved in their child's development ✓ Parents and caregivers of vulnerable children or children with a disability can be provided with information and skills ✓ Activities should promote a positive relationship between the programme and the child's home ✓ Children's emotional needs should be met and children should be encouraged to show their emotions in a supportive and protective environment ✓ Children should feel valued and respected when participating in activities. ✓ Vulnerable children should be able to access programmes in their homes or neighbourhood ✓ Programmes should promote children's sensory, cognitive, fine and gross motor development

An integrated approach means that programmes should consider what is needed to meet the child's physical, psychological and social needs. The ECD service does not have to provide all these services but can partner with different stakeholders.

Child Safety policies

1. Collections

These should set out sound practices on collection of children, if applicable. A child cannot be collected by a stranger under any circumstances, even if the person claims to be an immediate relative. The primary caregiver should be contacted for approval. The names and contact details of the primary caregiver should be readily available for moments of doubt.

2. Accidents and injuries

Section 32 of the Act says that anyone caring for a child must do all they can to safeguard a child's health, well-being and development. If a child needs **urgent medical treatment** and it is not possible to contact the parent or primary guardian, then the ECD practitioner may consent to medical examination or treatment. **Every effort to contact the parent should be**

exhausted, but do not delay medical treatment unnecessarily. **The best interest of the child will apply**.

Only the parent or guardian can consent to an operation, but the hospital will know how to deal with an emergency.

All injuries and circumstances must be recorded, according to the Child Protection Policy.

3. Suspicion of Abuse

The Children's Act states that any staff member or volunteer at an ECD facility, who suspects that a child has been abused, based on sound reasons, should report to the police, a social worker or a child protection agency.

NATIONAL NORMS AND STANDARDS	
A Safe Environment for Children	**The programme should;** ✓ Children are safe and cared for while at the centre ✓ Premises and equipment are safe, clean and well-maintained and the structure or building is safe and weather-proof ✓ Children are transported safely and protected from risk of fire, accidents and other hazards ✓ There is adult supervision at all times
Adequate Space and ventilation	**The programme should;** ✓ The ECD centre should have proper ventilation and enough light ✓ Spaces for different activities should be clearly identified ✓ New buildings or alterations should meet national regulations
Safe Drinking Water	**Programmes should make sure that;** ✓ Safe and clean drinking water must always be available ✓ Where piped water is not available, water should be made safe and treated according to the approved national guidelines ✓ Water storage containers should be covered at all times

This is not an exhaustive list of the norms and standards. Each ECD service should have a copy on site from the Department of Social development.

There are also norms and standards for prevention and early intervention programmes such as this, called outreach services;

OUTREACH SERVICES

- Should be aimed at reaching out to especially vulnerable children and families to meet the needs of the children, in the context of family and community
- Promote the identification of children who are at high risk of requiring child protection services
- Be aimed at developing community-based services and facilities to promote the safety and well-being of children in communities
- Provide opportunities to children to identify their needs in communities
- Use community strengths and resources to promote neighbourhoods that enable the safety and well-being of children
- Be aimed at addressing community risk factors including violence, substance abuse and crime
- Ensure that children and families are able to access enabling documents to help with access to social assistance and other services
- Make sure that children and families have access to resources that build on strengths and develop new capacities that promote resilience
- Teach communities to recognise the signs of child abuse and deliberate neglect and the linked risk factors.

Assessments should be done annually.

Activity 10

Getting Registered   **30 minutes**

Purpose: To review the legal requirements for registration.
Method: Plenary.
Procedure: The facilitator presents the legal requirements, provides copies of the legal documents and goes through each to explain what needs to be done.
Homework: Participants visit there local Social Development office, enquire about registration and get any additional paperwork, advise and contact details.

ECD centres and programmes are registered separately. Registration is a legal requirement.

You have to!

* register the facility as a partial care centre
* register the ECD programme

These can be registered at the same time. There are different kinds of registration for ECD programmes but the same registration process is followed;

1. Register with the Department of Social Development, provincial head of Department or the municipal manager for the area. Contact the nearest Social Development office.
2. All staff must be screened for sex offences.

3. Application: Once **clearance certificates** have been received, application forms (**Form 16**) can be submitted. **Supporting documents** should include a) an overview of the ECD programme and b) implementation plan.

Factors taken into account when considering your application:

- Does it adhere to norms and standards as set out in the Children's Act?
- Is the applicant a fit and proper person to provide an ECD service?
- Are the skills, training, funds and resources available to provide the programme?
- Does the ECD service or programme meet the emotional, cognitive, sensory (physical), spiritual, social, communication and developmental needs of children?
- The official uses a checklist on the National Early Learning Development Standards. (NELDS)

NELDS: Standards developed by the Department of Basic Education on what developmental learning should be provided to 0-4 year olds.

NB: there is **no definition for 'fit and proper person'** in the ACT, but people will be screened for suitability against the National Child Protection Register. A fair assumption is that persons applying should provide an indication of required skills and/or qualifications.

When your Application Succeeds
An applicant receives a Certificate of Registration (Form 17) which states the time period, for which the registration is valid. In terms of Section 25 (1) of the Act, it is valid for 5 years. Any service has to renew their application every 5 years.

Reflect Activity: Application to Register

1. An Application to Register (Form 11) submitted to provincial Head of Social Development or municipal manager, together with a written report from a **social service professional**.
(or visit your nearest Social development office for assistance with the letter.)

> **Social Service Professional**
> - Development workers
> - Social workers
> - Registered auxiliary Social Worker
> - Probation officers
> - Child & Youth care worker

2. The following support documents should accompany the application;
- a business plan containing business hours, day-care plan or ECD service, staff composition and child protection or disciplinary policy.
- a constitution containing the name of the service, type of service,, composition, powers, duties of management, authority regarding the care, behaviour management and development of children
- a commitment that the service meets the national norms and standards
- where applicable approved building plans
- an emergency plan 9see norms and standards
- Clearance Certificates confirming the names of staff members and that they do not appear on a National Register of Sex Offenders
- a health certificate issued by the local municipality where the service is located.
- the experience and skills of the manager of the service. (Attach).

Duties of Head of Social Development

- Must respond within 6 months and either refuse with reasons specified on a Form 18 or register the programme.
- Consider the report of the social service professional.
- The Act states that the Head of Social Development should assist the service to meet the required norms and standards.
- Provide the ECD practitioner who applied, with a Certificate of Registration (Form 12)
- If the ECD practitioner is declined the refusal must be stipulated on a Form 13.

Option 1: Apply	Option 2: Apply	Option 3: Apply
•Be assessed •Full registration	•Be assessed •Get conditional registration with feedback	•Be assessed •Refused

Further Training

Once your service is registered, functioning and valued in the community, ongoing staff development and improvement on the service should be built into ongoing planning and assessment. A number of early childhood development training initiative exist in the Western Cape and any of these can be approached to make sure that the staff get access to w wide range of theories and different kinds of curriculum. It helps the ECD service to find the most suitable method for their children and context. Some of the well-known institutions include;

1. Grassroots Edu-care Trust. Klipfontein Road. Athlone.
2. Early Learning Resource Unit (ELRU). Lansdowne.
3.

Activity 12

Government Funding and Further Support   **30 minutes**

Purpose: Understand that there are resources and how to access them.
Method: Plenary.
Procedure: Facilitator presents government funding sources and other funding options.

What does the Act say?

The provincial **Department of Social Development** is the main source of funding for ECD **programmes**. Subsidies are provided per child, between R12 to R15 per child per day. (Differs across provinces).

The Provincial **Department of Education** is the main source of funding for ECD **practitioners**. ECD services can apply for funding to train the staff.

The provisioning clauses for partial care, ECD, and drop in centres say that the MEC "may" provide these services. It means that ECD service providers are expected to raise money in other ways.

The Act states that where government does provide funding for these services, priority must be given to;
* communities where families lack the means to provide for children's basic education.
* making services accessible to children with disabilities.

How do we get the money?

1. Department of Social Development

More than 90% of Social Development funding takes the form of per child, per day subsidies. They are paid to the ECD service for children whose parents or caregivers qualify based on an income-based **means test**. Subsidies are only available to registered services but does not guarantee a subsidy.

The amount is calculated monthly based on an attendance register submitted by the centre. In some provinces the service is paid a subsidy for the number of children on the books, regardless of whether they attend every day. Each province has its own rules on how the money should be divided between nutrition, administration or payment of practitioners.

Application for funding for ECD centres that is run from a home, is done in the same way. Any application for funding, must provide proof of being registered as an NPO.

2. Department of Education

Provides for training fees and a stipend for the person being trained. Provincial Department of Education also provide some subsidies for community-based organisations providing Grade R services. They have to be registered with the Department of Education as independent schools. This is seen as part of government's Expanded Public Works Programme (EPWP).

The Independent Development Trust (IDT) manages a pot of money for non-government EPWP. They advertise in October and November each year. This funding covers wages.

4. Child Protection Forum

Adapted from The National OVC Policy Framework which defines a **Child Care forum (CCF)** as; "*A group of locally based volunteer stakeholders and interested parties who are committed to caring for children within their community.*"

A Child-protection forum, however, in our programme, are a group of trained individuals who provide a neighbourhood service, as a non-profit organisation, but find means for remuneration and appropriate services. We cannot expect the most economically vulnerable people in our society to be volunteers. Every person deserves remuneration for the work that they do.

The **Child Protection Forum**, therefore, are a group of community-based activists who;
1. **Work in their own neighbourhoods as health activists**, addressing this priority, social-determinants of health to;
2. **Develop child protection mechanisms**
3. **Identify vulnerable children in the community**
4. Ensure that **children who need it have access to**;
a) Protection
b) Psycho-social support
c) Social grants
d) Food
e) Recreation
f) A safe living environment
g) Care givers who are trained and supported
h) Are enrolled at school.

Function of CPF:
1. Identify unsafe places and develop safety strategies.
2. Liaise with local government, police or municipality to address safety concerns.
3. Create community dialogue for care and protection of children.
4. Create community awareness on child safety through parenting groups.
5. Work with community groups such as pre-schools with care for children.
6. Refer relevant children to appropriate stakeholders for intervention, support or assistance.

Training of CPF members:
1. CPF's must have sufficient training to understand issues about children in their communities and know what resources are available.
2. Be able to plan.
3. Fundraise for additional resources.
4. Monitor the situation of individual children and of children in general in their community.

Understanding the Purpose of a CPF   **30 minutes**

Purpose: To show that communities have a role to play in child safety.
Method: Plenary.
Procedure: Facilitator draws and brainstorms responses.

Draw a picture of a child in the centre of a flipchart. Now draw concentric circles around the child. Ask participants to identify various levels of society that are responsible for child care. List these in a separate column. Now ask participants to identify which level is closest to the child.

These levels should include; Family, community, structured organisations, government etc. When this exercise is completed ask participants;
- What happens when a child no longer has family?
- Which one of the above is the next level of support?

Child Protection forums should therefore represent all relevant community members that will ensure the child's safety and protection.

Nature of CPF:
The nature of each CPF will differ depending on community variables. In **some communities CPF's will comprise of health committee members, community leaders, clinics, faith-based groups, schools** and so on.   The CPF is likely to coordinate the activities of one or more groups of community activists, community-based caregivers and others who interact with children and will arrange educational, therapeutic and strategic activities.

CPF's can conduct **door to door campaigns** and **conduct household** surveys to identify vulnerable children.   **Youth participation** is encouraged.   **CPF's should monitor child intervention groups** to ensure that they are appropriately managed by trustworthy individuals who are **aware of non-discriminatory** behaviour, **children's rights, gender education** and **child developmental needs**.

Activities include assisting children to access government support programmes or support from community NGO's and CBO's. CPF's also ensure the **coordination of activities** and inclusion of community home based care groups.

The main priority, however, of CPF's is **protection of children** by identifying and supporting children and ensuring access to government services and coordination of governmental and non-governmental services that provide services to children and coming up with models for child safety, where the need is identified.

The CPF should remain community controlled and not subject to any attempts to have its activities controlled by government officials, political party ambitions or external agents.

Child Participation

It is not possible to talk about Child Protection forums without talking about Child Participation. Each CPF should have young person represented on the forum.

Creating an Enabling Environment

In order for an 'enabling environment' to be created, the adults involved need to be sensitised to the importance of their role in supporting children's participation. This includes helping them understand the benefits of children's involvement, as well as the fact that it is enshrined in **Convention on the Rights of the Child**.

Adult attitudes and behaviour:

It is important for adults to:

- Cultivate a genuine commitment to **listening to and respecting children's views**.
- Be **sensitive to the experiences that children may have had**, to the **stage of development and maturity** of the children involved and to the **context of their day-to-day lives**.
- Be prepared to modify or **change procedures that impede** –rather than facilitate – children's participation.
- Use **child-friendly language** and give time to explain technical jargon or complex phrases in official documents or discussions.
- **Explain to children** and young people what is happening, what result is expected and what kind of influence they can have on the outcome.
- Be **vigilant at all times to any threat to safety** or security of the children involved.

During meetings:

- Time should be allowed for children to work together and reach agreement on what they want to say and how they want to say it.
- Children should be allowed by adults to express themselves without interruption – but adults should also sense when it may be helpful to intervene to support children's contributions in a constructive way.
- Where adults and children are both represented on a delegation to a meeting, the adults should encourage young people to take on a meaningful tasks and roles during the process – such as reporting back from meetings, making interventions and preparing briefings on issues where they have experience.
- As chairs and moderators of meetings, adults should be prepared to be clear with their adult peers about their responsibility for supporting the children present.

Language usage:

Language level must be accessible and the tone respectful and inclusive. Only when children and young people have access to the same information (both written and verbal) and the same opportunity to express their views will they have the same opportunity to meaningfully participate.

Activity 2	
Role of a CPF	**30 minutes**

Purpose: To identify the **CPF function** based on community need.
Method: Group work.
Procedure: Participant generate a list of safety concerns and then develop ideas for activities.

The facilitator groups the common concerns and facilitates a brainstorm, to write up the activities of the CPF. Write down all contributions. Where there is dispute let people discuss these until a final conclusion is reached. Roles that people disagree with can then be scratched out. Sometimes the facilitator has to provide the final guidance.

Checklist. **What** will we do?

Core functions could include;
   a. Community assessment or situational analysis
   b. Identify vulnerable children.
   c. Document statistics e.g. number of children, type of services, extent of vulnerability
   d. Increase awareness. Develop strategies e.g. door-to-door campaign.
   e. Strengthen coping capacity of families.
   f. Link families with support services and assist with access to grants.
   g. Ensure role of SAPS or child protection services on CPF.
   h. Support parents
   i. Assist child-headed families with priority needs and urgent interventions.
   j. Facilitate foster care where needed.
   k. Actively involve children and youth.
   l. Community mobilisation.
   m. Serving the community as a consultative forum.
   n. Identify and facilitate appropriate services.
   o. Training and mentoring of community caregivers.
   p. Rendering an advocacy services.
   q. Implementing income generating projects and small businesses.
   r. Develop communal food gardens.
   s. Assist in dealing with bereavement.

Activity 3	
Activities of a CPF	**30 minutes**

Purpose: To identify the **CPF activities** based on community need.
Method: Group work.
Procedure: Participant use the list to generate activities and groups present these. The facilitator then assists with whittling down activities the full range of activities identified, to a realistic list.

The work generated, will provide the core around which CPF activities take place. It will be incorporated into CPF governance and will guide the interventions and community activities of the CPF.

Reflection

The Activities should reflect the following;
1. CPF's represent community involvement and community ownership of the process.
2. Each CPF member should have something to contribute to the process.
1. Serve as a community voice for children
2. Link government and non-governmental services.
3. Who else can be invited to participate on the Child Protection Forum e.g. the school principal?

This activity can now be broken down further into developmental stages; the participants could generate completely different needs and interventions than these listed, but below is an example of the kinds of interventions that CPF could offer to different age groups.

Age group	Vulnerability	Interventions
0-5	Care, protection, support	Get vulnerable children in care facility Get donations of books, toys and clothing (if needed) Food for hungry children Nutrition support Support access to Identification documents Access to grants
6-10	Care, protection, support, education	Access to grants Ensure school attendance Nutritional and clothing support Safe, recreational activities in neighbourhood Basic counselling Gender education
11-15	Care, protection, support, education	Access to Recreational facilities Educational programmes Life skills interventions Gender education
16-18	Support, education	Skills development Relationship training Gender education Access to developmental opportunities Gender education

Capacity building on crucial areas like gender education, should be extended to all stakeholders concerned with the child's well-being. These include;

1. CPF members
2. Care-givers, parents and immediate family members.
3. Community CBO's and NGO's.
4. Community members (via local radio talk shows or community posters).

Training could include the following;

1. Life-skills training for young people
2. Basic parenting skills
3. Care and support of children and family members in need.
4. Protection against discrimination, stigmatisation, abuse and neglect prevention. The CPF should be able to identify an appropriate training agency if skills do not exist within the group.
5. Communication and counselling skills.

A community **support** model would be;

- To educate and assist the community to care for vulnerable children within that community.
- Scale down the numbers of vulnerable children in a community.
- Assist communities in dealing with a dramatic increase in vulnerable children.
- Provide supportive intervention to decrease the 'burden of care' anticipated as a result of the HIV pandemic.
- Ensure that children are not isolated from their communities and remain a part of a family setting where their developmental; physical, emotional, psycho-social and spiritual needs are met.
- Provide a safe and caring environment for vulnerable children.
- Provide a community based structured management programme comprising experienced and committed people.

Definitions:

A **vulnerable** child is one whose survival, care, protection or development may be compromised by a set of conditions, situations and circumstances which prevents the fulfilment of his or her rights.

Such children include orphans, neglected children, those forced into work, homeless children, and child sex workers, victims of violence, victims of natural calamities, sexual abuse, exploitation and neglect, girl child victims of gender discrimination, children exposed to ethnic or racial discrimination or xenophobic attacks and children with disabilities.

A **child-headed household** is defined as a household where children live independently without adult supervision, care and support, with the oldest member of the household being under the age of 18.

Where to find help?   **30 minutes**

Purpose: To identify a range of accessible resources and support structures.
Method: Group work.
Procedure: Participants draw up a list of needs in their work with children. Draw up a list of accessible children's rights, youth recreation and education organisations that provide skills training and recreation, particularly for young people who do not have support.

| Reflection: Youth Skills Development Programme |

As children get older, they will require additional support to access skills in order to meet there survival needs.

Technical skills training can be identified as an initiative for young people without support, to put them on the most constructive path possible.

These skills could vary depending on what is available in the community and the young person's academic, intellectual and practical competence level. Initiatives such as School of Magic (Lansdowne), Indigenous Knowledge practitioners, Music lessons, art and drawing skills training programmes etc. can be contacted for guidance and support in setting up a skills training initiative. Skills could also include more practical interventions such as; Welding, woodwork, plumbing, sewing, writing skills, botany, cooking etc.

The intention of the skills training programme would be to encourage independence, provide opportunities for self-sustainability and should lead to the development of self-esteem. CPF's should be in a position to recognise whether young people are able to follow an academic route or a practical training route to ensure appropriate guidance for future development.

Government Structures:
It is important for CPF's to link up with these structures at local and provincial levels in order to establish what is available.

A National Policy framework exists and CPF's could contact Department of Social Development, National Office to establish what support, resources, funding exists for such community initiatives.

| The Need for Child Protection forums – back to our Constitution |

The Department of Social Development should follow a rights based approach. This approach has three main distinguishing features, namely:
1. **All rights are equal and universal**. All rights have the same status and all children, regardless of their circumstances should have access to the same rights.
2. **All people** are the subject of their own rights and should be **participants in their own development**. Hence the focus on child participation.
3. The **obligation of states** towards ensuring that all rights are being met and **providing the resources** where appropriate.

The **South African Constitution** guarantees the rights of every child in the following ways;

The right to;
1. A name and nationality from birth.
2. To family or parental care or to appropriate care when removed from the family environment.
3. To basic nutrition, shelter, basic health services and social services.
4. To be protected from maltreatment, neglect, abuse or degradation.
5. To be protected from exploitative labour practices.
6. To Life, Protection, Development and Participation.

Our government is a signatory to the UN Convention on The Rights of the Child. A family and community approach is followed in establishing CPF's on the basis that spontaneous family and community responses are the most effective, affordable and least visible programmes available to assist children. Communities locate, organise and plan initiatives to assist children.

The current social services system is not able to cope with the numbers of children who are in need of care and support.

Community approaches encourages participation and includes the child in traditional life of his or her community.

Activity 5

What do vulnerable children need?	**30 minutes**

Purpose: To identify a range of problems that vulnerable children face.
Method: Pairs.
Procedure: Participants find a partner and discuss difficult moments in their own childhood. They write down what kind of intervention was needed.

Reflection: Characteristics of Child Protection forums.
- Access is open to anyone in the community who wishes to participate.
- Members of the forum are selected by the community.
- Agreements made become binding to entire community represented on the forum.
- Facilitates the free exchange of opinions.
- Structured meetings with a committee responsible for the agenda.
- Very low cost.
- Facilitator from implementing organisation and preferably from the community.
- Available to immediately respond to children's needs.

Strengthen the coping capacity of families.
- Keep a record of vulnerable children
- Refer children and families in need to agencies who are able to provide them with services and resources that they need such as home based care, nutritional supplements, health and social services and placement of children in need
- Receive referrals from community
- Assist with obtaining social grants
- Devise caring and protection strategies for vulnerable children in need
- Distribute and monitor food parcels (not with political motives)
- Conduct home visits to clients and families
- Provide spiritual and psychological help to clients and families

Support Parents with;
1. Practical, emotional and material support
2. Day care and relief care and support for children
3. Education and stimulation
4. Advice on healthy nutrition
5. Practical, nutritional, health, finance and material assistance

Activity 6

Reflection   **30 minutes**

Purpose: To immerse ourselves in the role and commit to the Child Protection goals.
Method: Pairs.
Procedure: Turn to the person next to you and explain what a Child Protection forum is. Name three roles of a Child Protection forum.

Costing Activities
In conclusion, it is important to talk about the cost of sustaining a CPF. Costs can include the following;
1. Planning meetings
2. Publicity
3. Venue costs
4. Stationery
5. Office Equipment; phones, fax, copiers, computer.
6. Transport
7. Child care services
8. Training

The planned activities will also have costs attached. Here are some examples;

Project Management	Material Resources	Community Resources
Office furniture Office stationary Postage and publicity Communication costs Staff remuneration Remuneration for community helpers at events Transport costs	Food parcels Poverty relief assistance	Events Coffee and snacks for meetings Emergency intervention e.g. school fees, clothing, blankets

Funds are available for such initiatives and can be obtained once such a forum has been set up and is registered and functioning: Possible donors include;

1. Businesses
2. Local authorities
3. Departmental programmes; conditional grants through department of Social Development.

   Requirements for funding application, however, would include

1. Sound financial systems.
2. A bank account
3. Registration of the community CPF.

Each donor will have their own requirement for funding. Below, however, is a checklist of requirements

- Name of applicant
- Physical and postal address
- Telephone, fax and e-mail address
- Particulars of contact person
- Detailed description of project
- Area of operation
- Target group
- Target group participation
- Governance and management and organisational structure
- Clear statement of project deliverables
- Time-frame
- Detailed implementation plan
- Monitoring and evaluation plan
- Networking with other service providers
- Finances, budgets, income and expenditure
- Sustainability including community income generating activities
- Banking details

- Copies of most recent financial statements.

Activity 7	
Develop a Budget and Proposal	**1 hour**

Purpose: Practical Application for developing a budget and a proposal.
Method: Groups.
Procedure: List the types of items that must be budgeted for and estimate costs in order to draw up a project proposal. Develop a realistic budget for the CPF and a 3-page proposal that identifies;
Staff budget
Activity budget
Office budget

OUTCOME
1. **To get feedback on the value of the training.**
2. **To establish whether the training met the need of participants.**
3. **To establish possible content of follow-up workshops or training.**

1. Write up what has been gained from this training course?
_____
_____
_____
_____

2. Has the Child Protection information been helpful? YES   NO. Explain.
_____
_____
_____
_____
_____

3. Has the basic Counseling Information been useful? YES. NO. Explain.
_____
_____
_____
_____

4. What did you like the most? The least?
_____
_____
_____

5. What else should be included in the training? Any other comments?
_____
_____
_____

6. Is the material useful?
_____
_____
_____

7. How will you use this learning in your work/community?
_____
_____
_____
_____

8. What could be done better:
_____
_____
_____

Alignment with NDoSD Request for a Model for Supporting Community Based Organisations: CONSULTATIVE ROUNDTABLE DISCUSSIONS WITH NATIONAL NPO AND RELATED STRUCTURES ON THE REVIEW OF THE WHITE PAPER ON SOCIAL WELFARE (of 1997)

Proposals for NPO National Directorate

NPOs and CBOs

I) NPOs needs to be on CIPRO data base.

II) Government sets point system for capacitation.

III) Mentoring role of big organisations: identify NPOs that can play a support role to CBOs.

IV) Independent affiliates; subject to NPO standards. NPO develops a matrix that outlines services provided and creates levels for assessment.

V) CBOs to be renamed as social service practitioners; Have the ability to identify the service being provided (Health and Education enjoys better status than Social Development because they are providing services).

VI) Service provide for prevention and early intervention.

VII) Eliminates poverty and addresses progressive realisation of rights.

National NPO Directorate

I) Mapping services according to need – national exercise. Developmental route covering the full range of deprivation, responding to different contexts.

II) Acknowledgement of diversity and inclusion

III) Development of a data base

IV) Development of a new model in re-structuring and service innovation

V) Decentralisation of NPO registration – provincial competency

VI) New Welfare Act. New funding flow to CBOs and NPOs.

VII) Review of White paper – leading to legislation

VIII) Develop a well-constructed proposal to treasury, regarding funding for the sector (NPOs and CBOs doing 'welfare' work. Cost implications of recommendations.

IX) 'Social Services' to act as overarching definition

X) Redress and transformation in relation to apartheid consequences still need to be built into budgeting and policy formulation. We are still the apartheid generation and poor communities are carrying the burden of social dysfunction.

Addresses White paper Challenges:

1. Creation of self-sufficiency!

2. Opportunities for growth.

3. Policies should push the most vulnerable and the poorest of the poor out of deprivation or helplessness to dignity.

4. Model can be replicated in any area of need or sector.

About Training for Transition

TFT has an overall vision to contribute towards the scale-up and scale-out of quality service delivery for vulnerable communities. It provides capacity development, training, mentoring and training material to organisations that serve the needs of vulnerable communities.

As such, TFT has key strategic objectives which include:

- To provide higher level training on Project Planning, Project Management, Financial Management, Monitoring and Evaluation strategies for long-term sustainability and independence.
- To train adults to understand how to meet the developmental and safety needs of children living in under-resourced communities.
- To support children with life-skills to progress beyond limiting conditions.
- To network with other organisations with similar objectives.
- To mentor identified community-based activists for this training.

Mission

The mission of TFT is to technically assist community-based organisations to access quality training, relevant material, access peer networks, mentoring, coaching and develop systems for information sharing.

In the three years of the program, TFT intends to champion the creation, management and coordination of a standard of learning, sharing and problem-solving.

TFT experienced independent consultants who function at a high level of independence, with areas of specialty in either gender education, child protection, poverty alleviation or specific health areas, will ensure program sustainability and continuity of learning, using documented knowledge on 'Best Practice'; provides support to challenge scale-up and deliver high-quality interventions.

Partnership

In the Community Systems Strengthening initiative, the TFT primary partnership is with the Cape Metro Health Forum health committee members, Women on Farms and UCT's School of Public Health and its role is that of a development partner, in the form technical training and mentoring of developmental processes and content training for four programme areas namely; child protection, peace building, access to food and nutrition and health education.

TFT provides curriculum development, training, documentation of process, dissemination of learning and mentoring within a comprehensive monitoring and evaluation framework.

TFT, over the implementation period will continue to focus on developing strong partnerships with government and other service providers – to share material and resource development and to share learning. All TFT products, when complete, will be open-source.

Program goal

TFT's program goal is to create, manage, support and bring to scale a local, integrated model of service delivery to address the needs of under-resourced communities; It includes documentation of processes and sharing lessons learnt.

It also aims to influence the development of high quality, need-led training material and effective support systems. The intention is to disseminate shared learning to influence positive practice in under-resourced communities.

Sources of Information

1. Logical Framework Training. USAID. 2009
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4. Child Abuse Prevention training adapted from Resources Aimed at the Prevention of Child Abuse and Neglect (RAPCAN) training.
5. "Where's the Chicken?" Making S.A. Safe. John Cartwright and Clifford Searing.
6. Children's Act Guide for Early Childhood Development Practitioners. Children's Institute. University of Cape Town.
7. Department of Social Development. National Government Framework.

March 1999 – February 2000
**Youth Empowerment &
Poverty Alleviation Projects**

Training for Transition

Transition: A gradual psychological process through which individuals and groups reorient themselves so that they can function and find meaning in a changed situation.

Annual Report

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