An Assessment
of
Psychosocial Care and Support

Provided to Children in the
Africa KidSAFE Network

September – November 2007

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Every effort was made to represent the reports and views of the organisations interviewed, however, for any mistakes or omissions in this report, my sincere apologies to the relevant parties.

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An Assessment of Psychosocial Care and Support

Provided to Children in the Africa KidSAFE Network

September – November 2007

1. Introduction

This report documents an assessment of current psychosocial care and support (PSCS) including counselling, to children and young people in the Africa KidSAFE network. The assessment was carried out between September and November 2007.

Article 39 of the Convention of the Rights of The Child states:

Every child who is a victim of 'any form of abuse or neglect has the right to physical and psychological recovery and social reintegration'.

It is difficult to refute that the majority of children who find themselves in contact with the KidSAFE network have at some time been subject to abuse and/or neglect, whether this has occurred within their family, on the streets, or elsewhere.
Hence under the CRC, ratified by Zambia in 1991, the state has a responsibility to provide services which promote the children's 'physical and psychological recovery and social reintegration'.

This piece of work set out to discover to what extent the children's psychosocial needs were being addressed. It aimed to examine the types, quality and accessibility of psychosocial care and support and counselling provided within the KidSAFE network, and to make recommendations about how to build on this so that children in the network receive improved quality PSCS.

2. Explanation of Terms

2.1 Psychosocial Care and Support

REPSSI highlight 5 essential needs of children which promote their wellbeing. These are social, emotional, spiritual, physical and mental needs. From these five needs, they emphasise the importance of addressing the social and emotional needs of children, in addition to the other three more commonly addressed areas. The addressing of children's social and emotional needs they term as 'psychosocial care and support'.

The diagram below (Figure 1) illustrates this.

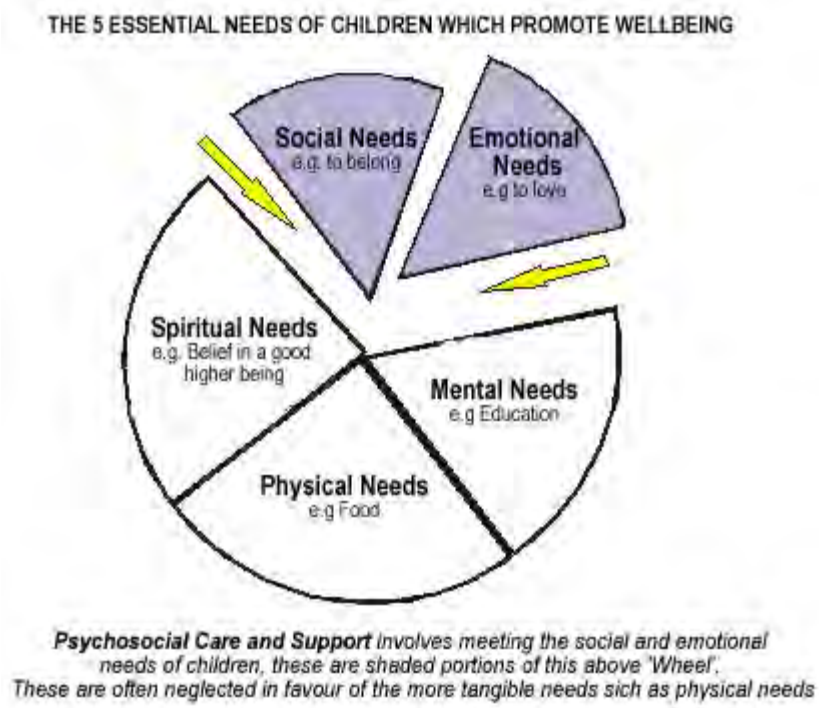


Figure 1. Essential Needs of Children.

From the REPSSI website: www.repssi.org

However, these five needs are of course interlinked e.g. going to church might fulfil spiritual, social and emotional needs, going to school fulfils mental and social needs, and so on.

Therefore, this assessment started by using a broader definition of psychosocial care and support and initially looked at all five ways in which the needs of children are addressed. Once a picture of this was gained, the assessment focussed specifically on social and emotional needs of children.

2.2 Counselling

Counselling is *one form* of psychosocial care and support intervention, and it is important to emphasise this as the terms counselling and psychosocial support are sometimes confused.
This assessment looked at counselling in more depth than some of the other forms of support as it is seen as an essential part of a package of care for vulnerable children.

Counselling can be defined as:

'a process by which an individual is helped to feel, behave and think in a more personally satisfying manner through interaction with a counsellor.'

ZCC, 2005

The aim of counselling can be described as:

'to help individuals clarify their problems, make decisions and take action to improve their capacity and ability to cope with their problem situations.'

ZCC, 2005

3. Method

The aim was to use an 'action research' methodology. This means that the researcher is not only gathering data from people, but also giving something back to the participants, in the form of a learning experience, knowledge, insight etc. The feedback from workshops with staff and children, and supervision and assessments with counsellors, confirmed that this aim was realised. Workers and children alike reported finding the workshops and supervision meetings very useful, and requested more in the future.
To achieve a more balanced impression of the situation I worked with a 'PSCS Action Team' comprising four counsellors from the AKS network. Together we undertook the assessment.
The assessment had four main strands as follows:

3.1 Workshops and interviews with Partners

Finding out about the psychosocial care and support and counselling offered by the partners – through interviewing staff teams using a workshop format and structured questionnaire. See Appendix 1 for assessment form.

The following partners were met with as part of the assessment:

- Chisomo Drop In Centre
- St. Lawrence Home of Hope
- Messiah Ministries
- New Horizon Ministries
- Flame
- Mthunzi
- Lazarus Project
- Child Transformation Trust
- Mapode
- Sables Drop In Centre, Kabwe

Others were contacted via questionnaire, these were returned by:

- Rainbow
- Citetekelo Youth Project

Staff were prompted to think about the different types of psychosocial care and support they provide to children, to write each form of support on a 'post-it' sticker, then to place it on the grid (see figure 2 below) in the appropriate place according to the type of support provided.

Later in the assessments, once a general picture was gained, staff were asked only about ways they address the emotional and social needs of the children, rather than all five areas below.

	Individual	Group	Organisation / institution	Family / Community	Children's participation
Emotional well being					
Social					
Mental / Educational					
Spiritual					
Other					

Figure 2. Grid to differentiate types of Psychosocial Support.

3.2 Workshops with Children

An exercise with groups of children was carried out to find out their current social and emotional supports and what else they might find helpful. This was an adaptation of the 'Tree of Life' exercise, Ncube, REPSSI, 2007.
See Appendix 2 for outline of the Tree of Life Psychosocial Assessment with Children.

Groups of children from the following centres were met with:

- Chisomo Drop In Centre (10 children)
- Flame (10 children)
- Hope Foundation (7 children)

Young people at Chisomo Drop in Centre participate in the assessment.

3.3 Assessment of Counselling Skills

Assessing the counselling skills within the network through:

- a counsellor's supervision group (in Lusaka),
- collecting information on counselling qualifications and trainings completed by each counsellor, and
- individual assessments of counsellors.

  - See Appendix 3 for Counselling Assessment Tool.

3.4 Information on PSCS

Investigation of other PSCS programmes & tools in Zambia and Southern Africa as a context for possible developments.

4. Constraints

4.1 Time

The limited time available for the assessment prevented us from meeting with every organisation or visiting every centre in person.

4.2 Transport

Lack of transport to visit centres, transport arriving late or being cancelled at the last minute meant that at times planned assessment meetings did not happen or had to be truncated.

4.3 Cancellation of meetings and trips

Last minute cancellation of the Copperbelt trip prevented the assessment from reaching the Copperbelt, and meant disrupting the schedules of those partners as well as disappointing them.

Both of the above points contribute to eroding good relationships with network partners.

4.4 PSCS Action Team

This team was a great resource in helping me to conduct the assessment and reflect on the process. One of the constraints was that each of the four members had their own work to complete so their availability to work on the assessment was limited. Perhaps if they were offered more remuneration to work on this project, or if there was an agreement with their managers that they donate a certain amount of time to the network, this problem might have been ameliorated.

4.5 Building Relationships

Less assessments of individual counselling were carried out than had been planned. This was partly due to people's discomfort at being assessed, and my feeling that in the long run developing good relationships was more important than gathering data.

5 Psychosocial Care and Support – Current provision

5.1 Staffs knowledge of Psychosocial Care and Support

Most staff seemed to have an understanding of the meaning of PSCS. When asked what the term meant to them they spoke of the variety of needs of a child described above i.e. education, physical needs such as food and shelter, emotional support and counselling etc.

One groups description of psychosocial care and support during the assessment

5.2 Types of Psychosocial Care and Support Provided

From the reports of staff at the centres visited, a good foundation of basic psychosocial care and support seems to be provided.

Responses from the centres have been recorded in table form.
See Appendix 4 for table of PSCS provided to children in the network.

From our workshops with the young people using the centres, it was apparent that they felt helped and well supported by the workers in the centres. Many of the children referred to particular workers by name when they were asked to name people who are important in their lives, and when they were asked about acts of caring or kindness shown to them. Many of the children also emphasised the importance for them of being able to attend school, but also the significance for them of having people in their lives who cared enough about them to ensure they had an education.

5.3 Record Keeping, Monitoring & Evaluation

Few centres reported any formal monitoring and evaluation of the PSCS provided to the children. However, they all gave examples of ways children improved during time spent at the centres, and saw this as evidence that what they are doing is having a positive effect. For example, they cited how the children's school performance improved, how their behaviour improved, they showed an increase in self discipline, and many became ready to return to their families.

Some centres reported having internal reviews of their activities, one centre (Sables) had had an external review, and Chisomo had involved the children in its annual review. Messiah reported evaluating its performance against the CRC.

A Boy at Chisomo Drop in Centre displays his 'Tree of Life'.

5.4 Examples of Good Practice

5.4.1 Identified Workers for Children

Mthunzi reported dividing the children into groups, with one worker overseeing the well being of the children in that group. Lazarus reported plans to implement a similar structure. This is a good way to ensure that each child is given some special attention and their needs are not missed.

5.4.2 A Peer Education Model

Some organisations, including CTT, have prioritised a peer education model as a way of reaching larger numbers of children. For their children's rights group and theatre in education, they work with a small group of community school pupils and a teacher, who then go back to their school and pass on their learning to their peers. Yofoso uses the same model for teaching literacy to children. This model is highly recommended, as long as the children are well coached and supported to teach their peers. They learn through teaching whilst developing their own teaching and organisational skills and increasing their self esteem.

5.4.3 Theatre for Development and 'Bare Feet'.

A number of organisations including Flame and CTT incorporate a theatre for development approach into their programmes. Bare Feet Theatre Company has also become an established part of many centres' programmes. Bare Feet work with the children using singing, dance, drumming, drama, film making etc. their approach has been very popular with both children and centre staff.

Girls at Flame perform a sketch about preventing child abuse

5.4.4 Celebrating Birthdays

One aspect of family life that children in the centres miss out on is celebrating birthdays. At Sables Centre, at the end of each month birthdays from that month are celebrated. The children are involved in making a cake, a small party is held, and gifts such as clothes are presented to the children with birthdays. Simple interventions like this have great significance as they show a child that they matter and that there are people who care enough to do something special for them.

5.4.5 In Service Training in PSCS

Rainbow reported that in the last quarter of 2007 they held trainings in the following areas:

- **Grief Management**
  To provide staff with knowledge and skills on how best handle and manage grief in children.

- **Child Abuse and Gender Violence**
  To increase among staff members awareness on the issue of child abuse and gender violence.

- **HIV/AIDS and other related issues affecting Street Children**.
  To raise awareness on all issue related to sexual health both for children still living on the streets and those staying in our structures.

- **Single Parenting**
  To help single guardians know how to manage the family.

- **Drug Abuse and Addiction**
  To help staff members know how to manage behaviours of children who are on drugs and to raise awareness among children themselves about the dangers of using drugs and drinking**.**

5.4.6 Reconnecting Children and Families

A number of centres reported facilitating children to visit their families and working towards reintegration, but some felt that they weren't doing enough in this crucial area. They emphasised the importance of strengthening family ties, but reported finding it difficult to do in practice. Many said that they had tried inviting children's families to meetings and events but the majority did not attend. Rainbow project and Cicetekelo reported holding monthly parents events or parents meetings. Rainbow reported an assertive approach of visiting families on a regular basis and following up parents who do not attend meetings. They also involve parents in decision making and development of the centres. Cicetekelo reported that their parents decided to form a parents committee to encourage more parents to get involved, and that more parents attended when they were given a grocery pack.

Rainbow also takes a clear and structured approach to connecting children and families. They identified four distinct stages, these are: family tracing, family assessment, family reintegration and family follow ups. Rainbow also emphasised that they start this process from the first contact they have with the children.

CTT takes a preventative approach to family breakdown and is planning to run trainings in family preservation in communities. They hope to train a group of parents who will then train others in family preservation.

5.4.7 Strengthening Support from the Community

Mthunzi and New Horizon make extra effort to involve the local community members with the children. Mthunzi invites elders in to talk with the children about traditional values, or to resolve conflicts amongst the children. New Horizon encourages mothers from the community to form close ties with specific girls, including taking the girls home for visits or holidays.
CTT does not run child care facilities, it emphasises placing the responsibility for caring for orphans and vulnerable children on communities. CTT targets community leaders such as elders, religious leaders, teachers, councillors and politicians, and lobbies them and supports them to care for vulnerable children in their communities. Another way they do this is by networking and facilitating other organisations with appropriate skills to work in the communities.

5.4.8 Children's Participation

Involving the children in decision making about services is not only empowering and educative for the children, it also guarantees a greater level of satisfaction and commitment to the services by the children. A number of organisations reported involving children in decisions about their own lives, and in making rules at the facility. Chisomo involved their users in an evaluation of the centre, and New Horizon reported having two children as board members.
Citekekelo reported having three young people and two parents on their planning panel with their funders. Rainbow and Yofoso also reported involvement of children in planning and running their projects.

5.4.9 Children's Rights Clubs

A number of organisations including Mthunzi, Messiah Ministries and CTT reported having Children's Rights Clubs where children learn about their rights and responsibilities.

5.4.10 Examples of Good Practice Outside the KidSAFE Network

5.4.10a) PSCS as a holistic approach

The approach taken by Jabulani Children's Village in Ndola was recommended as an example of good practice by the evaluators of the PSS programmes supported by CHIN (Children in Need Network, Zambia. Jabulani are not part of the KidSAFE Network). At Jabulani, the director works with all of the staff who have direct contact with the children, on a one year intensive programme for 2 days a week. On one day they learn theory about child development and PSS for children, and on the other day they discuss the children they work with, putting the theories into practice. They use a group discussion format for the sessions, and include a lot of self development and introspection for the workers. The director commented that

> *'many of the caregivers have a great need to work through their past as well. If this is not worked with, the children's problems and pains clash with their hurts.'*

When this happens, there is a danger that staff's defense mechanism will be to switch off to the needs of the children, or worse still, to become hard and even abusive.

The director at Jabulani emphasized that this work with the staff team has been a long slow process, but definitely worthwhile. She wrote:

> *'I have seen that it has taken over 2 years now for people to catch the thinking of PSS but now we are starting to speak the same language which is just marvelous. This helps with the children enormously and empowers the caregivers to tackle problems on their own much more efficiently.'*

She added that the staff's attendance at the BQCC has also supported this process.

5.4.10b) Strengthening Community Partnerships for the Empowerment of OVCs

Care Zambia's Scope OVC project has been running since 2000 with a major PSS component. They now have PSCS programmes running in 11 districts, based on the REPSSI model. They have trained teachers, guardians, parents and children in a variety of interventions including children's camps, children's clubs, memory work and memory books, hero books, body mapping, defence skills and play therapy. Scope OVC are very happy to share their learning, so they could be a very useful resource to AKS if we also follow the REPSSI model, we can learn a lot from their experience in this field.

5.5 What else is needed? Views of staff and children

5.5.1 Children: 'People to talk to us'

One group of children emphasised the importance of adults taking with them and this is what they wanted more of. One boy said:

> *'We might think we need clothes, but advice and talking is more what we need.'*

Another stated:

> *'I just like it if a teacher talks to me.'*

5.5.2 Workshops like the 'Tree of Life'

All the children we worked with said they found the 'Tree of Life' workshop helpful and enjoyable, and they requested more of such workshops. They invariably asked us to come back to do more with them.

5.5.3 Education

For children who were not in school, this was their major focus. One girl wrote:

> *'I want the PCI to support me to school because I want to finish my education and go to college because I want to help my families in future. Please PCI I need help because I want to go back to school, and I want to have a good job in future.'*

5.5.4 Strengthening PSCS Skills

Many organisations requested more training in PSCS skills. One commented that ongoing training for staff was needed in this area, as well as clarification of what PSCS means. Another recommended:

> *'to motivate every day more staff members towards children and their needs.'*

5.5.5 Opportunities to Reflect on Work

Staff said that they enjoyed the workshop on psychosocial care and support which we held as part of the assessment. They said they found it helpful to have an opportunity to reflect on their work, to notice the many things they do to help the children on a day to day basis, and to be prompted to think about what more they could provide. Many asked for more of such workshops on this and other topics.

5.5.6 Learning from other Centres

Some staff were curious about what is provided at other centres and suggested that exchange visits would enable them to learn about this and develop their practice accordingly.

5.5.7 Linking Children and Families

As discussed above, many staff were grappling with how to foster better links between children and their families, and would appreciate some help in this area. Many facilities stated that they encourage families to visit their children in the centres, but find that the families rarely come. Some felt that more work was needed to encourage families to take more responsibility for their children, and some proposed that more effort should go into family empowerment to enable children to stay with their families.

5.5.8 Clear Divisions of Labour

Some workers felt that there was an expectation on the staff to be everything to everyone. In other words that staff are expected to be a cook, a counsellor, and administrator, a family tracer etc. They recognised that there is a need for child and youth care workers to have many roles, but at the same time, it was felt that some degree of specialisation, and limiting the number of tasks would lead to better quality care for the children.

5.5.9 Logistical Support

Many staff suggested that with better logistical support they could do more with the children. They suggested:

- A play park with swings etc. for the younger children
- More toys and games for the children
- Funds so that children's families could be empowered
- Transport for outings and visits to other centres,
- Musical instruments and drums
- Sports Equipment
- More outings e.g. Munda Wanga
- Funding for trips and activities
- Teaching materials
- Food support to encourage children to attend school
- More teachers for the school

6 Counselling – Current Provision

6.1 Staff's knowledge of counselling

6.1.1 What is a counsellor?

The majority of workers, with or without counselling qualifications, described themselves as counsellors. This is encouraging in terms of their willingness and desire to help the children in any way possible, but may be problematic when children need more skilled counselling help and are unable to access it because unqualified staff feel they can provide what is needed.

6.1.2 Recognising a need for counselling

Workers recognised that many children would benefit from counselling, although the majority did not highlight that some children had serious issues for which they probably needed professional help.

6.2 Access to Counselling

All centres reported that every child had access to counselling every day of the week. This seemed to be partly because almost every worker was seen as a counsellor.

Counselling was accessed both by a child approaching a worker, and by a worker noticing something different about a child such as a change in behaviour or increased isolation, and then approaching the child to ask if they were ok and talking with them. There seemed to be a great willingness on the part of the workers to notice if a child was having difficulties, and to help and support that child, even in some cases, if the worker did not have the appropriate skills.

6.3 Provision of Counselling

Every centre or team reported that they provide counselling for the children. However, the form this counselling takes seems to vary enormously from centre to centre, and even within centres, depending on the particular worker.

6.4 Monitoring, Evaluation & Supervision

Some organisations reported keeping a record of children counselled, whilst for others the counselling was much more informal and no records were kept. Sables Drop in Centre kept clear and accessible records of every counselling session and clear monthly records of individual and group counselling.

Few if any centres reported having done any evaluations of the quality of the counselling provided, and likewise only two centres reported having regular supervision where counsellors discussed their counselling work with peers or more experienced counsellors.

Many centres felt that the support and counselling they provided to the children was helping them, as they saw the children change for the better over time, e.g. better behaviour, becoming settled or working well in school.

6.5 Quality of Counselling Provided

At least 25 members of the KidSAFE network in Lusaka identified themselves as counsellors.

Four or five had completed trainings in counselling of over a year e.g. a degree in social work at UNZA, pastoral training, a one year Diploma in counselling at Chainama.

The remainder of these had completed on average one counselling course, of an average 2 weeks duration. Some had completed one or three month counselling courses, whilst others had completed no counselling courses, only related courses such as BQCC, home based care or outreach trainings.

6.5.1 Four Levels of Counsellor

For the purposes of this assessment, counsellors have been divided into four categories of skill as follows:

1. Lay counsellor
2. Novice counsellor
3. Qualified Counsellor
4. Counsellor supervisor

1. Lay counsellor
    a. Might have completed a 2 week counselling course or two or three short courses.
    b. Scores less than 45% in counselling assessment

Lay counsellors can provide the basic support to children on daily issues. Every child and youth care worker should have some lay counselling skills. These include good listening and understanding skills, and basic problem solving skills. NACCW in South Africa calls this ‘lifespace counselling’.

2. Novice counsellor
    a. Might have completed a three month course in counselling or two or three two week courses
    b. Scores 45% or above in counselling assessment

Novice counsellors should be able to offer one to one counselling if they are closely supervised on each client they work with. They could also be seen as trainee counsellors.

3. Qualified Counsellor
    a. Might have completed one year or more counselling training
    b. Scores over 55% in counselling assessment

A qualified counsellor should be equipped to work with clients with a range of difficulties. Every counsellor, no matter how experienced, should receive regular supervision to monitor their ability and develop their skills. Each counsellor should be aware of his or her own limits and know when a case is out of their level of expertise. In such cases a counsellor should be ready to refer the client on to someone with the appropriate expertise.

4. Counsellor supervisor
    a. Completed a recognised supervision training course
    b. Scores over 65% in assessment

A counsellor supervisor should be able to counsel a wide range of difficulties and supervise, i.e. coach and support, the other three levels of counsellor on their counselling. A counsellor supervisor, like any counsellor or therapist, no matter how experienced, should receive regular supervision, and should be aware of his or her own limits and be ready to refer the client on to someone else when appropriate.

These categories are being used as a rough guide and not by any means set in stone. However, it seems important to have some means by which counsellors can assess their own skills and level of counselling, and by which we can differentiate the different levels of counselling offered across the network.

Five counsellors were assessed through role plays using a counselling skills assessment tool (See appendix 3)
Two of these counsellors were assessed to be at the beginners stage ie, lay counsellors, two were assessed to be at the stage of novice counsellors, and one at the level of a qualified counsellor. This is approximately what would be expected from the level of training each had completed.
From looking at the qualifications of the remainder of the group, the majority would probably be at level 1 – 2, i.e. lay or novice counsellor stage, with about 7 qualified counsellors in the group.
One experienced counsellor supervisor has also been identified in the network.
Assessments of counsellors in Lusaka, Kabwe and the Copperbelt need to continue.

6.6 Types of Counselling

Staff reported conducting mainly individual counselling, with some group and family counselling conducted by a few of the centres.
Four counsellors reported completing courses in child counselling ranging from 2 weeks to 3 months.

6.6.1 Counselling for Children On the Streets

Most of the teams taking part in the assessment reported counselling children in residential centres. Some, such as Rainbow, Chisomo and Sables, offer counselling also to children who are not staying in the centre, i.e., those living on the street. They provide a space where children living on the street can come for counselling and support. The AKS outreach team in Lusaka also counsels children on the street, although this is reportedly more difficult as there is no private space on the street and the children are often high on inhalants (sticka).

6.7 A Space for Counselling

Two or three centres had a dedicated counselling room, others used an office, dormitories or classrooms when the children are out, a space under a tree,

taking a walk with the child etc. Many centres were unable to provide a space without interruptions.

6.8 Examples of good practice

6.8.1 Employing a Qualified Counsellor

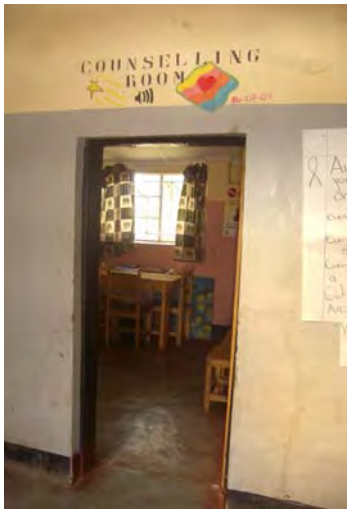
Although most centres have staff members who are counsellors, two centres either had recently employed (Lazarus), or were trying to employ (Cicetekelo) a staff member to work specifically as a counsellor. This is commendable as the counsellor can then focus on this essential aspect of the children's well being rather than trying to fit it into a busy schedule of other duties.

6.8.2 Counselling Supervision

Cicetekelo holds monthly counselling supervision with a qualified psychologist. Supervision form a suitably experienced person is essential for any counsellor to ensure they are offering appropriate support to the client (monitoring), and to help them to develop their practice. Supervision can also be used as a tool to assess and develop counsellors' skills.

A pilot counsellor supervision group was held four times in Lusaka as part of this assessment. The response from the group was very positive, with about 12 people attending each meeting. Lively discussions about various aspects of counselling took place. Participants also presented their client work for discussion within the group using a systemic reflecting team model, and counselling role plays were used as tool for learning and reflection.

6.8.3 Space for Counselling



Three or four centres had a specific room for counselling. Although it is possible to improvise by using for example offices or outdoor spaces, a counselling room is extremely helpful, if not essential to the counselling process, to allow the client to feel contained and to ensure privacy and confidentiality.

The counselling room at Sables Drop-in Centre

6.8.4 Group Counselling Sessions

Group counselling is an excellent intervention which a few organisations including Sables and Rainbow report using. Group counselling facilitates understanding and connection between the young people, and it allows for learning and growth on a broader level than individual counselling. In addition, it allows a group of children to be counselled at the same time, which is time

saving and cost effective. An ideal number for group counselling is eight children, with two counsellors present.

6.8.5 Recording and Monitoring of Counselling

Counsellors at Sables Centre complete a counselling monitoring form after each counselling session. They were able to access the data to tell us the exact number of group and individual counselling sessions which had taken place in the past month.

6.9 What else is needed? Views of staff and children

A Girl from Flame with her 'Tree of Life'

6.9.1 Peer Counselling

A number of staff talked about some of the older children who showed an aptitude for helping the younger ones. They were very enthusiastic about a peer counselling programme to involve these young people in supporting their peers. Likewise, some of the young people in the workshops were very interested in counselling and wanted to know how they could get involved. They were very enthusiastic about the idea of peer counselling, to have an opportunity to learn counselling skills and be part of a programme to support their friends.

6.9.2 Need for More Qualified Counsellors / Access to qualified Counsellors

Some facilities felt they needed more skilled counsellors within their teams to adequately meet the counselling needs of the children. However, others felt that they were already sufficiently satisfying the needs of the children.

When the young people in the workshops were asked if they would want to see a qualified counsellor if one was available to them, the majority said they would.

6.9.3 Trainings and Refreshers

When asked what else was needed in terms of strengthening psychosocial care and support, most respondents stated a need for counselling trainings and refresher workshops. Although many were not specific as to what aspects of counselling they needed extra training in, some emphasised the need for the following:

- training in **child** counselling,
- **Family** and **couple** counselling
- **Bereavement** counselling
- **HIV** counselling
- Dealing with **Suicidal** Clients
- New forms of counselling methodologies
- Regular education sessions on PSCS and counselling, e.g. once a month.
- raising awareness among staff members about counselling
- ensuring all staff involved with children are equipped with basic counselling skills

6.9.4 Counselling Supervision

Many thought that a regular form of supervision would be helpful, and those who had attended the recent pilot counsellors supervision sessions at PCI, requested that these continue on a regular basis.
As one counsellor put it:

'It's important to get feedback on your counselling otherwise you might think it's just ok. If we get specific pointers we can improve and provide a better service to the client.'

In addition to this, some workers felt it would be helpful to have more access to literature on counselling.

6.9.5 Educate Children about what to expect from Counselling

Some staff recognised that they were not doing enough to 'advertise' counselling services to the children. They recommended some sensitisation sessions on counselling for the children.

Other recommendations from staff teams included:

- toys to use in counselling sessions with children
- help to put in place a more effective monitoring and evaluation system
- more networking, especially on the Copperbelt.

7. Discussion and Recommendations

7.1 Psychosocial Care and Support

7.1.1 PSCS and Counselling as Essential Components of Care

PSCS Recommendation 1:
PSCS and Counselling as Essential Components of Care
PSCS and counselling should be viewed as integral to each child's package of care, in the same way that education, hygiene, or family tracing are viewed.

7.1.2 Provision of Specific Psychosocial Care and Support Interventions

Although there is a good level of basic psychosocial care and support provided across the network, this can be developed to offer the children more in the way of specific psychosocial care and support interventions. These might include workshops or trainings such as:

- Making Hero Books (REPSSI)
- Memory Books
- Me drawings, me bags
- Life skills workshops, e.g., 'Street Life' Programme (AKS 2007), MOVE (Mind Over Violence Everywhere) etc.
- Journey of Life, Tree of Life (REPSSI)
- Art based projects such as 'The Suitcase Project' (Clacherty, 2004)

Some staff have completed a five day training in psychosocial support, including learning how to make hero books and memory books with children. However, we only encountered one member of staff who reported partially using these techniques with children. Those who have already learnt these techniques could be coached to share them with their peers and put them into practice.

PSCS Recommendation 2: PSCS Toolkit
Build a comprehensive toolkit of psychosocial support interventions which are available to all children in the network. E.g. Street Life, Hero Books, the Suitcase Project, etc.

7.1.3 A KidSAFE Psychosocial Support Team

A psychosocial support team of appropriate and interested staff could be trained and supported to develop the emphasis on psychosocial support across the network. This would include introducing some of the above PSCS tools into the centres or organisations, as well as ensuring that the more everyday support needs of children are attended to, for example talking to children, helping them to solve their own problems, celebrating birthdays, etc. Such a team could be coached and supervised and offered trainings or refreshers appropriate to their current level of skills and aptitudes. This team

could be formed from the existing lay and novice (or unqualified) counsellors in the network, who could be helped to differentiate their PSCS skills from the skills of a qualified counsellor. At the same time, they would be building on their skills and those with an aptitude could be coached to become qualified counsellors.

PSCS Recommendation 3:
A KidSAFE Psychosocial Care & Support Team
Development of a KidSAFE Psychosocial Support Team to lead developments in PSCS across the network.

7.1.4 Families Supporting Children

The importance of one's family as a source of psychosocial care and support cannot be overemphasised. Even when family relationships have broken down, some positive contact with at least one parent or family member supports a child's capacity for resilience and coping. Most organisations were very aware of this and were endeavouring to maintain connections and relationships between parents and children. However, many expressed the challenges they faced in doing this.

PSCS Recommendation 4:
Increased support for Child - Parent Relationships.
To prioritise supporting continuing relationships between children and their families.
Ways to do this might include:

- involving parents in case reviews,
- all facilities holding monthly parents meetings,
- use of incentives such as food donations to encourage parents if necessary,
- Interventions to empower vulnerable families,
- involving parents in planning and decision making about the facilities,
- parenting workshops
- family counselling sessions
- sharing experiences and lessons learnt across the network, e.g. at a KidSAFE partners meeting,
- Forming a 'family connections' special interest group within the network to spearhead initiatives in this area.

Ideally, children will remain within the family unit as far as possible. KidSAFE and other organisations are developing initiatives to support families and communities so that children remain with their families, and these interventions are to be applauded and supported. In addition, moves to develop fostering and adoption of children where family ties are unsustainable are also important. NACCW in South Africa has developed a model known as 'Isibindi'. This model allows vulnerable children to stay in the family home and to be supported by a child and youth care worker who visits the home

regularly. The programme also looks at ways to enable families to support themselves. This model could be adapted and developed in Zambia to prevent children being separated from their families.

PSCS Recommendation 5: Supporting children to stay in the family.
Introduction of the Isibindi Model of Care (NACCW 2007) to support children to stay within their families.

PSCS recommendation 6: Supporting fostering and adoption.
Where original family ties are unsustainable fostering and adoption of children should be supported so that children are raised within a loving and nurturing family unit.

7.1.5 Connecting Children with their Siblings

Related to the point above, a sometimes forgotten part of connecting children and families is ensuring that children stay connected with their siblings, who can be a lifelong source of 'psychosocial support'. Sometimes siblings end up in different institutions or locations without any contact.

PSCS Recommendation 7: Facilitating regular contact between siblings
It is recommended that the organisations (ideally key workers) facilitate regular contact between siblings who are living in different locations.

7.1.6 Education

Nearly all the young people we met with emphasised the importance of education, either as something they now had which they very much appreciated or as something they didn't have but very much wanted. Attending school is not only important for a child's mental and educational development, but also for their emotional and social growth and development.

PSCS Recommendation 8: Schooling for all Children
Ensure that each child is attending an appropriate school within two weeks of moving into a facility.

PSCS Recommendation 9: Schooling for Children on the Streets
Explore and develop schooling options for children on the streets such as the street corner literacy programme promoted by Street Child Africa (www.streetchildafrica.org.uk), and improving links with organisations promoting education such as Changes2 and Faweza.

7.1.7 Key Workers and Individual Action Plans

To ensure individualised care, one to one attention and continuity of care, each child should be allocated a **key worker.** The key worker *oversees* the child's care, they do not have to provide everything themselves, they should refer the child to appropriate services or resources such as a counsellor or activity group as appropriate. A key worker should meet with a child on a regular basis, at least every one to two weeks.
The key worker is responsible for developing *with* the child an **individual action plan**, which outlines short and long term goals for the child's future. Key worker and child also work together with the child to attain each step in the plan.

PSCS Recommendation 10: Key Workers and Individual Action Plans
Each child should have an identified **'key worker'** who completes and follows through an '**individual action plan'** *with* the child.

7.1.8 Learning from other Centres

Some staff were curious about what is provided at other centres and suggested that exchange visits to work at other centres for up to a week would enable them to learn about this.

PSCS Recommendation 11: Exchange Visits
Centres to arrange exchange visits where a staff member works at another centre for up to a week to learn from each other's practice.

7.1.9 Clearly Defined Roles for Staff

It was evident from the assessment that in many facilities, each staff member is expected to take on a number of roles. This also seems to give workers the message that they are expected to fulfil all the needs of the child. However, some facilities have more differentiation of roles than others. Some staff commented that there are so many expectations placed upon them that they do not have time to offer the children the level of support and interaction that they would like to.

PSCS Recommendation 12: Clearly Defined Roles for Staff
Encourage and support facilities to define roles of workers, e.g. counsellor, social worker, child and youth care worker, domestic worker, etc.

7.2 Discussion and Recommendations: Counselling

7.2.1 Quality Counselling Services

Although there are a handful of qualified and experienced counsellors within the network, the majority are lay or novice counsellors, so overall there is a pressing need for more fully trained counsellors to work with the children.

Counselling Recommendation 1:
Access to Counselling for all Children
Ensure all children in the network, whether on the streets or in centres, have access to counselling from a qualified counsellor.

7.2.2 Development of an AKS Counselling Team

One way to achieve access to counselling for all children is to identify a team of trained counsellors from the network who could work across the network. Through continuing to assess the skills of each counsellor in the network, the lay (or unqualified) counsellors can be differentiated from the qualified counsellors**,** and the qualified & experienced counsellors can be brought together to form an AKS counselling team.

The team would meet on a regular basis with a supervisor for supervision, counselling skills coaching, and planning (say every two weeks).

Each counsellor, in addition to working in their own facility, would offer counselling for one regular morning or afternoon per week in another facility. The counsellors would benefit from this in that they would have regular input through supervision to develop their counselling skills, and they would have a different experience of counselling by working in another facility with children they did not have regular contact with. The facilities would also benefit by having a fully qualified counsellor to refer children to as necessary, and the children would receive good quality counselling from a person they do not see every day, to help them in working through their difficulties and past traumas.

This idea was suggested to some of the organisations (staff and children) during the assessment and all welcomed the proposal. Some emphasised that this would only work if there were the same counsellors visiting their project over a long period, e.g. two to three years, not different people, such as students on placement, coming for 6 months to a year as has tended to happen in the past. This is entirely appropriate as children need time to build a trusting relationship with a counsellor and to gradually open up and explore their difficulties. Working with a succession of counsellors who stay for short periods of time can be more damaging than helpful to a client, particularly to a child.

This team of qualified and supported counsellors would also be a highly valuable resource for the network. With support they could develop a number

of the recommendations of this report, and in time they could offer supervision and training to novice and lay counsellors.

Due to the limited number of qualified counsellors within the network, AKS would need to consider employing one or two counsellors to strengthen the team.

Counselling Recommendation 2: An AKS Counselling Team
Develop a team of qualified counsellors to act as a counselling resource across the network.

Counselling Recommendation 3: Employment of Counsellors
Employ one or two qualified child counsellors as part of the AKS counselling team, to work with children across the network.

7.2.3 Counsellors trained to work with children and adolescents

Only four counsellors reported having trained in child counselling, two for three months and the other two for one and two weeks. Good generic counselling skills are certainly an asset when working with children, but working with children requires a particular approach and a toolkit of child friendly methods. It is recommended that all further trainings have an emphasis on working with children and adolescents. One highly regarded evidence based approach currently being piloted in Lusaka by Boston University is Trauma Focussed Cognitive Behavioural Therapy (TF-CBT) for children. This approach could be adopted by AKS in collaboration with Boston University.

Counselling Recommendation 4:
Counsellors Trained in working with Children and Adolescents
All counselling provided and all future counselling trainings to have a focus on working with children and adolescents. Particularly the AKS counselling team should foster a child focussed approach.

7.2.4 Group Therapy

This is an approach successfully used in many institutions including Sables and Rainbow. The advantage of group therapy is that the young people learn from and support each other and develop together. It is also time and cost effective. Group therapy ideally requires two experienced counsellors to run a group of around eight participants.

Counselling Recommendation 5: Group Therapy
To develop group counselling, with two qualified and supervised counsellors as facilitators, as a standard PSCS intervention in all facilities.

7.2.5 Art Based Therapy and PSCS

Many children respond better to less verbally orientated methods of therapy such as art based methods. If such a resource were available, a qualified art therapist could work with counsellors and psychosocial support team members to develop their ability to offer a wider range of more appropriate interventions to children. One example of such an art based psychosocial support intervention is the Suitcase Project, deeveoped for working with refugee children in South Africa. This intervention supports children in exploring their identity and their future aspirations (Clacherty, 2004).

Counselling Recommendation 6: Art Based Therapy and PSCS
Source an art therapist to train and support the counselling and PSCS teams in offering art based therapeutic approaches.

7.2.6 Supervision for all Counsellors

As previously discussed supervision is vital for all counsellors and therapists, no matter how qualified. Supervision is a method of continuing professional development, a way of monitoring and evaluating a counsellor's skills, and a much needed form of support for the counsellor. Counsellors working without supervision, particularly those with limited experience run the risk of being more harmful than helpful to their clients.

Counselling Recommendation 7: Supervision for all counsellors
All counsellors to have regular group or individual supervision with a suitably qualified counsellor supervisor.

7.2.7 A Confidential Space for Counselling

As discussed above (section 6.8.3) counselling needs a safe, confidential, uninterrupted space so that the client can feel free to speak about personal and painful matters.

Counselling Recommendation 8: Counselling Rooms
As far as possible, each centre to have a dedicated counselling room.

7.2.8 Peer Counselling

When recognising the importance of therapeutic support for young people, it is important to also empower young people with these skills. Of the groups of children we met with, some were very interested to know more about counselling and keen to learn some counselling skills. Many workers were also in support of developing a peer counselling programme. Peer counselling is a recognised psychosocial care and support intervention and is highly recommended for the children in the network.

Children could be trained in basic counselling skills for improved communication and to support each other. REPSSI offers peer counselling workshops for young people.

Counselling Recommendation 9: Peer Counselling
Develop a peer counselling programme for interested and appropriate young people in the network.

7.2.9 Access to Counselling – information for children

With the current counselling set up being fairly informal in most centres, most children do not seem to be clear about what counselling is, what they can expect from it and how to access it. In our workshops with children we gave a small explanation about counselling and this was welcomed with enthusiasm and interest. It is recommended that all children in the network are offered some awareness raising about counselling as part of an integrated psychosocial care and support programme. Counselling could be explained using a demonstration role play or a short video, and children could be informed how they can access the service. This would empower the children to make informed decisions and to use counselling effectively.

The AKS counselling team (see counselling recommendation 2 above), or the peer counsellors (see counselling recommendation 8 above) could lead this initiative.

Counselling Recommendation 10:
Awareness Raising about Counselling
Educate children in the network about counselling: what it is, what to expect and how to access it. AKS counselling team or peer counsellors to lead this initiative.

7.2.10 Child and Youth Care Workers and Counsellors Knowing their Limits

Assuming that one is able to deal with every issue encountered may be courageous but it can also be damaging for the child who does not receive help at the appropriate level. Following on from the above recommendation, if workers were clear about their level of skill, they could more easily be encouraged to recognise the limits of their expertise and refer on as necessary. In addition to this, there need to be resources to refer on to, both inside and outside the network.

Counselling Recommendation 11:
Workers Understanding their own Limitations
Child and Youth Care Workers and Counsellors should be coached to understand the importance of recognising the limits of their skills and knowing when to refer on to other professionals as necessary.

7.2.11 External Support Networks

It is also necessary to build a wider network of resources for support in specialist areas, e.g. psychologists and psychiatrists, alcohol and drug specialists (e.g. Serenity House), trauma and sexual abuse specialists, etc. All facilities and counsellors should be made aware of such resources and how to access them. For example, for children with severe drug and alcohol addiction, a residential programme at Serenity House could be arranged.

Counselling Recommendation 12: A Network of Resources
To build a resource network for advice and counselling in specialist areas such as psychology and psychiatry, alcohol and drug abuse, trauma and sexual abuse, etc.

7.2.12 Record Keeping

A clear and coordinated record keeping system across the network would assist counsellors and allow more coordinated monitoring and evaluation of counselling services.

A brief counselling record sheet which counsellors filled in after a session and placed in the child's file could be piloted across the network. As well as factual information like names, date & time of session, time of next session, reason for ending therapy etc., this sheet might include headings such as: family & history (new information); themes discussed in session; client's strengths and resources; actions agreed; and possible areas for exploration in next session.

Counselling Recommendation 13: Record Keeping
Develop a counselling record keeping system for use across the network.

7.3 Children's Participation

As discussed earlier, involving the children in decision making about services is not only empowering and educative for the children, it also guarantees a greater level of satisfaction and commitment to the services by the children. From the results of this assessment, it is apparent that there is room for a lot more involvement of children and young people in the planning, evaluation and development of services. However, there are numerous examples of good practice within the network, which others can learn from. One way of working on this might be to hold a one day workshop (with follow ups at AKS meetings) to share ideas on children's participation, or a special interest group on Children's Participation might be formed to spearhead development in this area.

Children's Participation Recommendation 1:
Increased level of Participation.
Develop a plan to increase the degree of children's participation in all organisations and the network. For example, form a Children's Participation special interest group to spearhead this.

Children's Participation Recommendation 2:
Weekly House Meetings
A first step to improving children's participation could be each centre holding a weekly house meeting involving all staff and children, in which children are given a voice about issues concerning the running of the facility.

7.4 Supporting the Supporters

Whilst the focus of this report is on providing improved care and support to children and young people, this cannot be achieved if the carers themselves are not well supported. It is essential to ensure that workers have structures to support them.

Supporting the Supporters Recommendation 1: Well Supported Staff
Adequate structures to support the workers in all facilities, including:

- Good communication systems such as regular team meetings,
- supervision for counsellors,
- staff reflection time, preferably away from the facility,
- clear job descriptions
- limited roles, i.e. not a 'jack of all trades'
- adequate remuneration for their work
- being paid on time, and
- paid leave.

8. Conclusion

This assessment has found that every organisation or centre has a broad array of measures in place which support the children and young people. These interventions can now be developed by differentiating current levels of skill amongst staff and enabling each to develop their counselling or psychosocial support skills so that the children receive quality counselling and PSCS services. The development of two teams, one to spearhead improved psychosocial support across the network, the other to offer quality counselling services, has been recommended. The abilities of the children themselves can also be developed considerably through involving children more in decision making and running the facilities, and through involving young people in a peer counselling programme through which they can support each other.

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APPENDIX 1

Assessment of current psychosocial support

Name of Organisation:

Names of staff present:

Date:

Form completed by:

Terms of reference: Assessment of current psychosocial support (PSS) including counselling to children and young people across the KidSAFE network, including the following:

Current counselling within the network – amount, who & where

Accessibility of counselling to the young people

Quality of counselling provided

Psychosocial support provided – what and where (could include talking groups, recreational activities, creative activities, etc.)

Quality of PSS provided

Any other counselling or PSS currently being accessed by young people within the network (eg external to the network)

Product #1

Assessment report of current situation with recommendations for a strategy of improving psychosocial support, including counselling, to the KidSAFE network

Setting up interviews:

- Meet with director, counsellors and as many other staff/ residents as possible
- Counsellors to bring certificates if they have them
- A mini workshop – 2 - 2 ½ hours

At start:

- Director fill in org profile
- Explain why we are here: assess PSCS & see how we can build on current strengths

- confidentiality

Questions to centre/team staff

1. What is PSCS and counselling?
Ask the group …….

Clarify
PSCS

- Any form of emotional, social, spiritual or mental support which enables a person to attain or work towards a state of social and emotional wellbeing.
- It is expressed through caring and nurturing relationships that communicate understanding, unconditional love, tolerance and acceptance.

(REPPSI 2007)

2. Psychosocial Care & Support

Question - What is provided here in terms of PSCS for the children?

2.1 What type of PSCS?
2.1.1 What forms of PSCS do the children have access to? – use grid
- printed large or on flipchart, individuals write on yellow stickies details of each intervention & stick in appropriate place.

	Individual	Group	Organisation / institution	Family / Community	Childrens' participation
Emotional well being					
Social					
Mental / Educational					
Spiritual					
Other					

Each intervention:
2.1.2 Frequency?

2.1.3 How accessed? Where?
2.1.4 By whom? Open to all?

2.2 Quality of PSS
2.2.1 **Effectiveness**…
What leads you to believe that these activities provide emotional support to the children and help to enhance their well being?

2.2.1 Is there / has there been any **monitoring/ evaluation** of their success?

2.2.2 Is there any area you feel you need to improve on?

2.2.3 Any other information, recommendations, thoughts or ideas about PSCS?

3. Counselling

3.1 understanding of counselling

3.1.1 What things might lead you to believe that a young person would benefit from counselling?
I.e. if you think John needs to see a counsellor, what makes you think that?

3.1.2 What types of things do you think counselling can help a child with?

3.1.3 What kinds of things do you think are discussed in counselling sessions?

3.1.4 Explain the difference between lifespace support and more structured counselling.

3.2 Access to counselling

3.2.1 Can children **access** counselling through this organisation? YES / NO

3.2.2 If so **how**? (self referral. Referral by other, coun approaches child, staff suggests to child/counsellor)

3.2.3 If a **child** were to approach a staff member and say they needed to see a counsellor, what response might they receive?

3.2.4 **Where** would they go? Ie is there a counselling room? Private space?

3.2.5 **Who** would they see? – names & qualification

3.2.6 **How often** is the service available? Every day? Once a week etc.

3.2.7

Type of counselling available:	
Individual	
Group	
Family	
Other	

1.1.7 **Access**: Do you think that any child needing counselling could access it easily? YES / NO

- if not, what could be done to improve the children's access to counselling?

1.1.8 Outside the network

Do the children access any counselling or PSS anywhere other than here/your team? YES / NO
If so where?

3.3 Quantity
3.3.1 **How many children** have accessed counselling in the past month? ……..
3 months?.....

3.3.2 **Amount**: is there **enough counselling** / counsellors so that all the children's needs are met? YES / NO

Quality
3.3.3 Is there any **monitoring or evaluation** of the counselling?

3.3.4 Do you think the **children are satisfied** with the counselling they receive? YES / NO
- What makes you believe this?

3.3.5 Quality: do you think the quality of the counselling is good enough? YES / NO

- if not, how could it be improved? What is needed? By the counsellors? Or other factors eg environment etc.
-

3.3.6 Supervision for counsellors?
3.3.7 Emotional support

3.3.8 *Assessment of counsellors (see other Q)*

3.3.9 **What else** do you think is needed?

3.3.10 Any other information, recommendations, thoughts or ideas about counselling?

Any reflections on this meeting?

APPENDIX 2

The Tree of Life Psychosocial Assessment with Children

An adaptation of the Tree of Life (Ncazelo Ncube, REPSSI)
An exercise to ascertain the PSCS needs of children.

Aims of the exercise
A. To find out:
1. What support the children are receiving at present
   - socially
   - emotionally
   - spiritually

2. What additional support they would find helpful

B. To do this using an 'action research' methodology, so that the children also gain something from the exercise.
- An opportunity for drawing and creativity
- reflection on their strengths and the positive supports in their lives,
- reflection on their hopes and dreams,
- Acknowledgement of difficulties and sadness in their lives at times
- increased awareness of their coping mechanisms
- Learning from others' coping mechanisms
- awareness about how talking to people and counselling can help them
- awareness of the availability of counselling

Prerequisites:
- A group of maximum 10 children
- Two facilitators (trained counsellors)
- One or two counsellors who they know should also be present, so that if any painful issues arise for a child they can talk with someone about them
- A room or space away from others with no disturbances
- Enough space for each child to draw on the floor or a table
- After 1 or 1 ½ hours take a break with drinks for the children (& facilitators!)

Items
Flipchart
Flipchart paper
Flipchart pens
40 Coloured felt tip pens or pencils for the children
Half a piece of flipchart paper per child
Sheets of A4 paper
Sticky stuff

Introduction
Intro of facilitators

Intros of children

Why are we here?

- A one off workshop we are doing in a number of centres to look at support needs of children in the centres.
- We will be doing some drawing and then have some discussion about things which help you
- A chance for you to take a look at your lives and the things which help you in your lives, and
- a chance for us to find out if there are more ways that you need emotional support.
- Should take about 2 – 2 ½ hours

Stress that this **only one workshop** – but you can tell us if you would like more and we will recommend it for the future.

A. Drawing our trees

- bit by bit

Emphasise that it is not important how skilled each person is at drawing, each drawing is different and special in its own way. We are not going to compare drawings or laugh at anyone's drawing.

1. **The Roots of the Tree:**

- Where the child comes from i.e. village, town, country

- Family history (origins, family name, ancestry, extended family etc)

2. The **Ground:**
   - Where the child lives at **present**
   - What the child is doing at the moment in his or her daily life

3. **The Trunk of the tree:**
   - The **skills** that the child has

- Things you do well
- Things you enjoy doing
- Things you want to learn more about

4. The **Branches of the Tree:**

- The hopes and dreams, the child has and his or her wishes about the direction that their life should take.

5. The **Leaves of the Tree:**

- People who are important to the child.
- good friends – write their names if you can
- People who have helped the child to fulfill their hopes and dreams
- People who can help the child to fulfill their hopes and dreams

6. Fruits on the tree:

- Acts of caring, love or kindness, emotional support from someone

What are the fruits that you have on your tree?

B. FOREST OF LIFE

Pin the trees up on the wall to make a forest
Ask one or two children to tell us about their tree if they would like to (voluntary)

BREAK for drinks

C. WHEN THE STORMS COME
"We have lovely trees which have strong roots, beautiful leaves and fruits. As beautiful as our trees and forest are, can we say that they are **free from danger?"**
Ask the group:
…… (no) Children respond

What are some of the **possible dangers** that beautiful trees experience?
……..

"We have likened our lives to be like beautiful trees in a forest, would we be right to say like trees and forests, **children also face dangers and troubles in their lives?"**
……

1. What are the problems children face?
…… *(from here, write responses on flipchart, later transfer to form)*

2. How do such problems **affect the lives** of children?
- How they **feel**?

…….
- What they **do**?

……..

3. But after the storms, the sun comes out to help the trees recover from the damage they have sustained.

Give out A4 paper.
Ask ch to fold it in half (demonstrate)
Draw the sun on the firs half of your paper
As you are drawing the sun, think about the things that help you to recover after a storm,
- What kinds of things help you?
- Is it things you do?
- Or things other people do?
- Or places you go to?
- when we feel sad, confused, angry or hurt, are there things which **help** us to feel better or to cope with difficulties?

After 5 – 7 mins:

- are there also things which **you** do to help other people when they are facing difficulties?

[Ensure you have got enough information to answer the question
What support are the children receiving at present?
- *socially*
- *emotionally*
- *spiritually]*

4. What further support do children need? (Moon)
Sometimes, we feel that we would like **extra help and support** to help us to feel better.
Draw the moon on the other half of your paper.
The moon represents the extra support you would like.
Are there **other things** that would help you to feel better when you feel sad or hurt, confused or angry?
- or it may be **things you would like the people around you to do**?

As you are drawing the moon, write or draw around it those extra supports which would help you.
These things can help us to know how we can help you more.
Ensure not just material things

[Ensure you have got enough information to answer the question:
What additional support they would find helpful?]

5. Someone to talk with
Some of you mentioned that it's **good to talk with someone** when you face difficulties.
It can be very helpful to talk with someone we trust like a good friend, or an adult that we trust.
And there are some adults, like Felix (or name of facilitator), who have a **special training** to help children when they feel sad or angry or confused about something.
They can help children to feel better about themselves and the things that have happened to them, and to find ways to get through difficult times.

We call these people **counsellors** (use also appropriate word in Bemba / Nyanja).
Counsellors can meet with children on a one to one (picture)
Or they can meet and talk with a group of children together (picture)
They can use talking, or drawing, or role plays, or other ways to help children to understand and overcome difficulties.
(Show a picture of a child with a counsellor, or do a short role play)

5.1 Has anybody heard about these people?
……

5.2 Do you know if there are any counsellors at …….(e.g., Rainbow project)?
…….
Do you know their names?
……..

5.3 Do you think it would be helpful to talk with a counsellor sometimes about the difficulties you face, or the things which make you sad, angry or confused?
Or maybe some of you have done this already…. (Don't ask them directly if they have as this is confidential, but if they volunteer that they have its ok).
…….

a. Do you want to ask any questions to find out more about how a counsellor can help children?

.....

5.5 If there was a counsellor like [Felix] coming to …… (the centre) from time to time and you could talk to him or her privately about your life – do you think you might want to talk with them sometimes?
…….

At the end of this section emphasise that it can be helpful to talk with anyone we trust about difficulties we face e.g. a caregiver, friend, family member or other trusted adult. But there may be times we don't feel able to talk with these people and then a counsellor might be able to help us.

Tell the children that if they or their friends would like to talk with a counsellor about something, they can ask one of the caregivers who can arrange this.

6. After the storms
Are storms always present in our lives?
Are we sometimes free of storms?
What are the things we enjoy doing or which make us happy when the storms have passed?
…….

Finally
7. Reflect on the exercise with the children
- what was helpful?
- What was not helpful?
- What would they like to learn more about?

END

Facilitator's Note: Even though this exercise aims to focus on the strengths and positives in a child's life, it may raise painful feelings for some participants and it is important to acknowledge this and to allow expression of those feelings.

When participants volunteer their feelings, they are taking the courage to speak up. Remember to practice good listening skills by acknowledging feelings (e.g. *"Musonda is telling us that she felt sad when she drew the fruits on her tree as she remembered her mum who died last year"*) rather than negating feelings (e.g., "*Don't feel sad Joshua, you are with friends now*"), which may leave a child feeling not heard and not understood, or even that they are wrong to have such feelings.

Let the participants know that if there are things they would like to discuss confidentially with a caregiver or counsellor, they can do this, and let them know how they can arrange this.

APPENDIX 3

Counselling Assessment Tool

Date: …… Location:……

Counsellor……..

Time start…… Time end……..

General counselling ……Follow up support …….Particular issue……

Live counselling…… Counselling Role Play …….

Excellent/very good (4), good (3), satisfactory (2), poorly done/not done at all (1)

SKILL	V. Good (4)	Good (3)	Satisfac. (2)	Poor (1)	N/A	Comments
Introduction 1. Provides **warm reception**, greeting and introduction						
2. Explains and ensures **confidentiality**						
3. Initiates interaction and **engages** client in conversation						
4. Develops **rapport** and shows **respect** of client						
5. Demonstrates **emotional warmth** and support						
6. Exhibits a **non-judgmental** approach						
Active Listening Skills: 7. Demonstrates effective **listening**						
8. **Listens more** than talks						
9. Seeks **clarification** where necessary						
10. Uses **open-ended questions**						
11. Uses and responds to **non-verbal** communication						
12. Uses **paraphrasing** and **summarising**						

13. Acknowledges **feelings** and **empathises**						
14. Communicates at **client's level** of understanding						
15. Provides relevant & correct **factual information**						
16. Uses appropriate methods for **clients age** e.g., drawing, dolls, play, role play etc.						
17. Encourages client **feedback**						
18. Emphasises client's **strengths**						
19. Uses a **client-centered** approach (avoids inappropriate advice giving) - prompts client to make own assessments and decisions.						
20. Demonstrates ability to **facilitate problem solving** appropriate to issues at hand						
21. Uses **silence** well to allow for self expression						
22. Avoids premature conclusions						
23. Recognises own **boundaries** and limitations						
24. **Refers** client to other counsellor or service when appropriate						
25. Demonstrates flexibility, creativity and sensitivity in overcoming **obstacles**						
26. Offers / arranges **next meeting**						
27. Makes **record** / notes of session						

Time end…….

Additional Comments (areas of strength, weakness, etc

This Assessment Tool is adapted from the New Start 'Counsellors Quality Assurance Tool'. New Start Counselling and Testing Centres, Zambia.

APPENDIX 4
What is provided in terms of PSCS for children?
- Results of assessment of PSCS with AKS network members

	Individual	**Group**	**Organisation / institution**	**Family / Community**	**Children's Participation**
Emotional Support	Talking 1-1 with the child Comforting those who have lost parents Listening to their stories Counselling Showing acceptance to a child	Participating in activities with children Group discussions Group counselling Teaching self esteem e.g. they are valued community members	Certain staff take an interest in particular children – includes cooks, gardeners, etc. Sending staff on psychosocial trainings In service PSCS workshops with children, community and staff Employing a professional counsellor	Discussions on family preservation. Family tracing, home assessments, reintegration & follow ups. Children visit families, Children spend holidays with their families or with caregivers / foster parents Community members visit & spend time with children. Spend Christmas with foster parents if nowhere else to go.	Children's rights clubs Asking children what they want
Social Support	Teaching them personal hygiene, bathing and self care. Playing games e.g. chitato, chess	Education through sport e.g. YOFOSO, football, volleyball, netball, Theatre for development. Group meetings with children on reproductive health. Outings Music, video shows, cultural	Make political & social leadership aware of children's issues. Community sensitisation with religious leaders, councillors, senior citizens, community leaders. Planning interventions with the community.	Meetings with parents on child – parent conflict resolution. Home tracing Home visits Encourage parents to visit Children go to stay with their parents in school holidays. Values talks – elders come to	Theatre for development – cascade approach: children teach other children. Children involved in planning activities and making rules & policies. Coming up with the weekly menu Family meeting – staff and

Social Support (cont'd)		dancing, acrobatics, games, camping, art. Health talks Drama e.g. Bare Feet Values talks & teaching values e.g. friendliness, sharing Mixing with children from other homes Visits from Action Zambia, Right to Play Encouraging abstinence	Use of free venues in communities, e.g. churches, community group centres Outreach programme for Empowerment of widows and orphans	settle disputes Involving children in the community. - football, church, school, visiting the community Gardening with Barclays staff (Chisomo)	children look at weekly programmes. Children's (chat) forum.
Mental / Educational Support	Assist children with homework. Support their schooling Talk about school e.g. what subject is difficult Encouraging children to work and study hard	Sharing experiences in evenings Enrol children in school asap Formal & informal education, Skills, e.g. baking, knitting, sewing, crocheting, teaching then to read & write Tuition from ISL, swimming, outings e.g. Munda Wanga. Adventure City, Manda Hill, Airport Teaching morals & social rules DEC – drug awareness talks	Learning to run a business e.g., chickens	Community members attend school PTA meetings & collect school reports. Community come to talk to children on health / ed issues. Invite parents to meetings but few come Teach children to help parents Involving families in decision making	Involving older children in street visits. Children choose which school they attend. Involve children in maintenance of school and surroundings

Spiritual Support	Prayer Learning the gospel / bible Encouragement with the word of God Spiritual counselling	Pray every day Retreats and camps Religious people visiting children, e.g. v isits from 'Family Legacy' Bible study Praying together		Church	
Other	Learning domestic skills for self reliance When they are going out make sure they have eaten	Take them to clinic when sick.	Shelter, food, clothes, education materials Health talks & days with medical personnel Link/network w other NGOs	Learning to be workers as they are growing Material support & health care for children's families	Children on the board Annual evaluation questionnaire with children