

Child Protection Training Workbook

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Handout 1: What is acceptable to you?

1 = completely acceptable to you

5 = totally unacceptable to you

	Situation	Ranking 1 to 5
1	A sixteen year old boy has sex with his willing 15 year old girlfriend	
2	A family of children, boys of 13 and 9 and a girl of 11, swim naked together in the local river	
3	A 14-year-old girl from a village is married off. Her new husband is 30, has a steady job and is able to provide for her	
4	A Mother smacks her 8-year-old son on the bare bottom for stealing some money. No marks are left	
5	Male staff member in a project for children with learning disabilities, takes a teenage girl to the toilet	
6	Parents give their 12 year old daughter condoms	
7	A male member of staff that runs a children's club often takes a shower with the boys after football	
8	A father kisses his 13 year old daughter on the mouth as she goes to bed	
9	A 14 year old girl gets up at 5am every day to do household chores before going to school	
10	Parents allow their 16 year old daughter to smoke	
11	Parents send their children to school in clothing, which is adequate but in bad condition. They are not particularly poor.	
12	Parents often compare their child unfavourably with a younger sibling	
13	Children in a family are used for bead work - their small fingers help create more delicate, valuable items	
14	Parents send their 8 year old son to a school where he will have to stay far away from the family until he is 12	
15	A father massages his daughter's back while other members of the family look on	
16	Parents refuse to have their children immunised against childhood diseases for religious reasons	
17	A boy has forgotten to do his homework. As a result the teacher gives him a beating	
18	Brother aged 11 and sister aged 8 share a bedroom	
19	9 year old girl is left alone for 8 hours while her mother goes out to work	
20	Parents allow their children aged 12 and 10 to drink alcohol at a family party	

Handout 2: Case Studies

1.	You discover that a member of staff in your office has been downloading child pornography from the internet at work, and has been sending inappropriate emails from your organisational email address.
2.	You are visiting one of your project sites (shelter, drop-in centre etc.). During the visit, as a form of discipline, you witness a member of staff shouting at and making fun of one boy in front of a group of other children who are being encouraged to laugh at him.
3.	You have been sent an anonymous note in your office alleging child abuse in your organisation.
4.	There was an emergency and you ended up taking a child to hospital in your car / in a taxi. The child's parents have since made a complaint against you, alleging that you touched the child inappropriately.
5.	One of your major donors has complained about a photo in your annual review of five clearly identifiable girls wearing only their underwear with a photo caption that reads: 'XYZ charity rescues five child sex workers from inner city brothel'
6.	A newspaper report about street children has just been published in a national paper. Your organisation is mentioned by name. They have also included a photo and case study of a child from one of your projects. The child is a victim of sexual abuse. Her name has not been changed. The text of article is sensationalist and victimising.
7.	A foreigner calls your organisation offering to spend 6 months volunteering for you.
8.	A postgraduate student conducting research on the impact of violence on children has contacted you to request case studies.
9.	You accompany a member of staff from a visiting NGO on a visit to one of your projects. They ask the children informally what they think of the project. One child says that he doesn't like a particular member of staff. The others nod their heads in agreement but they refuse to say anything further. Your instinct tells you that something is wrong.
10.	You are employing a new member of staff as an accountant in your head office.
11.	A child comes up to you showing bruises on his arm. He says he has been beaten up by an older child in the project.

Child Protection Definitions

A Child

A “child” means a person under the age of 18 years. Child protection refers to steps and measures taken to protect children from the following:

- “Neglect”, in relation to a child, means a failure in the exercise of parental responsibilities to provide for the child’s basic physical, intellectual, emotional or social needs
- “Abuse”, in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes—
 - Assaulting a child or inflicting any other form of deliberate injury to a child
 - Sexually abusing a child or allowing a child to be sexually abused
 - Bullying by another child
 - A labour practice that exploits a child
 - Exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.

Child Labour

- “Child labour” means work by a child which—
 - Is exploitative, hazardous or otherwise inappropriate for a person of that age; and
 - Places at risk the child’s well-being, education, physical or mental health, or spiritual, moral, emotional or social development.
- “Commercial sexual exploitation”, in relation to a child, means—
 - The procurement of a child to perform sexual activities for financial or other reward, including acts of prostitution or pornography, irrespective of whether that reward is claimed by, payable to or shared with the procurer, the child, the parent or care-giver of the child, or any other person; or
 - Trafficking in a child for use in sexual activities, including prostitution or pornography

Exploitation

- “Exploitation”, in relation to a child, includes—
 - All forms of slavery or practices similar to slavery, including debt bondage
 - Or forced marriage;
 - Sexual exploitation;

- Servitude;
- Forced labour or services;
- Child labour
- The removal of body parts

Sexual Abuse

■ “Sexual abuse”, in relation to a child, means—

- Sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted;
- Encouraging, inducing or forcing a child to be used for the sexual gratification of another person;
- Using a child in or deliberately exposing a child to sexual activities or pornography; or
- Procuring or allowing a child to be procured for commercial sexual exploitation or in any way participating or assisting in the commercial sexual exploitation of a child.

Trafficking

■ “Trafficking”, in relation to a child—

- Means the recruitment, sale, supply, transportation, transfer, harbouring or receipt of children, within or across the borders of the Republic—
 - By any means, including the use of threat, force or other forms of coercion, abduction, fraud, deception, abuse of power or the giving or receiving of payments or benefits to achieve the consent of a person having control of a child; or
 - Due to a position of vulnerability, for the purpose of exploitation; and
- Includes the adoption of a child facilitated or secured through illegal means.

Indicators of Abuse

The Purpose of These Indicator Lists

1. These indicator lists have been developed to assist with the identification of children potentially in need of interventions.
2. It is often the case that children who have problems do not get the help they require because adults are not aware of the need to refer the child.
3. It is hoped that these indicator lists will assist in improving the access of children to services.

The Dangers of Indicator Lists

1. These indicator lists are not diagnostic tools, and they should not be used to categorise or label children.
2. The indicator lists are very simple guides to the common indicators associated with certain problems affecting children.
3. Even if a child has several of the indicators listed in the indicator lists, it is not for certain that the child is a victim of sexual abuse or bullying.
4. If a child has some of the indicators of the indicator lists below, the child must be referred for a proper assessment of his/her circumstances.

Bullying Indicators

Does the child...

1. Come home from school with damaged or missing items of clothing or belongings
2. Have bruises, cuts and other injuries they cannot explain
3. Seem socially isolated
4. Not want to go to school
5. Appear moody, depressed or sad
6. Complain about headaches or stomach aches
7. Have trouble sleeping
8. Have nightmares
9. No longer have interest in his/her hobbies and school work
10. Appear anxious or stressed

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Sexual Abuse Indicators

Does the child....

1. Have sexualised behaviours inappropriate for his/her age
2. Have a **knowledge of sexual behaviour** inappropriate for his/her age
3. Have pain, bleeding or swelling around the anal or genital area
4. Have secrets that he/she is not allowed to talk about
5. Have a sexually transmitted disease or infection
6. Have sudden changes in behaviour and mood
7. Appear to be socially isolated from his/her peers
8. Suddenly fear a certain person or place for no clear reason
9. Wet the bed or soil his/her underpants when this is not appropriate for his/her age
10. Engage in inappropriate sexualised play with other children, toys or himself/herself
11. Suddenly engage in babyish behaviour, such as baby talk or sucking their thumb
12. Engage in sexually suggestive behaviour towards adults or older children
13. Hurt or injure animals
14. Damage or destroy property
15. Refuse to undress in front of others
16. Prefer to wear layers of clothing

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Child Substance Abuse Indicators

Does the child....

1. Appear agitated or paranoid
2. Have drug-related equipment and materials, such as rolling papers, pipes and needles
3. Have hidden supplies of drugs
4. Have an increased need for privacy and secrecy
5. Appear to have lost interest in former friends, hobbies and sports
6. Absent themselves from school a lot
7. Often seems tired and sleepy

8. Lie about where he/she has been and who he/she has been with
9. Have poor coordination and balance
10. Have red eyes
11. Have slurred speech
12. Have sores on the face and mouth
13. Smell of chemicals or smoke
14. Spend time with known drug users
15. Have a sudden change in weight
16. Have sudden changes in behaviour
17. Have sudden changes in mood
18. Show a sudden decline in school performance
19. Have tremors and shakes
20. Have unusually small or large pupils
21. Have unexplained nausea or vomiting
22. Have difficulty concentrating or remembering things

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Caregiver Substance Abuse Indicators

Does the child

1. Appear to be socially isolated from his/her peers
2. Appear hungry or ill fed
3. Appear dirty or unkempt
4. Want to sleep a lot
5. Often arrive late or is absent from school
6. Have unexplained injuries
7. Not want to return home after school
8. Display an unusual knowledge of drugs or alcohol
9. Frequently complain of illness, such as headaches or upset stomach
10. Appear to be withdrawn and reserved

11. Have behavioural problems
12. Adopt the role of the parent or caregiver for the household
13. Have parents who are difficult to reach and do not engage in school activities
14. Have parents who do not socialise or mix much with others

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Learning Disabilities Indicators

Does the child...

1. Have difficulty reading and / or writing
2. Have difficulty solving maths sums
3. Have difficulty remembering details
4. Struggle to pay attention or to concentrate
5. Struggle to follow instructions / directions
6. Have impulsive behaviour
7. Have problems with concepts or words
8. Respond inappropriately to social situations
9. Struggle to put thoughts and ideas into words
10. Struggle with tasks that require coordination, such as cutting out shapes or colouring in within lines when other children in their age group can do these things
11. Not keep up with his/her peers in class
12. Have difficulty ordering or organising things
13. Struggle to see patterns or logic in games and school tasks

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Risky Sexual Behaviour Indicators

Does the child...

1. Engage in sexual behaviour that is not appropriate for his/her developmental level and age
2. Engage in sexual activity that involves force, coercion or intimidation
3. Engage in unprotected sex

4. Have (or has had) a sexually transmitted disease or infection
5. Have multiple sexual partners
6. Videotape or photograph himself/herself in a sexual manner, or allow others to do so
7. Videotape or photograph himself/herself engaging in sexual activities, or allow others to do so
8. Engage in sexual activities while under the influence of drugs or alcohol

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

Self-harming Indicators

Does the child...

1. Have scars, bruises and marks that he/she cannot explain
2. Wear bandages and plasters frequently
3. Consistently wear long sleeves or pants in summer when it is too hot
4. Refuse to wear a swimming costume or sportswear
5. Appear to be physically or emotionally distant and preoccupied

If the child has two or more of the above indicators, he/she must be referred for a full assessment. Make contact with a suitable local organisation.

The Children's Act

110. Reporting of abused or neglected child and child in need of care and protection

1. Section 110 states that the following people are required to report all suspected and actual cases of child abuse and neglect to the relevant authorities:
 - a. Any correctional official
 - b. Dentist
 - c. Homeopath
 - d. Immigration official
 - e. Labour inspector
 - f. Legal practitioner
 - g. Medical practitioner
 - h. Member of staff or volunteer worker at a partial care facility drop-in centre or child and youth care centre
 - i. Midwife
 - j. Minister of religion
 - k. Nurse
 - l. Occupational therapist
 - m. Physiotherapists
 - n. Psychologist
 - o. Religious leader
 - p. Social service professional
 - q. Social worker
 - r. Speech therapist
 - s. Teacher
 - t. Traditional health practitioner
 - u. Traditional leader
2. Section 110 states that the above-listed people must make a formal report to a designated child protection organisation (such as the local child welfare organisations, ACVV and Uviwe), the provincial department of social development or a police official.
3. The formal report must be made on the relevant form, Form 22.

The Sexual Offences Act

The relevant section in the SOA is section 54 of the Sexual Offences and Related Matters Act[14] compels '[a] person' who knows or who has a 'reasonable belief or suspicion' of any

form of sexual abuse against a child or mentally challenged individual to report it to a police official.

National Child Protection Register

1. The NCPR is maintained by the Department of Social Development
2. It contains two parts:
 - a. **Part A:** The purpose of Part A of the Register is—
 - i. To have a record of abuse or deliberate neglect inflicted on specific children;
 - ii. To have a record of the circumstances surrounding the abuse or deliberate neglect inflicted on children
 - iii. To use the information in the register in order to protect these children from further abuse or neglect;
 - iv. To monitor cases and services to such children;
 - v. To share information between professionals that are part of the child protection team;
 - vi. To determine patterns and trends of abuse or deliberate neglect of children;
 - vii. To use the information in the register for planning and budgetary purposes to prevent the abuse and deliberate neglect of children and protect children on a national, provincial and municipal level.
 - b. **Part B:** The purpose of Part B of the Register is to have a record of persons who are unsuitable to work with children and to use the information in the Register in order to protect children in general against abuse from these persons
3. Part B is very important for organisations that work with children.
4. No person whose name appears in Part B of the Register may—
 - a. Manage or operate, or participate or assist in managing or operating, an institution providing welfare services to children, including a child and youth care centre, a partial care facility, a shelter or drop-in centre, a cluster foster care scheme, a school, club or association providing services to children
 - b. Work with or have access to children at an institution providing welfare services to children, including a child and youth care centre, a partial care facility, a shelter or drop-in centre, a school, club or association providing services to children, or in implementing a cluster foster care scheme, either as an employee, volunteer or in any other capacity
 - c. Be permitted to become the foster parent or adoptive parent of a child
 - d. Work in any unit of the South African Police Service tasked with child protection
 - e. Be employed in terms of the Public Service Act in a position where that person works with or has access to children

- f. Be employed in terms of the Municipal Systems Act in a position where that person works with or has access to children
- g. Work in any other form of employment or activity as may be prescribed.

HANDOUT 3: SCENARIOS FOR REPORTING AND RESPONDING TO CHILD ABUSE AND NEGLECT

Scenario 1

“Mr X” is one of your most generous and oldest supporters and has visited your project several times over the years, often spending much time alone with children and taking them on trips. You hear that he has been questioned by police about possession of pornographic images of children. He recently paid a child he developed a close relationship with, who is now an adult, to visit him for a holiday.

Scenario 2

A young person in an institutional care setting you have visited, complains to you about the physical treatment he has received at the hands of some of the care staff. You are not happy about the standards of care in the home but your organisation is working with the government to improve standards generally and also to develop alternatives to institutional care. You are worried about the situation of the young person, but also concerned about damaging your organisation’s relationship with the government. Also, chances are that nothing will result from a complaint and it may even make the situation of the young person more difficult.

Scenario 3

On a visit to one of your projects - a shelter for street children - a teenage boy complains that the director has been touching him and other boys inappropriately. When you broach the subject with the director he gets very angry and demands to know who told you this. He names the boy he thinks told you and warns you he is always making up stories, as he is very disturbed.

Scenario 4

A male member of the local staff asks for a few days off to get married. You congratulate him. Afterwards, it becomes clear that the bride is 14 years old.

Scenario 5

A visitor to your project takes photographs of children without any permission/consent and then posts these to their personal Facebook account including information that identifies the project location and some of the identities of the children.

Scenario 6

You are approached by a member of staff who tells you that one of your volunteers, someone generally well liked and well respected for his work with children, has been inviting street children with whom he is working back to his apartment. It seems some may have stayed overnight.

Scenario 7

You visit a school run by your government partner, the Ministry of Education. You observe a male teacher behaving towards a child in a way you feel is inappropriate (he is with the child away from the rest of the group and she appears uncomfortable as he is whispering in her ear and stroking her hair). You later see the child looking sad and withdrawn. When asked what is wrong she bursts into tears and says 'he is a nasty man, I won't do what he is asking for!'

Scenario 8

You have arranged to carry out some interviews as part of a research exercise with a young people's group to discuss rights issues. You discuss rights and issues of protection generally with the group. After the consultation, one of the young people, a girl of 15, becomes distressed and starts to ask you 'hypothetical questions' about what should happen if someone is being forced to have sex with their uncle.

Managing Disclosure from a child

General points

- ✓ Accept what the child says
- ✓ Keep calm
- ✓ Don't panic
- ✓ Don't seek help while the child is talking to you
- ✓ Be honest
- ✓ Look at the child directly
- ✓ Do not appear shocked
- ✓ Let them know that you need to tell someone else, someone who will be able to help
- ✓ Assure them that they are not to blame for the abuse
- ✓ Never ask leading questions
- ✓ Try not to repeat the same questions to the child
- ✓ Never push for information
- ✓ Do not fill in words, finish their sentences, or make assumptions
- ✓ Be aware that the child may have been threatened
- ✓ Take proper steps to ensure the physical safety and psychological well-being of the child. This may include referring them for medical treatment or to a psychologist
- ✓ Make certain you distinguish between what the child has actually said and the inferences you may have made. Accuracy is paramount in this stage of the procedure
- ✓ Do not permit personal doubt to prevent you from reporting the allegation to the designated child protection officer
- ✓ Let the child know what you are going to do next and that you will let them know what happens

Things to say

- ✓ 'I believe you'
- ✓ 'I am going to try to help you'
- ✓ 'I will help you'
- ✓ 'I am glad that you told me'
- ✓ 'You are not to blame'

Things not to say

- × 'You should have told someone before'
- × 'I can't believe it! I'm shocked!'

- × 'Oh that explains a lot'
- × 'No not...he's a friend of mine'
- × I won't tell anyone else'
- × 'Why? How? When? Where? Who?'

At the end of the disclosure

- ✓ Reassure the child that it was right to tell you
- ✓ Let them know what you are going to do next
- ✓ Immediately seek help, in the first place from the designated child protection officer
- ✓ Write down accurately what the young person has told you, in the child's words. Sign and date your notes. Keep all notes in a secure place for an indefinite period. These are essential in helping your organisation/ social services/ the police decide what is best for the child, and as evidence if necessary
- ✓ Seek help for yourself if you feel you need support

5 steps to take when receiving disclosure from a child¹:

1. Listen: don't interrupt; give space and time to tell the story at their own pace in their own words; be patient; active listening; body language; listen for facts
2. Take it seriously
3. Reassure: you're very brave; you were right to tell me; well done
4. Support: physical / medical; psycho-social; don't make promises you can't keep; don't promise silence
5. Report

Handout 4: Self-Audit Worksheet

A	CHILDREN AND THE ORGANISATION	Yes	No
1.	THE AGENCY IS VERY CLEAR ABOUT ITS RESPONSIBILITY TO PROTECT CHILDREN AND MAKES THIS KNOWN TO ALL WHO COME INTO CONTACT WITH IT.		
2.	THE WAY STAFF AND OTHER REPRESENTATIVES BEHAVE TOWARDS CHILDREN SUGGESTS THAT THEY ARE COMMITTED TO PROTECTING CHILDREN FROM ABUSE.		
3.	THERE IS GOOD AWARENESS OF THE UN CONVENTION OF THE RIGHTS OF THE CHILD (UNCRC) OR OTHER CHILDREN'S RIGHTS INSTRUMENTS AND THIS IS SEEN AS A BASIS FOR CHILD PROTECTION IN THE ORGANISATION.		
4.	MANAGERS AND SENIOR STAFF ENSURE THAT CHILDREN ARE LISTENED TO AND CONSULTED AND THAT THEIR RIGHTS ARE MET.		
5.	THE AGENCY MAKES IT CLEAR THAT ALL CHILDREN HAVE EQUAL RIGHTS TO PROTECTION.		
6.	THE AGENCY MANAGES CHILDREN'S BEHAVIOUR IN WAYS THAT ARE NON-VIOLENT AND DO NOT DEGRADE OR HUMILIATE CHILDREN.		
B	POLICIES AND PROCEDURES THAT HELP KEEP CHILDREN SAFE	Yes	No
1.	THE AGENCY HAS A WRITTEN CHILD PROTECTION POLICY OR HAS SOME CLEAR ARRANGEMENTS TO MAKE SURE THAT CHILDREN ARE KEPT SAFE FROM HARM.		
2.	THE POLICY OR ARRANGEMENTS ARE APPROVED AND ENDORSED BY THE RELEVANT MANAGEMENT BODY (E.G., SENIOR MANAGEMENT BOARD, EXECUTIVE, AND COMMITTEE).		
3.	THE POLICY OR ARRANGEMENTS HAVE TO BE FOLLOWED BY EVERYONE.		
4.	THERE ARE CLEAR CHILD PROTECTION PROCEDURES IN PLACE THAT PROVIDE STEP-BY-STEP GUIDANCE ON WHAT ACTION TO TAKE IF THERE ARE CONCERNS ABOUT A CHILD'S SAFETY OR WELFARE.		
5.	THERE IS A NAMED CHILD PROTECTION PERSON/S WITH CLEARLY DEFINED ROLE AND RESPONSIBILITIES.		
6.	THE CHILD PROTECTION PROCEDURES ALSO TAKE ACCOUNT OF LOCAL CIRCUMSTANCES.		
C	PREVENTING HARM TO CHILDREN	Yes	No
1.	THERE ARE POLICIES AND PROCEDURES OR AGREED WAYS OF RECRUITING REPRESENTATIVES AND FOR ASSESSING THEIR SUITABILITY TO WORK WITH CHILDREN, INCLUDING WHERE POSSIBLE POLICE AND REFERENCE CHECKS.		
2.	THERE ARE SOME WRITTEN GUIDELINES FOR BEHAVIOUR OR SOME WAY OF DESCRIBING TO STAFF AND OTHER REPRESENTATIVES WHAT BEHAVIOUR IS ACCEPTABLE AND UNACCEPTABLE ESPECIALLY WHEN IT COMES TO CONTACT WITH CHILDREN.		
3.	THE CONSEQUENCES OF BREAKING THE GUIDELINES ON BEHAVIOUR ARE CLEAR AND LINKED TO ORGANISATIONAL DISCIPLINARY PROCEDURES.		
4.	GUIDANCE EXISTS ON APPROPRIATE USE OF INFORMATION TECHNOLOGY SUCH AS THE INTERNET, WEBSITES, AND DIGITAL CAMERAS ETC. TO ENSURE THAT CHILDREN ARE NOT PUT AT RISK.		
5.	WHERE THERE IS DIRECT RESPONSIBILITY FOR RUNNING/PROVIDING ACTIVITIES, INCLUDING RESIDENTIAL CARE, CHILDREN ARE ADEQUATELY SUPERVISED AND PROTECTED AT ALL TIMES.		

6.	THERE ARE WELL-PUBLICISED WAYS IN WHICH STAFF/ REPRESENTATIVES CAN RAISE CONCERNS, CONFIDENTIALLY IF NECESSARY, ABOUT UNACCEPTABLE BEHAVIOUR BY OTHER STAFF OR REPRESENTATIVES.		
D	IMPLEMENTATION AND TRAINING	Yes	No
1.	THERE IS CLEAR GUIDANCE TO STAFF, PARTNERS AND OTHER ORGANISATIONS (INCLUDING FUNDING ORGANISATIONS) ON HOW CHILDREN WILL BE KEPT SAFE.		
2.	CHILD PROTECTION MUST BE APPLIED IN WAYS THAT ARE CULTURALLY SENSITIVE BUT WITHOUT CONDONING ACTS THAT ARE HARMFUL TO CHILDREN.		
3.	THERE IS A WRITTEN PLAN SHOWING WHAT STEPS WILL BE TAKEN TO KEEP CHILDREN SAFE.		
4.	ALL MEMBERS OF STAFF AND VOLUNTEERS HAVE TRAINING ON CHILD PROTECTION WHEN THEY JOIN THE ORGANISATION WHICH INCLUDES AN INTRODUCTION TO THE ORGANISATION'S CHILD PROTECTION POLICY AND PROCEDURES WHERE THESE EXIST.		
5.	ALL MEMBERS OF STAFF AND OTHER REPRESENTATIVES ARE PROVIDED WITH OPPORTUNITIES TO LEARN ABOUT HOW TO RECOGNISE AND RESPOND TO CONCERNS ABOUT CHILD ABUSE.		
6.	WORK HAS BEEN UNDERTAKEN WITH ALL PARTNERS TO AGREE GOOD PRACTICE EXPECTATIONS BASED ON THESE STANDARDS.		
E	INFORMATION AND COMMUNICATION	Yes	No
1.	CHILDREN ARE MADE AWARE OF THEIR RIGHT TO BE SAFE FROM ABUSE.		
2.	EVERYONE IN THE ORGANISATION KNOWS WHICH NAMED STAFF MEMBER HAS SPECIAL RESPONSIBILITIES FOR KEEPING CHILDREN SAFE AND HOW TO CONTACT THEM.		
3.	CONTACT DETAILS ARE READILY AVAILABLE FOR LOCAL CHILD PROTECTION RESOURCES, SAFE PLACES, NATIONAL AUTHORITIES AND EMERGENCY MEDICAL HELP.		
4.	CHILDREN ARE PROVIDED WITH INFORMATION ON WHERE TO GO TO FOR HELP AND ADVICE IN RELATION TO ABUSE, HARASSMENT AND BULLYING.		
5.	CONTACTS ARE ESTABLISHED AT A NATIONAL AND/OR LOCAL LEVEL WITH THE RELEVANT CHILD PROTECTION/WELFARE AGENCIES AS APPROPRIATE.		
6.	STAFF MEMBERS WITH SPECIAL RESPONSIBILITIES FOR KEEPING CHILDREN SAFE HAVE ACCESS TO SPECIALIST ADVICE, SUPPORT AND INFORMATION.		
F	MONITORING AND REVIEW	Yes	No
1.	ARRANGEMENTS ARE IN PLACE TO MONITOR COMPLIANCE WITH CHILD PROTECTION MEASURES PUT IN PLACE BY THE ORGANISATION.		
2.	STEPS ARE TAKEN TO REGULARLY ASK CHILDREN AND PARENTS/CARERS THEIR VIEWS ON POLICIES AND PRACTICES AIMED AT KEEPING CHILDREN SAFE AND THE EFFECTIVENESS OF THESE.		
3.	THE ORGANISATION USES THE EXPERIENCE OF OPERATING CHILD PROTECTION SYSTEMS TO INFLUENCE POLICY AND PRACTICE DEVELOPMENT.		
4.	ALL INCIDENTS, ALLEGATIONS OF ABUSE AND COMPLAINTS ARE RECORDED AND MONITORED.		
5.	POLICIES AND PRACTICES ARE REVIEWED AT REGULAR INTERVALS, IDEALLY AT LEAST EVERY THREE YEARS.		
6.	CHILDREN AND PARENTS/CARERS ARE CONSULTED AS PART OF A REVIEW OF SAFEGUARDING POLICIES AND PRACTICES.		

Handout 5: Self-Audit Scoring Grid

Colour Code

BLUE = YES

RED = NO

HEADINGS	QUESTIONS					
	1	2	3	4	5	6
CHILDREN AND THE ORGANISATION						
POLICIES AND PROCEDURES THAT HELP KEEP CHILDREN SAFE						
PREVENTING HARM TO CHILDREN						
IMPLEMENTATION AND TRAINING						
INFORMATION AND COMMUNICATION						
MONITORING AND REVIEW						

Handout 6: Risk Assessment Template

SCORING KEY

SCORE	SEVERITY	LIKELIHOOD
1	INSIGNIFICANT	RARE
2	MINOR	UNLIKELY
3	MODERATE	POSSIBLE
4	MAJOR	LIKELY

Description Of Risk	Current Controls in place to manage this risk	Severity or impact (1-4)	Likelihood (1-4)	Risk Score (Severity x Likelihood)	Person Responsible	Proposed strategy to reduce, mitigate or control the risk and the time frame.

Handout 7: Action Planner

NAME OF ORGANISATION:				
TASK AREA	ACTION/ACTIVITY	BY WHOM	BY WHEN	SUPPORT/ RESOURCE NEEDS
ADDITIONAL COMMENTS				

Contact Sheet

Training on child protection can often be upsetting for many people. If you feel like you want to talk to someone about anything after this training, you can contact any of the South African toll-free numbers below and access telephonic counselling services.

LifeLine Southern Africa

24-hour crisis intervention service. "Emotional First Aid station". Free, confidential telephone counselling, rape counselling, trauma counselling, Aids counselling, and a range of other services. Not-for-profit organisation. National counselling line: 0861-322-322

The South African Depression & Anxiety Group

To contact a counsellor between 8am-8pm Monday to Sunday,
Call: 011 234 4837 / Fax number: 011 234 8182

For a suicidal emergency contact us on 0800 567 567

24hr Helpline 0800 12 13 14

SMS 31393 (and we will call you back)

Gender-Based Violence Command Centre

A 24-hour call centre dedicated to provide support and counselling to victims of Gender-Based Violence - 0800 428 428 / *120*7867# (free)

Notes

The references for the materials contained in this handout booklet are in the accompanying facilitator's manual.