CHILDLINE RESIDENTIAL THERAPEUTIC SUPPORT PROGRAMME CASE STUDY

Childline South Africa opened its doors in KwaZulu-Natal in 1986 in response to the high incidence of child sexual abuse in South Africa. There are now 9 Childline offices in each provinces as well as 6 sub-offices in Gauteng and 8 sub-offices in KZN. As part of their work to protect children from violence, Childline was one of the large national sub-recipients (SRs) of the Global Fund OVC Programme from 2013 – 2016.

Information for this case study came from a variety of key informants. For the purposes of this case study their perspectives were sought on the Residential Therapeutic Programme only – about services provided, challenges experienced, achievements realised and future directions.

BACKGROUND

The Childline South Africa National office, which has a coordinating and development function, opened in August 2003 in KwaZulu-Natal. Childline is an effective non-profit organisation that works collectively to protect children from all forms of violence and to create a culture of children's rights in South Africa (www.childlinesa.org.za). It has strong partnerships with the South African Society for the Prevention of Child Abuse and Neglect, The International Society for the Prevention of Child Abuse and Neglect, and Child Helpline International. Programmes delivered through the Provincial offices include Crisis Line; child rights, prevention and education; training of volunteers and other professionals working in the areas of child protection and children's rights; therapy for abused and traumatised children and their families; preparation for child witnesses in court; networking and coordination; and advocacy. Programmes unique to the National office include training and education; analysis of law and policy; lobbying and advocacy; and networking and coordination.

"It has been rewarding because you can't help every child in the world but at least even if I can help one child, one family… it's enough for me."

As part of their work to protect children from violence, Childline was one of the large national sub-recipients (SRs) of the Global Fund Phase II Grant from October 2013 to March 2016. The Networking HIV/AIDS Community of South Africa (NACOSA), as a principal recipient (PR) and direct grant manager of the Phase II Grant, worked with Childline to implement a specialised Child Protection Programme under the Global Fund

Orphans and Vulnerable Children (OVC) Programme. A special condition of this grant required an independent process evaluation of the OVC Programme to be completed. The Childline Child Protection Programme was not included in the main evaluation as a specific model or programme was implemented that differed from the services provided by other SRs. This case study therefore describes the services implemented as part of the Child Protection Programme under this grant, with a focus on the therapeutic programme for children who have experienced abuse.

METHOD

Video-telephonic interviews were conducted with:

- National Executive Director of Childline
- Childline Global Fund Programme Manager
- National Therapeutic Manager
- Monitoring and Evaluation officer
- 2 case trackers
- 3 therapists from the residential therapeutic programme.

The following documents were reviewed: the Childline quarterly report to NACOSA Oct-Dec 2015; the Mpumalanga case tracking M&E report; the OVC programme quarter 8 report; and the final report to NACOSA dated 7 April 2016. Childline and NACOSA websites also were consulted. Follow-up telephone calls and email were used to clarify information from the above sources.

SERVICES PROVIDED

Childline's final, monitoring and evaluation report to NACOSA describes the following programmes funded by the Global Fund Phase II Grant:

Thogomelo Training

The Thogomelo Child Protection Skills Development Programme for Supervisors of Community Caregivers is accredited by the Health and Welfare Sector Education and Training Authority. 197 (of a target of 200) supervisors, coordinators, managers, and caregivers responsible for managing community caregivers working with children and families and households, or providing direct services to vulnerable children attended nine training sessions during the funded period.

Crisisline Training

Crisisline is a 24-hour, seven day a week toll-free hotline for children and families in need in South Africa. It offers counselling support to callers, and appropriate referrals to other stakeholders when necessary. The Crisisline training aimed to provide knowledge on child protection systems and protection issues to 400 counsellors and volunteers nationally.

Residential Therapeutic Programme

Of particular relevance to this case study is the residential therapeutic child protection programme. It provides children who are victims of sexual abuse with the opportunity to start a process of healing, recovery and re-integration into society. This is achieved through therapeutic support and education involving individual and group therapy sessions for themselves, their parents/caregivers and community workers, and also on-going individual safety and after care plans. It seeks to ameliorate the effects and impact of abuse and enhance children's psychosocial adjustment and integration into their communities and ensure safety.

Two types of therapeutic programmes are conducted: one for victims of child abuse and the other for children who have displayed or are displaying inappropriate sexual behaviour (the child or youth offenders). Referrals to the programmes are made by stakeholders such as National Institute for Crime Prevention and the Reintegration of Offenders (NICRO), the Department of Social Development (DSD), schools, Family and Child protection and Sexual Offences Unit (FCS), children's homes and shelters and communities. Intensive planning with teams from the National and Provincial offices of Childline and NACCW before implementation of the therapeutic programmes is undertaken.

"Coming across children who had experienced abuse … sexual abuse … and those children were not receiving any support. As such, children were being repeatedly abused,

families did not know how to manage or deal with the issues the children were presenting with. Children needed therapeutic intervention. We know, particularly rural communities, social workers – DSD or Child Welfare – are inundated with many other things, which leaves them no space at all to deal with [these] families or children." – National Director

It is a 7-day residential programme offered by Childline with some programmes done in partnership with the National Association of Child Care Workers (NACCW) in some of the Provinces in order to strengthen child protection services and be accessible in rural communities. All programmes are conducted by therapists trained by Childline with assistance where necessary from individual children's child and youth care workers (CYCW). The programme takes place during school holidays so that children's schooling is not interrupted the exact timing of which is dependent on the intake numbers, programmes planned, and logistics such as availability of appropriate venues.

The key Programme elements include a minimum of three individual therapy sessions for each child and a minimum of three group therapy sessions for each child. Therapeutic work is also done with parents/caregivers who are requested to attend the residential programme with the child.

Group therapy session

Parents/caregivers are informed about how to support their children who have been abused, as well as how to reinforce the gains made during therapy. They are also given information on positive parenting skills (for example, discipline, praise and rewards, emotional nurturance, physical touch, building your child's self-esteem, boundaries, practical ideas of coping at home, knowing your child). The therapists also provide support to any parents/caregivers who themselves may have been abused and struggling with psychosocial consequences of the abuse. Each therapist provides therapeutic counselling and services to between 4 and 7 children and his/her parents/caregivers.

Individual therapy session

HIV testing and counselling is provided during the residential week. This service is provided by professional nurses from the community. All children, parents/caregivers, and CYCWs are afforded the opportunity to be HIV tested and counselled. Children who feel stigmatised do not often carry their antiretroviral medication (ARV) to the programme. Medication is provided to these children. HIV counselling, safety, sexual hygiene and sexuality issues are discussed in the children's and parents/caregivers Programme.

Case conferences are held at regular intervals during the course of the programme and at the conclusion of the programme, therapeutic and risk assessments are completed for each child to ensure the safety of the child when he/she returns to the home environment and community. In some (but sadly, not all) instances social workers from the Department of Social Development (DSD) attend feedback sessions where cases are discussed with the therapists and CYCW. Removals of children are planned and referred to DSD social workers for implementation where necessary so as to prevent any secondary trauma. Referrals and linkages to relevant service providers are made in the community. Long-term, follow up and after

care plans are established for implementation by the CYCW and district social workers. Safety issues and plans for on-going healing and integration back into society are prioritized after the program for example: ensuring the child is attending school, and/or has safe care and monitoring.

Case tracking

Case tracking is a Childline tool designed to track the impact and progress of children who have attended the residential therapeutic programmes. Initial follow-up of every child who has completed the programme is done approximately three months after the child has completed the programme, and is done telephonically by designated case trackers in the National Childline office. The case trackers also communicate telephonically with whichever stakeholders have been recommended for follow-up of individual children's cases. Their task is to assess how children are healing, whether recommended follow-ups and referrals have been done, and to a lesser extent, assess the impact of the programme on the children and families. Following the telephonic contacts, a sampling of critical cases is done. The most urgent cases, where it is deemed further therapeutic intervention is needed and/or that follow-up is incomplete or lacking, are then referred by the case trackers to the NACCW therapeutic manager and programme manager who decide which cases require personal, on-site visits. These visits are done by the case trackers and CYCWs. Thus children who require further support or where referrals are lacking are provided continued support for some time after attending the residential programme.

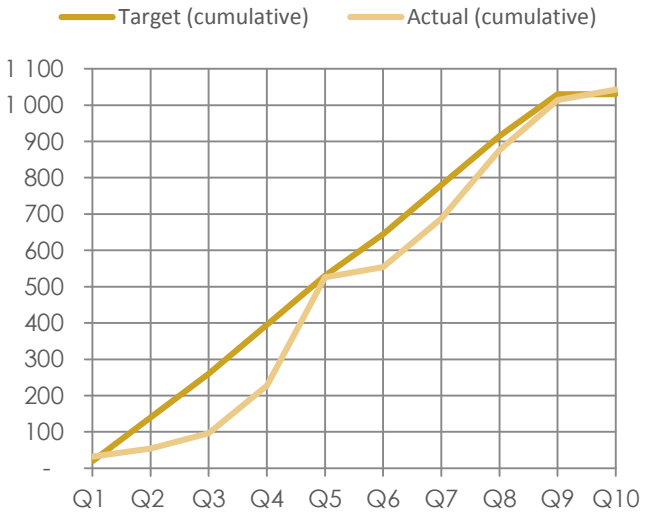
Monitoring and evaluation

"The M&E division of Childline set out to provide information necessary to make evidence based decisions for programme management, improvement, policy formulation and advocacy. This is achieved through generation of good quality data. Over the years key elements of the orphaned and vulnerable children (OVC) programmes have been tracked, through visits on a regular basis, in terms of programme performance including inputs, activities, outcomes, results as well as impact on clients. These efforts were geared towards strengthening programme management, accountability, participation, trust as well as reciprocal and mutual understanding and learning about data collection and reporting" (Childline M&E final report to NACOSA, April 2016).

PROGRAMME REACH

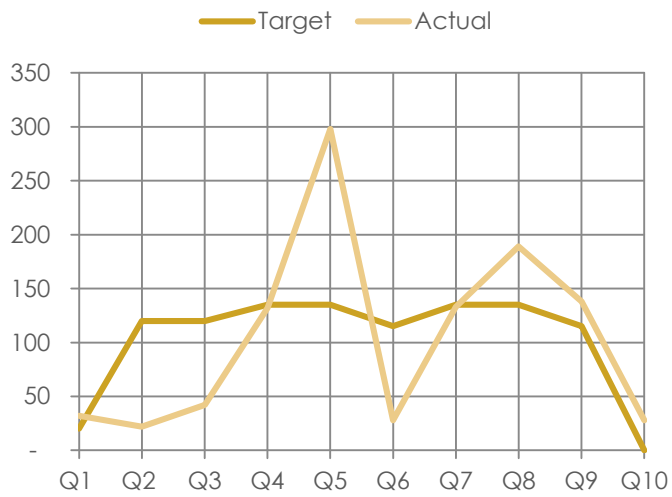
As part of the grant terms, Childline regularly submitted monitoring data to NACOSA which tracked progress in terms of the number of OVC receiving support through the therapeutic programme against predetermined targets. The graphs below depicts the number of OVC receiving services through the therapeutic programme across the grant period. As evident in the graphs, Childline successfully implemented 27 residential therapeutic child protection programmes for victims of sexual abuse across the country in the funding period. Five hundred and eleven children attended these programmes, which were largely conducted in KZN, Mpumalanga and Limpopo Provinces. In addition thirty residential therapeutic child protection programmes for children displaying inappropriate sexual behaviour were implemented; reaching 531 children. Therefore, a total of 1042 children were reached through Childline as part of the Global Fund Phase II Grant, either as victims of sexual abuse or as children displaying inappropriate sexual behaviour. Childline met and exceeded their target of 1030 on this indicator by the end of the grant term on 31 March 2016.

Number of OVC Receiving the Therapeutic Programme: Cumulative



In looking at the children reached per quarter across the 10 quarters of the grant term, the number of children receiving the programme ranged from 32 in quarter 1 to a high of 298 in quarter 5. Generally, the programme coincided with school holidays, hence the variable numbers eached across the period. Although performance in the early quarters of the grant was slightly below the targets set, Childline was able to meet and exceed the targets, reaching a large number of children in the latter quarters of the grant.

Number of OVC Receiving the Therapeutic Programme per Quarter



A descriptive analysis of 353 child victims of abuse who attended the residential therapeutic programme conducted exclusively by Childline (as opposed to those conducted by NACWW using Childline therapists) was done by the M&E officer. The following data was extracted from the M&E report to NACOSA dated April 2016:

- 57% were between 12 and 17 years; 29% were 10 years or younger
- 94% of abuse occurred in the family setting; with 182 cases of abuse having been perpetrated in the child's home
- 92% of abuse was sexual in nature; with some reporting that rape had occurred five or more times
- 76% of the children were still residing in the same home as, or interacting with the perpetrator
- 63% of cases were reported to the South African police; of which 89% laid charges; and only 46% proceeded for prosecution.

NOTE: data based solely on Childline's M&E research methodology.

None of these activities were without challenges in initiation and implementation. The challenges set out below are drawn from the interview notes and documents, and reflect the most frequently mentioned challenges by the case study participants.

CHALLENGES

Back home, nothing changes

One of the most frequently mentioned challenges was when, despite the intensive therapeutic intervention, once the child goes back home, nothing has changed. The information box above shows how a large number of children return to an environment where the perpetrator is either still in the same home as the child, or in the community. The case study participants also spoke about how some of the stakeholders who were to follow the recommendations by the therapist, for example the DSD social workers, the South African Police, and Justice were slow or negligent in following through. These challenges were a source of great frustration mentioned by all the case study participants. As the National Director mentioned, while the therapeutic programme is a "piece in the bigger picture, *all* stakeholders need to "be on board" and follow through punctually and effectively for lasting healing for children to work."

"When it works, it works well. And when it doesn't it is extremely frustrating for us because any gains we made during that period of time… and then go back home to find out the offender is still there, to find out that processes that needed to be followed have not taken place… That takes us back to where we started." – National Director

Delayed therapeutic support

Another challenge was that the programme was only held during school holidays. This meant that some children and their parents/caregivers had

to wait until the end of the school term before accessing the therapeutic support they desperately needed. Furthermore, the fact that the programmes were conducted among same-gender

children only meant that, should there not be sufficient numbers of, for example boys, they would have to wait until the next school holiday intake; again delaying the therapeutic support they needed.

In some instances, where parents/caregivers were not willing or who changed their minds about accompanying their children, the children were denied this valuable support. In these instances, some children had to access support within the community, for example from Child Welfare and/or from children's centres. However, particularly in rural areas these services often proved to be very difficult to access and were not taken up.

Most often the programme was run in child and youth centres, and occasionally at specially-booked tourist lodges provided they had the structural capacity, could afford the necessary privacy for the therapeutic work, and could accommodate special needs children. If facilities could not cater for special needs children, they would need to wait until a suitable venue was found resulting in a delay in therapeutic support for them.

"It can only be implemented during the school holidays – the weakness for me is that, whichever child that needs our services (because we try to reach out to those rural areas) … they cannot get those services soon; they have to wait for terminate of the school term. We cannot respond immediately on referral." – Therapeutic Manager

Parental involvement and commitment

A great deal of planning for each programme goes into securing venues, planning programme activities, availability of therapists and CYCW and other support staff, and inviting and successfully recruiting children and their parents/caregivers to the programme. An oft-mentioned challenge had to do with parental commitment and involvement. For example, despite agreeing to attend the programme, some parents and children do not arrive at the pick-up points. When programme staff go to the children's homes, they find that the family has relocated without letting them know. Some of the case study participants were concerned too that these no-shows affected their reporting numbers and targets, and impacted on their accountability to the M & E office and ultimately to the funders.

Parents/caregivers also have to balance the time demands of the programme with their other commitments – to their jobs, their other children, to their family. They are often not willing or unable to make those sacrifices and refuse to attend the programme with their children. Other parents fail to see the benefit of the programme – particularly those parents of children and youth who have been referred for inappropriate sexual behaviour; are ignorant of child protection issues; are not convinced by the need for working through their and their children's trauma; and are disinclined to accept that parenting practices might need to change, and/or that support for the child in the home needs to be on-going. The challenge for recruiters and therapists in these instances is how to make parents/caregivers accountable.

The therapists and case trackers interviewed for the case study mentioned a number of challenges that they experienced personally.

Home visits to families, post-programme

The case trackers spoke about the difficulty of home visits to children and families. Home visits are only done in critical cases where the recommended follow-up has not been done and/or where children (and parents) might be in need of further therapeutic intervention. These families are likely still traumatised by the incident, despite having attended the therapeutic programme, and are very needy. Doing a single case tracking home visit and then leaving the families took its emotional toll on the case trackers.

Similarly, the therapists found having to relinquish their children and parents once the programme was completed, was also difficult for them. During the intensive therapeutic interactions with the children and parents/caregivers, therapists likely become emotionally invested in the wellbeing of their children.

They spoke about the bonds that develop with the children and the parents/ caregivers and about wanting to be able to link up again with the children from the programme to see for themselves how

the children and parents/caregivers were progressing.

They lamented the fact that they did not receive any follow-up information about the children and families they had counselled once the programme was completed. There was a suggestion that perhaps follow-up or refresher counselling and/or therapy could be included in future programmes.

"We wished we could have tracking all the time… Going there once and leaving the family as is… you know, it's so heart-breaking" – Case tracker

"I wish I could come back and say, look, there is change. But unfortunately our therapy sessions… it's just that one week and then it's off to case tracking. We would really like to have just another week… we would like to see our products, how its working, have they learnt anything - it would be rewarding." – Therapist

Another challenge expressed by the therapists is that they did not receive "professional debriefing". While meetings were held to discuss programme logistics, they felt the need for psychotherapeutic debriefing. They spoke about being overwhelmed at times by the stories and trauma of the children and parents/caregivers. In order to cope they met often and provided therapeutic support amongst themselves, but that it was not adequate.

"Sometimes when we are doing the therapy, sometimes we feel that the cases it is overwhelming. We need, as therapists as well, we need to debrief and stuff like that. We do share our ideas with each other about how to deal with cases that are overwhelming during the hour afternoon session. But we feel that we do need some professional debriefing as well. We do among ourselves." – Therapist

The other overwhelming feature of the therapists' job was the ratio of children and parents to therapist. In the initial stages of implementation of the programme the ratio was as many as 7 to 1. They felt more able to cope once a more manageable ratio of 4 to 1 was effected in the latter part of the programme implementation.

Despite these challenges, all case study participants were extremely proud of the successes they had seen with many of the children and parents they had seen.

SUCCESSES

Benefits for children, youth and caregivers

The following reported benefits are drawn from quarterly reports from various therapeutic programmes compiled by the Childline OVC programme manager. All programmes reported positive impacts for children and parents/caregivers attending the programme. One report described the benefits for children as "…provid[ing] a residential nurturing and healing environment and process that helps children holistically feel better, especially poverty stricken children who lack resources and basic needs."

"It was wonderful to see children who did not know how to play, now playing and smiling. Children realized that it is okay to have a dream and that life can be better; that the world can be caring and kind and that all people are not abusive." – Childline quarterly report

There were reports of children's engagement and enjoyment with activities, and the benefits of the therapeutic sessions. There were only few sporadic reports of disruptive and uncooperative children, which were handled with the help of the CYCW to resolution by the end of the programme. There were reports too of the benefits that parents/caregivers received from the programme. In one example, a single mother stated that "being part of the programme enabled her to talk about her thoughts for the very first time and this enabled her to perceive life challenges differently and also gave her an opportunity of receiving empathy with good guidance."

"The positive impact of the programme motivated the principal to refer more of his school pupils due to the ability of Childline

Mpumalanga in altering the behaviour of uncontrollable boys." – Internal Programme Report

Skills development through training

The most commonly mentioned benefit mentioned was personal growth through skills development and capacitation as a result of the accredited, professional training received. The therapists also spoke about a growing open-mindedness they had developed, particularly after working with children and youth who had displayed inappropriate sexual behaviour. Given their skills they were also happy to be watchful and protective of people and situations within their own communities and in their own homes. Their professional training and experience stood them in good stead for future, gainful employment. The therapists all agreed that their specialised training allowed them to work directly with children's emotional needs; unlike social work which they perceived as mostly statutory and administrative in nature.

A programme for all

The Director had this to say: "One has to acknowledge that it is an expensive programme … because we are reaching places where no one can easily reach. If we had therapists spread out in rural communities, we would be looking at a different scenario".

Despite this implementation challenge, the Therapeutic manager spoke at length about what she believed was a major success of the therapeutic programme - that children and parents/caregivers did not have to outlay any scarce resources to be able to attend the programme – it was free of charge for everyone. Because the programme was coordinated from a National office, it was available to all cultures, all people, in every Province of South Africa. It was a programme that provided support for both victims and offenders (i.e. children and youth who had displayed inappropriate behaviour), and was conducted in safe environments by professionally trained personnel. Victims had the opportunity to realise that "they are not alone" and offenders came to understand and practice "good choices" over bad behaviour.

The fact that therapy was available where previously it would never have been provided to very needy children, particularly in rural areas, was another success of the Childline therapeutic programme.

"The mere fact that we are able to provide therapeutic engagement to children who might not have received any therapeutic support, is very important – a big benefit." – Programme Manager

Supporting child protection

Despite mentioning some specific incidents where supporting child protection services had been derelict in their duty in following through with the therapists' recommendations, all case study participants agreed that the therapeutic programme had significant, positive impacts for children and parents/caregivers who had completed the programme. They also mentioned that, on the whole, post-programme services – such as from social workers, police, schools - had performed well in ensuring that children and families received the necessary support to sustain and continue healing. The Programme Manager likened the therapeutic programme to throwing a stone into the bigger picture, with support services serving as the ripple effect.

The value of case tracking

A significant success linked to the therapeutic programme was the case tracking. All the case study participants spoke about the value of following up with the children and families post-programme. In some ways, case tracking served as a measure of the impact of the programme as well as ensuring that on-going support was delivered to the families. The internal Childline report compiled by the OVC programme manager notes that, following home visits to 9 families in Limpopo Province: "Most children are very well at home and their behaviours have changed."

Talking about the rape of two children in the community:

"The [police] investigator did not investigate properly. Then he went to the family and he asked the caregiver of the two children to close the case." When the social worker reported to the case tracker why no progress had been made on the case…. "The case tracker

intervened … then a letter was sent [to the police station commander]. Within 2 days that investigating office who was investigating the case was changed. A new police officer was appointed to investigate further. Then immediately after that the perpetrator was arrested." – Case Tracker

The value of M & E

The M&E Unit at Childline for the OVC programme was funded by the Global Fund. The value of the data collected by the M&E office was spoken about at length by the National Director and the Programme Manager. This is an additional success linked directly to the therapeutic programme because of its potential to advocate for previously neglected, abused children and children displaying inappropriate sexual behaviour in need to receive therapeutic services and for continuing the programme among key stakeholders and funders.

When asked about the in-house M&E that had been conducted:

"We are in a position where we've gathered data to really give us information about our child protect system. Because we have information about where things worked well and where we failed children and communities. We want now to really go back now to that data and be able to produce relevant document to share with the stakeholders – Social Development, Justice, Education, institutions interested in child protection and see how we move this forward." – National Director

"There's quite a lot [of data], and we can make a noise and strengthen our advocacy."
– Programme Manager

THE FUTURE

According to the National Executive Director of Childline, the residential therapeutic programme is a key component of the 3rd phase of Global Fund funding and it will thus continue for the next three years.

However, it will not be implemented nationally, but only in the 10 priority districts that will be receiving Global Fund funds , for the young women and girls programme.

LESSONS LEARNED

- There is little rigorous information available about how the children fare once they return home. In fact, one of perceived challenges frequently mentioned by the interviewees was that often nothing changes in the child's home, circumstances and/or community once s/he returns home after attending the therapeutic programme.
- The effects of having to wait months for therapeutic intervention are unknown.
- Some parents/caregivers find it difficult to accompany their children to the programmes for both practical and personal reasons.
- Intensive interaction with traumatised children and their parents/caregivers is a highly emotional experience for therapists and CYCW, and case trackers. Professional debriefing for therapists is lacking.

RECOMMENDATIONS

- All children and families who have attended the programme should be followed-up repeatedly. Telephonic follow-up could occur more than just once to assess the long-term wellbeing of and access to supporting services for children and their families.
- Home visits by case trackers should not be confined to critical cases only, but should include, at the least, home visits to other randomly-selected children and families.
- Therapists could be trained as case trackers. This would allow them to follow the children and families they have bonded with and about whose specific circumstances they are intimately familiar with.
- Therapeutic groups could run during school term – perhaps excluding the year-end term when examinations/assessments are being done. The benefit of timely therapeutic intervention might outweigh the cost of missing 5 days of school.
- The need for parents/caregivers to accompany children should be more flexible and allow for any adult who is familiar with the child to attend the programme with the child.

- Professional, psychological debriefing should be routinely available for the therapists and perhaps the CYCW as well.

This case study was compiled by Creative Consulting and Development Works (developmentworks.co.za) for NACOSA and NRASD, monitored by the Department for Social Development.

NACOSA – NETWORKING HIV AND AIDS COMMUNITY OF SOUTHERN AFRICA NPC

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