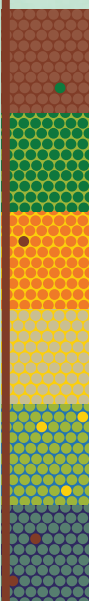NATIONAL DEPARTMENT OF SOCIAL DEVELOPMENT (DSD)

ASSESSMENT TOOL FOR CHILDREN IN ALTERNATIVE CARE

ASSESSMENT TOOL & TRAINING GUIDE

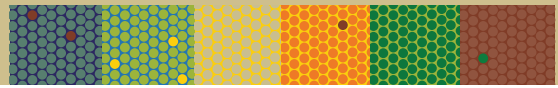Building a Caring Society. **Together**

social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

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ACKNOWLEDGEMENTS

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ACRONYMS

ACRWC	African Charter on the Rights and Welfare of Children
CP	Care Plan
CFC	Cluster Foster Care
CYCC	Child and Youth Care Centre
DSD	Department of Social Development
ECD	Early Childhood Development
HIV	Human Immunodeficiency Virus
ID	Identity document
IDP	ndividual Development Plan
RSA	Republic of South Africa
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund

DEFINITION OF CONCEPTS

Alternative Care

It is defined as a placement either in foster care; a Child and Youth Care Centre (CYCC) or temporary safe care following an order made in respect of the Children's Court or Child Justice Act.

Assessment

Assessment can be defined as a process and a product. As a process, assessment involves the gathering, analysing and synthesizing of information to provide a concise picture of people's needs and strengths, within their unique circumstances. As a product, assessment results in an actual formulation or statement regarding the nature of a person's circumstances and other related factors at a given time (Hepworth et al., 2012).

According to the Children's Act assessment of a child means a process of investigating the developmental needs of a child, including his/her family environment or any other circumstances that may have a bearing on a child's need for protection and therapeutic services.

Child

A child according to the Children's Act and Section 28 of the Constitution is defined as any person under the age of 18 years.

Cluster Foster Care

Cluster foster care (CFC) as defined in the Children's Act, is the reception of children in foster care in accordance with a cluster foster care scheme registered by the provincial head of social development.

Foster Care

According to the Act, this is the care of a child by a person who is not the parent or guardian of the child as a result of an order of the Children's Court.

Child and Youth Care Centre

According to the Act, this is a setting that provides residential care to more than six (6) children outside the child's family environment in accordance with a residential programme suited for the children in the setting.

Child Protection

According to UNICEF (2006), this "refers to preventing and responding to violence, [neglect], exploitation and abuse against children-including commercial sexual exploitation, trafficking, child labour and harmful traditional practices, such as female genital mutilation/ cutting and child marriage."

Child Protection Services

These are legally sanctioned interventions for the protection of children who are alleged or confirmed to be in need of care and protection (South African Society for the Prevention of Child Abuse and Neglect, 2011, p. 3).

CONTENTS

ASSESSMENT TOOL FOR CHILDREN IN ALTERNATIVE CARE

BACKGROUND INFORMATION

1. Purpose of assessment of children in alternative care

The Children's Act (Act 38 of 2005, as amended) (hereafter the Act) requires that all children in alternative care have an Individual Development Plan (IDP) which is informed by an assessment (Children's Act, National Norms and Standards Part III and Part V, Norms, Standards and Practice Guidelines).

This assessment tool is informed by theories of child development and by the Circle of Courage which provides a universal model of developmental growth needs for holistic development. It takes cognisance of the fact that children in alternative care do not live in isolation, and that their interaction with their social-cultural, physical, spiritual and psycho-emotional environment provides valuable insights to their developmental status.

This assessment should provide a comprehensive picture of the child's general well-being and his/her developmental strengths and needs. It should also inform actions to be taken by the child, his/her caregiver and significant others to address specific developmental needs.

The assessment of a child in alternative care should be supplemented by the risk and safety assessment that would have been undertaken prior to the child's placement. This alternative care placement would have informed the child's Care Plan. It is very important that the IDP developed for the child while she/he is in alternative care is aligned with the overall Care Plan.

2. Assessment principles

A distinction can be made between an assessment of a child's developmental needs and a developmental approach to assessment. A developmental approach to assessment provides principles and mind-set for the assessment process. The following developmental principles refer[1]:

2.1 **Accountability**
Everyone who intervenes with children and their families will be held accountable for the delivery of an appropriate and quality service.

2.2 **Participation**
Children and their families must be actively involved in all stages of intervention process.

2.3 **Family-Centred**
Support and guidance should be provided through regular assessment and action planning which enhances the child's and his/her family's development over time.

2.4 **Continuum of Care**
The changing social, emotional, physical, cognitive and cultural need of the children and their family must be recognised and addressed throughout the intervention process.

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[1] In terms of the Children's Act, in a CYCC the caregiver is the centre manager. For a child in foster care or CFC, the caregiver is the foster parent.

2.5 **Integration**

Services should be inter-sectorial and delivered by a multidisciplinary team wherever appropriate.

2.6 **Child-Centred**

Positive developmental experiences which allow the child freedom to make well-informed choices communicate and connect with people without anyone interfering should be ensured for all children.

2.7 **Rights of the Child**

The rights of the children will be protected as established in the United Nations Convention on the Rights of the Child (UNCRC); the African Charter on the Rights and Welfare of the Child (ACRWC) and the Republic of South Africa (RSA) Constitution and the Act.

2.8 **Empowerment**

The resourcefulness of each child and his/ her family should be promoted by providing opportunities to use and build their own support networks and to act on their own choices and sense of responsibility.

2.9 **Permanency Planning**

Every child should be provided with the opportunity to grow up in her/his family, unless in circumstances where this is proved not to be in their best interest or not possible to have.

3. Assessment approach[2]

Principles of a developmental approach to the assessment of children can be translated into the following practices to ensure that:

(a) Assessments are undertaken by a multi-disciplinary team[3]. For a child in foster care this multi-disciplinary team will also include the foster parent. If an external social worker is involved in the case, which is most likely for children placed in CYCCs and CFCs, it is essential that she/he is part of this multi-disciplinary team. The external social worker must be responsible for pre-placement, reconstruction and family reunification services of the child and both the internal social worker and external social worker should be responsible for the duration of the child's placement in alternative care.

(b) Assessments are child-centred, strengths-based, holistic (including health, social behaviour and education/learning) and appropriate to the child's culture, language, disability and development stage.

(c) Assessments ensure the child's participation and, as far as reasonably possible, the child's family.

(d) Assessments are informed by multiple sources of information and multiple methods of collecting information. A single source or method of gathering information is likely to give either a limited, biased or unbalanced view.

(e) Assessments are thoughtful, intentional and accountable to the client population being served through the process (i.e. the child and his/ her family).

(f) (Assessments result in a development and review of different plans (IDP and Permanency Plan) for the child in alternative care.

4. Person responsible for coordinating the assessment and completing the assessment report

While the assessment of a child in alternative care is the responsibility of the multi-disciplinary team, one person needs to take responsibility for coordinating the assessment process and writing the report. The person responsible depends on the alternative care placement:

(a) In the case of foster care, this person will be the social worker managing the case. If the child is placed in an area different from where his/her parents live, then the social worker assigned to the case would need to complete the report in consultation with external social worker from the home of origin where parents live.

(b) In the case of CFC, the social worker responsible for the CFC scheme will complete the report in consultation with the external social worker responsible for case.

(c) In the case of a CYCC the responsible party in the CYCC (usually a social worker, but if there is no social worker then the social service professionals) in consultation with the professional team (child and youth care workers, house-parents placement social worker) will complete the report taking into account observations and incidents since admission.

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[2] Principles and approach informed by the Children's Act National Norms and Standards - Part III Child Protection: Section 6 Foster Care Services; and Part V Children in CYCC: Section 8 Assessment of Children.

[3] The core members of a multidisciplinary team will differ for the various alternative care placement options

5. Assessment process and time-frames

The assessment of a child in alternative care requires a planned process of information gathering from a range of sources including:

» The child;
» Biological parents/guardian;
» Current caregiver of the child e.g. foster parent;
» External designated social worker;
» Internal social worker (CYCCs and CFC);
» Social auxiliary workers;
» Child and youth care worker;
» Teachers/ early childhood education (ECD) practitioner;
» Health professionals (such as nurses, speech and hearing therapists, doctors etc.);
» Psychologists e.g. clinical, educational and/ or counselling);
» Probation officers;
» Organizations making the referral, and
» Any other significant adults in the child's life.

This comprehensive data collection and analysis phase should be completed **within 4 – 6 weeks of the child's placement in alternative care.**

This assessment tool provides a framework for gathering data through observations of child's interactions with his/her environment and reports from responsible people in other environments such as school, sport and extra murals.

Questions/prompts are provided for the multi-disciplinary team to think about when completing this assessment of children and their significant others. The questions/prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to develop an IDP.

(More information on the purpose of these questions is provided in the Assessment of Children in Alternative Care – Assessment Tool Descriptors).

The next step is the assessment meeting which involves all members of the multi-disciplinary team, the child and his/ her parents as far as reasonably possible. Children should participate in these meetings, according to the age and maturity of the child, as their inputs/views on the assessment conclusions as well as the IDP are critical.

The purpose of this assessment meeting is for the team to share the information they have gathered from observations, interactions with the child and other sources, discuss their findings and conclusions and identify actions to address identified needs. An essential part of this assessment meeting is the development of a detailed IDP, which should specify what will be done, by whom, how and when. It may be necessary to have more than one assessment meeting before the child's development plan can be finalised.

A copy of the assessment report and development plan must be kept in both the internal and external social workers' file on the child. Within 14 days of completion of the initial development plan and thereafter on a regular basis once assessment reports have been reviewed.

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[4] In terms of the Children's Act, in a CYCC the caregiver is the centre manager. For a child in foster care or CFC, the caregiver is the foster parent.

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┌──────────────────────────────────┐        ┌──────────────────────────────────┐
│ Risk Assesment & Risk Descision* │        │ Assesment of child in Alternative│
│ (Form 38 & Care Plan)            │        │ care & IDP** if in TSC >4 weeks  │
└──────────────────────────────────┘        └──────────────────────────────────┘
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┌──────────────────────────────┐   ┌──────────────────────────────┐
│ Child remains a home.        │   │ Remove child and place in    │
│ Family preservation services │   │ alternative care             │
└──────────────────────────────┘   └──────────────────────────────┘
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┌──────────┐   ┌──────────┐   ┌──────────┐
│   CYC    │   │   CFC    │   │   FC     │
└──────────┘   └──────────┘   └──────────┘
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┌────────────────────────────────────────────┐
│ Assesment of child in alternative care & IDP**│        CYCC:
│ Within 4 weeks of placement                  │        internal SW/team & DCPO SW
└────────────────────────────────────────────┘
                                                         CFC:
                                                         internal SW/team & DCPO SW

                                                         FC:
                                                         DCPO SW/team
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┌────────────────────────────────────────────┐
│ Review IDP Every six months                  │
└────────────────────────────────────────────┘
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┌────────────────────────────────────────────┐
│ Risk Assessment & Safety Decision*           │        DCPO SW in consultation with
└────────────────────────────────────────────┘        alternative care SW/team
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┌──────────────────┐  ┌──────────────────┐  ┌──────────────────┐
│ Reunification of │  │ Adoption         │  │ Permanent        │
│ child with family│  │                  │  │ placement in family│
│                  │  │                  │  │ environment      │
└──────────────────┘  └──────────────────┘  └──────────────────┘
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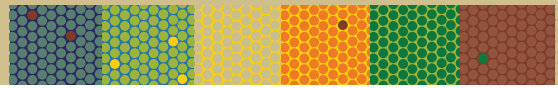* Use same assessment tool; ** Use same assessment tool

DCPO – designated child protection organisation; SW – social worker; team includes child and youth care worker, social auxiliary worker, foster parent

CYCC – child and youth care centre; CFC – cluster foster care; FC – foster care; TSC – temporary safe care

6. How to engage with children in assessments

» Children should be involved in assessments as far as is reasonably possible and according to their age and level of maturity.

» Observation of children by child and youth care workers, social auxiliary workers, foster parents and other significant adults in their lives is a key source of information for assessments. Child and youth care workers and foster parents should be required to keep daily or weekly log books on children which can be used to inform the assessment.

» The child needs to know why this assessment is taking place and be reassured that his /her best interests are at the heart of the assessment

» The child's understanding of his/her "best interests" needs to be expressed and explored.

» The child must be guided to become aware of the process and increase consciousness (i.e. enhancing and developing the child's awareness and understanding of the process rather than analysing behaviour manifestations).

» The making of choice and decision must be encouraged and nurtured and the child's ability to make own choices must be respected.

» The responsibility for trying to establish effective communication with the child lies firmly with the adult. During the assessment process, adults must be responsible to establish effective communication with the child.

» The person interacting with the child should express him/herself simply and clearly and use concepts which are familiar to children. Use of music, poetry, play, drama, drawing and other child-friendly activities is encouraged when gathering information.

» Explanations of new ideas should be matched with the child's age and levels of understanding.

» Awareness of the possible impact of child's past psychological or emotional distress on the child's understanding is essential.

» If the child has fears about the assessment, these fears should be explored and the child offered support and reassurance during the process.

» Allow child plenty of opportunities for asking questions and verifying information.

» Ask children for feedback to see if information and explanations have been remembered and clearly understood. If necessary, repeat, simplify, expand and build on explanations.

7. Ethical issues for consideration during assessment process

» The social worker should only undertake an assessment if the child and their caregiver agrees (in instances where the caregiver can be located).

» When securing consent, the social worker should be transparent and should respect the child and caregiver(s).

» Consent should be considered on a case-by-case basis and maturity of the child taken into consideration. Where the child is deemed to be able to give consent, it is unlikely that caregiver consent will override the decision.

» Consent should not be secured through coercion or inferred from a lack of response to a request for consent.

» Parental consent can be secured from one parent. If there is conflict, the social worker will have to consider carefully whose consent will be secured (and why). If parents are separated, consent will be secured from parent who has custody of child.

» Relevant copies of assessment-related documents should be made accessible to the child and caregivers, as appropriate.

» Within a multi-disciplinary team, ensure that information shared is accurate, up to date and necessary for the purpose which you are sharing it. It should be shared with people who need to see it and shared securely.

» All sharing and storage of assessment information should be done lawfully and consent gained again, in relation to these, from the child and caregiver.

» If consent is not granted, this should be recorded for future reference. The social worker should also respect the wishes of the child and caregiver if there is (confidential) information they do not wish to be recorded on the assessment form and/ or shared with others.

» The social worker should perform the public interest test i.e. if there are possibilities of harm to the child or others. In this case, the social worker should always record these decisions. If uncertain, seek help from supervisor.

8. Assessment reviews

A formal review of the child's IDP needs to take place every six months. This review involves examining progress made with addressing developmental needs. It also requires a re-assessment of all the developmental areas to determine whether there have been any significant changes which may then require adjustments to the IDP and Care Plan.

Assessment reviews must be undertaken by the multi-disciplinary team and the same tool used for the initial assessment should also be used to guide this review.

The review should start with an appraisal of whether the planned actions were implemented and what the results were. Progress or lack of progress made should inform the review of the child's plans (i.e. CP, IDP and Permanency Plan).

9. Completing the assessment tool template (manually/electronically)

The assessment tool provides a template for capturing assessment information, conclusions and IDP.

If the assessment form is completed electronically, the space allocated for comments will automatically expand (this is the preferred method for completing the assessment report and plan). If a paper-based assessment form is completed, extra paper will be required to capture the assessment findings.

TOOL FOR ASSESSMENT OF CHILDREN IN ALTERNATIVE CARE

NB: Ensure that a separate form is completed for each child being assessed and that the number of assessment is indicated on the form

1. Assesment Details:

Date of Assessment	
Date assessment report completed	

1.1 Details of person responsible for coordinating and completing the assessment

Name and Surname	
Position	
Organisation	
Contact Number	

1.2 Details of organisation currently managing the child's placement

Name of organisation	
Address	

1.3 Other people who were consulted or contributed to this assessment (this should include the child, his/her caregivers and other significant adults in his/her life)
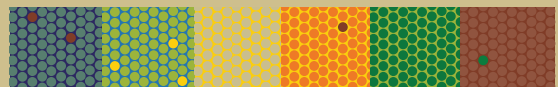
Name and Surname	Relationship to child	Organisation/ Position

1.4 Date(s) of assessment meeting(s); people present at the meeting (more than 1 meeting might be needed to complete the assessment; Attach attendance register as proof of evidence and reference)

Meeting date	People present	People invited but who did not attend

2. **Other people who were consulted or contributed to this assessment** (this should include the child, his/her caregivers and other significant adults in his/her life)

File number						
First Name(s)						
Surname						
Date of birth / ID number						
Age						
Gender						
Home language(s) or other preferred language						
Religious/ spiritual affiliation (if applicable)						
Where the child is currently placed? (tick applicable box)	Home	TSC	CYCC	Foster Care	CFC	Other
Date child placed in alternative care?						
Present caregiver (name and address)						
Child in CYCC, Name of centre manager.						
Designated Social worker/case manager						

2.2 Details of child's parent(s); guardian or caregiver who had parental responsibilities and rights prior to the child's removal.

Name(s) and surname		
Relationship to child		
Residential address		
Work address		
Telephone numbers	Residence	
	Office	
	Cellular	
Email address		
Length/ duration of involvement with child		

2.3 Current family and home situation

List and describe any critical incidents in the child's life. For assessment reviews, list any significant changes/ developments in the child's circumstances since the last assessment/ review. If the child has a host family, these details should also be included here

3. **Developmental Area:** Physical and Emotional Well-Being

3.1 Physical well-being checklist

1. Has the child had the basic tests for hearing and eye-sight? (Especially important for children under-6 years old and children who are struggling academically)	
2. For children under-6 years old, do they have a Road to Health card? Is this up to date?	
3. Has the child had regular dental check-ups? When was the last dental check-up / treatment?	
4. Are there any observable signs of physical abuse and/ or indicators of deliberate neglect, for example underweight, stunted growth, bruises on any part of the body, marks on the arms / chest / face, belt marks, cigarette or burn marks?	
5. Does the child have a chronic illness? If yes, what is the nature of this illness?	
» Is the HIV positive child aware of his / her status? » Is the child aware of his / her chronic illness?	
6. Has the child had any acute illnesses since the previous assessment/ review?	
» If yes, how did she / he respond to treatment/ medication?	

7. Does the child have a disability? If yes, what is the nature of this disability?	
» Does the child have the necessary assistive devices (where applicable)?	

NOTE: In the following sections, questions/ prompts are provided for the multi-disciplinary team to think about when completing the assessment children and their significant others. The questions/ prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.

3.2 General health

» What kind of access does the child have to health advice and information, including information on drug and alcohol use, reproductive and sexual health?

» Who is providing the child with the above information?

» How is the child involved in decision-making around his/ her health?

3.3 Chronic and acute illness

» For the child with chronic illnesses, what is his/ her understanding of the implications of the illness?

» How is the child being supported to take care of his/ her health?

» How is the child's quality of life being enhanced/ maintained in spite his/ her health?

» How does the child's cultural background influence his/ her view of his/ her illness?

» How does the cultural view impact caregiver's response to the child's illness?

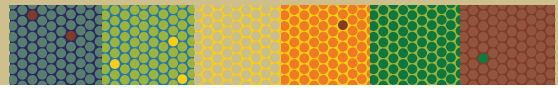» How accessible and available are child palliative care services?

3.4 Physical development/ cultural aspects

» How does the child's development compare with the expected level of development for children at the similar age/ stage of development?

» If the child is not at the appropriate level of development, what are the reasons for this and what has been done to address it?

» What are the cultural expectations of physical development of a child his/ her age?

» How do cultural expectations influence caregivers view on development of the child?

» Comment on developmental rites of passage the child is expected to undergo/ has undergone.

3.5 Disability

» For a child with a disability, what arrangements have been made to ensure his/ her inclusion socially (home, community) and educationally etc.?

3.6 Nutrition

How balanced and nutritious are the meals? Does the child feel that she/ he is getting enough food?

» To what extent do meals reflect the child's cultural roots and practices e.g. eating with hands?

» If the child is living in a multi-cultural environment what opportunities are there to eat food from his/ her own culture and other's cultures?

» How is the child involved in the preparation of meals?

3.7 Clothing

» To what extent does the child have sufficient clothes that are weather and age appropriate?

» How does the child feel about the type and quantity of their clothes?

3.8 Emotional development

» What is the child's general emotional state e.g. positive, unhappy, fearful etc.?

» Has the child been diagnosed with any childhood psychiatric disorders?

» Is the child's psychological condition affecting other areas of his/ her development?

» If there are obvious psychological difficulties, how has the caregiver responded to these?

» How available and accessible are psychological/ psychiatric services?

» Is the child on any medication for psychological condition?

» If the child has experienced losses and trauma e.g. death of parents, abuse, what psycho-social counselling and support has she/ he received?

How has the child responded to psycho-social support services received?

3.9 Assessment conclusions and actions to address needs: Physical and emotional well-being

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/ concern and actions to achieve this change should be clearly and simply stated.

Strengths and resources:

Needs/ concerns:

Changes wanted *(desired outcome):*

Actions to effect change *(including who is responsible and the time-frame):*

4. **Developmental Area:** Belonging

4.1 Identity- birth certificate/ID

Checklist Item	Yes / No Comment
1. Does the child have a birth certificate?	
2. If the child is 16+years, does he/ she have an ID?	

NOTE: In the following sections, questions/ prompts are provided for the multi-disciplinary team to think about when completing the assessment children and their significant others. The questions/ prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.
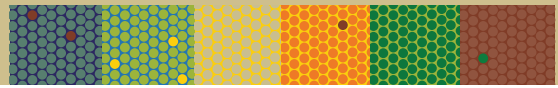
4.2 Identity: personal and family

  » What does the child know about his/ her biological family?
  » What memories and knowledge does the child have of his/ her personal and family origins including family stories and personal articles?
  » What is the child's understanding of why she/ he is in alternative care?
  » How does the child feel about his/her personal and family history? E.g. is it a source of pride or embarrassment?
  » What contact arrangements does the child have with birth family members, friends and significant others? How does the child experience these relationships?

4.3 Identity: cultural

  » What does the child know about his/ her cultural roots? What culture does she/ he identify with?
  » How does the child feel about his/ her cultural identity? Is she/ he comfortable? Embarrassed? Uninterested?
  » What opportunities does the child have to express his/her preferred cultural identity?
  » If the child and caregiver come from different cultural backgrounds how does this impact the child views him/ herself? How does it impact his/ her cultural development?
  » How do events in the community or at school enhance the child cultural identity?

4.4 Identity: sexual

  » How does the child feel about his/ her sexual identity? Is she/ he comfortable or embarrassed?
  » What opportunities does the child have to express his/ her preferred sexual identity?
  » If the child and caregiver express their sexual orientation differently, how does this impact the child's views on him/ herself? Does this have an impact on the child development?

4.5 Identity: religious/ spiritual

- » What does the child know about his/ her religious roots? What is his/her religious/ spiritual identity?
- » How does the child express his/ her religious/ spiritual identity?
- » What opportunities does she/ he have to express this preferred religious/ spiritual identity?
- » Does the child's religious/ spiritual identity hinder or promote his/ her growth?

4.6 Safety

- » Does the child feel safe where he/she lives, at school and in his/her community?
- » If there are any places where the child feels unsafe, mention them and provide reasons for this?

4.7 Caring relationship: caregiver

- » What was the nature of the child's relationship with previous caregiver?
- » What is the nature of the relationship between the child and his/ her current caregiver?
- » To what extent does the child receive personal time, physical care and encouragement from the caregiver?
- » How does the child experience relationship with current caregiver?

4.8 Positive communication

- » How do the child and his/ her caregivers listen to and talk to each other? What is their style of communication?
- » How comfortable is the child with seeking help, advice, and guidance from his /her caregiver when needed?
- » What has been noted or reported to enhance/ hinder positive communication between the child and caregiver?

4.9 Positive relationships with peers

- » Who are the child's friends? What kinds of things do they do together? How often do they interact?
- » What are the caregivers' views of these peer friendships?
- » What is the quality of these friendships i.e. do they encourage positive or anti-social/ destructive behaviour? Are the perceived friends much older, younger or same age?

4.10 Boundaries for daily living

» Who monitors and supervises the child's whereabouts and is this supervision adequate?

» To what extent does the child's daily routine provide the necessary boundaries for daily living e.g. time for self-care, homework, chores, recreation, spiritual practices etc.

» To what extent is the child able to maintain routines and rules at the placement?

» Is the child able to respect caregivers and other children's personal space?

4.11 Sense of place in the world

» How does the child see him/ herself in the world? Does the child believe she/ he has a place in the world? What is his/ her understanding of this?

4.12 Assessment conclusions and actions to address needs: Belonging

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/ concerns and actions to achieve this change should be clearly and simply stated.

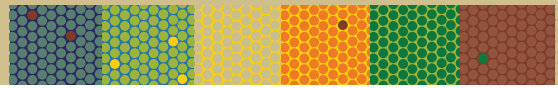Strengths and resources:

Needs/ concerns:

Changes wanted *(desired outcome):*

Actions to effect change *(including who is responsible and the time-frame):*

5. **Developmental Area:** Mastery

5.1 Education checklist

Checklist Item	Yes / No Comment
Education history/ background	
1. What school did the child last attend?	
2. What grade was the child in?	
3. Was the child performance good?	
4. Did the child have positive relationships with peers and educators?	

5. Did the child enjoy attending school?	
Current education	
1. Is the child currently attending (formal/ informal or special needs) school/ ECD centre	
2. What grade is the child in?	
3. Does the child attend school regularly?	
4. Does the child submit his/ her homework on time?	
5. Does the child like being in that school?	
6. Does the child have learning disabilities?	
7. Has the child been assessed by an educational psychologist or received services of an occupational therapist?	
8. Is the child on medication?	

NOTE: In the following sections, questions/ prompts are provided for the multi-disciplinary team to think about when completing the assessment children and their significant others. The questions/ prompts are not exhaustive and should be seen as a guide to prepare a full report that will be sufficiently thorough to base an IDP on.

5.2 General competency

» What are some of the activities the child does well in? (This could be in any context, home, school, extra-mural etc.)

5.3 Supportive learning environments

» What is the nature of the child's relationship with teachers?
» What is the nature of the child relationship with peers? What is the child perspective of this? What is the teacher's perspective of this?
» To what extent do these relationships influence the child's attitude towards school and education?
» Do these learning environments support the child's social and intellectual development?
» What methods of and/ or measures of discipline are employed at the school?
» What is the child experience in the learning environment? E.g. bullying

5.4 Caregivers/volunteers involvement in learning e.g. monitor homework, understands/follows current learning areas of child

» How does the child's current caregiver support them to succeed in school and with other learning opportunities at home or elsewhere?

» To what extent does the child's caregiver encourage them to do their best at school, at work or in other activities? How do they recognise the child's achievements?

» What is the relationship between the child and the homework volunteers?

5.5 Actively engaged in learning and embraces new activities which are age-related

» How does the child approach learning new things?

» How does the child approach new activities? Is it with a sense of confidence and adventure or shyness and insecurity?

5.6 Engagement with role models and mentors

» Who are the child role models/ mentors?

» How does the role model/ mentor influence the child?

» What is the nature of the child's relationship with the role model/ mentors? How often do they interact with each other?

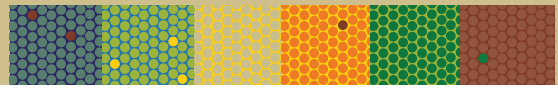### 5.7 Assessment conclusions and actions to address needs: Mastery

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/ concerns and actions to achieve this change should be clearly and simply stated.

Strengths and resources:

Needs/ concerns:

Changes wanted *(desired outcome):*

Actions to effect change *(including who is responsible and the time-frame):*

6. **Developmental Area:** Independence

6.1 Planning and decision-making

» How does the child approach problem solving and decision-making? For example, does s/he consider a number of options? Does s/he stop and think about consequences or rush into decisions without any thought of the implications of their decisions?

» Is the child easily influenced by peers when making decisions?

» How does the child actively participate in decision-making processes?

6.2 Personal power

» Does the child express his/ her feelings and thoughts in a way that takes account of others?

» Is the child able to have a say over things that happen in his/her life?

6.3 Responsibility for self

» To what extent does the child demonstrate age-appropriate self-care or is supervised when undertaking such activities? This includes physical care (e.g. bathing, brushing teeth) and other life-skills such as cleaning up after themselves and meal preparation.

» What is the child understanding of what constitutes a healthy life-style?

» If the child is on medication, is he/ she able to administer it him/ herself?

» Is the child able to exercise self-control or does he/ she engage in reckless or impulsive activities including substance misuse?

» To what extent does the child accept personal responsibility for his/her actions?

6.4 Engagement in activities that will help prepare him/ her for the future

» What kinds of structured community activities, hobbies, interests, clubs or societies does the child participate in?

» What opportunities are there in the community for the children to participate in?

» What opportunities exist for the child to integrate and create social network?

» How is the child's safety ensured when he/ she is taking part in these activities?

6.5 Positive view of personal future

» How does the child feel about his/her future? What kind of future does she/ he envisage for him/ herself?

» Has the child thought through how she/ he will realise this future? How realistic are these plans?

6.6 Assessment conclusions and actions to address needs: Independence

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/ concerns and actions to achieve this change should be clearly and simply stated.

Strengths and resources:

Needs/ concerns:

Changes wanted *(desired outcome):*

Actions to effect change *(including who is responsible and the time-frame):*

7. **Developmental Area: Generosity**

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/ concerns and actions to achieve this change should be clearly and simply stated.
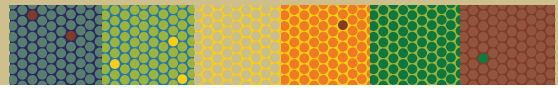
7.1 Service to others

» What is the child's understanding of feelings and thoughts on service to others?

» What kinds of things does the child do for others without expecting reward or without being told to do so?

» What kind of opportunities is the child engaged in to help others e.g. in his/ her daily living environment, neighbourhood, school, wider community? Etc.

7.2 Peaceful conflict resolution

» How does the child resolve (own) personal conflicts? Is this done through compromise without physical aggression or resorting to hurtful action of language?

» Is the child able to see their role in the conflict and towards its peaceful resolution?

7.3 Caring

» What value does the child place on helping others and considering the needs of others?
» What value does the child place on caring for animals and the natural environment?

7.4 Honesty

» What is the child's understanding of the difference between truth and lies?
» To what extent can the child tell the truth even when it is not easy?

7.5 Respect

» To what extent does the child show respect to others (peers and adults)?
» How do they show this respect?

7.6 Assessment conclusions and actions to address needs: Generosity

Note: this section should provide a summary of the child's strengths and resources and developmental needs and concerns based on the information gathered above. The desired change should be identified for each need/concerns and actions to achieve this change should be clearly and simply stated.

Strengths and resources:

Needs/ concerns:

Changes wanted *(desired outcome):*

Actions to effect change *(including who is responsible and the time-frame):*

8. **Individual Development Plan**

This table provides a summary of the actions agreed on in the assessment. It provides the basis for tracking progress against the planned actions. Record the desired outcomes and agreed actions in the summary table below.

Developmental Areas	What are the desired outcomes / goals?	What will be done?	Who will do this?	By when?

8.1 Child or young person's comment on the assessment and actions identified

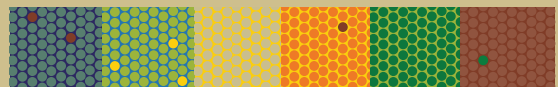### 8.2 Parent(s)' or caregiver's comment on the assessment and actions identified

8.3 Social workers' supervisors comment on the assessment and actions identified

_____

Signature of Social Worker

_____

Signature of Social Worker's Supervisor

ASSESSMENT OF CHILDREN IN ALTERNATIVE CARE
APPENDIX A:
ASSESSMENT INSTRUMENT DESCRIPTORS

SECTION 3: Physical and Emotional Well- Being	
3.1 Physical well-being checklist	» Focus is on the child's basic health information i.e. whether the child is in good health, receives adequate physical and health care or presents with minor/serious health or disability needs. » Children under-6 need full immunisation and a completed, up-to date Road to Health Card. » Children also need to have regular general health check-ups, including eye-tests, ear tests and dental check-ups. » For children with disabilities, an assistive device refers to specialised equipment to facilitate increased mobility, postural support, or increasing the functional levels of people with disabilities.
3.2 General health	» All children need access to basic treatment and health care and a reliable caregiver to administer medicines, dietary supplements and home remedies. » Children should have access to information on health advice and information, including information on drug and alcohol use and sexual health. This information should be presented in a clear and non-judgmental way. » Children should be involved in making decisions about their own health, including children with chronic illnesses.
3.3 Chronic and acute illness	» Child with chronic illness must have age-appropriate information on their condition and have opportunities to talk about how they are coping with their illness.
3.4 Physical development	» Focus is if the child is meeting the developmental milestones for their age group, esp. if under 6 years. A variety of assessment tools are available. » For older children attention needs to be paid to whether they are entering puberty at a culturally acceptable age. » Children who enter puberty too early or much later than their peers can struggle emotionally. Sometimes early or late puberty can also be an indication of other health condition which requires investigation. » Children on medication e.g. ARVs may experience specific physical conditions e.g. breasts in boys and they will need assistance to deal with this.
3.5 Disability	» The Children's Act requires that in any matter concerning a child with a disability due consideration must be given to: » Making it possible for the child to participate in social, cultural, religious and educational activities, recognising the special needs the child may have. » Providing the child with conditions that ensure dignity, promote self-reliance and facilitate active participation in the community; and » Providing the child and the child's caregiver with the necessary support services.

3.6 Nutrition	» Children need nutritious and balanced diet with 3 meals a day as an absolute minimum. They should be involved in the preparation and choice of food as far as possible. (Involving children in food preparation is a synergistic way of meeting a number of needs and honouring their rights – survival, participation, identity and teaching life skills.
	» In multi-cultural environment it is important that children have an opportunity to eat food from their own culture and in a culturally acceptable manner e.g. eating with hands
3.7 Clothing	» Children must have at least one change of clothing that offers protection against the weather.
	» Clothing can provide children with a sense of belonging to their peer group or can lead them to feel excluded.
	» Children should be given opportunities to decide what clothes to buy and wear as far as possible.
	» Discussions on age-appropriate clothing provide opportunities to talk about peer pressure, sexuality etc.
3.8 Psycho-emotional development	» The child's general emotional state provides an indication of their overall emotional development.
	» Most children in alternative care will have experienced some kind of trauma and loss in their lives and would need support to work through this.
	» Caregivers should have an understanding of how children, of different age groups, can act out painful emotions.

SECTION 4: Physical and Emotional Well- Being

» The need to belong is universal and is fostered in many ways, such as through feeling loved and supported, through positive relationships, and through a sense of connection to family, friends, and community.

» Belonging is about children developing a positive sense of who they are, and feeling that they are valued and respected as part of a family and community.

» From birth, children develop a sense of who they are. Relationships with family members, other adults and children, friends and members of their community play a key role in building their identities.

» Children's sense of whole are is shaped by their characteristics, behaviour, understanding of themselves, family and others.

» Belonging is about having a secure relationship with or a connection with a particular group of people.

» When children feel a sense of belonging and sense of pride in their families, their peers, communities, they can be emotionally strong, self-assured, and able to deal with challenges and difficulties. This creates an important foundation for their learning and development.

» Often their issues with separations and loss are compounded by a series of out-of-home placements and by problematic relationships in their birth families.

» Belonging includes coming to terms with separations from birth families and other significant people, a sense of connection to culture and ethnicity, the ability to make friends and maintain peer relationships, participation in community activities, and regular contact with people who model, encourage, and reward activities that promote a sense of belonging.

» A sense of belonging and being loved is third in Maslow's hierarchy of needs, after physiological needs for food, clothing and shelter (first) and the need for personal safety (second). Respect and esteem for self and others is the fourth and self-actualization is the fifth. Maslow's theory thus parallels the elements of the Circle of Courage.

» The need to belong is universal and is fostered in many ways, such as feeling loved, supported, positive relationships, and through a sense of connection to family, friends, and community. Belonging in children is about them developing a positive sense of who they are, and feeling that they are valued and respected as part of a family and community.

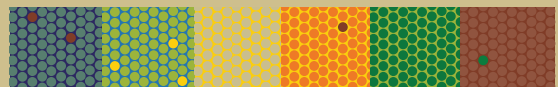|	
4.1 Safety	» This is crucial for holistic development, and they should feel safe (physically and emotionally) in their home, school and community.

4.2 Identity: **Birth certificate and ID**	» Child with chronic illness must have age-appropriate information on their condition and have opportunities to talk about how they are coping with their illness.
4.3 Identity: **Personal and family**	» Focus is if the child is meeting the developmental milestones for their age group, esp. if under 6 years. A variety of assessment tools are available. » For older children attention needs to be paid to whether they are entering puberty at a culturally acceptable age. » Children who enter puberty too early or much later than their peers can struggle emotionally. Sometimes early or late puberty can also be an indication of other health condition which requires investigation. » Children on medication e.g. ARVs may experience specific physical conditions e.g. breasts in boys and they will need assistance to deal with this.
4.4 Identity: Cultural	» The Children's Act requires that in any matter concerning a child with a disability due consideration must be given to: » Making it possible for the child to participate in social, cultural, religious and educational activities, recognising the special needs the child may have. » Providing the child with conditions that ensure dignity, promote self-reliance and facilitate active participation in the community; and » Providing the child and the child's caregiver with the necessary support services.
4.5 Identity: **Religious / spiritual**	» Connection to spiritual things indicates a sense of belonging and connection to values outside oneself. » Connection to spiritual values may indicate the ability to decanter from one's own troubles and pay attention to other people and activities. This applies to spiritual things and not organised religion. » Participation in organised religion provides a child with a sense of belonging to a community.
4.6 Positive communication	» Every child needs at least one adult who they can confide in. » Confiding in others is associated with successful coping, good mental health, resilience, or capacity to cope with, adapt to, or overcome adversities.
4.7 Psycho-emotional development	» Connections and attachments to others are essential to healthy development and optimal functioning. This principle is foundational to the Circle of Courage and theories of human development. » The optimal connection is long term and to pro-social persons who value and reward the child's own pro-social behaviours and in whom the child confides deeply personal information. » Children tend to value relationships with pro-social persons and they often respect and seek to emulate their pro-social behaviour.
4.8 Positive relationships with peers	» Long-term positive relationships with friends are associated with children dealing successfully with adversities. This assumes that the child sees these friends on a regular basis, respects them and wants to be like them
4.9 Boundaries for daily living	» Routines and house rules/house policies provide structure for the child and help to contain behaviour. Routines address the structure of the children's daily activities e.g. times for waking-up; preparing and eating breakfast; play time. » The rules/house policies refer to what is expected of children in terms of their behaviour e.g. when you go out you ask permission and set times for when you come back.
4.10 Sense of place in the world	» A child needs to feel that they have a place in the world and that their presence is acknowledged and valued by significant others.

SECTION 5: Mastery

Mastery is being able to do some things well and to feel pride in being able to do so.

» Age and developmental stage competence can be used interchangeably with mastery.

» Age and developmental stage are important in assessing competence. Competencies are enhanced when children experience control over their life events, show a capacity for self-regulation, and have both motivation and abilities to accomplish goals.

» Mastery encompasses being really good at something, enjoying a variety of activities, abilities to cope with adversities, emotional expressiveness, healthy sexual development, and being able to regulate emotions.

» Empowerment is an important aspect of mastery.

» Competence is fundamental to Erikson's psychosocial developmental theory and begins with secure attachment relationships and capacities for self-regulation.

5.1 Education checklist	» Every child has a right to education. » The SA Schools Act, 1996, makes special provision for children in alternative care to access free education. » All children aged 6+ should be attending school (GR onwards). » Regular and consistent school attendance is important for academic achievement as is completion of homework tasks.
5.2 General competency	» Every child has something that they do well, such as a hobby, sport, or caring for an animal. » The hope is that children can do many things well and take pride in doing so. » The ability to do things well is a protective factor that helps a child to cope with adversities and serves as a buffer against feeling worthless and incompetent.
5.3 Actively engaged in learning	» Willingness to learn is a sign of good self-esteem and a quality associated with self-confidence. » Entering new situations is difficult and people tend to hold back. The inability to join in may suggest lack of confidence and a lack of social skills. » Persons who have histories of secure attachments in childhood seek out new activities with a sense of happy anticipation.
5.4 Supportive learning environments	» A child's poor performance at school or reluctance to go to school may be due to unsupportive school environments. It is important to understand how the child's attitude to school is influenced by these relationships.
5.5 Caregivers' involvement in learning	» Caregiver support of the child's learning is key to their succeeding in school. » Caregivers can show support through attending school meetings; homework supervision/ support; and encouragement of reading.
5.6 Motivation to achieve	» Persistence in learning new things is characteristic of persons with secure attachments and successful accomplishments of developmental tasks.
5.7 Psycho-emotional development	» Connections and attachments to others are essential to healthy development and optimal functioning. This principle is foundational to the Circle of Courage and theories of human development. » The optimal connection is long term and to pro-social persons who value and reward the child's own pro-social behaviours and in whom the child confides deeply personal information. » Children tend to value relationships with pro-social persons and they often respect and seek to emulate their pro-social behaviour.
5.8 Positive relationships with peers	» Persistence in learning new things is characteristic of persons with secure attachments and successful accomplishments of developmental tasks.

SECTION 6: Independence

Independence means the freedom to make choices and to have control over your own life.

» Autonomy is used interchangeably with independence.

» The development of autonomy is gradual, beginning with planned dependency early in life, learning to respect elders, and being taught about the value of autonomy.

» Adults and peers can provide guidance and values, but young people should be encouraged to make their own choices and to control their own destinies.

» Independence is a major, life-long developmental task whose beginnings are in infancy.

» Shame is a sense of the self as fundamentally defective, while doubt involves fear of others, fear of being attacked by others, and innate belief in an unjust world. Such attitudes and beliefs undermine optimism about the future and capacities for resisting negative role models and situations.

» Persons whose autonomy has been respected and enhanced, on the other hand, expect to have their wills affirmed in a range of domains and they also respect and affirm the wills of other people.

» The involvement of children and youth in planning for their futures and in making decisions that affect them are important parts of respecting and fostering autonomy.

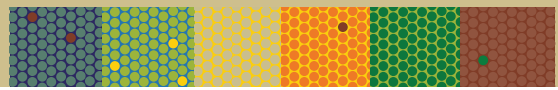|	
6.1 Planning and decision-making	» The ability to plan ahead, prioritise and delay gratification are important life skills. » Children who are able to delay gratification have fewer behaviour problems, lower stress and stronger friendships.
6.2 Personal power	» Having a sense of control over what happens is an important part of independence, self-confidence and self-efficacy. » A child who has no say often feels invalidated, diminished, and powerless.
6.3 Responsibility for self	» Developing responsibility means becoming trustworthy or accountable for one's actions. A child needs to learn to take responsibility for their own decisions (physical, emotional, social, sexually, intellectual). » This is also associated with the development of independence by means of the acquisition of practical skills of dressing and feeding, the gaining of confidence as well as independent living skills.
6.4 Engagement in activities that will help prepare for the future	» This looks at whether the child is exercising his/ her agency in taking the small steps toward long-range goals. » The child can also be actively engaged in using resources that are available and demonstrating commitment to do what it takes to succeed.
6.5 Positive view of personal future	» Optimism fuels a child's will to learn skills for independent living and is a well-recognised protective factor when people have experienced adversities. » Children in care may have high expectations for what they will accomplish in the future, but they sometimes need a great deal of help in taking the small steps that lead to a good future. » Realistic plans are those that build on short, medium and long term goals and are consistent with the child's capacities and wishes.

SECTION 7: Generosity

Generosity is closely linked with respect.

» Understanding that other people have the right to the same freedom and social resources as you, is fundamental to respectful behaviour.

» Helping another person and making a contribution to their wellbeing not only demonstrates high respect, but enriches ones' own sense of self-worth and positive identity.

» When generosity occurs, the recipient feels nurtured and their feelings of belonging are enhanced.

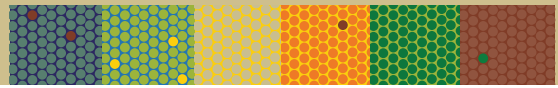|	
7.1 Service to others	» Children who do things for others are showing an important human quality that is characteristic of people who do well in life. » The ability to give time, attention and/or materials things to at least one other person is a quality of a well-lived life. » Personal satisfaction, a sense of self-efficacy, and skill-building often result from service to others.
7.2 Peaceful conflict resolution	» The ability to resolve conflict through compromise without physical aggression or resorting to hurtful language is an essential life skill. » The ability to express feelings directly without being aggressive or passive is an important component of emotional health.
7.3 Caring	» Children need to learn how to care about themselves and how to care for other people, animals and other elements in their environment. » Positive interactions with the natural environment are an important part of healthy child development, and these interactions enhance learning and the quality of life over the span of one's lifetime. » Children must be encouraged and given opportunities to develop a sense of respect and caring for the natural environment.
7.4 Honesty	» This means telling the truth. » It includes being truthful with ourselves and with others. » It means caring enough about others not to mislead them for personal benefit. » It means facing up to our mistakes, even when we have to admit them to others or when they may get us into trouble.
7.5 Respect	» Respect is a basic moral value or need which makes us aware that we are human beings. » Respect includes taking someone's feelings, needs, thoughts, ideas, wishes and preferences into consideration. It means taking all of these seriously and giving them worth and value.

ASSESSMENT OF CHILDREN IN ALTERNATIVE CARE TRAINING GUIDE

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INTRODUCTION

This is a guide/framework for trainers to use in introducing social workers to the use of tool to assess children in alternative care. Trainers will need to go through all the practical exercises themselves, be familiar and comfortable with the theoretical foundations, and personalise the programme.

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DAY ONE	
TIME	**ACTIVITY**
0745 – 0815	Participant registration, opening session and welcome
0815 – 0900	**Session 1:** Overview of child protection assessments and processes
0900 – 1030	**Session 2:** Conceptual frameworks for assessing children in alternative care
1030 – 1045	Tea / coffee break
1045 – 1200	**Session 2:** Conceptual frameworks for assessing children in alternative care (cont.)
1200 – 1230	**Session 3:** Facilitating assessments from a multi-disciplinary perspective
1230 – 1315	**Session 4:** Overview of the tool to assess children in alternative care
1315 – 1400	Lunch break
1400 – 1500	**Session 4:** Overview of the tool to assess children in alternative care (cont.)
1500 – 1530	**Session 5:** Ethical issues-sharing information, consent and confidentiality
1530 – 1545	Tea / coffee break
1545 – 1745	Session 6: Practical exercise – practitioner self-assessment
DAY TWO	
TIME	ACTIVITY
0755 – 0800	Opening session
0800 – 0900	**Session 1:** Feedback and reflection on practitioner self-assessment
0900 – 1015	**Session 2:** Engaging children in assessments (including special needs children)
1015 – 1045	**Session 3:** Engaging caregivers in assessments
1045 – 1100	Tea / coffee break
1100 – 1300	**Session 4:** Practical exercise – application of assessment tool to practice example
1300 – 1345	Lunch break
1345 – 1445	**Session 4:** Practical exercise - application of assessment tool to practice example (cont.)
1445 – 1545	**Session 5:** Feedback and reflection on application of assessment tool to practice example
1545 – 1600	Tea / coffee break
1600 – 1630	Session 6: Facilitation (planning training, guidelines for facilitating sessions, feedback report and self-care)
1630 – 1700	Evaluation and closing

DAY ONE:
Registration and opening session (30 min)

1. Welcome and introduction (15 min)

» Welcome everyone to the training.

» Ensure that everyone has name tag and signs the register.

» Explain the objective of the training and go through the training programme for the next two to two-and-a-half days:

› The Children's Act (Act 38 of 2005) requires that all children in alternative care have an Individual Development Plan (IDP) which is informed by an assessment (Children's Act National Norms and Standards Part III and Part V).

› Assessment of children in alternative care requires standardisation to ensure that their needs are identified and responded to appropriately.

› In the mid-1990's a generic tool for the assessment of children was developed by the inter-Ministerial Committee on Young People at Risk (IMC – Project Go) prior to the promulgation of the Children's Act. The aim of the IMC was to get people to think about children differently, especially children in residential care. Some alternative care practitioners are using all/part of the IMC – Project Go assessment tool, but the approach is not standardised across the sector. There are some gaps in the IMC-Project Go tool in terms of alignment with Children's Act requirements and many practitioners find its application cumbersome and unwieldy.

» The Department of Social Development and UNICEF facilitated a process (in 2012) to develop a standardised assessment tool for children in alternative care, which is aligned with the requirements of the Children's Act. The new assessment tool for children in alternative care builds on the work done by the IMC- Project Go.

» This training programme provides the theoretical frameworks for the assessment of children in alternative care and the principles and approach. Emphasis is placed on practical application of the tool and report-writing.

> *The overall objective of this training is for participants to understand where the assessment of children in alternative care fits in the continuum of care and to be able to use the existing assessment tool to conduct assessments with children in alternative care.*

2. Participant introductions and expectations (15 min)

» Ask participants to find a partner they do not know. They should introduce themselves, their experience in conducting assessments with children and what they hope to learn in this training (5 min).

» Call group together and ask participants to introduce their partners.

Session 1: Overview of child protection assessments and processes (30 min)

1. Purpose of session

> *The purpose of this session is to familiarise participants with child protection assessments and processes as required by the Children's Act (Act 38 of 2005)*
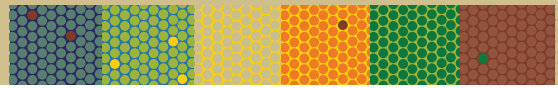
2. Information on the child protection assessments and processes

» Distribute the hand out: Child Protection Assessments and Processes.

» Describe the process, providing opportunity for questions and discussion:

› When a child is reported as being in need of care and protection, the first step is an investigation by a designated social worker (from DSD or Designated Child Protection Organisation) to determine whether the child is safe or unsafe. The Safety Assessment Tool is used for this assessment. If a child is found to be unsafe he/she is removed and placed in temporary safe care (TSC).

› For a child who has been found to be unsafe or safe but with the presence of a threat a Risk Assessment needs to be undertaken. This assessment is conducted by the statutory social worker who is required to make a decision about whether or not the child needs to be removed and placed in alternative care. This assessment is used to prepare the child's Care Plan and Form 38 report which needs to be submitted to the Children's Court within 90 days of a child being reported in need of care.

› If a child is placed in alternative care, a formal assessment needs to be undertaken within 4 weeks of their placement and an individual development plan (IDP) developed (this also applies to a child who is in TSC pending the Risk Assessment decision).

› The reason children are not assessed immediately following their placement in alternative care is that time is needed to manage their behaviour and provide developmental care.

› Most children entering alternative care will have experienced some kind of trauma and the process of removing a child is traumatic in itself. If a child is hungry or desperately afraid he/she will behave in a particular way and this may have nothing to do with his/her developmental needs, only his/her basic needs in that moment. If behaviour is not managed it can become confused with the really important developmental information and can easily lead to labels and judgements, or a completely inaccurate assessment. Only once you have engaged the child, managed his/her behaviour and provided unconditional care/safety can you begin an assessment.

› Relationship building is a key part of the assessment process. It is important for the social worker/social service professional/foster parent to first get to know the child and build trust so he/she can feel safe and secure before embarking on a formal assessment process.

› The assessment of a child in alternative care and their resultant IDP must be informed by/aligned with the court approved Care Plan.

› While the assessment of a child in alternative care is the responsibility of the multi-disciplinary team, one person needs to take responsibility for coordinating the assessment process and writing the report. The person responsible depends on the alternative care placement:

(a) In the case of foster care this person will be the social worker managing the case. If the child is placed in different area to where his/her parents live, then the social worker assigned to the case would need to complete the report in consultation with external social worker from the home of origin where parents live.

(b) In the case of CFC the social worker responsible for the cluster foster care scheme will complete the report in consultation with external social worker responsible for case.

(c) In the case of a CYCC (including temporary safe care), the responsible party in the CYCC (usually a social worker, but if no social worker then the manager/ director/ principal) in consultation with professional team (child and youth care workers, house-parents placement social worker) will complete the report taking into account observations and incidents since admission.

› A formal review of the child's IDP needs to take place every six months. This review involves examining progress made with addressing developmental needs. It also requires a re-assessment of all the developmental areas to determine whether there have been any significant changes which may then require adjustments to the IDP. Assessment reviews are undertaken by the multi-disciplinary team and the same tool used for the initial assessment should also be used to guide this review.

Session 2: Conceptual frameworks and approach to assessing children in alternative care (180 min)

1. Purpose of session:

The purpose of this session is to familiarise participants with child protection assessments and processes as required by the Children's Act (Act 38 of 2005)

2. The role of assessment and planning in social work – Facilitator input (10min)

Discussion point: Display the following points on power-point and briefly discuss each point as an introduction to the session:

- » Assessment is a key task in social work practice.
- » Social work assessment is both and art and a science (Parker & Bradley, 2010, p. 4).
- » Assessment is part of a continual process which links with planning, intervening and reviewing social work with service users.
- » The assumption is that if assessment is effective then it is more likely that the intervention will succeed.
    - › Assessment is also acknowledged to be a continuous, fluid and dynamic process, recognising that changes and developments occur in a person's life that may have a significant impact on how a situation is seen or responded to.

Key elements of an effective assessment includes:

- » Seeing and hearing each individual child in their particular context and taking account of their views.
- » An evidence-based approach that links information gathering to analysis and planning.
- » Plans that respond closely to identified needs and safeguard the child from harm.
- » A multi-disciplinary approach based on a common understanding of the child and family and shared information.
- » Professional judgements based on inclusive knowledge and reflective practice.

A good quality assessment should be:

- » Empowering-engaging the child and caregiver and supporting them to participate in, and take responsibility for, their contribution to a collaborative process
- » Developmental-supporting the child and caregiver to adopt a self-determining solution-focused approach to the discussions
- » Accessible-for all concerned and adequate resources allocated to undertake assessment
- » Transparent-the purpose should be clear, with open and honest concerns with all involved

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3. Conceptual framework for assessment of children in alternative care

The approach to assessment of children in alternative care is informed by the following key concepts (Further elaborated upon in sections 3.1 – 3.4):

(a) Common development needs and rights of children.

(b) Developmental approach

(c) Strengths-based approach

(d) Circle of Courage

3.1 Common developmental needs and rights of children – Facilitator input (30 min)

- » Max-Neef's (1991) theory on human scale development is used as a framework for understanding children's fundamental needs and rights.
- » In terms of this theory, human needs are seen as an interactive and interrelated system and not as a hierarchy.
- » Needs are identified as subsistence, protection, affection, creation, idleness, identity, participation and understanding. These needs are best met synergistically by satisfiers that respond to more than one need at a time.
- » Examples would be: active feeding, whereby bonding relationships are nurtured whilst children are being fed; and, community building activities, that satisfy the need for participation, identity, understanding and leisure simultaneously.
- » Needs and rights can be clustered into the following broad categories:

> **Survival** – food, clothing, shelter and health care
>
> **Security** – love; affection; protection against abuse, neglect and exploitation
>
> **Socialisation** – understanding; identity; participation and basic psycho-social services
>
> **Self-actualisation** – recreation leisure and freedom of expression

» Although survival needs and rights are recognised as a priority, without affection, protection and understanding, children are less likely to grow up into well- functioning adults.

» The categories of needs and rights may appear to be in a hierarchy, but this is not intended. In terms of human scale development theory and the rights based approach to meeting needs, all needs are of equal importance and are non-negotiable.

» The following table provides an overview of rights and needs, their satisfiers[8] and the possible implications of not satisfying these needs and neglecting their rights (display the table on PowerPoint and provide participants with a handout of this table).

Right/need	Manifestation of realized rights & satisfiers	Rights at risk & implications of impaired need satisfaction
SURVIVAL		
Subsistence Survival as a human being	Adequate nutritious food, Secure dwelling, Appropriate clothes, Accessible health care, Social security	Malnutrition and stunted growth High mortality and morbidity rate Common disabilities not prevented
SECURITY		
Protection from exploitation, abuse and neglect	A caregiver who knows the child's whereabouts and protects the child's rights Consistent and healthy discipline Familiar place and known routine Law and law enforcement	Troubled and disturbed children Dysfunctional families Homeless children Children live in harmful environments
Love Affection	Stable, continuous, dependable and loving relationships Unconditional love Friendships Intimacy	Lack of concern for others and lack of conscience are probable reactions to being unloved and rejected Vandalism, violence and delinquency are not infrequently an outward expression of these feelings and of the need for love
SOCIALISATION		
Identity Uniqueness as person Sense of personal continuity	Name and kinship Customs and traditions Memories and knowledge of personal and family origin Sense of future and direction	Sense of alienation Apathy Low self esteem Lack of direction

[8] Table 1: Common developmental needs and rights of children

APPENDIX B: ASSESSMENT CHECKLIST

CHECKLIST ITEM	YES	NO
i. Is my report valid? The assessment should assess what it is intended to assess i.e. needs of the child and not of the parent or peers etc.		
ii. Is my report accurate? The report should represent the needs and strengths of the child precisely and truthfully.		
iii. Is my report clear? The report should be clear, concise and understandable by all those currently involved (including other practitioners) or those who may be involved with the child at a later stage.		
iv. Is my report inclusive? The assessment should represent the views, opinions and perceptions of the child and caregivers.		
v. Does my report offer equal opportunity? The assessment should not be biased and should give positive expression to the opinions and experiences of the child and their caregivers without prejudice and/ or discrimination.		
vi. Is my report authentic? The assessment should be based on accurate, evidence-based record of discussions.		
vii. Was I professional when compiling my report? The assessment should be based on the principle of non-judgementalism and follows social work code of ethical practice e.g. recording/ writing statutory reports etc.		
viii. Is my report solution-focused? The assessment should promote an approach that focuses on what the child and their caregivers want to achieve.		
ix. Is my report practical? The assessment should identify the child's strengths and needs clearly and specifically to allow for identification of appropriate action.		

APPENDIX C: IDP CHECKLIST

CHECKLIST ITEM	YES	NO
i. Is the plan comprehensive? All significant options and consequences should have been considered.		
ii. Is my plan efficient? There should be no wastage of time, materials and other resources.		
iii. Is my plan inclusive? The child, their caregivers and other persons affected by the plan should be involved and encouraged to take on actions where appropriate.		
iv. Is the plan informative? The decisions undertaken should be understood by the people involved.		
v. Is the plan focussed? The short and medium term decision should support long-term goals.		
vi. Is the plan logical? Each step to be undertaken should lead to the next step within a broad strategic framework of SMART [7] objectives and solution-focused outcomes.		
vii. Is the plan transparent? Everybody involved should understand how the process and the plan work.		

Understanding	Information	Ill-informed
Insight, direction and knowledge	Positive communication	Disempowered
	Schooling/education	Lack of self-direction
	Cultural guidance	
	Mentoring	
Participation	Community, neighbourhood and cultural activities	Isolation
Valued as a contributor to society,	Discussions involving children	Lack of concern and respect for communal good
Considered a person with own rights	Positive communication	Lack of confidence in tackling new situations, tasks or relationships
	Opportunities to exercise responsibility	Lack of sense of responsibility for self, others and material objects
	Equality of opportunity	

SELF-ACTUALISATION		
Recreation/	Time and space to play	Inertia and apathy
Leisure	Stimulation	Low morale
New experiences	Recreational facilities	Unresponsive to environmental stimuli
Freedom of expression	Flexibility/space for children's exploration and expression of different views	Disempowerment
Expression as individual		Voicelessness
	Opportunities to exercise independence and to explore thoughts, views , ways of doing things and philosophies	Apathy
		Stereotypical views

a) Pathology Approach vs. the Developmental Approach – Facilitator input (15 min)

» The developmental approach to social welfare is a paradigm shift from the social treatment approach, which is based on pathology, understanding of deficits which needed to be diagnosed and treated, to an asset and strengths-based approach (Patel, 2005[9]).

Discussion point: Display the following diagram and discuss the difference between the pathological and the developmental approach. Ask participants if they are familiar with these concepts and which paradigm they find themselves working from most often.

[9] Patel, L. (2005) Social welfare and social development in South Africa. Oxford University Press: Cape Town.

Sources: Max-Neef, M.A. (1991). Human Scale Development: Conception, Application and Further Reflections. New York and London: The Apex Press.

Pringle, M.K. (1980). The Needs of Children: A Personal Perspective (2nd Edition). London: Hutchinson Publishers.
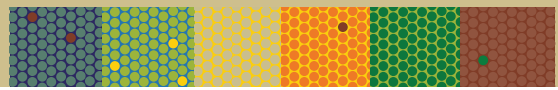
Table 2: The Pathological and Developmental Approach

PATHOLOGICAL APPROACH	DEVELOPMENTAL APPROACH
Prevention: » While prevention is fine and has done well, it operates from a weakness perspective. » Assumes that problems will occur and must be prevented. » The approach of 'prevention' assumes that people need to be protected. » Implies that life is full of troubles and that life events can be threatening – hence the need to be prepared, to prevent. » Social problems should be avoided rather than rectified. » Note that preventing problems does not assure the strengthening of individuals/families/communities. » The absence of something (e.g. alcohol abuse) does not mean the presence of something (like parenting skills).	**Strengthening:** » This is about the enhancement and optimization of positive functioning. » Empowerment and development focuses on strengths and capabilities and provides opportunities to become more effective. » These interventions are pro-active, enabling the development of competencies that strengthen the capacity to adapt and continue with growth. » Assumes that life events, crises and developmental milestones are growth opportunities.
Technical expertise: » An expert 'helps' to solve the problems » Assumes that people with social problems need help and that experts are needed to bring about a cure. » Assumes that someone else knows more about the 'problem' than the person experiencing the problem » Creates a power bias towards the expert and a sense of dependency and powerlessness on the part of the recipient of the service	**Participation:** » Children, youth ,families and communities participate fully in the processes, decisions and programmes affecting their lives » No one tells them what is best » They make the key decisions » 'Experts' are a resource only. » A partnership, shared power exists. » Child, family and community are empowered.

b) Principles of the developmental approach – Facilitator input (15 min)

Discussion point: Display the following principles of the developmental approach[10] on power-point and talk through each one giving as many practical examples as possible. Ask participants to share their own examples.

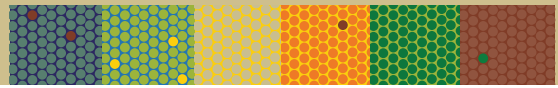### Principles of the developmental approach

(a) **Each human being has immense potential to be whole and to be effective within their daily living experiences within a variety of contexts. We need to trust that with facilitation of resources each person will develop towards wholeness and well-being.
[Potentially the seed has a mighty tree within it]**

[10] **Source: The Inter-Ministerial Committee on Young People at Risk, South Africa**

(b)   Each human being has strengths.
(c)   Development cannot be forced, only supported and nurtured.
(d)   Each person must be understood and responded to holistically always. Labelling and categorising people is not helpful to development and should be avoided. There are no experts, only learners on a journey of development.
(e)   Development is life-long. All human beings have the capacity to grow and change throughout their life. Mistakes are not failures, but opportunities for learning and growing.
(f)   Every crisis is opportunity for learning, change and growth.
(g)   The past can inform the here-and-now, but there is no emphasis on causes. The present and future are more important than the past. The emphasis rests on the optimum use of each moment in order to take the next step.
(h)   When individuals experience themselves differently they are enabled to behave differently. Thus the developmental approach is primarily about enabling people to experience themselves as whole and competent at any given time as well as over time.

c)   Linking developmental assessment to the IDP – Facilitator input (10 min)

» An important concept in the developmental approach to assessment is 'development in the moment' which is how the individual can be most effective at a particular time and in a particular situation. That is, can the child make the most effective decisions possible for self and for others which will enable him/her to move forward towards a greater sense of well-being and wholeness?

» To facilitate development in the moment we need to ask: "What does this child need to know now or be able to do now in order to be effective — in order to take the next steps?" The response to this question i.e. the focus on the next steps is the link to the IDP.

» The IDP may be a written programme for the next three months (as might be the case for a child linked to an agency or CYCC for a period of time); or the IDP may be an informal understanding between the child and worker that in the next two hours, this and this need to happen (as might be the case in a short stay at a temporary safe care setting).

3.3 Strengths based approach

a) Strengths-based practice values – Facilitator input (15min)

Discussion point: Display Seleeby's (1997) strengths-based practice values on power-point. Discuss the points, make linkages to developmental approach where appropriate and ask participants if they are familiar with these values and how they apply them in practice.

Strength-Based Practice Values

1. Despite life's struggles, all persons possess strengths that one can marshal to improve the quality of their lives.

2. We can increase client motivation by placing a consistent emphasis on client-defined strengths.

3. Discovering strengths requires cooperative exploration between clients and helpers.

4. Focusing on strengths turns practitioners toward discovering how clients managed to survive vs. judging or blaming.

5. All environments – even the most bleak – contain resources.

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b) Developing awareness of strengths (20 min)

Reflective activity:

» Ask participants to write down three (3) of their own strengths. Then ask them to write down five (5) strengths in a child whom they know (preferably their own). Then ask them to write down ten (10) strengths in their partners, closest friend etc. Give no more than 5 minutes for each task.

» Participants should then share with a partner on whether this was difficult or not, which activity was the most difficult and whether they have told the other person that they see these strengths in them.

» Facilitator input: Talk briefly with the group about it seems challenging to focus on strengths. Summarize that we tend to see what's not there rather than what is there? i.e. see the hole in the doughnut rather than the ring/ the half empty vs half full glass.

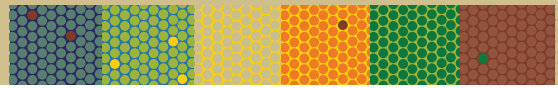### c) Probing Questions for Strengths Conversations (20 min)

Discussion point: Display the table below on "Probing Questions for Strengths Conversations" on power-point.

» Give the participants a few minutes to read the probes and ask them if they have used these kinds of questions when assessing children.

» Explore some of the benefits as well as some of the potential challenges/ difficulties in applying this approach to practice

» Summarize by saying that these probes provide guidance to practitioners in conducting strengths-based conversations with children and that the assessment tool includes some of these kinds of probing questions.

Source: Saleeby, D. (1997). The strengths perspective in social work practice (2nd ed.). White Plains, N.Y.: Longmanation Service.

Table 2: Probing questions for strengths based conversations

Type	Probes
Survival	» How have you managed to thrive? » What have you learned about yourself and the world around you?
Support	i. Adults » What adult will always know where you are? » What adult are you closest to? What is special about this relationship? » What kind of adults do you relate to better? What is special about these relationships? ii. Peers » Tell me about your friends! » Who are your closest friends? » Who are the peers on whom you can really depend? » Why are they your closest friends? » What might your friends say make you a good friend to them? iii. **Community and associations** » What community associations or groups have been especially helpful to you in the past? Any churches? » What is your neighbourhood like? Name two things you like about your neighbourhood.
Exceptions	» When things were going well in life, what was different? » When you felt your life was better, what about your world, your relationships, your thinking was special or different?
Possibility	» What do you want out of your life? » What are your hopes, visions, and aspirations? » If a miracle were to happen that solved all your problems, what would be the first thing that made you aware a miracle had happened? » How will you know when things are going well for you?
Esteem	» What are some of the things you like to do or feel that you do well? » When people say good things about you, what are they likely to say? » What is it about your life, yourself, or your accomplishments that give you real pride?
School	» What do you like most about school? » What was the most challenging? » How did you manage the difficulties you had in school » How do you best learn things in school What would they say is special about you?
Interests	» What gives you genuine pleasure in life? » What do you do for fun? When is the last time you did that? What hobbies or interests do you have or had in the past? » What activities are you interested in? What attracts you to those activities?
Coping	» What do you do when things get really tough? » What positive ways do you go about it? » How do you solve conflicts? » How do you deal with stress? » What do you do when the rubber really hits the road?

d)   How to work from a strengths-based approach (30 min)

Group activity:

Participants should form small groups to discuss the following questions, and provide examples and choose one person to report back in the plenary (20mins):

If we are to work from a strength-based approach, what will be different?

How do we recognise and give feedback on strengths while at the same time addressing the developmental needs?

Facilitator's summary of activity: To be effective at development assessment we have to master the art of recognising, describing the behaviour, reframing and reflecting on strengths.

An example of describing the behaviour rather than labelling the person or interpreting the behaviour- Say "Themba hit Sibusiso over the head" rather than saying "Themba is aggressive" or "Themba obviously hates Sibusiso."

An example of the art of reframing is if we put another frame around the picture it will look different. Reframing is about seeing an event according to a different frame of reference. We do this by reflecting back to the person in terms of words so that the person is enabled to experience him/herself differently.

3.4 Circle of courage

a)   The Circle of Courage or Circle of Wholeness[11]

- »   Give participants the hand-out provided at the end of this training guide,
- »   Display the Circle of Courage image[12] and ask participants if they are familiar with the concept. If some participants are familiar with the concept, involve them in explaining the different elements of the circle of courage to the group.
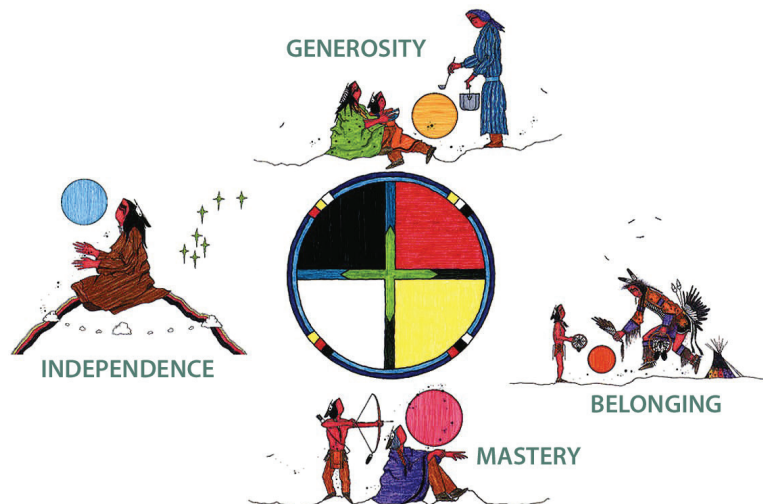
Key points to be made:

- »   The Circle of Courage provides a universal model of developmental growth needs for successful child and youth development and it represents balance and harmony.
- »   Brendtro, Brokenleg and Steve Van Bockern (1990)[13] identified four growth needs – Belonging, Mastery, Independence and Generosity as catalysts for positive youth development.

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[11] Sources: http://www.behavioradvisor.com/CircleOfCourage.html; http://www.rackercenters.org/index.cfm/page/about/circlecourage.htm

[12] Picture of Circle of Courage painting by Lakota artist, George Blue Bird. For more information on the Circle of Courage visit http://www.reclaiming.com/.

[13] Brendtro, L.K., Brokenleg, M. & Van Bockern, S. (1990) Reclaiming Youth at Risk: Our Hope for the Future. National Education Service.

> **BELONGING** encompasses our relationships and human interdependence.
>
> **MASTERY** is success, achievement, and motivation.
>
> **INDEPENDENCE** is the power to make decisions, to problem solve, to be responsible and to grow.
>
> **GENEROSITY** is compassion, empathy, and altruism, the truest form of caring for others.

It is believed that all four parts of an individual's "Circle" must be intact in order to have a self-secure, pro-social approach to life. A lack of strength in any of the four areas of development results in emotional and behavioural difficulties.

In using this framework for assessment with children, the fundamental question is "what does this child need to experience and/or be able to do in order to experience him/herself as whole, and live out these values and principles in everyday life now and in the future?"
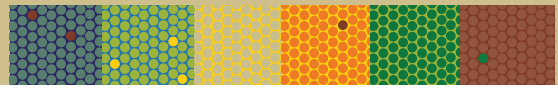
Circle of Courage research foundations
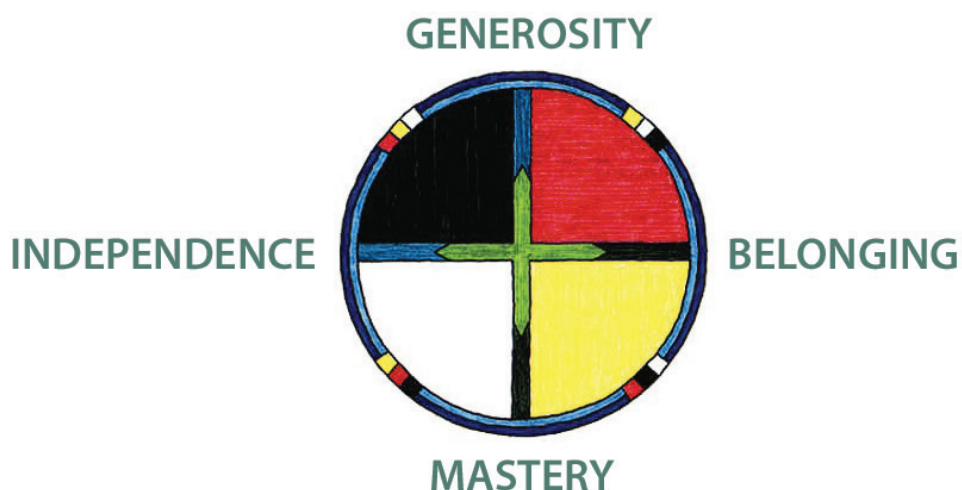
The principles of the Circle of Courage are validated by a large body of resilience science as well as classic studies of self-worth in children. This is demonstrated in the table below (display table on PowerPoint).

Resilience Research	The Circle of Courage	Self-Worth Research
Attachment	**Belonging**	**Significance**
» Motivation to affiliate and form social bonds	» Opportunity to establish trusting connections	» The individual believes "I am appreciated."
Achievement	**Mastery**	**Competence**
» Motivation to work hard and attain excellence	» Opportunity to solve problems and meet goals	» The individual believes "I can solve problems."
Autonomy	**Independence**	**Power**
» Motivation to manage self and exert influence	» Opportunity to build self-control and responsibility	» The individual believes "I set my life pathway."
Altruism	**Generosity**	**Virtue**
» Motivation to help and be of service to other	» Opportunity to show respect and concern	» The individual believes "My life has purpose."

Figure: 2. Circle of Courage

Session 3: Facilitating assessments from a multi-disciplinary perspective (30 min)

1. Purpose of session

> *The purpose of this session is to highlight to the participants the importance of working from a multi-disciplinary perspective*

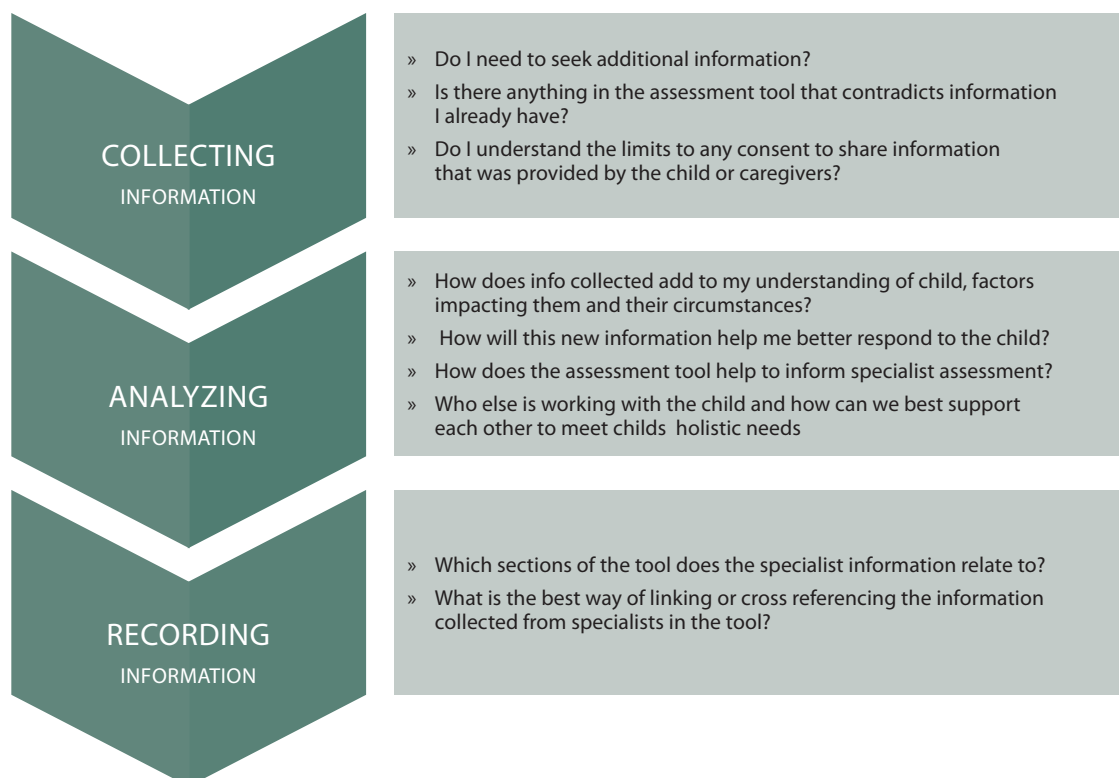### 2. When to refer/ use specialist services

Brainstorm: Ask participants to give examples on when they have had to refer a child to a member of a multi-disciplinary team, either within or outside the organization.

- » Facilitators input/ summary to include the following points if they have not been mentioned:
- » When the child's broader needs are unclear;
- » When the child has needs that require the services/ support of different agencies;
- » If undertaking these services will help the child to transition back easily and faster.

3. Linking multi-disciplinary involvement to assessments

- » All information received might not be appropriate for the assessment tool and the social worker compiling the information should focus on key findings/ information which include:
  - › Particular wider needs of the child which your organization cannot meet
  - › Concerns about the child e.g. harm to self or others, progress in learning etc.
  - › Positive factors as related to their strengths and needs

Diagram 2: Using the assessment tool to inform a multi-disciplinary / agency assessment

COLLECTING INFORMATION

- » Do I need to seek additional information?
- » Is there anything in the assessment tool that contradicts information I already have?
- » Do I understand the limits to any consent to share information that was provided by the child or caregivers?

ANALYZING INFORMATION

- » How does info collected add to my understanding of child, factors impacting them and their circumstances?
- » How will this new information help me better respond to the child?
- » How does the assessment tool help to inform specialist assessment?
- » Who else is working with the child and how can we best support each other to meet childs holistic needs

RECORDING INFORMATION

- » Which sections of the tool does the specialist information relate to?
- » What is the best way of linking or cross referencing the information collected from specialists in the tool?

4. How goal achievement in multi-disciplinary teams can be realized

» Managing differences and working towards cohesiveness,

» Gaining clarity regarding level of integration to achieve anticipated goal,

» Through effective and appropriate leadership and supervision,

» Through need for collective ownership of goals leading to the child's growth and development,

» Having regular reflection periods on the assessment process,

» Key stakeholders should be involved in understanding the assessment process and importance of cooperating and adopting an integrated approach,

» Training could be provided with a focus on common, complementary and collaborative competencies.

Session 4: Overview of the assessment tool for children in alternative care (135 min)

1. Purpose of session

The purpose of this session is to familiarise participants with the structure and content of the assessment tool for children in alternative care.

2. Overview of the assessment tool for children in alternative care

» Distribute copies of the assessment tool.

» Read through the instructions of the tool. Invite participants to read a different section. After each section, check if there are any questions and clarify as needed. Don't read Section 6 as this will be discussed in detail on Day Two.

» Explain that a set of descriptors has been prepared to assist with the application of the assessment tool.

» Take participants through each section of the tool, providing an overview of each section and making reference to the descriptors.

» The purpose of this session is to provide a broad overview of the tool, not to go into depth on the questions. There will be opportunity to do this during the practical exercise.

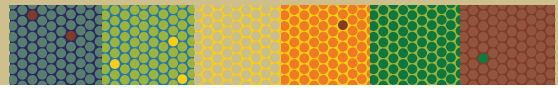## Session 5: Practical exercise – practitioner self-assessment (120 min)

1. Purpose of session

The purpose of this session is to provide participants with an opportunity to engage practically with the tool through applying it to their own lives.

2. **Individual reflective activity:** Practitioner self-assessment activity

» Explain that the purpose of this exercise is to provide an opportunity for practitioners to engage practically and directly with the tool.

» Ask participants to think back on their childhoods and choose an age that they would like to assess e.g. 10 year old self; 16 year old self etc.

» Ask practitioners to go through each question in the tool and apply it to their younger self. They should refer to the descriptor guide as needed. Participants must reflect on each question and write down their findings.

› Participants with laptops can complete the assessment electronically. The facilitator will need to ensure that there is a memory stick for transferring the electronic copy.

› Participants who do a paper-based assessment need to be advised to use extra paper.

» Invite participants to complete the self-assessment exercise at home if they have not completed it by the end of the session.

DAY TWO:
Opening session (15 min)

1. Welcome and opening

» Welcome everyone to the training.

» Ensure that everyone has name tag and signs the register.

» Review the training programme and progress made against this programme in Day One.

» Invite participants to ask any questions they may have from the previous day's sessions or to share any new insights they may have gained.

Session 1: Feedback and reflection on practitioner self-assessment (60 min)

1. Purpose of session

The purpose of this session is to reflect on participants' experience of applying the assessment tool to their younger selves.

2. Feedback and reflection

» Ask practitioners to partner with someone in the group and share their experiences of the practical exercise by answering the following questions (20 min):

  › Which questions did you feel most comfortable with? Why?

  › Which questions were the most difficult to answer? Why?

  › How helpful was the exercise in identifying your strengths/needs at this particular age?

  › Were there any other questions that you think should have been asked?

» Facilitate feedback to/ with the bigger group. Explore the reasons why participants found questions more or less comfortable:

  › Was this due to a lack of understanding of the questions meaning?

  › Was this due to recalling uncomfortable personal memories?

» Ask the group to reflect on how the assessment might feel for a child in alternative care and what they could possibly do to reduce feelings of discomfort and anxiety on the part of the child.

Session 2: Engaging with children in assessments (75 min)

1. Purpose of session

The purpose of this session is to increase participants' knowledge on how to engage with children in assessments.

2. Practitioner experiences of engaging with children in assessments (50 min)

» Read out the following statement: The Children's Act requires that children are involved in assessments as far as is reasonably possible and according to the age of the child. However, studies have shown that there is very little evidence that children are routinely or meaningfully involved in assessments e.g. in one study 72% of children and young people who were the subject of an assessment were not present at the completion of their assessment form . Some practitioners were found to be lacking in fundamental communication skills and did not speak to children about their care future. (Explain that the studies referred to were from the UK, so this is not a challenge unique to South Africa).

Group discussion:

- » Ask participants to forms groups of four-six and share their own experiences of engaging with children in assessments, reflecting on the following questions (25 min):
  - › How confident are practitioners to engage with children in assessments?
  - › What makes it difficult to engage meaningfully with children in assessments?
  - › Sharing best practices: Is there anything practitioners do to ensure that children participate meaningfully?
- » One person from the group should to give feedback to the larger group (5min/ group).
- » Facilitator to capture the feedback on what practitioners can do to ensure that children participate meaningfully in assessments on the flip chart.
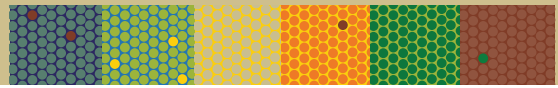
3. Engaging with children in assessments- Facilitator input (20 min)

Facilitator to link the following input with the previous feedback and discussion.

- » It is recommended that the first step in the initial assessment is to explain very clearly to the child why he/she is in care and take the time to help him/her to understand. Many children experience child protection interventions as frightening and difficult to understand (introduce the pamphlet explaining the assessment process to children).
- » Some of the basic principles guiding practice involving children in assessment include:
  - › The child needs to know why this assessment is taking place and be reassured that his /her best interests are at the heart of the assessment.
  - › The child's understanding of his/her "best interests" needs to be expressed and explored.
  - › It is important for the child to know this assessment is not a judgement of him/her – on whether he/she is naughty/ good – but is part of his/her development as a young person.
  - › Explore child's fears about the assessment and offer reassurances.
  - › The responsibility for trying to establish effective communication with the child lies firmly with the adult.
  - › Adults should express themselves simply and clearly and use concepts which are familiar to children.
  - › Explanations of new ideas should be matched to the child's age and levels of understanding.
- » Observation of children by child and youth care workers, foster parents and other significant adults in their lives is a key source of information for assessments, and provides an opportunity for children's engagement, albeit indirectly.
- » Children are the heart of the assessment process and their voices must be heard. Other ways to keep the child's voice alive/ heard:
  - › Add photographs or copies of a child practical work to the assessment
  - › Record what the child wants, by asking questions like: "What do you want for yourself?" " What do you think?" etc.
  - › Ensure that direct observational comments included in the assessment are based on your findings e.g. watching child play, interacting with family member or peers etc.
  - › Support communication with additional props such as dolls, puppets etc.
  - › When working with infants and very young children, find a way that is appropriate for them e.g. through observation, play and thoughtful conversations. With caregivers agreement, you may also contact other practitioners who work with the child e.g. paediatrician, midwife etc.

Whatever the age, gender, religion, race, class etc. of the child, make sure that:

- » You are hearing what the child is saying;
- » You understand and can visualize the child's view of the world;
- » You have considered the child's innermost feelings.

Session 3: Engaging caregivers in assessments (30 min)

1. Purpose of session

> *The purpose of this session is to share experiences and best practices on how to engage with caregivers during assessments.*

2. Plenary group activity

» Ask participants share or give examples on how they have successfully engaged caregivers during assessments.

» The facilitator should record these on the flipchart board.

» Facilitator to summarize session by explaining the significance of including caregivers and by sharing some guidelines such as:

  › Fathers (and father figures) sometimes find it difficult to engage with social services. It is important that you reach out to them, and make it clear that you welcome their involvement.

  › Parents with children in care have complained of inconsistencies with social workers, frequent change in social workers working on a case, restricted access to children and parents lack of information and feelings of powerlessness to change care situations as reasons why cooperation might be difficult to achieve.

  › Some approaches for gathering information include: observation, assessing (any positive or negative) changes in parenting practices, use of validated tools and consideration of previous reports regarding the child and family.

  › Social workers also need to recognize strengths of parents and carers and offer support in areas where vulnerability or vulnerabilities have been (preferably jointly) identified.

Session 4: Practical exercise – applying assessment tool to case example (180 min)

1. Purpose of session

> *The purpose of this session is to provide participants with an opportunity to engage practically with the tool through applying it to a practical case example.*

2. Group activity

» Explain that the purpose of this exercise is to provide an opportunity for practitioners to engage practically and directly with the tool.

» Ask participants to divide into groups (with a maximum of five-six people per group). Participants from the same organisation should form one group. Allocate an age range to each group e.g. Birth-2 years; 3-5 years; 6-10 years; 11-14 years; 15-17 years.

» Ask groups to choose a child they are currently working with (within the selected age range) and apply the assessment tool to this child.

» Groups will have to identify possible cases amongst themselves and select one child for the assessment. The participant who is most familiar with the case should be appointed the "lead professional" of the group. It doesn't matter if other group members are unfamiliar with the case/ child, this exercise provides an opportunity to practice posing probing questions to the lead professional so as to obtain a comprehensive picture of the child as possible for each domain/ section of the tool.

» Inform the groups that they will be required to do a 15-minute presentation of their assessment to the bigger group which will:

  › Briefly introduce the child/ child's details.

  › Provide feedback on assessment conclusions and actions to address needs for all five domains: Physical and emotional well-being; Belonging; Mastery; Generosity; and Independence.

» **Groups must address each question in the tool and write down their findings.** Groups with laptops can complete the assessment electronically. The facilitator will need to ensure that there is a memory stick for transferring the electronic copy. Groups who do a paper-based assessment need to be advised to use extra paper.

Session 5: Feedback and reflection on applying assessment tool to case example (90 min)

1. Purpose of session

The purpose of this session is to reflect on participants' experience of applying the assessment tool to a practical case example.

2. Feedback and reflection

» Ask each group to present their assessment (20 min per group):
  › Briefly introduce the child referring to section on child's details.
  › Provide feedback on assessment conclusions and actions to address needs for all five domains: Physical and emotional well-being; Belonging; Mastery; Generosity; and Independence.
  › When the presentation is complete, give group members an opportunity to add to the presentation.
  › Ask group members to provide feedback on how they experienced the exercise and any lessons learnt.
» After each presentation, invite questions for clarity from the group
  (Allow for 10-15 minute discussion on each presentation).
  › Ensure that the plans of action identified for the child include a mix of interventions, not only formal programmes.
  › Explore other possibilities and options with the bigger group.
  › Briefly introduce the child referring to section on child's details.
  › In addressing needs, try to get people to think creatively and build on the child's identified strengths.
» Once all the presentations are complete, ask the group for feedback on the assessment experience as a whole and discuss:
  › What worked well?
  › What was challenging?
  › What would you have done differently?

Evaluation and closure (30 min)

1. Assessment (25 min)

» Ask participants to partner with someone in the group to:
  › Share the most important/ significant thing they gained from the training.
  › Reflect on how they will introduce the assessment tool to their organisation and practice.
» Call group together after 10 minutes and ask participants to share their responses.

Closure (5 min)

» "Tree" exercise
» Thank participants for their participation.

APPENDICES

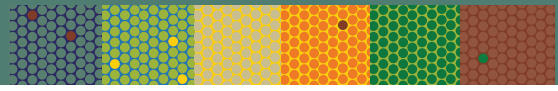## Common developmental needs and rights of children (handout)

RIGHT/NEED	MANIFESTATION OF REALIZED RIGHTS & SATISFIERS	RIGHTS AT RISK & IMPLICATIONS OF IMPAIRED NEED SATISFACTION
SURVIVAL		
Subsistence Survival as a human being	Adequate nutritious food, Secure dwelling, Appropriate clothes, Accessible health care, Social security	Malnutrition and stunted growth High mortality and morbidity rate Common disabilities not prevented
SECURITY		
Protection from exploitation, abuse and neglect	A caregiver who knows the child's whereabouts and protects the child's rights Consistent and healthy discipline Familiar place and known routine Law and law enforcement	Troubled and disturbed children Dysfunctional families Homeless children Children live in harmful environments
Love Affection	Stable, continuous, dependable and loving relationships Unconditional love Friendships Intimacy	Lack of concern for others and lack of conscience are probable reactions to being unloved and rejected Vandalism, violence and delinquency are not infrequently an outward expression of these feelings and of the need for love
SOCIALISATION		
Identity Uniqueness as person Sense of personal continuity	Name and kinship Customs and traditions Memories and knowledge of personal and family origin Sense of future and direction	Sense of alienation Apathy Low self esteem Lack of direction
Understanding Insight, direction and knowledge	Information Positive communication Schooling/education Cultural guidance Mentoring	Ill-informed Disempowered Lack of self-direction
Participation Valued as a contributor to society, Considered a person with own rights	Community, neighbourhood and cultural activities Discussions involving children Positive communication Opportunities to exercise responsibility Equality of opportunity	Isolation Lack of concern and respect for communal good Lack of confidence in tackling new situations, tasks or relationships Lack of sense of responsibility for self, others and material objects

SELF-ACTUALISATION		
Recreation/ Leisure New experiences	Time and space to play Stimulation Recreational facilities	Inertia and apathy Low morale Unresponsive to environmental stimuli
Freedom of expression Expression as individual	Flexibility/space for children's exploration and expression of different views Opportunities to exercise independence and to explore thoughts, views , ways of doing things and philosophies	Disempowerment Voicelessness Apathy Stereotypical views

Sources:

Max-Neef, M.A. (1991). Human Scale Development: Conception, Application and Further Reflections. New York and London: The Apex Press.

Pringle, M.K. (1980). The Needs of Children: A Personal Perspective (2nd Edition). London: Hutchinson Publishers.

Probing questions for strenghts conversations (handout)

Type	Probes
Survival	» How have you managed to thrive? » What have you learned about yourself and the world around you?
Support	i. Adults » What adult will always know where you are? » What adult are you closest to? What is special about this relationship? » What kind of adults do you relate to better? What is special about these relationships? ii. Peers » Tell me about your friends! » Who are your closest friends? » Who are the peers on whom you can really depend? » Why are they your closest friends? » What might your friends say make you a good friend to them? iii. **Community and associations** » What community associations or groups have been especially helpful to you in the past? Any churches? » What is your neighbourhood like? Name two things you like about your neighbourhood.
Exceptions	» When things were going well in life, what was different? » When you felt your life was better, what about your world, your relationships, your thinking was special or different?
Possibility	» What do you want out of your life? » What are your hopes, visions, and aspirations? » If a miracle were to happen that solved all your problems, what would be the first thing that made you aware a miracle had happened? » How will you know when things are going well for you?
Esteem	» What are some of the things you like to do or feel that you do well? » When people say good things about you, what are they likely to say? » What is it about your life, yourself, or your accomplishments that give you real pride?

School	» What do you like most about school?
	» What was the most challenging?
	» How did you manage the difficulties you had in school
	» How do you best learn things in school What would they say is special about you?
Interests	» What gives you genuine pleasure in life?
	» What do you do for fun? When is the last time you did that? What hobbies or interests do you have or had in the past?
	» What activities are you interested in? What attracts you to those activities?
Coping	» What do you do when things get really tough?
	» What positive ways do you go about it?
	» How do you solve conflicts?
	» How do you deal with stress?
	» What do you do when the rubber really hits the road?

Circle of courage (handout [15])
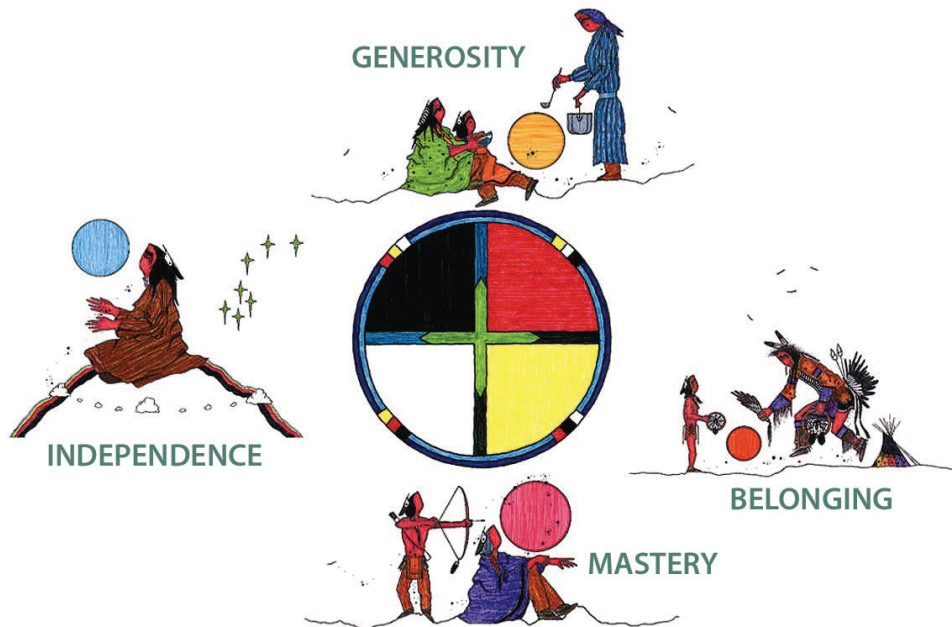
Key points:

» The Circle of Courage provides a universal model of developmental growth needs for successful child and youth development.

» In 1990, Larry Brendtro, Martin Brokenleg and Steve Van Bockern[16] identified four growth needs – Belonging, Mastery, Independence, and Generosity – as a catalyst for positive youth development.

» The Circle of Courage is a medicine wheel, which for tribal people in North America represents the need for all things to be in balance and harmony.

The four colours symbolise the different races and their equality, while on the four points of the cross are the crucial developmental needs of children: belonging, mastery, independence and generosity. People find thee Circle of Courage easy to understand and virtually all aspects of teaching and learning can be related to it. What is required, however, is a change of mind-set.

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[15] Sources: http://www.behavioradvisor.com/CircleOfCourage.html; http://www.rackercenters.org/index.cfm/page/about/circlecourage.htm

[16] Brendtro, L. K., Brokenleg, M. & Van Bockern, S, (1990) Reclaiming Youth at Risk: Our Hope for the Future. National Education Service.

> **BELONGING** encompasses our relationships and human interdependence.
>
> **MASTERY** is success, achievement, and motivation.
>
> **INDEPENDENCE** is the power to make decisions, to problem solve, to be responsible and to grow.
>
> **GENEROSITY** is compassion, empathy, and altruism, the truest form of caring for others.

» Described more as a philosophical than a theoretical approach, the Circle of Courage describes the four most fundamental of children's needs; it provides a model for understanding the centrality of needs being met in the well-being of a child.

» It is believed that all four parts of an individual's "Circle" must be intact in order to have a self-secure, pro-social approach to life. A lack of strength in any of the four areas of development results in emotional and behavioural difficulties.

» In using this framework for our assessment of children the fundamental question for assessment is then "what does this child need to experience and/or be able to do in order to experience him/herself as whole, and live out these values and principles in everyday life now and in the future?"

Belonging

» The need to belong is universal and is fostered in many ways, such as through feeling loved and supported, through positive relationships, and through a sense of connection to family, friends, and community.

» The most important component of the Circle of Courage, an on which the other three components are based is a well-developed sense of "Belonging".

» Humans have a primal need to feel valued, important, and protected by significant others in their lives and.to feel comfortable and welcomed within a frequent and important group such as family, friends, colleagues, etc. Of course, the family and one's close personal community are the most important influences on the original development of this area of self.

» Persons who foster a sense of belonging in children can be found in birth and foster families, in schools, and neighbourhoods, and in a range of other settings. For children and youth, these persons can be peers or adults.

» Those individuals who have weak feelings of "belonging" due to a disrupted or non-supportive upbringing are often able to rebuild or strengthen that area by developing close allegiances, friendships, and relationships later in their lives with positive people and groups.

» However, those who do not repair that broken area of self may display one or more of many problems in relating to others. As examples of a few misdirected attempts to "belong", they may join, or identify with negative groups that promote crime, religious hatred, disregard for the rights of others, negative use of the internet, or some other self-destructive/ distorted views and actions. This connection with negative influences develops in an attempt to feel important and be accepted within a social structure. Many of these misguided children have an absence of previous contact with positive people. Or, they may have had repeated negative contact that often results in helping professionals become frustrated with their lack of positive impact on the resistant child, and strike out toward or abandon him/her.

» These misdirected children may become increasingly non-responsive or resistant to the efforts of well-meaning people and groups (including counsellors and teachers) because they do not feel worthy of inclusion, or for fear of being rejected again by positive people who claim to care, but will at some point abandon their reclaiming efforts as has happened before in their young lives. In essence, these, misdirected children scare off potentially strong connections believing that no one could ever care for them unconditionally. That view is based on their past experiences.

» Children and youth in alternative care have special issues with belonging and feeling loved. They are separated from their birth families, which are sites of loving relationships and a sense of belonging. Often their issues with separations and loss are compounded by a series of out-of-home placements and by problematic relationships in their birth families.

» Belonging includes coming to terms with separations from birth families and other significant people; having a sense of connection to culture, ethnicity and community activities; an ability to make and maintain friends, and to keep regular contact with people who model, encourage, and reward activities that promote a sense of belonging.

» If one has an impaired, distorted, or absent sense of belonging, it will probably affect one or more of the other four areas of one's character. For example, those who have a strong sense of "Generosity" (because those in the groups to which they belonged when they were young shared time, work, play, resources, and knowledge) are empathetic toward others and want to help others. They give of themselves or their possessions in various ways. They truly have the "joy of giving", receiving pleasure from helping others in need.

Why Mastery is Vital

» Those who are strong in the medicine wheel quadrant of "Mastery" feel competent in their abilities, and seek more skills and knowledge. They are willing to fail, appear unskilled, or look "silly" when they try new things, because they see the situation as an opportunity to learn and have fun. To them, failure is viewed as a learning experience. Their secure self-image allows them to energetically undertake tasks and activities in which they may not be fully or even partially successful. They enjoy the challenge.

» Those individuals with an impaired sense of mastery have low self-esteem and holes in their self-concept. They may refuse to attempt a task for fear of failure, give up easily, be dependent on others' continuous guidance in order to engage in or continue on a task, and/or may devalue and ridicule schooling or the efforts of others.

» The work of Carol Dweck[17] regarding the development of self-beliefs—and the ways in which those beliefs affect behaviour and achievement provides research evidence for this view. Dweck refers to two specific sets of self-beliefs as "mindsets," or the views that individuals hold about their potential. On one end of a continuum are those who think that success is based on innate, or inborn, abilities and that intelligence does not change. According to Dweck, people who hold this view have a "fixed" mindset. Others believe that success is based on effort and continual learning and that intelligence can change. These beliefs are said to reflect a "growth" mindset. Dweck's work has shown that most people who have fixed mindsets avoid challenging situations when given the choice because they are very concerned about failing. From the perspective of a fixed mind-set, failure indicates a lack of ability, and therefore a lack of capability or intelligence. People who have a growth mindset, however, view struggle or failure as a natural part of the learning process and an opportunity to improve. Dweck believes that mind-set can impact all areas of a person's life, from academic success to personal and professional choices.

» Throughout our existence, humans have used intellectual capacity to manage and improve their immediate environment. Notwithstanding that some of our intelligent thinking can be misguided towards anti-social outcomes, people nevertheless have the capacity to learn anything they believe is meaningful and relevant to them.

» Mastery is being able to do some things well and to feel pride in being able to do so. Competence is often used interchangeably with mastery.

» Age and developmental stage are important in assessing competence. Competencies are enhanced when children and youth experience control over their life events, show a capacity for self-regulation, and have both motivation and abilities to accomplish goals.

» Mastery encompasses being really good at something, enjoying a variety of activities, abilities to cope with adversities, emotional expressiveness, healthy sexual development, and being able to regulate emotions.

» Empowerment is an important aspect of mastery.

» Competence is fundamental to Erikson's developmental theory[18] and begins with secure attachment relationships and capacities for self-regulation.

From Dependence to Independence

» Persons with a strong sense of "Independence" feel in control of themselves, their behaviour, and their lives. They have a well-developed sense of autonomy, and accept responsibility for themselves and their actions.

» On the other hand, those who have a lessened or absent sense of independence are likely to engage in "scatter-brained" or disorganised behaviour, be easily swayed by others into engaging in irresponsible or inappropriate actions, and blame circumstances/others for their actions.

» Independence means the freedom to make choices and to have control over your own life. Autonomy is used interchangeably with independence.

» The development of autonomy is gradual, beginning with planned dependency early in life, learning to respect elders, and being taught about the value of autonomy. Elders provide guidance and values, but young people are encouraged to make their own choices and to control their own destinies.

» Throughout life, autonomy is balanced by social controls; autonomy is future-oriented and involves active preparations for the future and developing capacities for optimal functioning beyond care.

» Qualities associated with autonomy include relationships with others who model and affirm interdependency, positive views of the future, and a sense of self-efficacy.

» Autonomy is a major, life-long developmental task whose beginnings are in infancy. As Erikson pointed out, when care providers deny children opportunities for exercising autonomy, many adverse effects are possible, including the development of shame and doubt. Shame is a sense of self as fundamentally defective, while doubt involves fear of others, fear of being attacked by others, and innate belief in an unjust world. Such attitudes and beliefs obviously undermine optimism about the future and capacities for resisting negative role models and situations.

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[17] Dweck, C. S. (2006). Mindset: The New Psychology of Success. New York: Random House

[18] Erikson, E.H. (1963). Childhood and Society. (2nd ed.). New York: Norton.

» Persons whose autonomy has been respected and enhanced, on the other hand, expect to have their wills affirmed in a range of domains and they also respect and affirm the wills of other people. The involvement of children and youth in planning for their future and in making decisions that affect them are important parts of respecting and fostering autonomy.

» Agency is a component of autonomy. Agency encompasses determination, will, and abilities to set and reach goals. Agency can be pro-social or anti-social.

The Healing Power of Generosity

» The Lakota[19] have a belief that if something good comes your way it should be passed on quickly to see how far the good can spread.

» Generosity is closely linked with respect. Understanding that other people have the right to the same freedom and social resources as you is fundamental to respectful behaviour.

» Moreover, to help another person and make a contribution to their wellbeing not only demonstrates high respect, but enriches our own sense of self-worth and positive identity.

» When generosity occurs, the recipient feels nurtured and their feelings of belonging are enhanced.

» People who have a distorted or absent sense of generosity might display behaviors described as "stingy", "callous", "uncaring", and lacking in concern for the welfare of others. They "take" rather than "give" (absent quadrant of Generosity) or show their malformed sense of generosity in odd ways (e.g., being overly giving due to feelings of obligation).

Circle of Courage research foundations

» The principles of the Circle of Courage are validated by a large body of resilience science as well as classic studies of self-worth in children. This is demonstrated in the table below (display table on PowerPoint).

Basic Facilitation Notes (Handout)

The role of the facilitator is to:

» Stimulate positive and open communication

» Listen first

» Be flexible and adapt to the groups learning style

» As questions before telling answers

» Create an atmosphere of openness, trust and excitement

» Explain clearly what is expected of the group

» Outline the schedule for the sessions

Always remember:

» Be prepared. Give yourself enough time to prepare and study each session in advance.

» Follow the curriculum provided cautiously. Don't read word by word, unless you have to.

» Encourage active involvement and don't lecture or dictate to the group

» Keep the group energized

» Encourage participation by involving participants as much as possible

» Teach/ facilitate from the heart

» Encourage and praise participants for their efforts

» Be humble and learn from the participants

» Show respect by listening and valuing participants ideas and contributions

» Male learning interesting

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[19] Source: Reclaiming Youth Network. "The Circle of Courage Philosophy." 2007. www.reclaiming.com
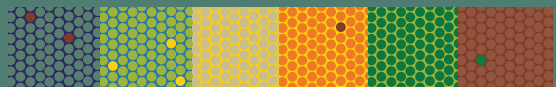
Facilitation helps:

» Be familiar with the main points of the discussion

» Keep the presentation within the allocated time

» Speak clearly and slowly enough to be understood

» Make eye contact when facilitating

» After an important point has been raised, pause for a moment to let the participants reflect upon it.

» If there are any signs of confusion, repeat the information if necessary

» Asking questions is a good way to encourage participation. Pause after asking a question to allow participants to formulate answers, listen to the responses and commend the person who answers, write important points as a validation of the importance of the information

» Facilitate group discussions to allow the session to be a learning experience for all involved

» Breaking the bigger group into smaller groups may facilitate and encourage participation

» When sharing stories, make sure you do it in such a way that it captivates the attention of participants and helps them relate to what is being shared. Follow the story with questions-most learning happens during these discussions

Self-Care

The root cause of burnout, compassion fatigue or secondary traumatization may be due to:

» Having a large amount of empathy for clients, but being incapable of maintaining healthy emotional boundaries leading to an absorption of much of clients experiences and pain.

» Not being given enough time to recover i.e. no time off, too much overtime, not given diverse tasks apart from listening to clients stories.

» Having experienced own personal, unresolved trauma in the recent past

» Sense of isolation and solitude, either personally or professionally and inability to process what you are experiencing and hearing at work. Isolation can also be due to lack of colleagues to collaborate with and feeling as if nobody cares about the work you're doing.

» Sense of impotence i.e. child protection too big

» Working in a facility which lacks resources.

How can we promote self-care as social work practitioners?

» Monitoring our well-being i.e. identifying and recognizing secondary traumatization and burnout conditions

» Discussing issues at staff meetings

» Encouraging educational/ developmental opportunities whenever possible

» Recognizing the different manifestations of stress eg. Headaches, fatigue etc.

» Becoming conscious of the state of the distress and pain

» Addressing safety concerns by promoting relevant policies

» Socializing and de-briefing with the team and with others doing similar work at other agencies

» Exercising and leading a healthy lifestyle

» Re-defining our child protection role, whilst considering our goals and limits

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