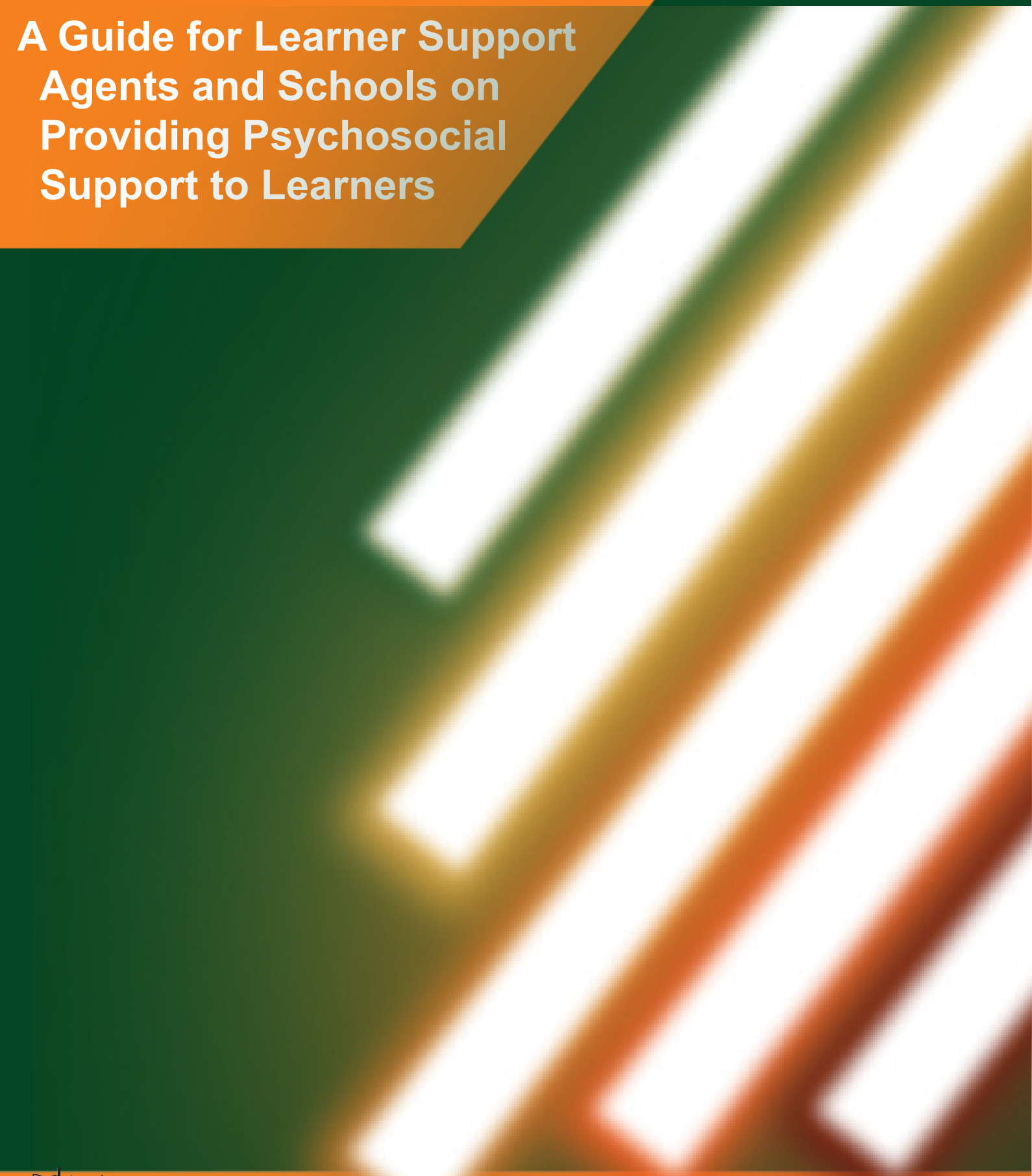
A Guide for Learner Support Agents and Schools on Providing Psychosocial Support to Learners



Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

PSYCHOSOCIAL SUPPORT DIRECTORATE

basic education

Read to Lead
A Reading Nation is a Leading Nation

2030 NDP

Acknowledgements:

ISBN: 978-1-4315-3406-7

Department of Basic Education

Suggested citation:

Department of Basic Education

A Guide for Learner Support Agents and Schools on Providing Psychosocial Support to Learners. Department of Basic Education: Pretoria. 2020.

This Guide is intended for Learner Support Agents (LSAs) and Schools to strengthen the provision of Psychosocial Support (PSS) to learners in South African schools. It defines what PSS is, and sets out the ways in which LSAs, school management teams (SMTs), School Based Support Teams (SBSTs) and school governing bodies (SGBs) should go about creating a psychosocially healthy school environment in order to prevent and address existing problems early. Collaboration with relevant stakeholders is critical in this process. The Guide is embedded in the Department's Care and Support for Teaching and Learning (CSTL) Programme as well as the Policy on Screening, Identification, Assessment and Support (SIAS).

The Department acknowledges the main authors Ms F Mmola, Dr F Kumalo and Ms P Skatane, all of the DBE. We wish to thank all the child care coordinators in the North West Province that participated in the pre-test workshop on this document and all those who supported the knowledge development. We hope and believe that their contributions will make a real difference to the psychosocial support of learners in South African schools.

Comments and suggestions on the Guide are welcomed and should be sent to the Psychosocial Support Directorate, Department of Basic Education, Private Bag X895, Pretoria, 0001.

Address:

Department of Basic Education

222 Struben Street

Pretoria

0001

Website: www.education.gov.za Tel: 012 357 3000

Written by the Psychosocial Support Directorate with the support of the Chief Director: Care and Support in Schools
Layout and Design: Department of Basic Education, Communications Directorate.

A Guide for Learner Support Agents and Schools on Providing Psychosocial Support to Learners

PSYCHOSOCIAL SUPPORT DIRECTORATE:

20 February 2019 (Revised 21.10.2019)

Table of Contents

ACRONYMS AND ABBREVIATIONS

CSTL	Care and Support for Teaching and Learning
DBE	Department of Basic Education
DBST	District Based Support Team
DOH	Department of Health
DSD	Department of Social Development
LSA(s)	Learner Support Agent(s)
NGO	Non-Governmental Organisations
OVC	Orphans and Vulnerable Children
OVCY	Orphans and Vulnerable Children and Youth
PSS	Psychosocial Support
PSW	Psychosocial Wellbeing
RCL	Representative Council of Learners
SBST	School Based Support Team
SGB	School Governing Body
SIAS	(National Strategy for) Screening, Identification, Assessment and Support
SMT	School Management Team
WHO	World Health Organisation

DEFINITION OF TERMS

Abandoned: in relation to a child, means a child who has obviously been deserted by the parent, guardian or care-giver; or has, for no apparent reason, had no contact with the parent, guardian, or care-giver for a period of at least three months.

Abuse: in relation to a child, means any form of harm or ill-treatment deliberately inflicted on a child, and includes- (a) assaulting a child or inflicting any other form of deliberate injury to a child; (b) sexually abusing a child or allowing a child to be sexually abused; (c) bullying by another child; (d) a labour practice that exploits a child; or (e) exposing or subjecting a child to behaviour that may harm the child psychologically or emotionally.

Anxiety: A mental health disorder characterised by feelings of worry, anxiety or fear that are strong enough to interfere with one's daily activities. In an anxiety-related disorder, fear or worry does not go away and can get worse over time. It can influence one's life to the extent that it can interfere with daily activities like school, work and/or relationships.

Bullying: Bullying is defined as intentional, repeated acts of aggressive behaviour intended to cause harm. It is characterised by an imbalance in power between the perpetrator and the victim (Olweus & Hart, 1993; Rigby, 2002), and involves targeting one particular person or group repeatedly over a period of time (DBE, 2018). The imbalance of power in bullying may come from, amongst others, differences in age, authority, physical stature, strength, status or popularity. Bullying can take different forms, which may sometimes happen concurrently, or may happen singly: physical, verbal, non-verbal, social, sexual and cyber bullying.

Burnout: A state of mental, emotional and physical exhaustion.

Child abuse: Any interaction or lack of interaction by a parent or caretaker which results in the non- accidental harm to a child's physical and/or developmental state. The term child abuse therefore includes not only the physical non-accidental injury of children, but also emotional abuse, sexual abuse and neglect.

Confidentiality: Confidentiality means that information shared within a relationship will not be shared outside that relationship. The expectation is that what a client tells a helper or any professional, the helper will not reveal to others. The purpose of client confidentiality is to encourage clients to share information that may be embarrassing, or even self-incriminating. Through the sharing of such information, the client can receive help to address an issue, concern, or problem that they may be experiencing.

Depression: Depression is a mood disorder characterised by a severe lack of pleasure or of the capacity to experience it. It is accompanied by sleep and appetite disturbances and feelings of worthlessness, guilt and hopelessness.

Disruptive behaviour: Behaviour that is characterised by anger and aggression with behaviour that is frequent, long lasting, occurs in different situations and causes significant problems.

Distress: A response to a situation perceived as unpleasant and potentially harmful. It is associated with feelings of anxiety and helplessness.

Emotional abuse: This refers to the withholding of the necessary warmth and affection (necessary for normal physical and psychological development), including parental indifference, resulting in poor discipline and control. It may include verbal abuse such as denigration, frightening and/or threatening the child.

Empathy is the capacity to understand or feel what another person is experiencing (person's thoughts, feelings, and condition) from within their frame of reference, that is, the capacity to place oneself in another person's position.

Grief is an individual's personal experience, thoughts and feelings associated with a loss. Many children who lose a parent(s) through death adapt well and do not experience serious problems. Losing a parent constitutes a risk for

developing further emotional or behavioural disorders.

Informed consent: Informed consent is the process through which the nature of the helper/ client relationship is discussed. Expectations are outlined and all information pertaining to the helping process which may include counseling, research, medication, testing, and others is transparent. The client also has a choice to opt for or out of the helping process

Learner Support Agent (LSA) refers to an individual who is contracted by the Department and are placed in a specific school to provide support to vulnerable learners and implement activities relating to care and support.

(This term varies from province to province; for example, in the Western Cape LSAs are referred to as Care and Support Assistants, while in the Free State they are named Change Agents for Teaching and Learning. Notwithstanding the title, their roles and responsibilities are generally the same across provinces, throughout this document, the term LSA will be used and is applicable to this cadre in all provinces).

Mental Health: a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

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. Neglect in these aspects can result in retarded growth and development physically, intellectually and emotionally.

Physical abuse: The non-accidental injury or other physical harm inflicted upon a child. Injuries range from cuts and bruises to burns and fractures and the consequences may include permanent disability of the body and/or psyche of the child, including death. Physical abuse can also include the administration of drugs or alcohol e.g. inappropriate medication or sedation of a child.

Psychosocial: As defined by SADC (2011), is used to emphasise the close connection between psychological aspects of experiences (thoughts and emotions) and the wider social experience (relationships, practices, traditions and culture), both of which interact to form the human experience. It also takes into account spiritual (values systems, beliefs) and physical aspects of an individual. Social influences such as peer pressure, parental support, cultural and religious background, socioeconomic status, and interpersonal relationships are all factors that can help to shape personality and influence psychological makeup.

Psycho-social support (PSS) refers to "a continuum of love, care and protection that enhances the cognitive, emotional and spiritual well-being of a person and strengthens their social and/ or cultural connectedness" (REPSSI, 2013).

Psychosocial wellbeing is the positive age- and stage-appropriate outcome of children's development. Psychosocial wellbeing is seen as an interdependent aspect of several other overlapping aspects of total or holistic wellbeing. The focus is not just on the individual, but on larger social units such as households, families and communities (REPSSI, 2009).

School-Based Support Team (SBST) refers to a team established by a school as a school-level support mechanism, whose primary function is to put a coordinated school, learner and teacher support in place. The SBST is led and chaired by the school principal to ensure that the school becomes an inclusive centre of learning, care and support. It consists of the School Management Team (SMT), educators, members of the School Governing Body (SGB), School Safety Committee, School Health Team, other government departments, non-governmental organisations, parents/caregivers, community members and learners (where applicable).

Sexual abuse: Means - (a) sexually molesting or assaulting a child or allowing a child to be sexually molested or assaulted; (b) encouraging, inducing or forcing a child to be used for the sexual gratification of another person; (c) using a child in or deliberately exposing a child to sexual activities or pornography; or (d) 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.

Stress is a state of mental or emotional strain or tension arising from a particular situation. It is the body's way of responding to any kind of demand. It can be caused by both good and bad experiences. A moderate amount of stress can provide valuable motivation that gets one to take action for example, to immediately start studying and preparing for exams.

Stress in children: Children experience stress due to fear and lack of understanding of what's happening around them and due to fear of separation from those who are their source of love, security and protection.

Substance abuse: A pattern of harmful use of any substances (alcohol and drugs including medication) for mood-altering purposes.

Suicide is when a person intentionally takes his or her own life.

Suicide attempt: This is where a suicidal plan results in actually trying to end life but is not completed and the person survives. This is also called para-suicide. In some instances, it may be a cry for help (seeking attention) rather than an actual attempt at suicide.

Suicidal thoughts: This is where someone thinks about suicide. They may or may not have a plan. All expressed thoughts of suicide must be taken seriously.

Trauma refers to an experience that is emotionally painful, distressful, or shocking which can result in lasting mental and physical effects. It can involve the creation of emotional memories about the event. Trauma may be classified as *primary trauma* – when people directly experience the event, and as *secondary trauma* – when people witness a traumatic event where someone else is the victim.

1. The Purpose of this Guide

The Department of Basic Education (DBE) facilitates the recruitment of Learner Support Agents (LSAs) who are placed in selected schools through the HIV and AIDS Life Skills Education Programme. The Department has identified a need to improve the skills of LSAs on providing PSS to learners. To this end, and in addition to various capacity-building initiatives, the Department of Basic Education has developed this document to provide LSAs and schools with guidance on how they can support learners in need of psychosocial services. Provincial and district education officials can use the guide to facilitate learning and training sessions with schools and LSAs.

The guide clarifies what Psychosocial Support is about and how LSAs, school management teams (SMTs) and school governing bodies (SGBs) should go about creating a psychosocially healthy environment in order to prevent psychosocial problems, and to address existing problems early. Collaboration with relevant stakeholders is critical in this process. The document is embedded in the Department's Care and Support for Teaching and Learning (CSTL) Programme, as well as the Policy on Screening, Identification, Assessment and Support (SIAS). However, it does not necessarily imply that LSAs should themselves implement the full package of the CSTL or the SIAS. The guide does not provide the reader with expertise on PSS. That said, all schools are required to be safe and caring learning spaces that provide services in all the CSTL priority areas.

The success of the education system is assessed on the basis that every learner is:

- **Enrolled** in school at the appropriate age;
- Able to attend school regularly and complete their schooling **(retention)**; and
- Provided with the opportunity and support to enable them to **reach their full potential (achievement).**

Psychosocial support plays a significant role in learner enrollment and retention, as well as in improving learner participation, thus contributing to optimal achievement.

NB: *This Guide for LSAs and Schools must be read together with the DBE CSTL Framework, the CSTL School-level Handbook, the CSTL National Support Pack, the Policy on Screening, Identification, Assessment and Support (SIAS), the DBE National Policy on HIV, STIs and TB for Learners, Educators, School Support Staff and Officials, and the Integrated School Health Policy (ISHP).*

2. Background

Mental health is a fundamental component of health. Although there are no nationally representative epidemiological data on the prevalence of psychiatric disorders in adolescents in South Africa, estimates suggest that approximately **17% of children and youth between the ages of 6-16 years have poor mental health**. Local studies indicate high prevalence rates for anxiety disorders, post-traumatic stress disorders, depression, and conduct disorders amongst children and adolescents (ISHP Policy).

Various biological, social, and psychological factors are known to contribute toward the high prevalence of mental disorders among young people; whilst poor mental health is associated amongst other things with educational underachievement, social disadvantage and poor health and well-being. Children experiencing conditions such as poverty, orphan hood, disability, hunger, homelessness and illnesses are vulnerable to receiving inadequate education, which ultimately, is likely to contribute to poor social, educational, emotional and economic outcomes for such children. Children and adolescents facing psychosocial problems often have difficulty functioning in social situations and may have problems communicating effectively with others.

The Department of Basic Education (DBE) hosted a workshop for provincial coordinators around trauma support skills for learners experiencing trauma in 2015. Results of the monitoring sessions undertaken by the DBE in the North West and Mpumalanga provinces indicated that there is a need to implement a whole-school training approach to ensure that the skills are implemented successfully in schools. It was identified that the current psychosocial support intervention is limited only to a few educators that have received training.

During her announcement of the 2015 National Senior Certificate results and at the 2016 Basic Education Sector Lekgotla in January 2016, the Minister for Basic Education, Mrs Angie Motshekga, MP, has continuously emphasised that Psychosocial Services must be improved in the sector to address the myriad of social ills that find expression in our schools, and as an integral part of the second chance matric programme as well as the implementation of interventions to address school drop-out.

In September 2018, a learner stabbed a teacher to death at Ramotshere Moiloa High School in North West province. In expressing her condolences, Minister Motshekga indicated that there had been signs that this learner was “troubled”. Had PSS services been provided timeously, it may have averted the tragedy that later ensued. Research shows that learners who cannot overcome emotional problems resulting from trauma and other social ills are inhibited from learning and achieving.

In his address at the Presidential Summit on Gender-Based Violence and Femicide in November 2018, His Excellency the President Mr Cyril Ramaphosa asserted that the Department of Basic Education needs to urgently speed up its programmes aimed at offering psycho-social support to vulnerable learners

.

The mental health needs of children and adolescents can be addressed on numerous levels and intervention sites, and schools can play an important role. (ISHP Policy).

3. The Policy Mandate for Psychosocial Support (PSS) in the Basic Education Sector

Schools have an important role to play in promoting the overall well-being of learners. In this regard, schools are used as vehicles for promoting access to a range of public services for learners in areas such as health, poverty alleviation, psychosocial support, sport and culture. In line with the National Development Plan, the DBE crafted the Strategic Plan, namely *Towards the Realisation of Schooling 2030.* The DBE further crafts an Action Plan on five yearly basis to achieve the objectives outlined in the long term Strategic Plan.

Goals 25 of the Action Plan states: *Use schools as vehicles for promoting access to a range of public services among learners in areas such as health, poverty alleviation, psychosocial support, sport and culture.*

The DBE further crafted the White Paper 6: Special Needs Education to recognise and accommodate the diverse range of learning needs. The White Paper 6 recognises that barriers to teaching and learning are brought about by societal, systemic and intrinsic conditions. It thus recognises the need to pursue the holistic development of centres of learning to ensure a barrier-free physical environment and a supportive and inclusive psycho-social learning environment, developing a flexible curriculum to ensure access to all learners, developing a community based support system which includes a preventative and developmental approach to support.

In order to achieve goal 25, the DBE has adopted the Care and Support for Teaching and Learning (CSTL) Programme. The CSTL is intended to coordinate and harmonise the delivery of a seamless package of support services at school level. CSTL draws from the Ecological Systems Approach to understanding and addressing barriers to education. The Ecological Systems Approach recognises that an individual's behaviour is determined by multiple spheres of influence. These range from very direct influences such as the child's health or relationship with a caregiver, to more indirect influences such as socio-economic policies and gender. Influences may be positive or negative and each sphere of influence therefore has the potential to increase risk and/or to offer protection.

Applying the ecological systems approach to CSTL, the DBE recognises that barriers to education include:

- ***Intrinsic barriers***: Largely affecting the individual child at an intrapersonal level, such as physical, mental and health related problems.
- ***Systemic barriers***: Such as inadequate infrastructure, inappropriate teaching methods or materials, poorly trained teachers, insufficient support for teachers, and policy and curriculum issues.
- ***Societal barriers***: Including severe poverty, unemployment, inadequate care-giving, child labour and violence against children, and HIV and AIDS.

The DBE has identified 10 priority areas of CSTL. Psychosocial Support is one of the priority areas to deal with the various barriers to learning as illustrated by the diagram below

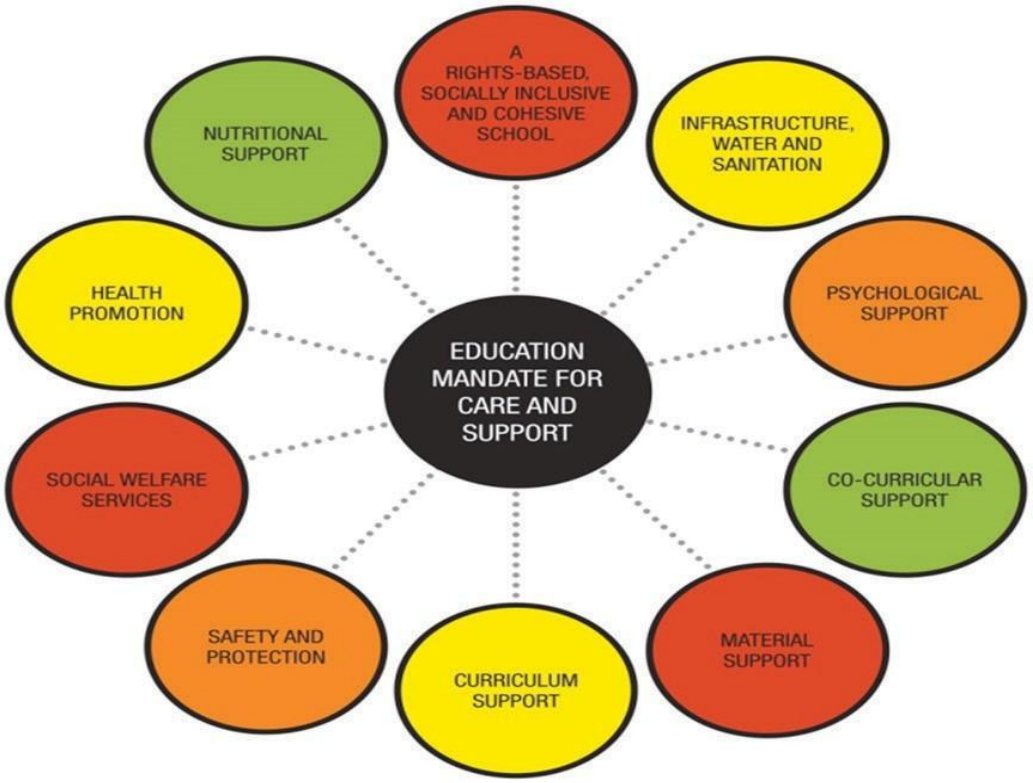


Figure 1: Priority areas of CSTL in South Africa

4. Defining Psychosocial Support

Psychosocial Support (PSS) refers to "a continuum of love, care and protection that enhances the cognitive, emotional and spiritual well-being of a person and strengthens their social and cultural connectedness" (REPSSI, 2013).

Psychosocial support is thus not limited to counselling as many seem to misunderstand; it includes changing the environment of the school, the policies and practices that are not conducive for teaching and learning. Psychosocial support in the context of the DBE is meant firstly as a **preventive measure**, by creating an enabling environment for psychosocially 'healthy' schools; accomplished through training, skills and providing resources to educators and other school staff. Since educators alone may not be fully equipped for the breadth of services that **are required in high risk, high need and resource constrained communities, partnerships and networks of service providers** are *necessary* to provide the much needed support in schools.

PSS "in the classroom, and schools is evidenced by all children feeling welcome, happy, safe, actively participate in the learning process, have opportunities to develop meaningful relationships, and are supported to reach their full potential (Noble & McGrath, 2016).

As a **restorative measure**, psychosocial support aims to ensure that the psychosocial needs of children are identified and responded to early before they compound into larger issues. Schools should identify potential areas of risk in the individual learners/ groups in order to reduce the risk factors that impact negatively on wellbeing. Additionally, **protective resources should be identified** in an effort towards prevention of psychosocial distress.

Restorative justice principle should be applied in dealing with learners through the rehabilitation of children who find themselves in conflict with education authorities and/ or the legal system, rather than taking a punitive approach towards those that have made mistakes.

Families are included as key role players. It is important for LSAs to identify and use opportunities for communicating with families, provide awareness education and thus creating sensitivity about children's psychosocial wellbeing and health.

Learners who have psychosocial wellbeing should be able to:

i) Make appropriate decisions that have short and long-term benefits to the individual and to society;

ii) Assume and maintain social responsibility and healthy social relationships and behaviours; and;

iii) Maintain a condition of mental capability and absence of temporary or long-term mental impairment.

It is important to note that psychosocial wellbeing may fluctuate given a person's health, a specific event or simply the current situation in their lives; it is not a stagnant state of being. While psychosocial wellbeing can deteriorate, it can also improve given an intervention or change such as receiving treatment for an illness, or other type of social, emotional or psychological support.

4.1 The Role of Attachment in PSS

Attachment is described by John Bowlby (Becker-Weidman, 2009) as a long lasting psychological connection with a meaningful person that causes pleasure while interacting and soothes in times of stress. The quality of attachment has a critical effect on a child's development, and has been linked to various aspects of positive functioning, such as psychological well-being.

Children who develop secure attachments with a significant other are likely to develop positive behaviours that are helpful for the self and others, while negative attachments or lack of attachment may lead to negative behaviours such as antisocial conduct and crime.

Even though Bowlby focused on infancy up to young toddlers, it is important to recognise that caring for children who lack attachment at home may assist in re-establishing new trusting relationships with others such as educators and thus improve their wellbeing. This stance is consistent with recent developments on attachment.

5. The Role of PSS in Basic Education

The role of psychosocial support in basic education includes the following:

- To provide a suitable environment for children to learn and develop,
- Support optimum learning, retention and achievement in school.
- To enhance resilience,
- Early identification of vulnerable children and provision of support.

5.1 Working through the care and support structures in the education system

The CSTL Programme and the Policy on Screening, Identification, Assessment and Support (SIAS) require that support be provided through the various support structures. These include the following:

- District Based Support Team
- School Based support Team
- School Management Team
- School Governing body, and
- Representative Council of Learners

At school level, all support should be coordinated through the School Based Support Team led by the school principal or his/ her designate. Their role is to ccoordinate all learner, teacher, and curriculum and school development support in the school. “School-based/Institution-level support teams should be involved centrally in identifying ‘at risk’ learners and addressing barriers to learning.

The School Based Support Team (SBST)

1) It is the responsibility of the principal to establish the School-Based Support Team and ensure that the team is *functional and supported*.

2) It is important for school based staff such as the Learner Support Agent to work in collaboration with, and form part of the SBST. Where a high-level of support cannot be provided at school level in any practical and cost-effective way, the matters should be referred to the District Based Support Team (DBST). Where the DBST lacks the specialist capacity for the need, local specialist organisations and government departments should be involved. It is thus critically important that relationships with such organisations and/or individuals are established and maintained on an on-going basis.

A list of call centre details are provided as (**ANNEXURE J)** in this document.

3) In the process of requesting assistance, the SBST should provide the DBST with evidence of the support provided to the learner at school level.

4) The SBST should always involve/ consult the parent/caregiver and learner in any decisions related to support provision.

5) Informed consent should be obtained where relevant.

The District Based Support Team (DBST)

(1) The DBST should establish the kind of support needed by the SBST in order to support the learner/s, assess what the strength of the SBST is and explore ways in which additional support can be provided and/or sought from external sources. In addition, the DBST should assist the SBST to identify additional community-based support and facilitate collaboration through the learning support coordinators.

(2) Feedback must be provided to the SBST including on how the child should be further supported in line with the assessment done by the DBST.

5.2 Minimum Responsibilities for Psychosocial Support in the CSTL School Handbook

The DBE CSTL school handbook requires the following minimum responsibilities for Psychosocial Support:

The **Schools** must:

- Establish a network of local support providers (government departments, NGOs, business) to assist in the provision of support services for vulnerable learners.
- Identify and implement a skills development plan for educators to be more responsive to the support needs of learners who are at risk of learning breakdown or school drop-out due to psycho-social barriers.
- Creating a child friendly, safe and nurturing school environment by addressing issues related to infrastructure, policy and the provision of support programmes for vulnerable learners

Responsibilities of the school community:

The School Principal and the School Management Team (SMT):

(a) The role of SMT is to ensure that planning, budgeting and implementation perspective, are progressing/ happening.

- Must establish a SBST that includes representation of organisations or people with psychosocial skills.
- Must, in the assessment of educators, review their knowledge and practices of screening, identifying and providing support in the classroom for learners with psychosocial barriers to learning.
- Must develop annual School Improvement Plans and individual plans for the personal growth and development of educators that increase the school's capacity to provide psychosocial support. In-service training should be sought through support of the District and other stakeholders.
- Must ensure that educators, SGBs, RCLs and learners in peer groups are trained in the identification of learners needing psychosocial support and their respective roles in providing support.
- Should establish a referral network between the school and service providers in the surrounding community, DSD and other government departments that provide psychosocial support.
- SMT and SBST should undertake a psychosocial assessment to determine how the environment can be improved. The attached School Psychosocial Assessment Tool can be used for such purposes (**ANNEXURE F**).
- Identify an educator to be a champion for the psychosocial support within the learning support portfolio.
- Inform SGB about programmes available in the school including psychosocial support.

(b) Educators:

- Should observe and assess all learners who have experienced a traumatic event to determine their need for psychosocial support.
- Should refer learners who have high level needs for psychosocial support to the SBST or where applicable to psychosocial service providers that are part of the school-based network of support providers/ or externally.
- Should indicate their training needs in relation to identification, support and monitoring of learners with psychosocial needs.
- Should seek out and participate in training and professional development opportunities for strengthening their psychosocial support skills.
- Should engage with the parents/caregivers of children needing psychosocial support on the support

provided in class and how parents can provide support at home to ensure that their children attend school.

(c) Learners:

- Advocate/ create awareness on psychosocial support.
- Should they become aware of a child that may need support they need to report to the relevant educator/ class teacher.
- May join available peer support groups should they need support.

(d) Representative Council of Learners (RCL):

- Should identify what the general psychosocial needs of the learners are and how they can involve the school governing body to improve the environment.
- Should, on a regular basis, hold generalised discussions about social and emotional problems that face children and how learners can support one another.
- Inform learners about the relevant teachers/ staff that need to be informed should they or other learners experience problems.

(e) SGB (School Governing Bodies):

- Should share information with parents on programmes available in the school including psychosocial support and what the parents and school's responsibilities are.
- Must review budgetary allocations for the development of educators and school resources for identifying and supporting children needing psychosocial support.
- May fundraise to pay for sessions with a social worker or psychologist (whichever is applicable) on a needs basis; or identify registered organisations that offer services at no cost in resource limited settings; or
- Mobilise support for specialist services of social workers, psychologists and therapists.

(f) Parents/guardians/caregivers:

- Where their children have experienced trauma, parents should make sure that they inform the class teacher or an SBST coordinator.
- Must find out from the school or educator(s) what support services are available to help with their children's additional needs and follow up to see that they receive these.
- In the case of sexual violence against a child, parents must report such a matter to the police and/ or the Department of Social Development.

5.3 Creating a Psychosocially-Friendly School Environment (Resilience)

Schools have the responsibility to create a school environment that is pleasant, welcoming and non-threatening.

The World Health Organisation (2000) asserts that a *sense of connectedness, good communication, and perceptions of adult care have been shown to be related to a wide range of mental health outcomes*. In addition, research in countries such as Australia and the United Kingdom, shows that *factors such as relationships between teachers and students in classrooms, opportunities for student participation and responsibility, and support structures for teachers, have consistently shown to be associated with student achievement*.

School-based programmes focused on relevant topics are critical for learners. Examples include anti-bullying, and gender-based violence, interpersonal relationships, conflict resolution as well as interventions targeting intrapersonal

dilemma. Some of these may be facilitated by trained educators, trained child and youth care workers and/or trained LSAs. In addition, referral for grief and bereavement counselling, and other relevant forms of counselling and therapies should be maintained.

It is crucial to work with families and school-communities as a key component of protecting, promoting and enhancing the health and wellbeing of children in schools. This is done by encouraging and promoting family participation in school activities. Others have used parent-child workshops, fun days, games and other fun activities to encourage parents to participate.

The school should create a network of support around the school. This includes parents, Non-Governmental Organisations, South African Police Services and other Government Departments, as well as private businesses around the school.

Indicators of a psychosocially healthy school:

A school's environment can enhance social and emotional well-being and learning when it:

- is warm, friendly and rewards learning. For example teaching learners to be welcoming to new learners, to identify learners that seem to self-isolate and inform SBST so they can intervene;
- promotes cooperation in addition to healthy competition;
- facilitates supportive, open communication;
- views the provision of creative opportunities as important;
- prevents physical punishment, bullying, harassment and violence by developing procedures and policies that do not support physical punishment and that promote non-violent interaction on the playground, in class and among staff and students, and
- Promotes the rights of boys and girls through equal opportunities and democratic procedures.

(WHO 1999, Information Series on School Health, Document 10)

5.4 Identifying and Supporting Vulnerable Children

The DBE CSTL Framework defines a vulnerable child as "***one whose survival, care, protection or development may be compromised due to a particular condition, situation or circumstance that prevents the fulfilment of his or her rights".***

A child may also be considered vulnerable when:

- They have no surviving parent, guardian or alternative caregiver;
- Are abandoned e.g. by parent/s, other primary caregivers, or by extended family;
- In households where there are sick persons and where children due to ignorance do not practice universal precautions;
- Are infected with HIV;
- Whose parent or primary caregiver is terminally ill and this affects children in a variety of ways before and after the death of their parent/s;
- In households that care for orphans and/or abandoned children and which often experience increased poverty as a result;
- Who experience high levels of mobility between households;

- Who experience multiple bereavements and the trauma of death;

- In households where they are faced with significant physical, mental, social and emotional harm or neglect;
- Vulnerable to HIV infection, including those who are HIV exposed e.g. peri-natal exposure, sexual abuse, sexually active or engaged in transactional sex;
- In need of legal protection and alternative family care; and
- Children who are undocumented minors and/or refugees.

Educators can use the **classroom psychosocial screening questionnaire** where necessary to understand the wellbeing of learners in a class. The tool is attached as **ANNEXURE H** in this guideline.

The psychosocial screening tool was developed in 2015 during a screening project for learners in Bela-bela. It consists of a number of social and emotional aspects that learners may be faced with. It seeks to determine the educators' perceptions about the percentage of learners experiencing challenges around social and emotional aspects.

6. The Role of the Learner Support Agent (LSA) in a School

Learner Support Agent (LSA) refers to an individual who is contracted by the provincial education department and placed in a specific school as an additional structure of support to vulnerable learners, and to implement activities relating to care and support. This term varies from province to province. The LSA reports to the school principal. However, LSAs will be supervised by, and work with the School-Based Support Team Coordinators with regards to their day-to-day activities.

The key role of an LSA is to support schools to render care, support and protection to vulnerable learners in line with the implementation of the HIV and AIDS Life Skills Education Programme as well as the Care and Support for Teaching (including psychosocial) and Learning and Peer Education Programmes.

The contractual obligations of an LSA are as follows (extracted from the new DBE standardised contract):

i. Work with the School-Based Support Team to screen and identify vulnerable learners and develop a plan to support them.

ii. Work with the School-Based Support Team to develop an implementation plan on the care and support activities that the school will undertake in a particular year.

iii. Provide basic counselling to learners who are experiencing or have been exposed to trauma.

iv. Accompany learners to services rendered by the Departments of Home Affairs and Social Development, SASSA, and health facilities.

v. Establish and manage networks with local stakeholders that support the provision of care and support for learners.

vi. Keep an up-to-date record of vulnerable learners.

vii. Attend and participate in various local stakeholder meetings

viii. In collaboration with the SBST, conduct visits to the homes of learners who are not performing well or have been absent from school for a week or more to assess the factors that have made a learner to miss school.

ix. Provide reports to the School-Based Support Team Coordinator on the home visits conducted.

x. In consultation with SBST, provide support to learners who are pregnant, sick or have missed school because of a long term illness or pregnancy by taking school work to their homes.

xi. Develop and submit monthly and quarterly reports on the work that has been done to the School Principal through the Coordinator of the School-Based Support Team.

Psychosocial support provision by an LSA may include basic counselling (where they've received prior training), linking children to child protection organisations and other organisations working with children, undertaking home visits where the children are experiencing various challenges, communication with parents, creating awareness in the school about the need to care for one another.

Where applicable and where the LSA has received the requisite training, they can facilitate children's groups such as 'educational groups'. These groups can enable children to receive and exchange information about matters affecting their lives.

NB: The LSA should not run therapeutic groups without any prior training on counselling and group work.

Children experiencing the following situations must be referred immediately to the Department of Social Development or the following Child Protection Organisations: Childline, Child Welfare societies, FAMSA, Rata Social Services, Christelike Maatskaaplike Werk (CMR) and SAVF amongst others.

NOTE: If a child is: Abused, Exploited, Maltreated, or where there is deliberate neglect or where a child is degraded, Section 110 (1) of the Children's Act 38 of 2005 mandates teachers and other professionals to report the abuse of children using the prescribed form 22 (**ANNEXURE E**). Section 110 (2) indicates that any person may report. Similarly, the Criminal Law (Sexual Offences and Related Matters) Amendment Act of 2007 mandates anyone to report the sexual abuse of children. Therefore Learner Support Agents should report cases of abuse to the Department of Social Development or any of the abovementioned child protection organisations.

(**Refer also to the DBE Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools**).

7. The Process of LSAs working in a School

The following steps are important in ensuring that the Learner Support Agent is introduced and integrated into the structures and functioning of the school. The steps are presented below, not necessarily in a sequential manner:

7.1 Initial entry into the school by the LSA

(a) Initial entry into the school is through the District office, the school principal or members of the school management team (SMT) who lead the school based support team (SBST).

(b) It is important to first establish a relationship with the SMT and SBST. The School Governing Body and the broader parent community should also be included over time.

(c) Take time in the first weeks to meet with the school principal, SBST and SMT to understand how support programmes in the school are provided, the communication lines as well as the resources available for leaner support in and around the school.

(d) Clarify your responsibility and reporting lines as guided by your contract and your school of placement. The school's understanding of your role and reporting lines is important for your integration into the school.

(e) Ensure that you inform the relevant senior management that you cannot discuss confidential information unless a child's life is in danger, or where the school management needs to be directly involved such as when children are violated within the school.

(f) Consent forms: The National Task Team for the Integrated School Health Programme (ISHP) have designed consent forms that have been distributed to provinces. The forms include consent for psychosocial services. The forms should be distributed to all parents/caregivers to complete at the beginning of each school year. The LSA, SBST and teachers should ensure that parental/caregiver consent is obtained and the consent form is signed for any child to receive school health services, including psychosocial support. In emergencies however, the child's best interest and safety takes priority such as when a child needs to be rushed to a health facility or is exposed to major trauma that urgently needs professionals.

(g) In addition to parental/caregiver consent, children over 12 years must also sign assent.

(h) All services are ***voluntary*** and no child should be compelled to participate. The contents of the form should be explained thoroughly, and an opportunity should be provided to seek clarity. The signature on the form should be the final step.

7.2 **Undertake a school psychosocial assessment** to determine the strengths and needs of your school (baseline assessment). The findings of the assessment should be utilised to design the plans for the school based support team and a whole school response. The Psychosocial School Monitoring and Support tool as adopted from the Care and Support for Teaching and Learning Programme is attached in ANNEXURE F. This tool may be used for assessment purposes. It may be used periodically to assess the progress.

7.3 Screening of learners

A Learner Screening Tool is attached as **ANNEXURE G.** This is a first step in fully assessing the support needs of learners. The tool assists the child to use pictures to illustrate their emotional experiences at school. It provides an opportunity for children who are literate to describe the reasons for their feelings. This information can be used by an educator/ LSA or other officials that already have a rapport with a child to initiate a conversation and explore issues further or to refer.

Vulnerability may be identified by **certain signs and behaviour** presented by the child indicating the **need of additional support**. LSAs and schools should thus have a high level of vigilance to ensure the early identification of vulnerable learners. Table 1 below outlines some signs and behaviour that can assist in identifying the **level of risk for vulnerability.**

Table 1: Examples of indicators of vulnerability in children

(For more indicators refer to the DBE pamphlets on Identifying and supporting vulnerable learners; and Learners at risk of depression and suicide)

Low to moderate level of risk:	**School attendance:** Late coming, irregular school attendance, truancy. **School work:** Change in school work: drop in marks, difficulty in concentration; pays less attention during class-time, does not do homework. **Appearance:** Untidy on his her person, dirty, wears torn clothes (e.g. school uniform, stationery); Child who does not appear to receive adequate care (e.g. physical appearance). **Social behaviour:** Change in social behaviour (e.g. less talkative, sleepy, tearful); Isolation or withdrawal from others (e.g. has no friends, does not want to play with others, does not want to talk to others); Loss of interest in activities usually enjoyed; Acts out (e.g. hurt others, throws tantrums, lie about matters). Unable to control temper. Aggression.
Severe level of risk:	**Emotional aspects:** Anxiety attacks (cries, screams, withdraw); Withdraw, disinterested in playing or working, sleepy); Child experiencing abuse (physical injuries are visible, acts scared of people); Child experiencing or engaging in violence – including bullying, engaging in fights Experimenting with or regular, addictive use of drugs or substances; Emotional distress with presence of self-harm, suicidal or homicidal behavior.

8. Common psychosocial Issues for which psychosocial support is provided in Schools

Below are some conditions that occur commonly in schools and should be monitored. We also provide guidance on possible ways of support by educators and/ or trained LSAs.

Note that each of these issues require addressing a range of areas and may at times need a trained professional to work extensively with the learners identified. It is advisable to refer as soon as you are unclear how to support a learner facing any of the issues below. You may also seek guidance from a more experienced educator or from a district official regarding the type of additional services to which a learner may be referred. This section provides only a guide on how to provide the first line of support.

This section begins with a basic introduction to **communication skills** and **confidentiality**.

Communicating with a learner with psychosocial or emotional problems is different from communicating with a learner under normal circumstances. Equally important to note is that young children have not yet developed the set of vocabulary that adults have, it is thus necessary to use simple vocabulary that children can understand.

8.1 Principles of communication

- **Respect and acceptance**

  Give recognition to the person, their needs and experience- their world. Acknowledge their importance in spite of their circumstances and behaviour.

  Respect involves an attitude of non-controlling, warm, caring, and unconditional positive regard. In inter-cultural contexts, this also includes the genuine acceptance of difference.

- **Sincerity/ Authenticity**

  Refers to the genuineness and sincerity of a person's manner of relating.Sincerity reflects honesty, being natural and real. Verbal, non-verbal, and behavioural expressions reflect synchronicity (words and deeds match).

  Dont interupt children and **never dismiss anything they are saying**, this will only lower their self-esteem.

  Non-verbal cues: Non-verbal communication conveys feelings, emotions or attitudes without the use of words. It can have more impact than verbal communication and always provides a larger picture to how the person is really feeling. At the same time we need to be very aware of our own non-verbal communication as that may help or hinder building a relationship with the client.

- **Empathy**

  To see the person's world from his perspective, in other words, empathy refers to the ability to put yourself figuratively in the other person's shoes.

  Empathy: The term empathy is a process of joining in the feelings of another; feeling how and what another person experiences, and feeling with another person. It is an understanding and appreciation of the thoughts, feelings, behaviours, experiences, and circumstances of another human being.

8.2 Positioning

- The surrounding/ environment must be peaceful and private.
- Look at the person, make eye-contact. Do not, however, stare at them continuously, as this could be intimidating.
- Lean slightly forward-slightly closer to the person. However, respect their personal space. Do not come too close. He/she will decide how close to you they want to sit. You can use gestures. Do not sit behind the desk.
- Be literally at the same height as the person.
- Be relaxed and friendly as well as patient. Use a calm tone of voice.

8.3 Listen

- Listen attentively (stop whatever you are doing and give your full attention to the person).
- Respond appropriately, e.g. with phrases like hmmm, ahm, etc.
- Allow for moments of silence. You shouldn't talk too much; give the other person enough opportunity to talk.
- When you make use of questions, ask one question at a time. The person should not be able to answer the question with either a yes or a no. ask open ended questions.

8.4 Response

- Respond to the content. Make sure you understand what the person means, e.g. “you are telling me that……”
- Respond to feelings, e.g. “it sounds to me as if you are cross…” (or sad, scared, hurt, etc.)
- Give the person the opportunity to respond, so that he may correct you if he does not agree with you.
- Use few words, keep your language simple and clear and on the person’s level.
- Acknowledge the reality of the person’s problem. Do not say things like “it happens to everyone; rather say something like “this is upsetting to you”.

8.5 Summarise

- At the end of the session summarise the person’s words, feelings and behaviour. For example, “from what you have said today, it is clear that you have a problem with maths”.

8.6 Important information to be obtained during an interview

Enquire about the following:

- What is the main problem at home?
- When did it start?
- What are the home circumstances?
- What is the nature of relationships among family members?
- Is this related to the problem?
- Discuss with person the plan of action that will be followed at home.

Confidentiality

- Keeping information gained during a counselling session confidential is the key to effective counselling
- Ensure the person about the importance of confidentiality and when and why can it be disclosed. Communicate with the learner the only **three times** when confidentiality may be broken:

- **When the learner is a danger to himself and others or** when the learners’ health or survival is at risk. At every instance, seek the permission of the learner should you need to involve others including caregivers.
- When you are being subpoenaed by law.
- When the learner gave you permission to disclose.

- The confidentiality clause needs to be explained to your learners.
- Not sharing information about your client with family, friends, etc. distinguishes a counselling conversation from an informal chat.

(a) Anxiety:

Definition: A mental health disorder characterised by feelings of worry, anxiety or fear that are strong enough to interfere with one’s daily activities. In an anxiety-related disorder, fear or worry does not go away and can get worse over time. It can influence one’s life to the extent that it can interfere with daily activities like school, work and/or relationships.

How to identify anxiety disorder

- The presence of excessive anxiety and worry about a variety of topics, events, or activities. **Worry** occurs more often than not for at least **6 months** and is clearly excessive.
- The worry is experienced as very challenging to control. The worry in both adults and children may easily shift from one topic to another.
- The anxiety and worry are accompanied with at least three of the following **physical or cognitive** symptoms (**In children, only one symptom is necessary for a diagnosis of** GAD):
- Edginess or restlessness
- Tiring easily; more fatigued than usual
- Impaired concentration or feeling as though the mind goes blank
- Irritability (which may or may not be observable to others)
- Increased muscle aches or soreness
- Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep).

(b) **Bullying:** Bullying is defined as intentional, repeated acts of aggressive behaviour intended to cause harm. It is characterized by an imbalance in power between the perpetrator and the victim (Olweus & Hart, 1993; Rigby, 2002), and involves targeting one particular person or group repeatedly over a period of time DBE, 2018. The imbalance of power in bullying may come from, amongst others, differences in age, physical stature, strength, and status or popularity. Bullying can take different forms, which may sometimes happen concurrently, or may happen singly: physical, verbal, non-verbal, social, sexual and cyber bullying.

Cluver et al (2010), indicate that bullying is an independent and important risk factor in child psychological distress in South Africa. Children victimized at home or in the community are more likely to be bullied, suggesting a cycle of violence.

How to identify a child that is experiencing bullying

Anxiety

Depression

Suicidal ideation/attempts

Eating disorders

Sore throats, cough, colds

Poor appetite

Headaches

Sleep disturbances

Abdominal pain

Musculoskeletal pain

Dizziness

Fatigue

Greater medication use

How you may ass

- Attend to learners that begin to show low levels of bullying;
- Address their social or emotional issues. Refer to other organisations for additional support if required;
- Encourage all learners to report any form of bullying to school authorities;
- Encourage the Representative Council of Learners (RCL) members to monitor incidences of bullying;
- The school should identify and support the training of teachers and other adults in the school on how to use conflict resolution practices to get to the cause of the behaviour and to prevent bullying behaviour.
- LSA should facilitate learner clubs which include discussions on bullying and how it affects learners emotionally, socially and physically. These clubs can talk about how learners can support one another. Discussions with children who bully others will assist in identifying their hurtful experiences and begin to establish support for children who bully.
- Show empathy and do not judge. Make every attempt to talk to the learner alone to maintain privacy;
- Teach all learners to report abuse or violence observed against other learners;
- To support other learners who may be facing difficulty where possible;
- *Not to belittle, name call or bully other learners; and to not encourage bullying.*

(c) **Grief:** Worden 2008 describes grief as an individual's personal experience, thoughts, and feelings associated with a loss (Worden, "Children and Grief" 1996, p.11). Haine et al (2008) in Akerman and Stathan (2014) in their study on bereavement in various countries on grief indicates that many parentally bereaved children adapt well and do not experience serious problems. However, they report an elevation of risk for negative outcomes. In addition, losing a parent constitutes a risk for developing further emotional or behavioural disorders.

Grief is a normal process of mourning or dealing with a loss of someone significant. However if it disrupts your normal functioning calls for a cause of concern.

In South Africa, it is indicated that other factors associated with parental loss such as loss of material support, adult supervision and lack of safety are more likely to further traumatise certain children.

Symptoms of children undergoing complicated grieving process

- Intense and prolonged emotional pain
- Avoiding to think or talk about the deceased person
- Suicidal thoughts
- Difficulty accomplishing basic tasks that the person used to master
- Loss of interest in hobbies that were usually
- Withdrawn
- Problems with anger management
- Self-blame
- Loss of attention and concentration
- Decrease in performance of school work
- Regression (reversing to a less mature age in terms of behaviour or feelings)

Supporting children through grief:

Address fears and anxieties: The loss of a parent generates a lot of fear and anxiety especially for younger children; reassure them that they are not to blame for the death – younger children are egocentric (they think that they are responsible for whatever happens). Children need to maintain age appropriate interests and activities. Encourage care and contact by other family members.

(d) **Child abuse:** Any interaction or lack of interaction by a parent or caretaker which results in the non- accidental harm to the child's physical and/or developmental state. The term child abuse therefore includes not only the physical non-accidental injury of children, but also emotional abuse, sexual abuse and neglect. Therefore abuse can range from habitually humiliating a child to not giving the necessary care. These categories are further defined below.

- **Physical abuse** is regarded as the non-accidental injury or other physical harm inflicted upon a child. Injuries range from cuts and bruises to burns and fractures and the consequences may include death, and permanent disability of the body and/or psyche of the child. Physical abuse can also include the administration of drugs or alcohol e.g. inappropriate medication or sedation of a child.

- **Emotional abuse** it takes the form of withholding necessary warmth and affection (necessary for normal physical and psychological development); verbal abuse including denigration, frightening and threatening the child; and parental indifference resulting in poor discipline and control.

- **Neglect:** It is very important that children receive care and attention by being provided with adequate nutrition, shelter, and a safe environment. **Neglect** in these aspects can result in retarded growth and development, both physically, intellectually and emotionally.

- **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;

- **Sexual abuse** is the most difficult form of abuse to deal with as it is so invasive. While small children, or even infants, can be victims of sexual abuse, the most common age of abuse seems to be preadolescence. The child who is experiencing sexual abuse might present with symptoms including the following: withdrawal from pleasant activities, preoccupied with sex, eating problems, sleeping problems, depression, suicidal thoughts, low attention span, performance drops, and physical indications, such as infections, bed wetting, etc.

When a child discloses sexual abuse, it is very important that it be taken seriously and handled with sensitivity. Expressions of horror, disbelief or blame can be just as damaging to a child as the act itself. It is advisable to immediately refer an issue of child abuse to the Department of Social Development or the Education District office.

Should there be reasonable suspicion that a child is being sexually abused, report the matter to the Department of Social, Childline or other organisations dealing with sexual abuse. Should a child or family report that a child has been sexually abused, report the matter to the police, Department of Social Development, other organisations designated to protect children such as the Thuthuzela Centres, Child Welfare Society, The Teddy Bear Clinic, and Childline.

Should you find yourself in a situation where there is spontaneous disclosure by a child who is experiencing abuse:

Disclosure of abuse by children:

The Department of Social Development recommends that the following should be avoided during facilitation of disclosure of abuse by a child:

1. Do not interrupt a spontaneous disclosure.
2. Provide a safe space/environment where the child can talk freely to you.
3. Listen and support the child.
4. Record the story and significant events in the exact words of the child, as soon as is possible.
5. Do not interrogate a child during disclosure – it is not your role.
6. Explain why you need to report the matter to a social worker and don't make any promises to the child.

Limit questioning to only the following four questions if the child has not already provided you with the information:

- What happened?
- When did it happen?
- Where did it happen?
- *Who did it? And if the relationship of the abuser is unclear: How do you know the person?*

Post disclosure: Compile comprehensive notes of the information reported and report to the Police, the Department of Social Development or any of the following designated child protection organisations: Childline, Child Welfare, CMR/ Christian Social Services, and SAVF. In the case where educators or the principal are reporting, the **form 22** as attached in **ANNEXURE F** should be used.

How you may offer support:

- *Communicate in a sensitive way. Be sensitive to the child's needs. Allow the class to have a "quiet time", reading, listening to a story, etc.*
- *Build a trusting relationship and positive self-esteem.*
- *Sometimes abused children lack concentration and their marks may deteriorate, especially after disclosure when the consequences of "telling" may heighten anxiety. The educator may need to gently re-focus the child if day dreaming is noted and offer extra assistance to the child in order for performance to return to earlier levels.*
- *The abused child may be a restless sleeper who tosses and maybe has nightmares. As a result they are often tired and lethargic in class.*
- *If the child displays behaviour that warrants reprimanding, do so and do not ignore it because you feel sympathetic. Reprimand immediately and deal with the problem on a one-to-one basis later. Sometimes anxiety and trauma may prompt a child to test boundaries.*
- *Communication with the family by trained staff in the school is important should the abuse have occured outside of the family. Completion of the* ***form 22*** *is mandatory for educators who seek to report. The form 22 is attached as an* ***ANNEXURE F*** *in this guide. The form is also available at any of the abovementioned organisations.*

Note that only social workers in the abovementioned (designated) organisations and some social workers in private practice are currently allowed by law to take matters of child abuse on behalf of children.

(e) **Depression** – Depression is a mood disorder characterised by a severe lack of pleasure or of the capacity to experience it. It is accompanied by sleep and appetite disturbances and feelings of worthlessness, guilt or hopelessness.

(For tips: Refer to the DBE pamphlet: A message to Schools on Identifying and Supporting Learners at Risk of Depression and Suicide).

(f) **Disruptive behaviour**: this includes behaviour that is more extreme than typical behaviour and is characterised by anger and aggression. Pakesh, (2018), indicates that such behaviour is frequent, long lasting, occurs across different situations, and causes significant problems.

How to identify disruptive behaviour in a learner

- Problems with self-control
- emotions, and impulsivity
- Difficulty with compliance
- Violence, trouble with the law)

(g) **Substance abuse -** can be defined as a pattern of harmful use of any substance for mood-altering purposes. "Substances" can include alcohol and other drugs illegal and some medication and other household substances.

Early identification of substance use is important in order to help prevent progression into abuse. The following are the signs of substance abuse:

- Tiredness
- Red eyes
- Restlessness
- Absenteeism and truancy

- Late coming

- Easily irritable
- Poor concentration
- Poor memory
- Drowsiness
- Aggression and emotional outbursts
- Behavioural problems
- Defying authority

How to assist a learner who is at risk of substance abuse and addiction

- Awareness campaigns and information sessions
- Address the challenges that learners are experiencing, such as bullying, abuse, depression, etc. as outlined in this section.
- Prohibition of drugs should be emphasised in the schools code of conduct.
- Implement Search and ceaser
- Teach children how to communicate their experiences and feelings
- Empower learners to manage peer pressure and to make their choices.
- Encourage parents to have open communication with their children and spend enough quality time with them.

(h) The Addictions and Recovery Centre draws our attention to four mental and emotional withdrawal symptoms which include the following:

- **Anxiety:** Anxiety, panic attacks, restlessness, irritability
- **Depression:** Social isolation, lack of enjoyment, fatigue, poor appetite
- **Sleep**: Insomnia - difficulty falling asleep or staying asleep
- **Cognitive**: Poor concentration, poor memory

How to assist a child who is abusing

Note: Possession of alcohol and drugs is not permissible in schools and should be confiscated by the police and other staff should a child or anyone be found in possession.

LSAs should familiarise themselves with all school policies including the school Code of Conduct.

(i) **Suicide** - Suicide is when a person intentionally takes his or her own life. They seek to end the pain experienced.

(j) ***What are suicidal thoughts?*** This is where someone thinks about suicide. They may or may not have a plan to commit suicide. All expressed thoughts of suicide must be taken seriously. Asking questions about how, when and where they plan to commit suicide will assist to elicit the level of risk for suicide, and thus the action to be taken.

Note: Asking these questions will not make the person kill themselves. It is also important to take into account that not all suicides are well thought out in advance; others are impulsive. This is especially true of people who are unable to cope with depression.

(k) ***What is a suicide attempt?*** This is where a suicidal plan results in actually trying to end life but is not completed and the person survives. This is also called para-suicide. In some instances, it may be a cry for help

rather than an actual attempt at suicide.

*(**For further tips: Refer to the DBE pamphlet: A message to Schools on Identifying and Supporting Learners at Risk of Depression and Suicide**).*

How you may provide support:

When learners confide in you, keep any personal information disclosed in strict confidence. An exception is when the learners' health or survival is at risk and other professionals need to know in order to assist the learner. At every instance, seek the permission of the learner should you need to involve others;

- *Discuss your plan of action with the learner if they are mature enough to understand;*
- *Show empathy and do not judge. Make every attempt to talk to the learner alone to maintain privacy;*
- *Teach all learners:*
  - *To report abuse or violence observed against other learners;*
  - *To support other learners who may be facing difficulty where possible;*
  - *Not to belittle, name call or bully other learners;*

(l) **Trauma:** refers to an experience that is emotionally painful, distressful, or shocking, which can result in lasting mental and physical effects. It can involve the creation of emotional memories about the event. Trauma may be classified as primary trauma – when people directly experience the event, and as secondary trauma – when people witness a traumatic event where someone else is the victim. Children should be supported through their grief. It is crucial to attend to learners who are experiencing trauma to avoid them getting into Post Traumatic Stress Disorder which is more severe. The school can involve the District Based Support Team, social workers and NGOs.

How to identify learners who have experienced trauma

- Flashbacks about the incident
- Sleep disturbances
- Eating problems
- Withdrawal
- Inability to concentrate
- Nightmares
- Day dreaming in the classroom
- Suicidal thoughts

9. Reporting

The South African School Administration and Management System (SA-SAMS) Is a school level maintained computer application to collect data, specifically designed to meet all School Administration, Management and Governance needs of South African Schools. All schools are required to report their information on the SA-SAMS. It is critically important that information on social, emotional and psychological support is entered on to SA-SAMS. Access to the SA-SAMS is restricted to particular individuals at District and Provincial offices dealing with data, thus the confidentiality of learners should be maintained.

At school level, the reports on activities and programmes of the school based support team coordinator and Learner Support Agent must be developed on monthly basis and be submitted to the school principal.

The LSA's non - confidential reports should be reviewed and signed by the school based support team coordinator and then forwarded to the principal for signature and routing to the District where applicable. Should confidential reports need the direct intervention of the District, such a report should be routed by the LSA to the circuit manager who will involve the District official responsible for support services. Any reports that need the attention of the whole DBST will be forwarded by the District official responsible for support services.

The reporting tool below may be helpful in compiling reports on psychosocial services.

	Date services received												
	Date of referral												
	Organisation												
	Type of support provided												
	Other conditions												
	Experienced sexual violence												
	Violence towards others												
	Learner pregnancy												
	Behaviour challenges												
	Bullying												
Referral details	Substance abuse												
	Child abuse												
	Learner dropout												
Number of learners screened	Total												
	Grade												
	Grade												
	Grade												
	Grade												
	Female												
	Male												
													Total

Schools												

The formatbelowcanbeusedforreportini

Briefly indicate the number of learners you are supporting and for what period you intend to support them:

……
……..

……
……..

……
……..

List the types of services provided, such as:

- *Bereavement support or counselling (loss of parents or significant other):*
- *Facilitating any Club / or Group sessions to address bullying, or other information sharing groups:*
- *Home visits:*

Briefly describe the role of the members in your School Based Support team:

……

……

……

……

Briefly describe the support you require from the school or the district to improve your services:

……..

……..

……..

Signed: LSA

Date

Signed SBST
Coordinator:

Date

Signed Principal

Date

10. Referral of Learners

The Policy on Screening Identification, Assessment and Support **(SIAS)** recommends use of the Support Needs Assessment form (**SNA2**) by School Based Support Teams (SBSTs) and educators to refer learners to the DBST. However, **in emergencies, children should not wait for completion of the SNA2.** The SNA2 in its design is meant for educators. LSAs however, can be very helpful when it comes to providing information on children's health, wellness and personal care; family, home and community situation as required in the form. This information may not be readily known to educators.

10.1 Tips on referral of learners

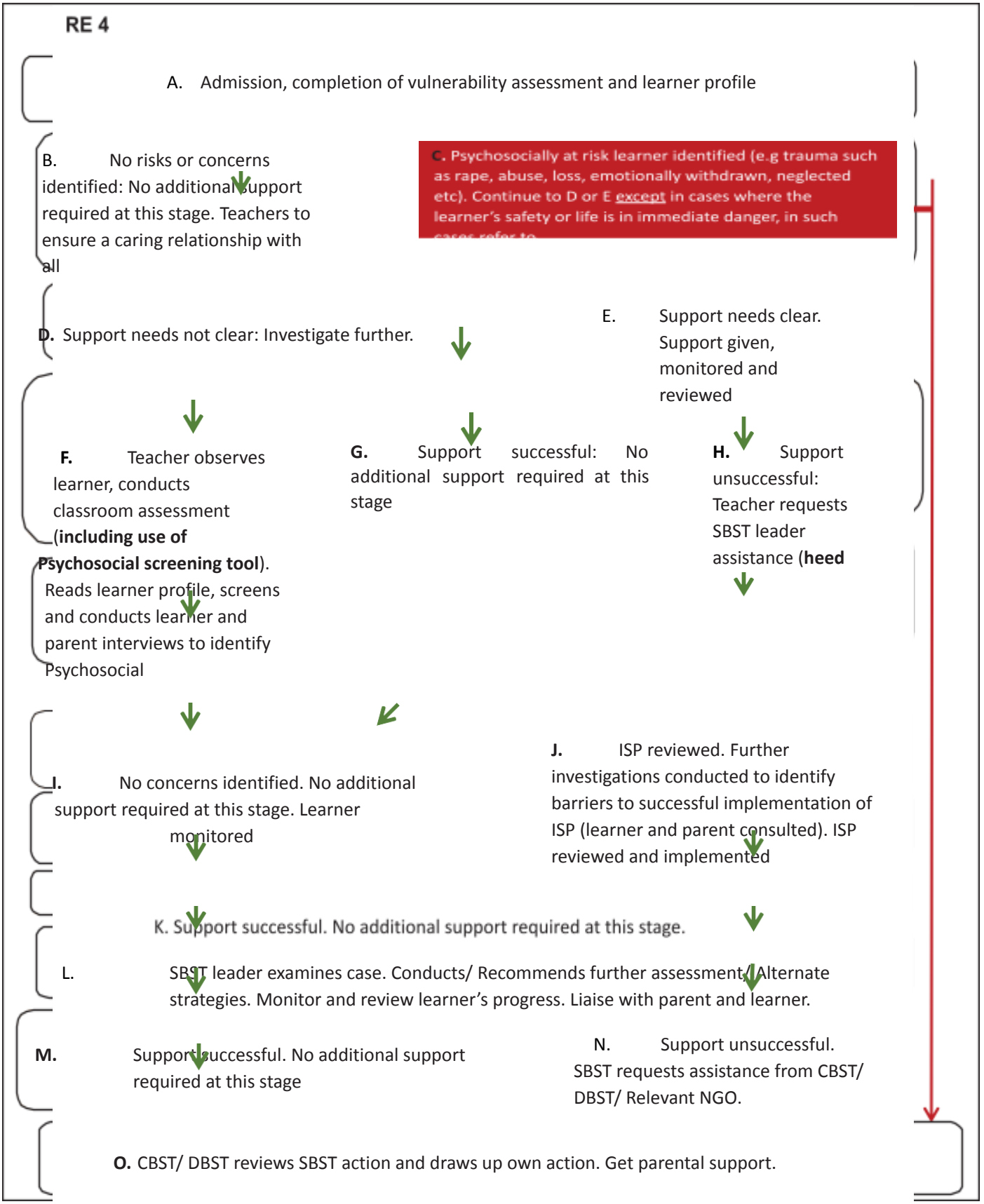
- Encourage the School Based Support Team (SBST) to build relationships with the referral resources such as the social workers, police, non-governmental organisations etc;
- Networking and referral systems may be strengthened through regular meetings, advocacy events and sharing of information
- Maintain an up-to-date list of the referral networks available around the school. The list should contain at least the following information
    - o the priority area of support;
    - o the name of the organisation;
    - o the name of the contact person;
    - o the telephone, cell phone, email address and fax numbers (where available);
    - o the physical address
    - o the opening hours (where relevant)

Use the list of organisations and professionals to select relevant services to refer identified learners

- Develop/use a written referral note, and retain a copy at the school/in your records. Always assure confidentiality
- Prioritise children in a critical risk category and significant risk category
- For PSS, use the flowchart in Figure 2 below (the SIAS process for PSS) to screen and identify the next steps
- Follow up on referrals to ensure that services were received

The SIAS process for PSS as outlined below encourages the educators and school to complete a learner profile in order to determine whether the learner has pre-existing challenges on admission to school and to observe and support learners on an ongoing basis. When a learner has been identified through the profile or further screening as being vulnerable or at risk, the SIAS process guides teachers and the SBST to follow the steps on the diagram to assist the learner. The tool also indicates that urgent problems should be escalated to external organisations. An example is when a learner or learners have experienced abuse, various trauma including rape, accidents, bereavement etc.

Figure 2: Screening Identification and Support (SIAS) Process for Psychosocial Support



R. Refer **immediately** to relevant organisations dealing with such matters. Or immediately to DBST which examines/ approves the referral/ or approves with conditions/ or recommends different support which is provided, monitored and reviewed by DBST. Liaise with learner and parents

NB! At any stage of intervening, the school can consult their network of service providers (NGOs, other Government Departments; CBST/DBST) for assistance in the development of their Support Plan

11. Follow-up, Continuous Monitoring and Support

Addressing vulnerability can take time, continuous support and checking-in with the child and referral centres is essential. Enquire from the child whether assistance was received. Refer the matter to the SBST/District Based Support Team for follow up, should there be a delay;

Educators need to take measures to address their personal stress as accumulated stress can lead to limited energy for providing support and care to learners;

- Do not belittle the child due to their circumstances (e.g. calling the child names; using their situation as an example when you talk to other learners/educators);
- Encourage learner participation in co-curricular programmes such as peer education, sports, Drama, or music.

  Monitor the reporting systems regularly for effectiveness.
- The SBST needs to identify resources in the community where learners can be referred and put together a list of organisations to facilitate referrals to assist learners who have psychological, emotional and social problems. The organisations can be those close to the school premises or in neighbouring communities, including a nearby full service school if it has a counselor and a learner support educator.
- Encourage a programme for story writing, book club, poetry, art, music, and dance in the school as well as sports to encourage child participation, increase connectedness and cohesion.
- The SBST should report serious child abuse or deliberate neglect of a child to the Department of Social Development, the police or the nearest child protection organisation such as Child Line, Child Welfare, Christelike Maatskaplike Raad (CMR)/ or Christian Social Council, The Teddy Bear Clinic, and the Suid Afrikaanse Federasie (SAVF) in line with the Children's Act 38 of 2005.

12. Self-Care: The Wellbeing of the Carer

Stress and burnout are common among carers as we often take care of people who have had very difficult experiences. These experiences often have an impact on your own wellbeing however, we're often unaware. It is critical for each person to deliberately take some measures for self-care.

As defined earlier, stress is a state of mental or emotional strain or tension arising from a particular situation. It is the body's way of responding to any kind of demand. It can be caused by both good and bad experiences. A moderate amount of stress can provide valuable motivation that gets one to take action to immediately start studying and preparing for exams. When not addressed, stress may escalate to mental, emotional and physical exhaustion, which is called burnout.

A **Self-assessment tool for burnout prevention** is attached as (**ANNEXURE H)**. This brief checklist has been designed by researchers to help you assess for yourself important ways to prevent burnout. Note that the questions are also strategies that may be adopted should you have a low score. Record your score for each question (Note: some questions range from 5 to 0 others from 4 or 3 to 0).

Interpretation of the scores:

Should you have a score **over 60 – means** you have a wide range of preventative measures in place**;** a score **over 40 – means** you have adequate measures in place but should adopt more; whilst a score u**nder 30 –** means you should make adoption of some of these measures a priority.

Self-care activities

Physical reactions: physical exercise is important – for release of endorphins that soothe and relax the body. Any form of exercise that is feasible such as e.g running/ jogging, walks or other adventure activities. Relaxation exercise or various forms of yoga have been helpful for others. Swimming – or learn how to swim.

Emotional reactions: self-expression to address pent up emotions, soothing music, massage and other similar activities.

Dealing with anger: when stressed individuals are likely to have outbursts of anger, take a few slow deep breaths. **Your thought processes are important:** rehearse different ways and words to use in addressing the situation and future conflict situations in a manner that is assertive yet non aggressive. Assertiveness means you affirm your right to your personal views, opinions and goals without the need to offend the other person.

Intimacy and interpersonal relationships: A relationship/ s that are nurturing are important for personal wellbeing and for dealing with stress.

Spiritual: Others have expressed their need for addressing their issues through their faith.

Time out: means removing oneself either physically or psychologically from a stressful situation in order to be restored and refreshed. By distancing oneself from a problem one often gains new insight into it. This may take the form of retreats, mountain climbing, watching a hilarious movie, or reading.

Focus on your resources: recognise and record your abilities, nurturing relationships, and what things you have learnt from others.

Humour and laughter: stories, movies, humorous books, etc

Debriefing, and Peer support: Find an individual/ group doing similar work to discuss difficult cases and what impact they have had on your emotions and brainstorm ideas of how to support yourself.

Consult other NGOs that work with children for in-service training or interview other professionals to find out how they deal with certain problems among children.

Role play (rehearse) with colleagues or other professionals how to deal with future situations in a manner that is developmental.

Research (through internet or library) the topics that your learners bring up to build up your skills and knowledge.

Refer children whose problems are beyond your skills or children whose problems are similar to yours.

Utilise the call centres provided in **figure 4** for yourself and for learners whose situations are difficult to address.

Practice empathy instead of sympathy. **Empathy** is the capacity to understand or feel what another person is experiencing (person's thoughts, feelings, and condition) from within their frame of reference, that is, the capacity to place oneself in another person's position. It enables the helper to recognise the possibilities for people to deal with their challenges.

Sympathy focusses on feeling sorry someone else's misfortune.

13. REFERENCES

1. American Association of Psychology, (2013) How Stress affects your health.
2. Attachment Theory in Children and Adults: Bowlby & Ainsworth's 4 Types *https:// positivepsychologyprogram.com/attachment-theory/*
3. Becker-Weidman A. 2009. Four patterns of attachment in children. www.goodtherapy.org
4. Department of Basic Education, (2010). Care and Support for Teaching and Learning (CSTL) Conceptual Framework.
5. Department of Basic Education, (2014). Policy on Screening, Identification, Assessment and Support (SIAS).
6. Department of Basic Education, (2014). Handbook for the provision of an Integrated Package of Care and Support for Vulnerable Learners in South African Schools
7. Department of Basic Education, (2016). The Strategy on Psychosocial Support for Learners in South African Schools (Draft).
8. Hunter College School of Social Work. Developmental Resources
9. Prof L. Ebersöhn, 25 February 2015. Presentation: Resilience in high risk, high need and resource constrained schools, Technical Reference Group: Forum on Psychosocial Support, Psychosocial Support Directorate.
10. President Cyril Ramaphosa, 2018. Presidential Summit on Gender-Based Violence and Femicide St Georges Hotel, Tshwane
11. Worden W. Grief Counseling and Grief Therapy, Fourth Edition: A Handbook for the Mental Health Practitioner 4th Edition
12. World Health Organisation (1999). Creating an Environment for Emotional and Social Well-Being. An important responsibility of a Health-Promoting and Child Friendly School. Information Series on School Health, Document 10.

ANNEXURE A: The priority areas of the CSTL Programme and the minimum support requirements at a school level, as per the DBE CSTL Handbook

PRIORITY AREA	MINIMUM PACKAGE OF SERVICES AT SCHOOL LEVEL
Curriculum Support Includes efforts to ensure that the curriculum is efficiently and effectively delivered to learners, by appropriately skilled and supported educators, with the necessary teaching and learning materials.	✔ Screening, Identification, Assessment and Support (SIAS) to identify learners with additional support need. ✔ Educators trained to administer SIAS: tools and support of learners experiencing learning barriers is provided. Flexible curriculum to accommodate a range of learner needs. Learners experiencing learning barriers supported and referred to SBST where needed. ✔ A relationship with full service schools or relevant special school for advice and support for learners experiencing learning barriers. ✔ Support from the DBST for learners needing additional support. **LSA Role**: Monitor attendance; check learner books to see that homework is done. If not, find out what the challenges are and ask the teacher to assist with clarifying the task and concepts, as needed.
Infrastructure, Water and Sanitation This priority area involves the provision and maintenance of habitable and appropriate physical school structures designed to meet all of the accommodation requirements of the school, including classrooms, library, administration areas, adequate toilets, clean and consistent water supply including safe drinking water, playgrounds, sports and catering facilities and a sick bay.	✔ A seating space for every learner. ✔ Access to safe drinking water (tap, water tank, borehole) and for hand washing. ✔ Access to hygienic and sufficient sanitation facilities such as flush, ventilated improved pit (VIP) latrine, septic tank, and/or mobile toilets. ✔ One or two toilets for learners with physical disabilities. ✔ A fence (maximum 1.8 high). ✔ Electricity. This priority area puts a focus on water and sanitation because they are fundamental determinants of learner and educator health and wellbeing as well as primary markers of the state of development of the school. **LSA Role**: Bring to the attention of the SBST or principal where there are safety issues related to fencing, toilets, and other infrastructure.
Nutritional Support Addresses barriers to learning associated with hunger and malnutrition. It includes the delivery of school feeding programmes, measures to ensure food quality, to support the production of food through programmes such as school-based food gardens and the promotion of healthy lifestyles through, for example, nutrition education and deworming programmes.	✔ Cooked balanced school meal served daily. ✔ Nutrition education through Life Orientation. ✔ A vegetable garden or a patch for vegetables. **LSA Role:** Monitor whether the vulnerable learners have access to at least two meals per day including the school meal.

A rights-based, socially inclusive and cohesive school is one that makes sure that all school community members know, respect, protect and promote children's rights to education, equality, freedom from discrimination and violence, dignity, and all other rights necessary to enjoy their right to education equally. A rights-based approach in schools ensures that every child receives a quality education and that this education promotes and respects each learner's right to dignity and to optimal development.	A rights-based, socially inclusive and cohesive school: ✔ Does not allow anything to be done that would exclude children from coming to school and participating in all schools activities, or make children feel unwelcome because of their social, economic, physical or health status, gender, sexual orientation, or other social, economic or cultural factor. ✔ Takes steps to identify groups of children who are not in school, or who are not comfortable in the school environment because of the school admission or fee policies, disciplinary practices and rules of conduct, infrastructure and/or attitudes, and takes steps to change the school environment to make it accessible, welcoming and supportive of the needs of the children concerned ✔ Celebrates differences in learners and other members of the school community. ✔ Is a welcoming and supportive space that ensures that all children, including marginalised groups of children, are active and full members of the school community: Are appropriate to accommodate learners' differences in age, gender, disability or other differences – for example, different and appropriately sized toilets for boys, girls, younger and older children, transgender children and children with disabilities.
Co-curricular Support Aims to support and augment curriculum implementation in and outside of the school. Examples of co-curricular activities include peer education programmes, homework assistance programmes, social and drama clubs, and sport-related activities.	**Minimum requirements** ✔ One sporting activity for girls and one for boys should be held per term. ✔ Setting up a peer education/ reading club where there is supervised homework assistance. **LSA Role:** Form a children's club for learners identified with social and emotional challenges. If LSA has no prior training on group work facilitation and counseling the group should be focus on information sharing.
Health Promotion Involves a process of enabling educators and learners to increase control over their health and its determinants, thereby improving and promoting their overall health and wellbeing.	✔ A sick bay or space to accommodate learners who are ill during school time. ✔ Health screening conducted for learners once per phase (i.e. in Grade 1, 4, 8 and 10). ✔ A referral link to the local health facility. The DBE is also responsible for the provision of information and education on various health topics, and for supporting educators in identifying and responding to learners with particular health needs. **LSA Role:** Facilitate discussion on the importance of consent forms with parents, signing and ensure their return and filing, Monitoring adherence to the adherence to the requirements for the Road to Health Card (RTHC), and Accompanying learners to health facility; Providing feedback to SBST; **Maintaining confidentiality at all times.**

Safety and Protection Aims to ensure that schools are free of all forms of violence, abuse and bullying. Safety and protection concerns are not limited to the physical infrastructure of the school (such as fencing and gates) but also refer to the psychological and emotional safety of learners and educators.	✔ A school safety committee (SGB sub-committees). ✔ A formal link to a local police station. ✔ A learner code of conduct. ✔ Control access for visitors and parents. ✔ Policies and signage prohibiting bullying, possession and use of weapons, alcohol and illegal substances. ✔ A crisis response or emergency plan. ✔ A reporting system for incidents of violence and substance abuse. ✔ Alcohol and drug use education through Life Orientation and peer education. ✔ A referral system for learners using alcohol and drugs. **LSA Role:** Monitor whether the learners feel safe at school (no bullying, or other threats) and at home (no neglect, physical abuse or sexual abuse). Sexual abuse might be difficult to identify but neglect and physical abuse may be easily visible.
Material Support Material support is concerned with ensuring that all vulnerable learners are not denied access to school because of the lack of financial means to pay school fees. There is also the provision of appropriate learning and teaching material and schools are obliged to assist with the provision of uniforms where practical. Learner transport must also be provided.	✔ A no school fees policy (Primary and secondary schools in Quintiles 1, 2 and 3 in poorest areas in South Africa). ✔ Implementation of the fee exemption policy for poor and otherwise vulnerable learners attending fee charging schools. ✔ Assistance to learners who are unable to afford uniforms (subject to the financial means of the school). ✔ Enabling learners to get to school. Learners who live more than 10kms away from their nearest school must be provided with free transport to and from school and/or with safe and secure hostel accommodation with adult supervision. ✔ Learners with physical and other disabilities that impact on their ability to get to school must be supported to find transport to and from school. Special schools provide free transport to learners attending these schools.

Social Welfare This refers to the role of schools and educators in the implementation of child care and protection legislation and in promoting access to social welfare services, enabling documents (such as getting identify documents (IDs) and birth certificates) and social assistance grants.	✔ The priority is for schools to host an integrated service delivery day at least once a year. ✔ **For social assistance a school should:** ✔ Keep a register of vulnerable learners at school and a record of intervention implemented. ✔ Keep a register of learners who are supported through a child support or other social assistance grant. ✔ Support DSD in identifying, tracking and linking vulnerable learners and those in child-headed households to grants, benefits and social services. Monitor enrolment, attendance and achievement of all learners whose parents and caregivers are receiving the Child Support Grant. ✔ **For child protection, a school should:** ✔ Lodge a report with designated Child Protection Organisation, Provincial DSD or police official if a school has reasonable grounds to suspect that a child is being physically, sexually abused or deliberately neglected. ✔ Establish relationships with external service providers like police, NGOs or DSD to establish joint procedures for the referral of children identified as abused or neglected. ✔ Keep a record at a school of all suspected incidences of child abuse and the action taken. ✔ **For child labour a school should:** ✔ Assist the DSD and the Department of Labour to identify cases of child labour.
Psychosocial Support Is the continuum of care and support that aims to ensure social, emotional and psychological wellbeing of individuals, their families and communities (SADC, 2011). Psychosocial support services: a) are *developmental* in nature (involves the acquisition of knowledge, skills and values), b) promote *awareness* (targeted prevention and support programmes highlighting specific psychosocial issues) and c) Provide *specialist support services* (individual or group interventions to address specific support needs for learners identified as experiencing psychosocial distress).	✔ A referral network for learners with emotional, mental and social support needs. ✔ Link to psychologist, social worker and occupational therapist. ✔ Educators trained to provide psychosocial (emotional/ psychological) support to learners. **LSA Role:** Basic counselling (with prior training), home visits and discussions with parents, Linking learners to NGOs providing the psychosocial services required.

ANNEXURE B: Supporting Children's Developmental Milestones

Below we outline some of the developmental areas of children that are critical to monitor for psychosocial wellbeing.

	Capability/Expected behavior	Concerns	Role of parent/care giver
*Read the template below to identify the **social**, **emotiona**l, / **the school community** that children need to develop at each phase and how you can assist in this regard.*			
Inform a doctor or nurse if you notice any **signs** of possible developmental delay at any stage of the child's life. ***Play is critically important for children's development, understanding of the world, resolve issues. Play must be encouraged.*** *It is also critically important to consider cultural differences when supporting children.*			
Infancy **(0-18Months)** **Toddlers**	0-12 months ● Babies and toddlers need to learn trust towards care givers and others (this is essential for relationships in later life). ● They have a preference towards caregivers than others around them. ● They should feel that they are cared for and their needs are met otherwise mistrust is learned. ● They need to develop a sense of security. ● They like movement such as being held and rocked. Other skills developed include the following: ● They learn to think, and to puzzle out an interesting problem, by using their senses to play and explore the world around them. ● They recognise objects and look for them when out of reach.	Not responding to caregiver Not playing Not recognising sounds	**Meet their basic needs**. Show affection. Play music. Reading to the child. Observe how they communicate through sounds, facial expressions, and gestures to interact with them accordingly. Attend to their discomfort. Initiate play - rocking the child, etc to assure them of your love and care

Capability/Expected behavior	Concerns	Role of parent/care giver
12 to 18 months: ● They learn to extend attachment for primary caregivers to others outside the home (such as at ECD centres). ● They need to develop self-confidence. They have developed many skills such as walking, talking and are eager to figure out how objects work. They begin to explore, discover, and learn particularly through play. They memorise what they see or hear then imitate it, even hours or days later. They show a preference for a favorite clothing item, colour, book, toy among other things. ● They often use gestures to communicate thoughts and feelings;		

Capability/Expected behavior	Concerns	Role of parent/care giver
18 **Months - 3years** ● Children at this age need to develop a sense of personal control ● They may have a clear picture of events but may have difficulty expressing thoughts or providing detail. ● They figure out how to fit different shapes into holes or stack rings in the right order ● They sort objects by colour, shape, size or function. Puzzles and games are helpful for stimulation. However, in resource limited settings children may creatively play indigenous games. ● Playing with friends is important to learn basic social skills such as sharing, negotiation, etc.		Encourage **play and exploration**. and appropriate touching/ or cuddling with them Help your child **develop self-awareness** - point out the result of their actions. Help them develop sensory awareness by exploring new objects – e.g rocks, leaves, talk about what items are hard, soft, big, small, various sounds etc. Provide them with opportunities to assist with age appropriate chores around **the house** such as sorting and packing away their toys and cleaning up their play area. They also feel helpful which builds their **self-confidence**. **Give your child choices.** - Ask them to pick out which story they want to hear from a selection of a few books you have chosen. Follow the **child's lead when playing while setting boundaries and ensuring safety.** Let them do things **over and over again** in order to gain mastery. Help your toddler **develop early reading skills**: Introduce **safety aspects** such as signals for being cautious of burns, etc.

	Capability/Expected behavior	Concerns	Role of parent/care giver
Preschool years	**3 - 6years** • They begin to notice a difference between girls and boys. • They develop independence in dressing and undressing themselves. • Play with other children is important. • They begin to distinguish between reality and fantasy.' • They learn to make distinction between feelings, thoughts and actions. • They wants to please friends; and to be like friends. • Learn to show concern and sympathy for others. • They are more likely to cooperate with rules, including playing cooperatively with friends. • They develop the capacity to share and take turns. • They can draw a person with at least 6 body parts. • They can copy some letters or numbers; and draw some geometric shapes. • Can use the toilet independently. • They have trouble with conceptualising sequence and time.	Doesn't show a wide range of emotions Shows extreme behavior (unusually fearful, aggressive, shy or sad) Unusually withdrawn and not active Easily distracted, trouble focusing on one activity for more than 5 minutes Doesn't respond to people, or responds only superficially Can't tell what's real and what's make-believe Doesn't play a variety of games and activities Can't give first and last name Doesn't talk about daily activities or experiences Doesn't draw pictures Losing skills they once had Inability to figure out how to express their feelings in an acceptable way or how to get an important need met.	Encourage **placement in** a resourced **ECD** centre or a public school that accommodates grade R learners where applicable. Identify available services for children in your community including government and non-governmental services. Continue to read to the child/ren - this will help them with literacy, it might also develop their interest in reading. It is important for children to learn problem-solving skills and they need assistance to begin building on these skills at an early age – sorting toys, building puzzles, etc begin the foundation for these skills. Let your child assist with simple age appropriate chores – no heavy, dangerous, or hazardous objects. • Give your child a limited number of simple choices (for example, deciding what to wear, when to play). Encourage the child to play with other children. This helps them to learn the value of sharing and friendship, and connectedness/ bonding. It further exposes them to dealing with conflict at an early age, it may also help develop their empathy skills. Be clear and consistent when disciplining (versus punishment) children - explain and demonstrate the expected behavior.

Capability/Expected behavior	Concerns	Role of parent/care giver
		At school level, follow the school code of conduct in dealing with inappropriate learner behaviour. Help children learn ways of managing their emotions and communicating their feelings and needs at their level. Assist child/ren to develop good language skills by talking to them in complete sentences and using proper words. Help them to use the correct words and phrases. Help your child to calm down when they are upset and talk about what things made them upset – accept responsibility in the case where you are directly involved. Ensure their safety and teach them about safety in their environment. Teaching them to understand their bodies, privacy and boundaries is important – their privacy and that of others.

	Capability/Expected behavior	Concerns	Role of parent/care giver
School-age children	**7- 9 years** • They need to develop a sense of mastery • They show rapid development of mental skills. • Learn better ways to describe experiences and talk about thoughts and feelings. • They speak clearly; and are able to tell a simple story using full sentences. • They have less focus on one's self and more concern for others. • They pay more attention to friendships and teamwork. • They seek to be liked and accepted by friends.		Show affection. Recognise their accomplishments. Help child develop a sense of responsibility—ask them to help with household tasks. Talk with children about self-respect and respecting others. Help your child learn patience for example, letting them finish a task before play activities. Make clear rules and stick to them. Be clear about what behavior is acceptable and what is not. Show interest in their school work. Read to them. As they learn to read, take turns reading to each other. Praise the child for good behavior. Give praise for what the child does ("you worked hard to figure this out") than on traits they can't change ("you are smart"). Support children in taking on new challenges. Encourage them to solve problems on their own such as when there is a disagreement with others. Encourage active play (sports, etc). Supervise activities that may compromise their safety such as swimming, climbing, etc. Teach children about how to ask for help when needed.

	Capability/Expected behavior	Concerns	Role of parent/care giver
			Talk to them about friendships that are healthy for them and those that are risky – begin to introduce topics such as how to make decisions when they experience pressure from peers such as experimenting with substances, sex, and other risk behaviour. Talk to them about not being alone in secluded spaces etc. Be a role model by eating healthy at family mealtimes and having an active lifestyle.
Early adolescence	**10 - 12 years** ● Has strong group identity – defines self through friends. ● Start to form stronger, more complex friendships and peer relationships. ● It becomes more emotionally important to have friends, especially of the same sex. ● Need to learn to deal with peer pressure as there is an increased in situations where this is experienced. ● Become more aware of their bodies as puberty approaches. ● They have an increased attention span. ● They develop and test values and beliefs that guide present and future behaviours.	May struggle to cope with new demands in school work especially if there are other social challenges. Some might begin to engage in risky behaviours. Body image and eating problems sometimes start around this age, particularly for children that may look bigger or little in comparison to their peers. Bullying may also begin at this stage.	Spend time with your child/ren. Talk with your child about the normal physical and emotional changes of puberty. Talk with them about her friends, their accomplishments, and what challenges they face or may face as they enter puberty. Be involved with your children's schooling. Participation in relevant school events is important. Meet their teachers. Encourage the child to join school and community groups, such as a sports team, or to be to volunteer in recognised community programmes. Help children develop their own sense of right and wrong. Talk to them about safe/ risky friendships, or behaviours that friends might pressure them into, like using substances or other risk behaviour. Help child/ren develop a sense of responsibility. Talk to them about saving spending money on what they need more than what they want) – this develops a basis for budgeting skills. Talk with children about showing respect to others.

Capability/Expected behavior	Concerns	Role of parent/care giver
		- Encourage them to help other learners in need by informing a teacher they trust, preferably with the affected learner's permission where applicable. Talk to them about what to do when others are not kind or are disrespectful towards them – role playing their future responses or to address current problems is very helpful. Help your child/ren set their own goals, including what they hope to become when grown up. Encourage them to think about skills and abilities they would like to learn and about how to develop them. Develop clear age appropriate rules and stick to them. Talk with your child about what behaviour you expect when they are alone in the home. If you provide reasons for rules, it will help them know what to do in most situations. Use discipline to guide and protect children instead of punishment which makes them feel badly about themselves. Encourage your child to read every day. Provide guidance for their homework without doing the work for them. Be affectionate and honest with them. Talk to them about safety in their environment – to avoid getting hurt or hurting others.

	Capability/Expected behavior	Concerns	Role of parent/care giver
Middle adolescence	**12-14 years** Have more ability for complex thought. They are better able to express feelings through talking. Develop a stronger sense of right and wrong. More concern about body image, looks, and clothes. Focus on themselves; going back and forth between high expectations and lack of confidence. Experience more mood swings. Show more interest in and influence by peer group. Express less affection toward parents; sometimes might seem rude or short-tempered. Feel stress from more challenging school work.	Struggle with a sense of identity. They are more likely to experiment with sex, drugs, and other risk taking behaviour at this stage. Should you notice that they are unable to handle peer pressure or stress. Should they develop eating problems. Should you notice that they are unable to deal with sadness for a few weeks at a time (may When you notice poor grades or a drop in performance. The use of alcohol, or drug use, or unsafe sex practices, and other problems. Intergenerational relationships.	Be honest and direct with your adolescent when talking about sensitive subjects such as drugs, drinking, smoking – some topics or words may be difficult to use in certain cultural context however, it is in their best interest to receive the correct information from their parents/ caregivers than to pick up false information from peers. Discussing sensitive information also creates/ or improves their trust in you. You can introduce the use of personal journals, “Me bag” where they put it various pictures, etc to represent their feelings, or the use of collages. Some adolescent enjoy art and may use it to deal with difficult emotions. Physical activities are also useful. Encourage them to exercise, this is as important for their emotional wellbeing as it for their physical wellbeing. They might join a team sport or take up an individual sport, or other forms of physical exercises. Showing favouritism to some children than others is damaging emotionally. Meet and get to know their friends, and the caregivers where appropriate. Show an interest in their school activities and school work.

Capability/Expected behavior	Concerns	Role of parent/care giver
		Help them make healthy choices while encouraging them to make their own decisions. Respect their opinions and take into account their thoughts and feelings. It is important that they know they are heard. Be clear about expectations in order to limit conflict (like getting good grades, and showing respect), while allowing their input to be shared on how to reach those goals. (Set clear rules for them when they are home alone. Talk about such issues as having friends at the house (your expectations and preferences), how to handle situations that can be dangerous (emergencies, fire, drugs, sex, etc.), and completing homework or household tasks.

	Capability/Expected behavior	Concerns	Role of parent/care giver
Middle Adolescence	**14-16 years** ● Are better able to give reasons for their own choices, including about what is right or wrong. ● Have more interest in the opposite sex. ● Show more independence from parents. Spend less time with parents and more time with friends. ● Have a deeper capacity for caring and sharing and for developing more intimate relationships. ● Feel a lot of sadness or depression, which can lead to poor grades at school, alcohol or drug use, unsafe sex, and other problems.	Aggression. Behaviour indicating suicide risk. The concerns indicated in 12-14 above.	Talk to your youth about their concerns and pay attention to any changes in their behavior. Find out if they have had suicidal thoughts, particularly if s/he seems sad for days or few weeks at a time – it may indicate depression – seek help immediately from a health care professional. Asking about suicidal thoughts will not cause them to have these thoughts or act on them, but it will let them know that you care about how they feel. Seek professional help if necessary. Show interest in their school and extracurricular activities, encourage them to become involved in activities such as sports, music, theater, and art; or whatever activities are reachable in their community context. Compliment them and celebrate their efforts and accomplishments. Show them affection. Spend time together doing things enjoyable to yourself and them. Respect their opinion. Listen to them without playing down their concerns. Encourage them to develop solutions to problems or conflicts.

Capability/Expected behavior	Concerns	Role of parent/care giver
		If the adolescent uses interactive internet media such as games, chat rooms, and instant messaging, encourage them to make good decisions about what they post and the amount of time spent on these activities. Help them plan ahead for difficult or uncomfortable situations. Discuss what they can do when they are in a group and someone is using drugs or under pressure to have sex, or other risk behaviour. Respect their need for privacy while encouraging them to spend time with family e.g meal times. Encourage them to get enough sleep and exercise, and to eat healthy, balanced meals. Talk to them about the dangers of substance use, unsafe sexual activity. Discuss with them, listen to what they say and respond honestly and directly. Use other media that can encourage discussion about these topics. Discuss the importance of choosing friends who contribute positively to their growth. Know where they are; plan with them for when they will call you, where you can find them, and what time you expect them home.

	Capability/Expected behavior	Concerns	Role of parent/care giver
Late Adolescence	**16 - 18 years** ● Their value system is developed. ● They are willing to take responsibility. ● They become mature socially and emotionally. ● They have developed good self-management skills in most areas and may be ready for independent living. ● They create own personal identity. ● They can integrate the values and a sense of self in relation to significant others. ● They establish independence from the family. ● They can set reasonable short-term goals and make plans to achieve them. ● They can stick to their principles and stand up to peer pressure. ● They have developed the capacity for reasonable impulse control (They can delay gratification when appropriate (they can balance needs and wants).	Challenges with relationships and lack of academic progress may trigger depression suicide; trigger/ or worsen substance abuse. Engaging in crime May have conflict with family due to intrapersonal or interpersonal challenges	If they are employed (children are allowed to work from the age of 16), use the opportunity to talk about expectations, responsibilities, and other ways of behaving respectfully in a work environment/ public setting. Referral to other organisations

Capability/Expected behavior	Concerns	Role of parent/care giver
● They understand their own strengths and limitations, can identify situations/ setting/ modifications that make it possible for them to do their best. ● They understand the consequences of drug and alcohol abuse and the importance of safe sex practices however, they may have the belief that these may not affect them directly. ● They can monitor their own behavior (are usually aware of the impact their behavior has on others; can identify when their behavior is not responsible enough, inappropriate or offensive). ● Have capacity to be accountable for their own actions. ● They can ask for help and locate appropriate sources of support when needed. ● They can accept supervision and constructive criticism. ● They can initiate and maintain appropriate social relationships with peers.		

ANNEXURE C: Procedures for Reporting the Sexual Abuse of Children[1]

Educators are in contact with children on a daily basis. As such they are bound to be confronted with a child abuse case at some point. Dealing with this abuse in the correct manner could make the difference between the perpetrator being convicted or acquitted. In addition, a child who has just disclosed is vulnerable and requires special care. It is common for children to make disclosures of abuse to learner support agents and other young people. All schools should have child protection policies or protocols for dealing with sexual offenses and other forms of harassment. **Refer to the DBE Protocol for the Management and Reporting of Sexual Abuse and Harassment in Schools**.

Educators and other people working with children have a legal responsibility to report child abuse and the failure to do so is an offence. To help educators report abuse or suspected abuse in such a way that the child can be helped, the following steps summarised by Childline can be followed:

STEP 1: PLEASE NOTE THE FOLLOWING:

•Child's name, address and telephone number.

•Parent's or guardian's name and telephone numbers.

•Reasons for concern, any documentation of indicators and any relevant statements made by the child.

STEP 2:

•Follow the school protocol (NB Indemnity form) and inform the designated personnel at the school. However the reporting of abuse and neglect is mandated by law and the law supersedes school policy.

•No investigation should be carried out by the school personnel at this stage or any other time.

STEP 3:

The designated personnel should contact a social worker from the Department of Social Development, **or** the Child Protection Officer of the South African Police Services, **or** any of the following Child Protection organisations such a Childline, Child Welfare Society, Christian Social services (formerly known as CMR), and SAVF, or the Child Protection Officer of the South African Police Services. The following should be noted:

- the name of the person making the call;
- the name of the intake worker receiving the call;
- the date and time of the call; and
- the action proposed by the person to whom the abuse has been reported.

STEP 4:

The social worker (and the police in some cases) will interview the child as soon as possible.

STEP 5:

•A Social Worker and/or the Police will interview the alleged abuser and sometimes family members as well.

•A decision concerning the child's safety will be made by the social worker at this time.

1 As provided by Childline (2018)

•If response up is slow and particularly if the child remains at risk, **the referring person should follow up until the child is safe**.

STEP 6:

At the end of the investigation the school personnel, the family or the parents and the social worker should meet to discuss the steps the school could take to assist the child.

ANNEXURE D: Form 22

REPORTING OF ABUSE OR DELIBERATE NEGLECT OF CHILD

(REGULATION 33)

(A) REPORTING OF ABUSE

NOTE: A SEPARATE FORM MUST BE COMPLETED FOR EACH CHILD

TO: The Head of the Department

Pursuant to section 110 of the Children's Act, 38 of 2005, and for purposes of section 114(1)(*a*) of the Act, you are hereby advised that we have received a report by an informant that a child has been sexually abused/deliberately neglected/ abused in a manner causing physical injury. * Kindly include the particulars listed below in Part A of the National Child Protection Register.

Source of report (do not identify person)			
□ **Victim**	□ **Relative**	□ **Parent**	□ **Neighbour/friend**
□ **Professional (specify)**			
□ **Other (specify)**			

Date Reported to child protection organisation:	DD	MM	CCYY

1. CHILD: (COMPLETE PER CHILD)						
Surname			**Full name(s)**			
Gender:	M	F	**Date of Birth:**	DD	MM	CCYY
School Name:			**Grade:**	**Age / Estimated Age:**		
*** ID no:**			*** Passport no:**			
Contact no:						

2. CATEGORY OF CHILD IN NEED OF CARE / PROTECTION		
□ **Street child**	□ **Child labour**	□ **Child trafficking**
□ **Commercial sexual exploitation**	□ **Exploited children**	□ **Child abduction**

3. OTHER INTERVENTION – CONTACT PERSON TRUSTED BY CHILD	
Surname:	**Name:**
Address:	**Telephone number:**
Other children interviewed: □ **Yes** □ **No** **Number :**	

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

4. ALLEGED ABUSER – (CORRECTIONS TO FORM 1 TO BE MADE ON SECTION B OF FORM 25)						
4.1) **Surname**					**Full Name(s)**	
Date of Birth:	DD	MM	CCYY	**Gender:**	M	F
ID No:				**Age:**		
*** Passport No:**				*** Drivers license:**		
Also known as:				**Relationship to child:** □ **Father** □ **Mother** □ **Grandfather** □ **Grandmother** □ **Step father** □ **Step mother** □ **Foster father** □ **Foster mother** □ **Uncle** □ **Aunt** □ **Sibling** □ **Caregiver** □ **Professional: social worker/police officer/teacher/caregiver/ priest/dr/ volunteer** □ **Other (specify)**		
Street Address (include postal code):						
Postal Code:						
4.2) **WHEREABOUTS OF ALLEGED PERPETRATOR:** □ **Section 153 (Request for removal by SAPS)** □ **Still in home** □ **In hospital (Name/Place…** **)** □ **In detention (Place…** **)** □ **Living somewhere else** □ **Whereabouts unknown** □ **Un-identified**						

5. PARENTS OF CHILD (If other than above)						
Surname: Father / Step-father				**Full name(s)**		
Date of Birth:	DD	MM	CCYY	**Gender:**	M	F
ID no:				**Age:**		
Surname: Mother / Step-mother				**Full name(s)**		
Date of Birth:	DD	MM	CCYY	**Gender:**	M	F
ID no:				**Age:**		
Also known as:				**Names and ages of siblings or other children if helpful for tracking**		
Street Address (include postal code):						**Postal Code:**

(*) = Complete if available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

6. ABUSE

Date of Incident:			Date unknown: DD MM	Episodic/ongoing from (date)				Reported to CPR:	
DD	MM	CCYY		CCYY	DD	MM	CCYY		

Place of incident:

□ **Child's home** □ **Field** □ **Tavern** □ **School** □ **Friend's place**
□ **Partial Care** □ **ECD Centre** □ **Neighbour** □ **Child and youth care centre**
□ **Other (specify)** □ **Foster home** □ **Temporary safe care**

6.1) TYPE OF ABUSE (Tick only the one that indicates the key motive of intent)

Physical	Emotional	Sexual	Deliberate neglect

6.2) INDICATORS (Check any that apply)

PHYSICAL: □ **Abrasions** □ **Bruises** □ **Burns/Scalding** □ **Fractures**
□ **Other physical illness** □ **Cuts** □ **Welts** □ **Repeated injuries**
□ **Fatal injury (date of death)** □ **Injury to internal organs** □ **Head injuries**

□ No visible injuries (elaborate)	□ Poisoning (specify)	□ Other Behavioural or physical (specify)

EMOTIONAL: □ **Withdrawal** □ **Depression** □ **Self destructive aggressive behaviour**
□ **Corruption through exposure to illegal activities** □ **Deprivation of affection**
□ **Exposure to anti-social activities** □ **Exposure to family violence**
□ **Parent or care giver negative mental condition** □ **Inappropriate and continued criticism**
□ **Humiliation** □ **Isolation** □ **Threats** □ **Development Delays** □ **Oppression**
□ **Rejection** □ **Accusations** □ **Anxiety** □ **Lack of cognitive stimulation**

□ **Mental, emotional or developmental condition requiring treatment (specify)**

SEXUAL: □ **Contact abuse** □ **Rape** □ **Sodomy**
□ **Masturbation** □ **Oral sex area** □ **Molestation**
□ **Non contact abuse (flashing, peeping)** □ **Irritation, pain, injury to genital**

□ **Other indicators of sexual molestation or exploitation (specify)**

DELIBERATE NEGLECT: □ **Malnutrition** □ **Medical** □ **Physical** □ **Educational**
□ **Refusal to assume parental responsibility** □ **Neglectful supervision** □ **Abandonment**

6.3) Indicate overall degree of Risk to child:
□ **Mild** □ **Moderate** □ **Severe** □ **Unknown**

6.4) When applicable, tick the secondary type of abuse Multiple Abuse: □ **Yes** □ **No**

Sexual	Physical	Emotional	Deliberate Neglect

Brief explanation of occurrence(s) (including a statement describing frequency and duration)

(*) = Complete if information is available or applicable

SURNAME OF CHILD:	
FULL NAMES OF CHILD:	

7. MEDICAL INTERVENTION (*)		
Treated outside hospital: □ Yes □ No	**Examined by:** □ Doctor □ Reg. Nurse	**Hospitalised:** □ For assessment □ For treatment □ As place of safety
Where (name of Hospital)	**Contact person**	**Telephone Number**

8. CHILDREN'S COURT INTERVENTION (*)			
Removal of child to temporary safe care (Section 152): □ Yes □ No	**Date**		
M M DD	CCYY		
9. SAPS: (ACTION RELATED TO ALLEGED ABUSER(S)) – (*)			
Reported to SAPS: □ Yes □ No	**Charges laid:** □ Yes □ No	**Date**	
DD	MM	CCYY	
CAS NR	**Police Station**	**Telephone Nr**	
Name of Police Officer	**Rank of Police Officer**		

10. CHILD KNOWN TO WELFARE ORGANISATION/ SOCIAL DEVELOPMENT?		
10.1) Child known to welfare?: □ Yes □ No		
Name of Organisation	**Contact number**	**Reference number**

11. DETAILS OF PERSON WHO REPORTS ALLEGED ABUSE (Refers to a profession, mandatory obliged to report child abuse)		
Name of informant	**Employer**	
Employer Address	**Work Telephone Nr**	**Fax Number**
Email Address		

(*) = Complete if information is available or applicable

SURNAME OF CHILD:							
FULL NAMES OF CHILD:							
CAPACITY Section 110 (1)		**Caregiver**	**Correctional Official**	**Child and Youth Care Centre**	**Dentist**	**Doctor**	**Drop in Centre**
	Homeopath	**Labour Inspector**	**Legal Practitioner**	**Midwife**	**Member of staff – partial care facility**	**Medical Practitioner**	
	Minister of Religion	**Nurse**	**Occupational Therapist**	**Psycho-logist**	**Police Official**	**Physio-therapist**	
	Religious leader		**Social service professional**		**Social worker**		
	Speech therapist		**Shelter**		**Traditional leader**		

	Teacher	**Traditional health practitioner**	**Volunteer Worker – partial care facility**	
	Other (specify)			

I declare that the particulars set out in the above mentioned statement are true and correct to the best of my knowledge.

Signature of person reporting alleged abuse: _____

Date:_____

Official Stamp of Department / child protection organisation

ANNEXURE E: Burnout Prevention Self-Assessment Questionnaire[2]

This brief checklist has been designed to help you assess for yourself important ways to prevent burnout. Record your score for each question (Note: some questions range from 5 to 0 others from 4 or 3 to 0)

1. Do you have a full day off to do what you like? [ ]

   (5 - Weekly, 4 - Mostly, 3 - Frequently, I - Occasionally, 0 – Never)

2. Do you have time out for yourself to think, reflect, meditate and pray? [ ]

   (5 - Daily, 3 - Frequently, I - Occasionally, 0 - Seldom or never)

3. Do you have good vacations, about 3 - 4 weeks in each year? [ ]

   (5 - Every year, 3 - Some years, 1 - Occasionally, 0 - Never)

4. Do you do some aerobic exercise for at least half an hour at a time? [ ]

   (5 - 3 to 5 times a week, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)

5. Do you do something for fun or enjoyment e.g. Game, movie, concert? [ ]

   (4 - Weekly, 3 - Monthly, 1 - Occasionally, 0 - Never)

6. Do you practice any muscle relaxation or slow breathing technique? [ ]

   (5 - Daily, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)

7. Do you listen to your body messages (symptoms, illnesses, etc)? [ ]

   (5 - Always, 3 - Mostly, 1 - Occasionally, 0 - Seldom or never)

8. If single: Do you have friends with whom you can share at a feelings level? [ ]

   (5 - Regularly, 4 - Frequently, 3 - Occasionally, 0 - Seldom or never)

9. If married (or in relationship): how often do you share intimately? [ ]

   (5 - Daily, 3 - Frequently, I - Occasionally, 0 - Seldom or never)

10. Do you share your *stressors [cares, problems, struggles, needs]* with others & God? [ ]

    (5 - Regularly, 3 - Frequently, 1 - Occasionally, 0 - Seldom or never)

11. How would you describe your ability to communicate with others? [ ]

    (5 -.Excellent, 3 - Fair, 1 - Difficult, 0 - Poor)

12. Do you sleep well (8-9 hours per night)? [ ]

    (3 - Frequently, 1 - Occasionally, 0 - Seldom or never)

13. Are you able to say “No!” to inappropriate or excessive demands on you? [ ]

    (3 - Always, 2 - Mostly, 1 - Occasionally, 0 - Seldom or never)

14. Do you set realistic goals for your life, both long and short term? [ ]

    (5 - Regularly, 3- Frequently, 1 - Occasionally, 0 - Seldom or never)

15. Are you careful to eat a good balanced diet? [ ]

2 **Source:** www.socialworkmanager.org

(5 - Always, 3 - Mostly, 2 - Not often, 0 - A lot of junk food)

16. Is your weight appropriate for your height? [ ]

(3 - Consistently, 2 - A battle to keep it down, 0 – Overweight

17. How would you describe the amount of touch you get in your life? [ ]

(5 - Plenty, 3 - Just enough, 1 - I miss out, 0 - I am rarely touched

18. Can you deal with anger without repressing or dumping it on others? [ ]

(5 - Always, 4 - Mostly, 2 - Occasionally, 1 - Rarely, 0 - Never)

19. Do you have a good “belly laugh”? [ ]

(3 - At least daily, 2 - Frequently, I - Seldom, 0 - never)

20. Do you have a creative hobby time (E.g. Gardening, reading, music)? [ ]

(4 - Weekly, 2 - Occasionally, 1 - Rarely, 0 - Never)

21. Do you nurture your self-esteem (E.g. with self-affirmations)? [ ]

(5 - Regularly, 3 - Frequently, 1 - Occasionally, 0 - Rarely or never)

22. Do you practice forgiveness of others who have hurt you? [ ]

(5 - Regularly, 3 - Occasionally, 1 - Rarely, 0 - Never)

23. Have you dealt with old hurts and “baggage” from the past? [ ]

(5 - All that you are aware of, 3 - Most of it, 0 - A lot left yet)

[Total (100)] [ ]

Over 60 – You have a wide range of preventative measures in place.

Over 40 – You have adequate measures in place but should adopt more.

Under 30 – You should make adoption of some of these measures a priority.

ANNEXURE F: School Psychosocial Assessment Tool as adapted from the School Monitoring and Support Tool of the Care and Support for Teaching and Learning Programme

Date of visit				
School name and EMIS number				
Date of the last visit conducted by district/ province				
Province:	**District**	**Quintile**	**Total No. of Learners**	**Grades offered (lowest to highest)**
Name/s of school official/s				
Name of Provincial / District official(s)				
Name of national official(s)				

	Use this column for explanations
Has the school received training on the CSTL Programme? **yes** **no** **yes** **no** *provide evidence*	
Creating a healthy psychosocial environment: Has the school formed a SBST? **yes** **no** *evidence required:* ● Members of the team and their contact details (Internal and external) ● Terms of Reference for the SBST ● Meeting schedule/ annual plan ● Agenda – Does the agenda include an item on emotional & social support issues ● Minutes – are they signed?	

Does the school have: ● Seating space or desks for every learner yes ☐ no ☐ ● Does the school have measures in place to integrate new learners? yes ☐ no ☐ ● A code of conduct for learners yes ☐ no ☐ ● Does the school have the following policies? Bullying (prevention and addressing incidences) yes ☐ no ☐ Sexual assault yes ☐ no ☐ Substance abuse A disciplinary policy which includes support for learners with behaviour problems yes ☐ no ☐ ● A reporting system, for example, an incident report form including incidences of substance abuse and violence yes ☐ no ☐	
Has the school identified other stakeholders (not SBST members) for referral of learners experiencing **social** and **emotional** problems? yes ☐ no ☐ If **yes** provide evidence as **follows**: ● List of these stakeholders & contact details) ● Programmes offered by the identified stakeholders ● Meeting schedule ● Minutes	

- Has the school done a school safety audit?

yes	no

- Does the school have separate toilets for girls and for boys?

yes	no

- Does the school have an appointed staff to supervise toilets? Does the school:
- Assist learners who are unable to afford uniform and other materials required for school, or food parcels for learners who experience hunger? *please explain*

yes	no

- Is free transport arranged for learners who travel 5kms or more to and from school?

yes	no

- Link parents of learners needing material support to the DSD and other community based organisations?

yes	no

Training

- Has the SBST received orientation on the policy for Screening, Identification, Assessment and Support Policy?

yes | no

- Do educators understand the SIAS process?

yes | no

- Do educators know how to develop an individual support plan?
- Does the school have learner support Agents?

yes | no

If so, specify the number: ……..

- Does the school have a copy of the Guide for Learner Support Agents and Schools on Providing Psychosocial Support?

yes | no

Have educators and/ learner support agents

- been oriented on the Department of basic education's Guide for Learner Support Agents and schools on providing psychosocial support?

yes | no

- been trained on trauma support skills?

yes | no

- been trained on basic counselling skills?

yes | no

- received any other form of training to provide emotional and social support to learners? If yes, please specify.

yes | no

- trained on how to prevent/ address conflict situations

yes | no

Support provision

Do learners know whom to approach in the school should they experience any problems?

yes **no**

Does the school identify Orphans and other Vulnerable Children (OVC), keep a list of their needs, and identify strategies and organisations to support them?

yes **no**

How does the school identify learners with emotional, social and psychological problems?

yes **no**

Are the structures ensuring confidentiality when identifying learners (by both teachers and learners)?

yes **no**

Does the school have a referral network for learners needing support with emotional, psychological and social issues?

yes **no**

Are there learners who have been identified with depression?

yes **no**

If yes, specify number of learners an where they have been referred and how they are supported by the school and family.

Are there learners who experienced sexual abuse?

If so, specify whether their case has been reported to the police or the Department of social Development? Is there a copy of the Children's Act's form 22?

Are there learners identified with behaviour problems other than bullying?

yes **no**

If yes, please indicate how they are being supported?

Have any learners attempted or committed suicide in the last 6 -12 months?

yes **no**

What strategies/ activities are in place to prevent or reduce bullying behavior?

Does the school have a children's club for learners who need information/ support/ behavior support/ anti bullying and other support related information?

yes **no**

If yes, specify.

- Are there any pregnant learners?

yes **no**

If yes, how are they being supported?

• Does the school have support programs that are facilitated by learners? yes / no • Does the school have programmes for substance use prevention? yes / no • Does the school have a link to a social worker/ social auxiliary worker/ child and youth care worker or the offices of the Department of social Development? yes / no • Does the school know the procedures to deal with children in conflict with the law? yes / no • Does the school monitor/ follow up access of services for referred learners? yes / no • Does the school monitor attendance and achievement of learners being supported with various psychosocial support services? yes / no	
Reporting and referral Does the school: • keep a record of implemented interventions yes / no • Keep a register of learners supported with various services? yes / no • Is such information treated confidentially within the SBST and principal? yes / no • Keep a list of learner needs identified yes / no • Monitor attendance and achievement of learners being supported with various services? yes / no • Does the SBST provide a signed monthly report to the principal? yes / no	
What does the school consider as its achievements in providing psychosocial support in the current year?	
What challenges is the school experiencing in in providing psychosocial support in the current year?	
What is the support needed by the school from: • district level? • provincial level? • national level?	
Any other issues raised by the school?	

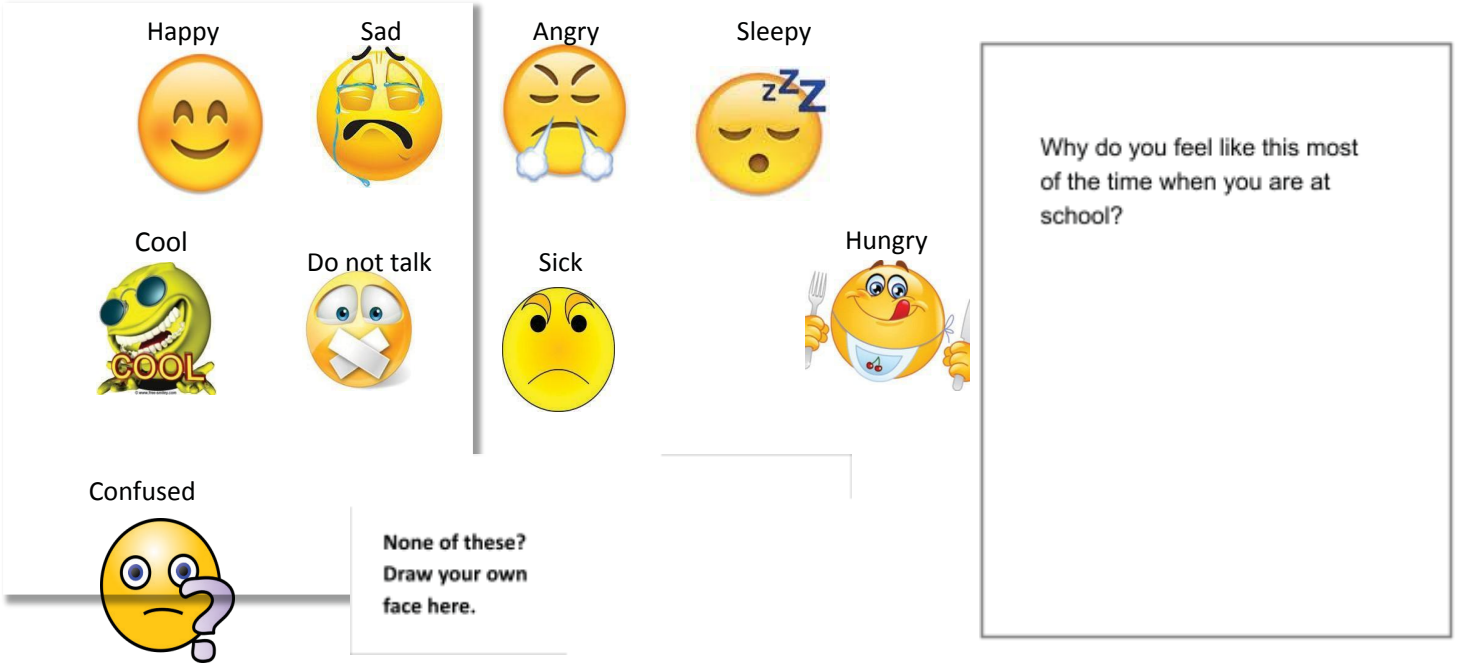
ANNEXURE G: LEARNER PSYCHOSOCIAL SCHOOL QUESTIONNAIRE

LEARNERPSYCHOSOCIALSCHOOLQUESTIONNAIRE
(TOBECOMPLETEDBYEACHLEARNERWITHTHEHELPOFTHETEACHERORLAWHENNECESSARY)

Tick "√" ONLY THE ONE face that shows how you feel MOST OF THE TIME when you are at SCHOOL? How old are you? _____

_____ Areyouabo y_____oragir

I_____



(Haasbroek, 2015)

The tool was developed to assist educators and others to initiate a conversation (not counseling) with young learners that do not seem to be coping well in school. In facilitating this tool, the teacher, child and youth care worker and/ or learner support agent can guide the learner to select a single face or to draw one that most represents how they feel at school. Learners who are literate can use the space provided to indicate their reasons for the face (or feeling) selected. The facilitator can then use the information provided to initiate a discussion with a child. The tool will assist you with completion of the Individual Support Plan **(ISP)** for the learner as required in the Screening Identification and Support **(SIAS)** Policy.

Tips:

Provide a comfortable seating area.

Ask Open-ended Questions.

Do not interpret rather ask questions to understand what the child is communicating.

Reflect back to the learner to check whether you understand what they are saying.

Inform them how you will use the information. Should information that need referral transpire, inform the learner and

involve the parents.

ANNEXURE H: Classroom Psychosocial Screening Questionnaire

CLASSROOM PSYCHOSOCIAL SCREENING QUESTIONNAIRE

(TO BE COMPLETED BY TEACHERS FOR EACH CLASSROOM)

NAME OF THE SCHOOL: _____

CIRCUIT: _____

DISTRICT: _____

CONTACT NUMBER(S) OF TEACHER WHO COMPLETED THE QUESTIONNAIRE:

_____

_____ _____

Signature of teacher who completed questionnaire Date

SECTION 1: BIOGRAPHICAL DATA OF TEACHER

Teacher, kindly please tick "√" the MOST applicable column as it applies to you.

1.1 TEACHER'S HOME

LANGUAGE What is your home

language?

Sepedi	1	Afrikaans	2
Sesotho	3	English	4
Setswana	5	IsiNdebele	6
SiSwati	7	IsiXhosa	8
Tshivenda	9	IsiZulu	10
Xitsonga	11	Combination	12
Other (please specify)			13

1.2 TEACHER'S

GENDER What is your

gender?

Male	1
Female	2

1.3 TEACHER'S AGE

CATEGORY What is your age

category?

25 years and younger	1
26 - 34 years	2
35-49 years	3
50-59 years	4
60 years and older	5

1.4 TEACHER'S PROFESSIONAL

QUALIFICATION What is your designation/ position?

Teacher	1
Senior teacher	2
Master teacher	3
Departmental Head	4
Deputy principal	5
Principal (P1/P2)	6
Principal (P3/4)	7
Principal (P5)	8

1.5 APPLICABLE TRAINING

Are you academically qualified for the specific phase and/or subject(s) that you are teaching at present?

Yes	1
No	2

1.6 PHASE

Please tick "√" the phase you are teaching for at present.

Foundation phase(Grades 0-3)	1
Intermediate phase (Grades 4-6)	2
Senior phase (Grades 7-9)	3
Further Education and Training (FET) (Grades 10-12)	4
Combination of phases (please specify)	

1.7 TYPE OF SCHOOL

Please tick "√" the type of school you are teaching in at present.

Primary	1
Secondary	2
Combined primary and secondary	3
Other (please specify)	

1.8 CLASSROOM GENDER

Please tick "√" the gender of learners in your classroom.

Mostly boys	1
Mostly girls	2
About the same number boys and girls	3

1.9 LEARNER WELL BEING

In your opinion what does learner "well-being" means?

_____

_____

_____

2.0 TEACHER WELL BEING

In your opinion what does teacher "well-being" means?

_____

_____

_____

CLASSROOM PSYCHOSOCIAL QUESTIONNAIRE

(TO BE COMPLETED BY CLASSROOM TEACHERS)

SECTION 2: SOCIAL AND EMOTIONAL FACTORS

Dear Teacher, as from the beginning of the 2017 school year, kindly please tick the MOST applicable column as it applies to the learners in your classroom with a tick "√". PLEASE TICK ONLY ONE COLUMN PER LINE.

IN YOUR OPINION HOW MANY OF THE LEARNERS IN YOUR CLASSROOM ARE ...	ALMOST ALL (±80% and more of learners)	MORE THAN HALF (±60-79% of learners)	ABOUT HALF (±41-59% of learners)	LESS THAN HALF (±11-40% of learners)	ONLY A FEW (less than ±10% of learners)
2.1 SIAS HEALTH AND WELLNESS					
a) experiencing physical problems? (physical disability, suffering from a chronic disease, hearing / eyesight problems, etc.)	1	2	3	4	5
b) experiencing emotional problems (nervous, anxious, complaining of body pains with no physical reason for pain -hypochondria, etc.	1	2	3	4	5
c) experiencing mental problems? (cognitive disability, suffering from a mental illness e.g. Down syndrome, autism (Asperger syndrome), etc.	1	2	3	4	5
d) experiencing problems with concentration, sitting still for periods of time.	1	2	3	4	5
e) suffering from symptoms of depression (feeling & looking sad / depressed, suicide ideas/attempts, lost interest, withdrawn, etc.)	1	2	3	4	5
f) suffering from anxiety symptoms (sweaty/ shaky hands, bad dreams, looking anxious/ afraid/ nervous, etc.)	1	2	3	4	5
g) hurting themselves on purpose(scratching / cutting themselves, pulling out their hair, etc.)	1	2	3	4	5
h) lacking self-confidence?	1	2	3	4	5
i) having a low/negative self-image?	1	2	3	4	5
j) victims of bullying?	1	2	3	4	5

k) are victims of any traumatic incident e.g. robbery, hi-jacking, family violence, rape?	1	2	3	4	5

l) have been witnesses of any traumatic incident e.g. murder, family violence, rape, etc.	1	2	3	4	5
2.2 PERSONAL CARE & SOCIAL SITUATION					
a) experiencing family problems?	1	2	3	4	5
b) appears untidy on his/ her person (looks dirty/ wears torn clothes)	1	2	3	4	5
c) not dressed properly in accordance to the weather?	1	2	3	4	5
2.3 BEHAVIOUR & SOCIAL COMPETENCE (Based on the SIAS)					
a) experiencing problems with late coming?	1	2	3	4	5
b) having a problem with absenteeism (absent more than five days the first school term)?	1	2	3	4	5
c) having a problem with leaving school before the school day is over without permission?	1	2	3	4	5
d) having a problem with discipline (does not seem to listen, does not follow rules), etc.	1	2	3	4	5
e) having behaviour problems (attention seeking, does not take instructions), etc.	1	2	3	4	5
f) having a problem with substance abuse (homemade brews / alcohol / drugs / cigarettes).	1	2	3	4	5
g) having a problem with delinquency (theft/ vandalism, criminal activities, gangs)?	1	2	3	4	5
h) bullying others.	1	2	3	4	5
i) having a problem with aggression.	1	2	3	4	5
2.4 CLASSROOM & SUPPORT (Based on the SIAS)					
a) performing in accordance with his/ her potential.	1	2	3	4	5
b) experiencing difficulty in paying attention/ concentration?	1	2	3	4	5
c) doing homework on a regular basis?	1	2	3	4	5
d) Anything else that you think is important for us to know? Please share with us.					

SECTION 3: LEARNER WELL-BEING (SIAS WELLNESS)

Teacher, kindly please tick "√" the MOST applicable column as it applies to the learners in your classroom since the beginning of the 2017 school year.

IN YOUR OPINION HOW MANY OF THE LEARNERS IN YOUR CLASSROOM ARE ...	ALMOST ALL (±80% and more of learners)	MORE THAN HALF (±60-79% of learners)	ABOUT HALF (±41-59% of learners)	LESS THAN HALF (±11-40% of learners)	ONLY A FEW (less than ±10% of learners)
a) physically well cared for?	1	2	3	4	5
b) emotionally well cared for?	1	2	3	4	5
c) happy children?	1	2	3	4	5
d) realising their potential?	1	2	3	4	5
e) well-adjusted children?	1	2	3	4	5
f) showing interest in others well-being?	1	2	3	4	5
g) showing care in their physical environment?	1	2	3	4	5
h) able to deal with their academic challenges / demands?	1	2	3	4	5
i) able to deal with peer pressure?	1	2	3	4	5
j) positively motivated?	1	2	3	4	5
k) able to show patience?	1	2	3	4	5
l) able to persevere?	1	2	3	4	5
m) able to take initiative?	1	2	3	4	5
n) feeling good about themselves?	1	2	3	4	5
o) having a positive future outlook?	1	2	3	4	5
p) Anything else that you think is important for us to know? Please share with us.					

DEAR TEACHER

THANK YOU FOR YOUR TIME AND CONTRIBUTION!

IT IS HIGHLY APPRECIATED

ANNEXURE I: Composition of the School Based Support Team (SBST)

The DBE policy on Screening, Identification, Assessment and Support Policy asserts that it is the responsibility of the principal to establish the School-Based Support Team and ensure that the team is functional and supported. It is suggested that the following people make up the core members of this team:

a) **Teachers who are involved directly in the management of the school.** They could be the principal, the deputy principal or another member of the management team

(b) Teachers involved with the teaching of the particular learner(s) who experience barriers to learning

(c) **Teachers with specialised skills and knowledge** in areas such as learning support, life skills/guidance, or counselling

(d) **Teachers from the school.** These could be teachers who volunteer because of their interest, or who represent various levels of the programme, e.g. Foundation Phase, or who represent various learning areas, e.g. language and communication

(e) **Teachers** on the staff who have **particular expertise** to offer around a specific need or challenge

(f) **Non-educators from the school.** These include administrative and care-taking staff.

Non-core, but other important members:

a) In addition to the above core team who meet on a regular basis to 'problem-solve' particular concerns and challenges in the school, the following additional people could be brought into some of the SBST meetings and processes to assist with particular challenges:

(i) **Parents/Caregivers at early childhood centres or school levels**. The inclusion of interested and specifically skilled parents would strengthen the team

(ii) **Learner representatives** at senior, further education or higher education levels. They would be an important addition to the team if one wished to encourage 'peer-support'.

(iii) **Specific members of the District-based Support Team** (DBST), and special/resource schools

(iv) **Members of the local community** who have a particular contribution to make in respect of specific challenges

(v) **Teachers from other schools, particularly from full-service schools** and those who may be in a 'cluster' relationship with the school concerned

(vi) In addition, the Care and Support for teaching and learning policy advocates that other Non-governmental organisations with specialized skills to support children should be included.

ANNEXURE J: Contact Details of Some National Call Centres for Psychosocial Support Services