

# THE THOGOMELO PROJECT

## Consolidated Report of the Rapid Assessment Phase



Developed in Partnership by the United States Agency for International Development, Department of Social Development, Programme for Alternative Technology in Health (PATH), International HIV/AIDS Alliance, and Health and Development Africa, for the Thogomelo Psychosocial Support and Child Protection Skills Development Programme.

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**30 September 2009**

# Background

The Thogomelo Project aims to care for and protect vulnerable children in South Africa by increasing the knowledge, abilities and psychosocial wellbeing of those who are responsible for them.

The Thogomelo Project is a five-year Department of Social Development (DSD) project that is implemented by the Programme for Alternative Technology in Health (PATH), Health and Development Africa and the International HIV/AIDS Alliance. The Project is part of the President's Emergency Plan for AIDS Relief (PEPFAR) funded by the US Agency for International Development/South Africa.

**The Thogomelo Project has two key objectives:**

- to enhance the capacity of community caregivers to meet the challenges they face in caring for, protecting, and supporting vulnerable children and their primary caregivers by furthering their own psychosocial wellbeing, i.e. through a 'care for the caregivers' intervention;
- to simultaneously strengthen effective and efficient child protection responses by increasing the capacity and engagement of civil society organisations and state services targeting vulnerable children.

**The objectives of this Rapid Assessment Phase (RAP) were:**

- to identify and prioritise caregiver support and child protection training needs to inform curriculum development;
- to compile information from the President's Emergency Plan For AIDS Relief (PEPFAR) and other stakeholders, including DSD, about innovative practice; thereby identifying criteria for 'successful interventions' / good practice to enable the Thogomelo Project to draw on emerging and good practice nationally and internationally;
- to facilitate consultation and relationship-building with key stakeholders;
- to avoid duplication and ensure that the Thogomelo Project complements and builds on existing initiatives i.e. that it accurately defines its niche in the sector;
- to ensure technical accuracy of training content;
- to contribute to baseline data.

This document provides a brief overview of the RAP for use by project stakeholders.

**It aims to render the outcomes of the RAP more easily accessible by:**

- describing the various activities of the Rapid Assessment Phase;
- summarising and consolidating key findings and recommendations;
- providing a reference point for evaluating future project plans and strategies.

*Between November 2008 and March 2009, the project team undertook formative research to inform the scope and content of the curriculum for the skills development programme for community caregivers.*

# The Rapid Assessment Phase process and outputs

The RAP included eight key components. Each of these is described briefly below.

## A survey of existing training curricula and perceived training needs

Prior to the abovementioned consultative meeting, invitees were requested to complete a survey of existing training curricula for psychosocial support of community caregivers, and for child protection. Nineteen organisations responded to the survey, providing information on 43 training programmes (including both accredited and unaccredited programmes), covering a diverse range of topics.

## A literature review of emerging practices in psychosocial support for community caregivers

This review documented emerging practices in psychosocial support in South Africa and the region. It describes existing caregiver training and capacity building interventions aimed at supporting vulnerable children, including training materials and resources used by the President's Emergency Plan for AIDS Relief (PEPFAR) partners, the Department of Social Development (DSD) and Department of Health (DoH). The review identified limited training curricula focusing on psychosocial support for community caregivers, highlighting the relevance of the Thogomelo Project goals.

## A scan of child protection legislation and policy

The scan of policy and legislation pertaining to child protection provided an overview of relevant international and domestic laws and policies to inform the development of the learner material. The review considered 38 national laws and policies across 6 government departments, namely Social Development, Labour, Justice and Constitutional Development, Home Affairs, Education and Health. The document will also be included as resource material on the CD-ROM for the Child Protection Training.

## A review of existing child protection responses and training curricula

The purpose of this literature review was to unpack the concept of 'child protection' and to review existing child protection training strategies, approaches, content and materials. The review also identified current training service providers in the field of child protection, and described 'good practice' in relation to child protection capacity building. The findings of the review will inform the development of the Thogomelo Project child protection training materials.

## The development of national and provincial profiles

National and individual provincial profiles were developed to inform the identification of key target groups and the selection of geographic regions for training. The profiles include data on a range of domains, including population demographics, levels of poverty, HIV prevalence, disability, literacy levels, rates of orphaning, adult and child mortality, rural/urban distribution, volunteerism and service access. Variability across these domains within and between provinces is a key consideration for the Thogomelo Project.

## Focus group discussions

The purpose of the focus group discussions was to gather qualitative data on the knowledge, needs and experiences of community caregivers, with an emphasis on understanding the psychosocial impact of caregiving on community caregivers. The focus group discussions also provided baseline information on pre-intervention perceptions and practices.

Nine focus group discussions were conducted with male and female community caregivers in urban, peri-urban and rural areas of Gauteng, North West and Limpopo provinces respectively. Participants were selected from PEPFAR partner organisations.

## In depth interviews with coordinators / supervisors of community caregivers

Following up on the focus group discussions, nine telephonic interviews were conducted with coordinators, managers, and child protection supervisors from selected organisations. The interviews were designed to explore the psychosocial impact of caregiving and child protection on community caregivers, and to identify the training needs of these community caregivers, from the perspective of their managers / supervisors. The interviews also sought to understand the kinds of support available to managers / supervisors themselves, and to identify any training gaps that may exist for this target group.

## Consultative meetings with individual organisations, including a national Stakeholders Meeting on 9 February 2009

The Thogomelo Project is underpinned by a commitment to consultation with all relevant stakeholders. In line with this commitment, a stakeholders meeting was held in February 2009. The meeting provided an opportunity for relevant stakeholders to inform the Thogomelo Project strategy by exploring the training needs of community caregivers, describing promising practices, identifying training gaps and positioning the project within the field.

The meeting was attended by representatives of partner organisations that provide services to vulnerable children and their caregivers. Representatives from the DSD and other relevant government departments were also in attendance.

*The Thogomelo Project is underpinned by a commitment to consultation with all relevant stakeholders.*

# Key findings of the Rapid Assessment Phase

Findings from the RAP are summarised below, under the following nine headings:

- Terminology considerations
- Primary sources of stress for community caregivers
- Psychosocial support mechanisms currently in place for community caregivers
- Training gaps to be addressed through the Thogomelo Project
- Promising practices and useful tips for the Thogomelo Project approach to training
- Specific considerations for issues such as gender, age, disability and culture
- Defining the scope of child protection for the Thogomelo Project
- Important policy considerations for child protection
- Requirements of the Skills Development Act

## Terminology considerations

### Caregivers

The Thogomelo Project defines primary caregivers as individuals who assume parental responsibilities for the care of a child in the child's community. These include the child's family members – surviving parents, grandparents, other adults, brothers or sisters – or unrelated community members. Primary caregivers receive their support from other concerned community members, community-based volunteers and a variety of professionals.

For the purposes of consistency and in line with DSD policy, the RAP used the term **community caregivers** to refer to all these above-mentioned community based workers who provide care and support to primary caregivers of vulnerable children, and sometimes directly to vulnerable children. However, the Thogomelo Project focuses principally on the non-professional community based caregivers (often referred to in the sector as 'volunteers').

### Psychosocial support and wellbeing

The RAP documented many and varied understandings of the term 'psychosocial support'.

Within the literature, psychosocial care and support encompasses numerous interventions and practices, both formal and informal, which deal with day-to-day psychosocial challenges – the aim of these interventions and practices being to ensure psychosocial wellbeing. The concept of psychological wellbeing spans the physical, mental, social, emotional, cultural, economic and spiritual domains of community caregivers' lives. The literature therefore identifies with a broad, holistic approach to psychosocial care and support, whereby steps are taken to ensure an all-encompassing psychosocial wellbeing.

When asked about their understanding of 'psychosocial support', respondents tended to focus on the support provided to children (beneficiaries) and seldom referred to their own experiences of, or need for, psychosocial support. Community caregivers also associated psychosocial support with professional support from psychologists or social workers, suggesting that informal sources of psychosocial support are not always recognised for the vital role they play.

For the most part, the term 'psychosocial support' is an alien one to many community caregivers. The training programme therefore needs to dedicate sufficient time to exploring this concept (and that of psychosocial wellbeing / health), along with the range of potential and actual, formal and informal, sources of psychosocial support that are available to community caregivers.

*The RAP documented many and varied understandings of the term 'psychosocial support'.*

### Child protection

Community caregivers who participated in the RAP had a relatively good understanding of what child protection entails. At a minimum, they understood it to mean 'caring for' and 'looking after' children and ensuring their safety. This encompasses the provision of a healthy emotional and physical environment for children, to foster optimal development.

Within legislation, child protection services are broadly grouped into four types / levels of intervention, namely:

- **Prevention services:** These include a wide range of interventions to support families to care for their children, and to eliminate / address the factors that place children at risk of abuse.
- **Early intervention programmes:** Developmental and therapeutic programmes provided to families where there are children identified as being vulnerable to or at risk of harm or removal into alternative care.
- **Statutory services:** Services that involve a court intervention and/or the removal of a child and placement into alternative care on a temporary or long-term basis. (Note, the Children's Act now also makes provision for a court to order early intervention services where necessary. This is a positive development and places a greater obligation on the State to ensure the availability of early intervention services.)

- **Reconstruction, rehabilitation and after-care services:** Including the reintegration of children into their communities and, if possible, families. Services delivered at this level are aimed at enhancing self-reliance and optimal social functioning.<sup>1</sup>

Most focus groups understood child protection violations to include neglect, exploitation and abuse of a physical, emotional or sexual nature. There was, however, no mention of child trafficking or child labour as particular concerns.

The Thogomelo Project training needs to explore the concepts of 'child protection', taking into account contextual considerations and local cultural / religious practices that might be harmful. Ultimately, it is important for participants to understand what constitutes a child protection violation (in law), how they are expected to respond, and the roles and responsibilities of other duty bearers.

### Primary sources of stress for community caregivers

The focus groups, interviews and literature reviews highlighted several sources of stress for community caregivers. Sources of stress have been clustered below into six categories, namely:

- Community caregivers' individual characteristics and socio-economic circumstances
- Organisational issues and working conditions
- Stressors associated with interactions with clients
- Expectations from self and others
- HIV and AIDS related stigma and discrimination
- Challenges associated with formal child care and protection systems

<sup>1</sup> Navigant Consulting (2007) Costing the Policy Framework and Strategic Plan for Child Protection.

### Community caregivers' individual characteristics and socio-economic circumstances

Community caregivers' personal experiences of poverty, deprivation and disease are common sources of stress. Many community caregivers live within communities heavily affected by poverty, HIV and AIDS. They may be ill themselves, and/or may be responsible for the care of sick family members. The emotional responsibility of caring for a sick family member as well as community clients can be overwhelming.

Interactions with community caregivers also highlighted the fact that many had their own personal (and often unresolved) experiences of abuse and trauma, which may impact their ability to respond appropriately to the needs of their clients. It is important to ensure adequate support for community caregivers, to enable them to support others.

Unlike many professionals working with vulnerable children, community caregivers often live in the same community as their clients. Creating and maintaining boundaries between their personal lives and work responsibilities is especially difficult under these circumstances and contributes to a sense of the work being relentless and without respite.

This stress is compounded in instances where community caregivers are expected / forced to use their own meagre resources to cover transport and other costs associated with their work.

Caregiving can also place stress on community caregivers' interpersonal relationships with family and friends. Community caregivers described difficulties balancing work and personal commitments, and expressed guilt at 'neglecting' their own families. Tension within families may be exacerbated in instances where community caregivers receive little / no remuneration for their work. This can lead to conflict and divided loyalties.

Notably, community caregivers who participated in the focus group discussions were generally reluctant to talk about their personal experiences of stress. This reluctance to share challenges is probably fuelled by perceptions that people who are in a caregiving role need to be stronger than their clients.

*Caregiving can also place stress on community caregivers' interpersonal relationships with family and friends.*

### Organisational issues and working conditions

Adverse working conditions were repeatedly cited as a source of stress for community caregivers. In particular, caregivers mentioned long working hours, having to be available to see patients at any time of the day or night, and the fact that they frequently have to travel long distances, without adequate transport, leaving them vulnerable to crime.

Inadequate and/or irregular remuneration through stipends was further cited as a source of stress and discontent. Discrepancies in stipends for different community caregivers, and between different organisations, lead to resentment and hamper staff retention.

Lack of organisational resources also impacts community caregivers' capacity to effect change and was cited as a significant source of psychosocial stress.

The rapid assessment points to the absence of effective support, monitoring, training and supervision for community caregivers from appropriately skilled supervisors. A sense of disempowerment and inadequacy ensues when community caregivers are required to deliver services for which they have received little or no training.

#### Other elements of the organisational environment identified in the literature as contributing to stress include:

- the absence of effective peer support strategies for community caregivers;
- poor communication between community caregivers and their managers, including a lack of guidance, direction and feedback;
- a lack of meaningful participation by community caregivers in organisational decision-making, and a lack of authority on the part of community caregivers to take actions that they deem necessary;
- unrealistic work targets (without adequate consultation with community caregivers), often determined by donors who lack understanding of what the work entails;
- arduous administrative requirements, such as record keeping and the preparation of reports.

All of the above factors contribute to caregiver attrition, which impacts negatively on service delivery and compounds stress experienced by remaining community caregivers and by managers / supervisors.

Much psychosocial distress caused by working conditions can be dealt with via improved organisational practices. Indications are that organisations need assistance to develop in-house psychosocial support systems.

### Stressors associated with interactions with clients

Even under the best organisational circumstances, the type of work undertaken by community caregivers is difficult and emotionally draining. Community caregivers witness on a daily basis the struggles that families face to meet their most basic needs. They are continually exposed to the difficult lives of vulnerable children, and are witness to the effects of child abuse and neglect, domestic violence, physical and mental illness, death, loss and bereavement, poor living conditions, and drug and alcohol abuse. The associated stress is compounded by the fact that community caregivers often lack the necessary skills and knowledge to deal effectively with the needs of their clients, and there is little or nothing that community caregivers can do to address the immediate material needs of poor families. This sense of helplessness can be an enormous source of stress and frustration.

For HIV-positive community caregivers, working with people dying of AIDS-related illnesses can be particularly difficult. Personal identification with a client's illness and impending death, and the impact of this on the remaining children, can be profoundly emotionally draining. This over-identification with the beneficiaries needs to be addressed through appropriate debriefing and counselling.

Through the work that they do, community caregivers are also exposed to the risk of contracting diseases, particularly in the absence of appropriate precautions (e.g. gloves, disinfectant). Efforts are needed to address the physical and health risks faced by community caregivers during the course of their work activities.

Attempts to address issues of abuse and neglect may also place community caregivers at risk. Some report physical and verbal threats from perpetrators of abuse and/or from the friends and family of the abuser. This is particularly so in cases of intra-familial abuse, where community caregivers often face hostile parents and family members. Hostility is compounded in cases where police are notified and relatives are arrested.

### Expectations from self and others

One of the greatest sources of psychosocial stress reported by respondents in the rapid assessment is the level of expectation they feel is placed upon them. Misunderstanding and ignorance about the role of community caregivers contributes to unrealistic expectations. The rapid assessment highlighted the need for better management of expectations of community caregivers across a range of stakeholders, including community members, donors and the community caregivers themselves.

During the focus group discussions, community caregivers complained that their communities did not necessarily understand the role of a community caregiver and several described having been accused by community members of taking advantage of organisational resources destined for the support of vulnerable children.



Community caregivers also reported feeling unable to meet the needs and expectations of some beneficiaries. This leaves the caregiver with a sense of failure, and may lead community caregivers to avoid returning to see a beneficiary.

There is also an unrealistic expectation by the South African health and social system that community caregivers can manage to deliver effective services to vulnerable communities at a very low cost to the state.

Unrealistic expectations from others may be fuelled in part by a common belief amongst community caregivers that they are able to shoulder on relentlessly without regard for their own needs and without sharing the emotional toll that their work takes on them. Some community caregivers shared that they find it hard to set limits or to admit that they are not equipped to undertake certain tasks. The literature review noted similarly that work pressures on community caregivers may to some extent be internally driven. Community caregivers sometimes fail to recognise what is practically feasible in the face of overwhelming demands. Training and support for community caregivers needs to include recognition of this, and aid in the development of skills to better manage stress and avoid burnout.

Potentially unrealistic expectations about future employment opportunities further contribute to stress and discontent amongst community caregivers. Caregivers are sometimes led to volunteer in the hope that this will lead to full-time employment within their organisations. There is general consensus in the literature reviewed that the concept of volunteerism needs to be better defined and understood by the social sector and by non-governmental organisations. This issue is addressed in the Home and Community Based Care (HCBC) Policy jointly implemented by the departments of Health and Social Development. The policy supports a move away from volunteerism towards remunerated career pathing. However, research suggests that this policy is not widely understood or incorporated in practice. The Thogomelo Project has the potential to make a significant contribution towards realising the policy objective of career pathing for community caregivers.

Finally, the rapid assessment points to the contribution of funders / donors to the stress experienced by community caregivers. Unrealistic donor-driven activities, targets and timeframes may place undue pressure on community caregiver organisations, resulting in a harmful focus on quantity vs. quality of service delivery. Failure to achieve these targets, whether overtly said or otherwise, may result in donors withdrawing their funding. Donor sensitisation to this issue is critical, as is the need to equip managers with the necessary skills to negotiate reasonable terms with funders.

### Stigma and discrimination

HIV and AIDS related stigma and discrimination remains an issue in many communities, one which impacts community caregivers and their clients.

Community caregivers reported that their association with a care organisation is assumed to imply that they themselves are HIV positive. In some instances, these community caregivers are rejected by families who are fearful of infection. This undermines their ability to fulfill their role in relation to vulnerable children.

HIV and AIDS related stigma also makes it difficult for those community caregivers who are HIV positive to speak openly about their status.

### Challenges associated with formal child care and protection services

Community caregivers describe social workers, counsellors, individuals in the South African Police Services (SAPS) and local clinics (in the case of sexual or physical abuse) as the prime sources of support in responding to child protection violations. And, in rural areas, elders and headmen are also widely consulted.

However, community caregivers expressed concerns about the poor response from the formal child care and protection system (including the South African Police Service (SAPS), social services and justice) to reported incidents of child abuse and neglect. Ineffectual responses from within the child protection system hinder community caregivers' ability to deal effectively with child protection violations. This is compounded by the fact that many community caregivers lack knowledge and understanding of how the child protection system is expected to function.

Training should include a focus on strengthening of the formal child protection system through the establishment of networking and child protection resource persons at an organisational level who can assist community caregivers to refer, support and advocate for effective state service provision.

The Thogomelo Project is well placed to address several of the abovementioned issues directly, through training and mentorship of community caregivers and their supervisors / managers. Other issues could be addressed indirectly, through information sharing and through the development of advocacy skills within individuals, organisations and communities.

*The Thogomelo Project is well placed to address issues directly, through training and mentorship of community caregivers and their supervisors / managers.*

## Psychosocial support mechanisms currently in place for community caregivers

The focus group discussions provide valuable information on the mechanisms currently used by community caregivers to support themselves and each other. This information provides a useful basis on which to build further training and support systems through the Thogomelo Project.

Community caregivers reported that their primary source of support was their peers (this reliance on peer support emphasises the importance of ensuring that organisational issues – such as discrepancies in stipend amounts – do not impact negatively on peer relations).

Managers, supervisors and coordinators were also seldom seen as a source of emotional support for community caregivers. When interviewed, coordinators and managers themselves expressed limited understanding of counselling or debriefing sessions and few could provide detailed information on the provision of psychosocial support for their community caregivers. Only one of the nine organisations that participated in the in-depth interviews had any formal psychosocial support programme in place for community caregivers. For the most part, psychosocial support offered to community caregivers was largely informal, peer group counselling and ad hoc debriefing sessions.

In the absence of organisational support, many community caregivers reportedly drew strength from faith-based activities, such as prayer groups, and – in rural areas – from traditional leaders.

Community caregivers expressed diverging views on social workers as sources of support. Some found social workers to be extremely supportive and able to expedite processes within the child protection system. Others, however, reported that social workers' caseloads were too great to allow them time to provide support to community caregivers, or that social workers were simply too lazy to assist. Many lamented that social workers are few in number or based in inaccessible locations.

### Summary

Community caregivers who participated in the RAP tended to draw support from a variety of sources, depending on what was most easily accessible and, importantly, reliable.

The Thogomelo Project training should aim to strengthen and consolidate these support networks and, where necessary and appropriate, introduce new support opportunities of an informal or formal nature, particularly focusing on those with cultural significance. In particular, community caregivers expressed a desire for:

- *Greater support from within their organisations* – including emotional and practical support, such as revised protocols for enabling rapid decision-making regarding food parcels and prioritisation of children in need; and sufficient petty cash to assist clients with food and transport.
- *Counselling* – Respondents spoke repeatedly of the need for professional counselling from trained counsellors, to help address stress and prevent burnout.
- *Satisfaction of material and practical needs* – Psychosocial support is to some extent expressed through the provision of practical / material assistance to community caregivers, allowing them to feel cared for and nurtured. This might include the facilitation of stress relief activities, such as family outings / team-building exercises.
- *Recognition* – Psychosocial support includes recognition of the important role played by community caregivers. Some respondents advocated for community caregivers to be seen as employees (and not just volunteers) within organisations, and called for the provision of an adequate stipend / salary.

*The Thogomelo Project training should aim to strengthen and consolidate support networks and introduce new support opportunities of an informal or formal nature.*

## Training gaps to be addressed through the Thogomelo Project

The RAP highlighted several notable gaps in the training available to community caregivers and their managers / supervisors.

- There is a glaring gap in capacity building of supervisors and managers, to enable them to create nurturing work environments, to ensure adequate support for their staff and sustain any training in psychosocial support that their staff attend.
- Most of the training programmes (for community caregivers) that were identified through the literature review focused on service delivery related skills development, with little emphasis on equipping community caregivers to better manage their *own* psychosocial well being.<sup>2</sup> This training gap was reiterated in the interviews with community caregivers – none of whom had received any significant training in managing stress and burnout, or exploring more constructive, self-preserving work styles. Interestingly, when supervisors and managers were asked what they thought the gaps were in current training for community caregivers, respondents once again emphasised service related skills (e.g. counselling skills for assisting children and families, understanding child rights and child care needs, understanding referral processes, early childhood development, etc.).
- Respondents had also not received formal training in dealing with child protection issues. Community caregivers highlighted four key areas which require strengthening in order to address child protection violations, namely:
  - improved counselling skills (particularly in relation to counselling of children)
  - an established protocol for managing child protection violations
  - close partnerships within the criminal justice and social services sector
  - a strengthened, functioning medico-legal system
- The reviews identified a lack of standardisation across various training programmes, in terms of content, approach and structure, and highlighted several concerns in relation to the quality of training (e.g. too short a duration, too theoretical, not pitched appropriately, and insufficient post-training support).
- Furthermore, most of the training programmes (70%) that were identified through the reviews were not accredited. Neither are most of the training providers (who offer training in psychosocial support and child protection). Those that are accredited, may only be accredited for isolated unit standards or for qualifications in the health sector. Community caregivers emphasised the importance of training accreditation, to enable them to work towards a recognised qualification and to pursue a career path.

<sup>2</sup> Umhlaba Development Services. 17 May 2006. Final Report: Audit of Caregivers in Home Community Based Care Projects in South Africa. Braamfontein: South Africa. Page 68

- And finally, efforts are needed to ensure that training on psychosocial support and child protection is better mainstreamed into home- and-community-based care training programmes. HCBC providers are frequently the first point of contact with a vulnerable family, making it imperative that this cadre of community workers is equipped with the skills necessary to respond or refer appropriately (HCBC training currently focuses almost exclusively on palliative and health care issues, with little emphasis on child care, psychosocial wellbeing or social support).

**If these training gaps and challenges are not addressed, the necessary scale and quality services for vulnerable children and their caregivers may not be realised.**

## Promising practices and useful tips for the Thogomelo Project approach to training

Several useful tips and promising practices for the delivery of the training were identified through the interviews and focus groups with community caregivers and managers, and through the literature reviews.

Most respondents supported a ‘learner-driven’, interactive and participatory approach to training that builds on the life experiences and support needs of learners and incorporates work that the community caregivers are already doing in their day-to-day activities. Respondents also emphasised the importance of recognising that each community caregiver’s motivation for involvement in caregiving may be different. The training design must take into account the fact that motivations are highly variable and informed by diverse personal, community, spiritual, economic and political factors. The training methodology should encourage awareness in each community caregiver of their personal reasons for engaging in caregiving, so as to ensure that the appropriate type of psychosocial support can be leveraged in response.

Some practical considerations for training include requests that the training be well planned, with adequate notice provided to participating organisations. Community caregivers suggested that training be no less than one week in duration (but that the number of training sessions for community caregivers be limited over a year so as to limit work disruptions), that it take place on week days and not weekends, and that daily sessions end by 15h00, to allow time for travel home. Respondents also emphasised the importance of ensuring a diversity of cultural and language backgrounds of training facilitators (and culturally appropriate content). Respondents encouraged the use of pictures and symbols in the training, which had relevance to participants, and suggested using poster formats, with clear visuals.

The inclusion of management (such as the supervisor or coordinator) from each organisation was suggested, so as to ensure that managers are aware of the issues raised and are able to provide their staff and volunteers with the necessary support and encouragement. At the very least, managers / supervisors need to participate in an orientation session, to ensure an understanding of their role in supporting the practical application of the learning.

Training service providers need to be accredited and have the necessary skills to respond effectively to the needs and experiences of community caregivers as these emerge in the course of the training. This is particularly relevant in the case of the child protection training, where the need for specialist knowledge and skills will define the pool of potential trainers.

There was a strong call from respondents for the programme to include a mentoring component, to enable learners to apply the knowledge and skills that they have gained through training, within a supported context. Discussions emphasised the importance of sustained support and mentorship. Towards this end, participants supported the idea of collaboration between ‘internal’ mentors (from within the organisation / community) and ‘external’ mentors (linked to the Thogomelo Project).

Respondents also recommended that the Thogomelo Project have a ‘communication strategy’, to enable ongoing feedback from trainees during and after the training sessions, and to support sustained partnership.

The rapid assessment underscored the importance of effective collaboration between key stakeholders, to ensure psychosocial wellbeing of community caregivers and effective community responses to child protection. In order to support collaboration, participants suggested the inclusion of a resource mapping exercise into the Thogomelo Project training, as well as a regular newsletter to facilitate networking between community caregiver and partner organisations.

This is also important in relation to further training and development. The Thogomelo Project cannot address all training needs around psychosocial support and child protection. As such, information should be provided to participants on other available courses and training service providers, to aid their continued development in this field.

There was general support for the idea of a ‘toolkit’ as part of the training package, and several suggestions for what this might include. These suggestions ranged from very practical ideas (such as umbrellas, raincoats, gloves and a simple medical kit), to more symbolic representations of nurturance and support (such as love, respect and confidentiality). There were also suggestions that the toolkit include

a short factual guide to help community caregivers deal with everyday situations, especially in relation to child protection issues. Respondents requested that the toolkit contain resources to aid referrals, including referrals for self care (e.g. a diary with contact numbers of relevant professionals). The availability of protocols for the identification and referral of child protection violations is critical in shaping caregiver responses, and should be supported by toolkit materials, e.g. guidelines, pocket books.

Respondents also recommended the inclusion of an easy-to-use checklist to help community caregivers identify the signs and symptoms of stress, depression and abuse.

Stakeholders emphasised that the toolkit should not be branded, so as to avoid possible stigma for community caregivers and their clients.

### Specific considerations for issues such as gender, age, disability and culture

At the outset, the Thogomelo Project identified the need to consider issues of gender, disability, age and culture in the content and delivery of the training programme. Some key considerations emerging from the rapid assessment phase include the need to encourage greater involvement of men in the provision of care services, through gender-sensitive content, in the selection of training participants, and in the recruitment of trainers. At the same time, the training should address the empowerment of women (given that most community caregivers are poor, marginalised women). Attention also needs to be paid to the special needs of older carers.

It is also important for training facilitators to be cognisant of cultural issues in relation to abuse. As an example, within some contexts allegations of abuse are dealt with by the family and there may be a reluctance to report an incident to the relevant authorities.

Disability is also a key consideration. One of the objects of the Children’s Act is to recognise the special needs that children with disabilities may have. The provisions of the Act aim to protect them from unfair discrimination on the grounds of their disability, and to create an enabling environment to respond to their special needs. The Children’s Act provides that barriers to service access for children with disabilities must be removed and that the necessary support services must be available to enable access. Towards this end, training should address the factors that render disabled children more vulnerable to abuse and that may prevent them from accessing the services they require.

## Defining the scope of child protection for the Thogomelo Project

The second overall objective of the Thogomelo Project is to strengthen effective and efficient child protection responses. The rapid assessment highlighted a clear need for specialised training in the sector, to facilitate appropriate responses to child abuse, neglect, exploitation, child labour and trafficking.

At the outset, project documents emphasised a focus on protecting children infected with or affected by HIV and AIDS. However, this approach shifted as a result of the rapid assessment, with recognition of the fact that an attempt to focus on particular categories of children is inappropriate. The Thogomelo Project will aim to strengthen the capacity of individuals and organisations to prevent and respond appropriately to child protection violations for all children. In this way, the project will best serve the needs of those children who may be affected by HIV and AIDS.

**The content of the Thogomelo Project child protection training will focus on the following three inter-linking themes:**

**Theme 1:** Responding to child abuse, neglect, and exploitation (including child labour and child trafficking)

**Theme 2:** Preventing child protection violations (the RAP identified the need for clarity on the scope of the training with regards to prevention services)

**Theme 3:** Building a safer environment

Within these themes, special consideration needs to be given to intra-familial abuse. Community caregivers cited abuse within the family as being the most complicated and challenging to deal with.

**The above themes will be addressed through training and mentorship that:**

- build the capacity of community caregivers and CBOs, FBOs and NGOs to identify, report, refer and respond to cases of child abuse and neglect;
- mobilise and support community caregivers and partner organisations to strengthen community-based responses to abuse and neglect. Such responses may include establishing and maintaining effective networks, supporting Child Care Forums (CCFs) and Child Protection Committees, and facilitating the enforcement of child protection policies (such as protection from child labour or child trafficking);
- build specialist child protection knowledge of organisation-based ‘resource people’ to implement protective measures (such as protecting children’s assets and inheritance rights, providing bereavement counselling to children, and facilitating access to identify documents and social grants) and provide supervisory support to community caregivers encountering child protection violations in their work.

## Important policy considerations for child protection

Most respondents in the focus group discussions were aware of child protection violations within their communities and/or had personally dealt with such cases in their line of work. Yet their responses indicated inadequate knowledge and understanding of child protection, whether in responding to abused children and managing disclosure, or navigating the formal referral, treatment and follow-up processes.

These findings reiterated the need for a child protection curriculum targeted at community caregivers, and their managers / supervisors. The review of international and domestic policy and legislation was undertaken to guide the development of this material.

The review highlighted the need for the training to include information on age considerations in relation to child protection. While the South African Constitution defines a child as a person under the age of 18 years, various other important age thresholds for children are defined in law. For example,

- the age at which a child may perform labour (15 years);
- the age at which a child is considered by law to be capable of consenting to sex (16 years). It is an offence for an adult to have sex with or to sexually violate a child who is below the age of 16 years, even with that child’s consent;
- the age at which a male child can consent to being circumcised (16 years);
- the age at which a child can consent to a virginity test (16 years);
- compulsory school-going age (7 to 15 years).

If these age thresholds are not upheld, a child protection violation has occurred.

The legislation covered in this review recognises the important roles of a number of service practitioners (within government and the non-governmental sector) in the realisation of the child’s right to care and protection. Categories of social service and related personnel required to implement child protection legislation include: social workers, social auxiliary workers, probation officers and assistant probation officers, child and youth care workers, early childhood development workers, community development workers, social security agency personnel, labour inspectors, educators, health workers, police, court personnel and others from the justice system, correctional services staff, Home Affairs officials, local authorities and volunteers. It is important to recognise the roles and responsibilities of each of these duty bearers in the training, and to encourage participants to consider the full spectrum of support services in the development of their community-based resource maps and referral networks.

Policy and law also provides for numerous structures, at various levels, to support implementation of child care and protection legislation. Types of structures range from local level CCFs and multi-purpose centres, to provincial and national co-ordinating bodies, such as the national child care and protection forums. Engagement with these structures, at various levels, is essential for the Thogomelo Project.

It is beyond the scope of this summary to present information on all relevant policies and laws related to child protection which were included in the policy review. However, a brief overview of the provisions of the Children's Act (as amended) is critical.

**The Act defines a child in need of care and protection as a child who:**

- has been abandoned or orphaned and is without any visible means of support;
- displays behaviour that cannot be controlled by the parent or caregiver;
- lives or works on the streets or begs for a living;
- is addicted to a dependence-producing substance and is without any support to obtain treatment for such dependency;
- has been exploited or lives in circumstances that expose the child to exploitation;
- lives in or is exposed to circumstances that may seriously harm that child's physical, mental or social wellbeing;
- may be at risk if returned to the custody of the parent, guardian or care-giver of the child as there is reason to believe that he or she will live in or be exposed to circumstances which may seriously harm the physical, mental or social well-being of the child;
- is in a state of physical or mental neglect; or
- is being maltreated, abused, deliberately neglected or degraded by a parent, a caregiver, a person who has parental responsibilities and rights, a family member of the child, or by a person under whose control the child is.

The Act further defines the categories of personnel who are obliged to report suspected abuse or neglect and it lays out the processes to be followed once such a report has been lodged.

**Importantly, the Children's Act places a legislative duty on the state to ensure:**

- a sufficient spread of each service (e.g. child and youth care centres and early intervention services) in every province;
- that there is an updated record of the services available in every province for planning, monitoring and budgeting purposes;

- that budgets are allocated at a national and provincial level for the provision of these services by the state and non-profit organisations (NPOs);
- that services are available to children with disabilities;
- that national norms and standards are set in regulations and that NPOs are assisted by government with capacity building and funding to achieve these norms and standards.

The state is not obliged to provide all of the services itself, but it must ensure that the services are provided and that they are accessible to all vulnerable children. This requires strong partnerships between government and NPOs, and the provision of adequate financial support from the state for the non-governmental sector.

Importantly, NGOs involved in child protection activities and services in terms of the Act must be registered as designated Child Protection Organisations. This provides the assurance that quality services will be offered.

The provisions of this Act, and other pieces of legislation, must be taken into account in the training of community caregivers in child protection. Knowledge of relevant laws enables effective advocacy.

The legal arena for child care and protection is a changing one in South Africa, with recent or planned amendments to several fundamental laws, including the Children's Act, the Criminal Law (Sexual Offences and Related Matters) Amendment Act, the Social Service Professions Act, and the Child Justice Act. Several policies related to child care and protection are also in various stages of development. As such, it is critical that the information contained in the Thogomelo Project training is presented in such a way that it can be updated as necessary. New developments in policy and law also mean that components of the Thogomelo Project training that deal with legislation will be useful to a broad spectrum of social service providers, including professionals.

***NGOs involved in child protection activities and services in terms of the Act must be registered as designated Child Protection Organisations.***

## Requirements of the Skills Development Act

A defining characteristic of the Thogomelo Project is the commitment to the accreditation of the training materials. This approach was strongly supported by participants in the interviews and focus group discussions and is advocated in the literature. It also aligns well with the Department of Social Development's Operational Norms and Standards for Child Protection Capacity Building.

In South Africa, the Skills Development Act requires that an accredited skills programme be occupationally based, provide a credit towards a qualification registered in terms of the National Qualifications Framework (NQF), address identified skills needs, and make use of accredited training providers

The Thogomelo Project training will be aligned to South Africa's Skills Development Act and to the related Expanded Public Works Programme (EPWP). The EPWP is a Department of Labour initiative that seeks to develop skills and knowledge among community caregivers, while at the same time promoting poverty alleviation and women's empowerment.

A range of unit standards are registered by the South African Qualifications Authority (SAQA) that pertain directly or in part to the training needs and emerging content areas as highlighted in the literature review. In addition, there are a range of possible qualifications that learners accredited with these unit standard credits could progress towards as part of their continued education and career pathing.

A limitation of this approach, however, is that it requires a minimum level of education (notably numeracy and literacy) amongst trainees. Given the fact that many community caregivers have very limited formal education, the RAP identified the need for careful consideration of selection criteria for training participants. The Thogomelo Project recognises the need to make training available to community caregivers who may not meet minimum educational requirements but who have skills and experience in community work, and who could benefit from the training.

*A defining characteristic of the Thogomelo Project is the commitment to the accreditation of the training materials.*

## Conclusions

The Rapid Assessment Phase was an essential component of year one of the Thogomelo Project and provided a solid base for years two to five. The RAP was critical in informing the development of the curriculum and in ensuring that the content of the training material is relevant, complete and technically accurate.

Through the activities of the RAP, the Thogomelo Project team has established good relationships with key stakeholders in the sector. These relationships will not only inform the development and delivery of the training materials, but will also help ensure long-term national and provincial sustainability.

As the Thogomelo Project enters subsequent phases, periodic reflections on the findings of the RAP will help keep activities on track, and ensure that the project meets the needs of the target group.

The content of the interviews and focus groups discussions also provide useful baseline information on community caregiver knowledge and skills that may assist the team in evaluating project impact.

**In evaluating the RAP itself, the process had several limitations, including the following:**

- There was a low response from PEPFAR partners to the survey of training curricula and needs. Only 19 of the approximately 100 organisations that were approached responded to the survey.
- In retrospect, the RAP might also have benefited from a similar survey of selected DSD partners.
- OVC.net, a website managed by the International HIV/AIDS Alliance and originally viewed as a prime source of regional information on community caregiver needs, in fact only contained information on children's psychosocial needs. Due to time limitations, the Thogomelo Project team was not able to address this gap through alternate literature reviews. As such, regional information on community caregivers is less comprehensive than was planned.

- There was reluctance on the part of some organisations to share information with the Thogomelo Project, although this was not a major factor.
- There was insufficient time in the focus group discussions to develop the levels of trust required to facilitate community caregivers' full expression of their own psychosocial needs. Because this is a new experience for many of them, discussion tended to revert to the more familiar terrain of the psychosocial needs of their clients.
- The consultative meeting (initially scheduled for November 2008) was postponed to February 2009. This delayed project start up and reduced the time available for curriculum development.
- The project would have benefited from a greater number of in-depth interviews, and from a more thorough and comprehensive approach to these. Additional in-depth interviews will be required for the development of the psychosocial support curriculum for supervisors.

Further information on each of the components of the RAP is available on request from project staff.

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