



South African Council for Social Service Professions

Professional Board for Child and Youth Care Work

**GUIDELINES ON GENERIC PROCESSES AND
TOOLS FOR CHILD AND YOUTH CARE WORK
PRACTICE WITH INDIVIDUAL CHILDREN AND
FAMILIES**

2020

South African Council for Social Service Professions
Guidelines on generic processes and tools for child and youth care work practice with individual children and families

First published: 2020

Principal: *Professional Board for Child and Youth Care Work*

Status: *Approved by the Professional Board for Child and Youth Care Work*

Effective date of implementation: **July 2020**

Suggested citation:

South African Council for Social Service Professions. 2020. *Guidelines on generic processes and tools for child and youth care work practice with individual children and families*. Pretoria: SACSSP

© South African Council for Social Service Professions (2020)

All care has been taken to ensure that the information is correct and original sources have been indicated for reference and verification. With an identification of the South African Council for Social Service Professions as source, the document may be freely quoted, reviewed, abstracted, reproduced and translated, in part or in whole, but not for sale nor for use in conjunction with commercial purposes. Original sources should be acknowledged where indicated in the publication.

ENQUIRIES:

The Registrar

South African Council for Social Service Professions

37 Annie Botha Avenue, Riviera, Pretoria, 0001 South Africa

Private Bag X12, Gezina, 0031

Tel: +27 12 356 8300

Email: registrar@sacssp.co.za

Website: <http://www.sacssp.co.za>

ABOUT THE SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS

The South African Council for Social Service Professions (SACSSP) is a statutory body established in terms of section 2 of the Social Service Professions Act 110 of 1978. The SACSSP has two professional boards under its auspices: i.e. the Professional Board for Social Work and the Professional Board for Child and Youth Care Work. The SACSSP, in conjunction with its two professional boards, guides and regulates the professions of social work and child youth care work in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring continuing professional development and fostering compliance with professional standards. It is protecting the integrity of the social service professions as well as the interest of the public at large. In order to safeguard the public and indirectly the professions, registration in terms of the Act with the SACSSP is a prerequisite for practising social work and child and youth care work. This includes social workers, social auxiliary workers, student social workers, student social auxiliary workers, child and youth care workers, auxiliary child and youth care workers, student child and youth care workers, and student auxiliary child and youth care workers.

Table of Contents

Acronyms	3
1. INTRODUCTION	4
2. OVERVIEW OF GENERIC PROCESSES AND TOOLS FOR CYC PRACTICE WITH INDIVIDUAL CHILDREN AND FAMILIES	4
3. INTAKE	6
4. DEVELOPMENTAL ASSESSMENT	9
5. INDIVIDUAL DEVELOPMENTAL PLAN (IDP)	10
7. INDIVIDUAL DEVELOPMENTAL PLAN REVIEW	12
8. DISENGAGEMENT/CLOSURE	12
9. REFERRALS	13
ANNEXURES	15
ANNEXURE A: CHILD AND YOUTH CARE WORK INTAKE FORM	15
ANNEXURE B: CHILD AND YOUTH CARE WORK CHILD/HOUSEHOLD INFORMATION FORM	17
ANNEXURE C: CHILD AND YOUTH CARE WORK LOGGING RECORD	20
ANNEXURE D: CHILD AND YOUTH CARE WORK INDIVIDUAL DEVELOPMENTAL ASSESSMENT AND PLAN FORM	21
ANNEXURE E: CHILD AND YOUTH CARE WORK INDIVIDUAL DEVELOPMENTAL PLAN REVIEW FORM	26
ANNEXURE F: CHILD AND YOUTH CARE WORK REFERRAL FORM	28
ANNEXURE G: REFERRAL TRACKER TEMPLATE	29
ANNEXURE H: SERVICE DIRECTORY FOR REFERRALS.....	30

Acronyms

CYC	Child and youth care
FETC	Further Education and Training Certificate
IDP	Individual developmental plan
SACSSP	South African Council for Social Service Professions

1. INTRODUCTION

- 1.1 Generic processes and tools for child and youth care work practice with individual children and families have been developed by the South African Council for Social Service Professions' *Professional Board for Child and Youth Care Work* to support a standardised approach to professional child and youth care work practice in both government and non-government settings.
- 1.2 These generic processes and tools provide the minimum requirements for child and youth care work practice with individual children and families. The guidelines include some information on how to apply these generic processes and tools in specific settings namely: community, residential and schools. In some settings certain processes may not be applicable to child and youth care workers and the guidelines highlight these exceptions.
- 1.3 Organisations will need to review the current processes and tools used to provide child and youth care work services to individual children and families and make adjustments where needed to ensure that their programme/setting specific processes and tools capture these minimum requirements. Adaptations to tools can be made depending on the programme/setting but the content of the generic tools must be included.
- 1.4 Child and youth care workers should already be familiar with implementing many of the processes in these guidelines. Some of the processes are addressed in the *Level 4 FETC: CYC curriculum* such as logging and developmental assessments and individual development plans. A fuller orientation/training is offered in the *Level 5 FETC: CYC curriculum*. In-service training will still need to be provided on any revised programme/setting specific processes and tools. Where child and youth care workers work in a multi-disciplinary team, other members of the team should be involved in the in-service training to facilitate a shared understanding of the different processes and tools and clarify roles and responsibilities.
- 1.5 While these guidelines focus specifically on child and youth care workers it is with the understanding that an integrated approach to service delivery is necessary to meet the prevention, early intervention, pre-statutory and statutory needs of children and youth. An integrated approach requires involving different social service practitioners e.g. social workers and community development practitioners, and allied workers e.g. nurses, teachers, police. For the management of statutory child protection cases in particular, an integrated approach to service delivery requires working in a multi-disciplinary team led by a designated social worker.
- 1.6 These generic processes and tools for child and youth care work practice with individual children and families are a work in progress. They will be refined following a period of testing in the field. Comments and suggestions for additions, revisions or improvements are welcome and can be shared with the *Professional Board for Child and Youth Care Work* (contact: zeni@naccw.co.za).

2. OVERVIEW OF GENERIC PROCESSES AND TOOLS FOR CYC PRACTICE WITH INDIVIDUAL CHILDREN AND FAMILIES

- 2.1 Child and youth care workers work with individual children and families in community, school and residential care settings. The term case management is used in these guidelines to describe the individual work child and youth care workers do with children and families.

- 2.2 Case management is a common social service mechanism intended to assist individuals and/or families with a wide range of challenges in accessing needed services. Case management usually requires one person – the caseworker (or case manager) - to be responsible for making sure that the process is followed through from beginning to end. A caseworker will work as a team with child, family, other social service professionals and service providers to develop and deliver the plan.
- 2.3 While the current scope of practice of child and youth care workers does not specifically mention case management, it does provide for the child and youth care worker to provide case management services either as the caseworker or as a member of the multi-disciplinary team through providing services to children and families.¹
- 2.4 For children in need of care and protection the lead caseworker must be a designated social worker, and for children and adults in conflict with the law the lead caseworker must be a probation officer. This does not mean that child and youth care workers can't be involved in the case as a multi-disciplinary team member. For example, providing some of the direct developmental and therapeutic services needed for family preservation and/or reunification.
- 2.5 In a school or community setting, the child and youth care worker is the caseworker responsible for managing the case in accordance with established processes, and takes responsibility for coordinating the actions of all actors involved in the case management process.
- 2.6 In a child and youth care centre, including secure care centres, the child and youth care centre's social worker is the caseworker while the child and youth care worker is a vital and essential part of the multi-disciplinary team responsible for the day-to-day direct care and support of individual children.
- 2.7 There are six (6) generic case management processes² involved in providing services to individual children and families, namely:
- Intake (admission/enrollment/initial assessment).
 - Developmental assessment.
 - Individual developmental plan (IDP).
 - Implementation.
 - Individual developmental plan review.
 - Disengagement /closure.
- 2.8 Table 1 provides information on the six generic case management processes, their purpose, and the generic forms and tools, as they apply to child and youth care work practice.
- 2.9 While not always the same for every child/family situation, service setting or service specific programme, the stages are usually followed in order. Some stages and activities are ongoing.
- 2.10 Referrals and linkages to other services can be an on-going activity throughout the case management process. Logging is also an on-going activity throughout the case management processes.

¹ Currently none of social service professional scopes of practice as described in the Social Service Practitioner Policy (Department of Social Development , 2017) mention case management or the role of the social service professional in case management, however their role in case management is implicit in the descriptions.

² Different terms can be used to name these six steps depending on the programme and setting, however the purpose remains the same.

Table 1: Generic processes and tools for child and youth care work practice with individual children and families

Generic Process	Purpose	Generic Tools	Cross Cutting
Intake	Verify that child/family meet organisation criteria for admission/enrollment in the service. If criteria not met, refer to an external organisation. Determine if there are any immediate needs to be addressed.	Child and Youth Care Work Intake Form Child and Youth Care Work Child/Household Information Form	Logging - Logging Record Referrals - Referral Form
Developmental Assessment	Comprehensive assessment of child/family situation and needs.	Child and Youth Care Work Individual Developmental Assessment and Plan Form - Part A	
Developmental Plan	Based on assessment decide on case/developmental goal/s and who will do what and by when.	Child and Youth Care Work Individual Developmental Assessment and Plan Form - Part B	
Implementation	Guided by the case/developmental plan: refer and connect client to resources and provide direct interventions.	Child and Youth Care Work Logging Record	
Case review	Reassess the child/family needs and identify barriers to achieving case goals.	Child and Youth Care Work Individual Developmental Plan Review Form	
Disengagement /closure	Child/family 'exits' the service: case/developmental goals have been met; has needs that the organisation cannot meet; no longer wants the service; moves to another area; dies.	Child and Youth Care Work Individual Developmental Plan Review Form	

2.11 The work of managing a single case can take from a few hours to several months, or even years. Irrespective of the duration of work on a case, all the stages in the process of providing help should be logical and sequential. Some steps can be repeated multiple times depending on the nature and complexity of the case.

3. INTAKE

3.1 Purpose

3.1.1 Intake refers to the initial - or rapid - assessment to identify:

- The child's risk level.
- The capacity of the child/family to address their unmet needs.
- The capacity of the organisation to meet these needs.

3.1.2 Intake can also be called admission or enrollment depending on the setting or programme.

3.2 The child and youth care worker's role

3.2.1 During an intake assessment, the child and youth care worker considers not only the immediate risks that the child/family faces, but also their strengths, resources and protective influences. The intake assessment provides an opportunity to determine if an in-depth developmental assessment and IDP is needed.

3.2.2 For cases that will be continuing, child and youth care workers should conclude the intake assessment by discussing the next steps with the child/family. Regular monitoring should begin at this point, depending on the risk level, with home visits or phone calls to ensure that the situation remains stable.

3.3 Tools

3.3.1 The following tools are to be used during the intake stage:

- *Child and Youth Care Work Intake Form* (Annexure A)
- *Child and Youth Care Work Child/Household Information Form* (Annexure B). Note: in child and youth care centres the social worker is responsible for completing the child's identifying information form so this form is not applicable to Child and youth care workers in child and youth care centres.
- *Logging Record* (Annexure C).

3.3.2 *Child and Youth Care Work Intake Form: Additional Information*

Intake forms will be setting and programme specific, however the domains provided in the generic *Child and Youth Care Work Intake Form* (Annexure A) must be incorporated into these setting/programme specific forms.

This form includes a section to indicate the risk level of the case (Section 5). Case management works best if there is a well-defined and shared understanding amongst organisations and social service professionals of the different categories of risk and the urgency needed to respond to the level of risk the beneficiary is experiencing. Below is the description of a generic risk prioritisation framework for all social welfare services.³ A risk priority level should be assigned to each case at Intake in order to ensure cases are handled in a timely way. Time limits and prioritisation categories are context and programme specific.

<i>Emergency risk level</i>	Child or youth in immediate danger or currently being harmed. Response required within 24 hours with follow-up twice a week
<i>High risk level</i>	Child or youth at high risk of harm or danger. Response required within a week and follow-up at minimum every two weeks
<i>Mild risk level</i>	Mild to low risk of harm, but functioning in daily life or relationships impaired. Response required within 3 weeks and follow-up at least once every one to three months

A detailed risk prioritisation matrix has been developed for Department of Social Development's social workers; this is still a work in progress and is subject to revisions. The Table below provides some examples of different risks per risk level. Organisations providing child and youth care services need to unpack these risk levels and customise to their specific setting or programme.

³ Aligned with the Core Package of Services for Orphaned and Vulnerable Children. GCBS.

Table 2: Examples of emergency, high and mild risks

<p>Emergency risk level – response required within 24 hours</p>	<ul style="list-style-type: none"> ▪ Child in immediate danger or currently being harmed. Response required within 24 hours. ▪ Any sexual violence that occurred within the last 3 days, including rape and gender-based violence. ▪ Any continuing abuse or exploitation where the person still has access to the child. ▪ Death threats or threats to seriously injure or sexually abuse a child. ▪ Pattern of serious injury from violence by family member or other person with access to the victim/survivor. ▪ Suicide attempts or plans to commit suicide, on-going self-harm. ▪ Abduction or kidnapping or threat of abduction or kidnapping. ▪ Exposure to natural disaster resulting in immediate health or protection risks. ▪ Children without care or in care arrangements where they are in immediate danger. ▪ Children in conflict with the law (within 48 hours). ▪ Paupers' burial. ▪ Confinement or forced isolation (e.g. of child with disability) ▪ Emergency health issues including resulting from neglect, malnutrition, substance abuse and other illnesses. ▪ Household members have not eaten in last 24 hours.
<p>High risk level – response required within a week</p>	<ul style="list-style-type: none"> ▪ Homelessness, including children living and working on the streets. ▪ Mild physical violence that does not result in injuries. ▪ Emotional abuse. ▪ Substance abuse/dependency. ▪ Children of school age not enrolled in school. ▪ Forced and/or child marriage. ▪ Emotional or behaviour problems that impact on the ability of the person to function effectively in their daily life and/or relationship with others. ▪ High risk pregnancy including teenage pregnancy. ▪ Households with critical food shortage – for instance, where children under 6 are eating less than 3 feeds a day, or older children are eating 2 or fewer meals a day.
<p>Mild risk level – response required within 3 weeks</p>	<ul style="list-style-type: none"> ▪ Family and marital problems not involving physical, sexual or emotional abuse. ▪ Family or parenting issues not involving violence, abuse or exploitation. ▪ Monitoring of safe/stable foster care and other forms of care. ▪ Legal issues including estate /trust problems, guardianship and non-maintenance. ▪ Legal and civil registration/documentation related issues (births, death etc.). ▪ Economic problems/social relief including grants, lack of basic needs, housing issues, lack of transportation etc. ▪ Lack of basic needs or lack of access to basic services (that are not covered elsewhere). ▪ Non-emergency health issues that have not received treatment, such as HIV. ▪ Other education issues such as lack of consistent school attendance or performance. ▪ Needs support with daily caregiving tasks.

3.3.3 Logging Record: Additional Information

Logging is making a note of an event, a contact or an incident involving any key person involved in your work (child, colleague, parent, another professional) and is usually of a special nature. Logging is a core responsibility for all child and youth care workers.

The *Logging Record* form is to be used at each step in the case management process to record all activities related to the case, including engagement with the child, home visits, telephone calls to family or other service providers, meetings with family members, service providers or other members of the multi-disciplinary team. Records of email communication or social media (SMS, WhatsApp) can be printed/screenshots and placed on file.

Note for Child and youth care workers in child and youth care centres

In child and youth care centres, child and youth care workers use logging to capture their interaction with children in the life space, including structured and unstructured observations, calls received and visitation observations. The *Circle of Courage* sets the areas for focus for these observations. Child and youth care workers usually have a logging book to record these interactions. The *Logging Record form* enables contact with family, school, etc., to be highlighted and not get lost in the narrative. Phone calls, home visits, school visits, and hospital visits etc. would be recorded in corresponding registers as per Department of Social Development's requirements.

4. DEVELOPMENTAL ASSESSMENT

4.1 Purpose

4.1.1 A developmental assessment follows the Intake assessment and provides a more in-depth and holistic view of the child's situation, including that of their family. The assessment should provide a comprehensive picture of the child's general well-being and his/her developmental strengths and needs (guided by the *Circle of Courage* domains). It should also inform actions to be taken by the child, his/her caregiver and significant others to address specific developmental needs.

4.2 The child and youth care worker's role

4.2.1 Child and youth care workers in child and youth care centres

In child and youth care centres the social worker is responsible for conducting a comprehensive assessment of the child placed in the facility. This assessment must be conducted within three (3) weeks of child's placement. All members of the multi-disciplinary team, including the child and youth care workers, should contribute to this assessment. The child and youth care workers logging records are a key source of information for this assessment.

4.2.2 Child and youth care workers in school and community settings

In these settings, child and youth care workers are responsible for gathering the information for the assessment and writing the assessment report. Information for the assessment can come from a variety of sources including observations and interviews with the child and his/her family, available reports/information on the child (e.g. school and health records) and discussions with other organisations/agencies who know the child.

In all settings, the time needed for a developmental assessment varies according to the context and the needs of the child/family. Rushing an assessment may mean that crucial information is ignored, while taking too long might mean that a child at risk is placed at further risk of harm. An assessment provides a 'snapshot' of a service users situation and well-being and as such changes over time, as more information becomes known or the circumstances of the client change.

4.3 Tools

4.3.1 The following tools are to be used when conducting a developmental assessment:

- *Child and Youth Care Work Individual Developmental Assessment and Plan Form – PART A* (Annexure D).
- *Logging Record* (Annexure C). The *Logging Record* can be used to record contacts with the child and other people in gathering information for the assessment.

4.3.1 *Child and Youth Care Work Individual Developmental Assessment and Plan Form – PART A: Additional Information*

The form can also be used in any settings during the admission process if a comprehensive developmental assessment is required at that initial stage instead of an intake assessment.

This is long assessment tool because it provides a means to look at the child and his/her family holistically. Assessment is an iterative process. You go back to the child and other sources over a period of time to get a complete picture. The timeframes for completing a developmental assessment depend on the setting and complexity of the case:

- In child and youth care centres, the developmental assessment and plan should be completed within 3 weeks of the child's placement.
- In a school setting, the developmental assessment and plan should be completed within 4 weeks.
- In community settings, the developmental assessment process can take place over a period of 4 to 6 weeks, longer in complex cases.

It is important to remember that the Developmental Assessment tool is *primarily an aid to conducting assessments*, in addition to providing a record of the assessment. If possible, it is best to use the assessment tool as a guide for the assessment observations and interview/s and only fill in the tool after the engagement so that the focus can be on listening to what the person is saying.

Note for Child and youth care workers in child and youth care centres

This form is very similar to the one DSD has instructed social workers to use in child and youth care centres namely the *Assessment Tool for Children in Alternative Care* (Department of Social Development, 2012).¹ Child and youth care workers in child and youth care centres will be involved in this assessment process as part of the multi-disciplinary team led by the social worker.

Note for Child and youth care workers in community settings

The form can also be used as family assessment form as it seeks more information about the child and the family.

5. INDIVIDUAL DEVELOPMENTAL PLAN (IDP)

5.1 Purpose

- 5.1.1 The *Individual Developmental Plan* (IDP) is to be completed once the Developmental Assessment has been done, the plan should be based on the assessment and identify what should happen to meet the identified needs, who should do it and when the actions should take place.
- 5.1.2 The IDP should include a plan for routine monitoring (follow-up) of the child/family situation, with frequency depending on the risk level and needs of the child/family, as well as a formal IDP review.
- 5.1.3 In some cases, the child and youth care worker may convene a formal case conference that involves the other significant people in the child's life as well as other service providers and relevant authorities where possible and appropriate.

5.2 The child and youth care worker's role

5.2.1 Child and youth care workers in child and youth care centres

As with the developmental assessment, the social worker in the child and youth care centre will take the lead role in completing the IDP together with the child/family and members of the multi-disciplinary team, including the child and youth care workers.

5.2.2 Child and youth care workers in other settings

In other settings, the child and family, where appropriate, should be fully involved together with the child and youth care worker in the development of the IDP. Where possible, with cases involving children, the child should be provided with a simple written copy of the plan that they can understand. This is especially important when some of the case actions are their responsibility to take forward.

5.3 Tools

5.3.1 The following tools are to be used when conducting a developmental assessment:

- *Child and Youth Care Work Individual Developmental Assessment and Plan Form – PART B (Annexure D).*

5.3.2 The IDP is to be completed once the developmental assessment has been done, including consulting with the family and other relevant sources of information. *The IDP is included in the same form as the developmental assessment to help ensure that the plan is directly informed by the assessment.*

6. IMPLEMENTATION

6.1 Purpose

6.1.1 Once the IDP is developed, it is possible to move onto the next stage – implementation. Implementing the IDP relates to the actions taken to coordinate the implementation of the plan by the child and youth care worker responsible for the case, working together with the child/family and any other service providers to ensure the client receives the necessary services to achieve the IDP goals. The intervention stage can last between 6 to 8 per months, or more depending on the complexity of the case.

6.1.2 Monitoring the implementation of the IDP should be an on-going activity during the Implementation stage to check that specific actions have been taken and services provided. Monitoring is not the same as IDP review, which is a formal, structured case management process step.

6.2 The child and youth care worker's role

6.2.1 In most settings child and youth care workers provide direct support to children/families in implementing the IDP. Indirect support is provided through coordinating referrals and linkages to other services and advocating for services on behalf of the client.

6.2.2 Child and youth care workers can also play a role in providing direct services to the client as part of the multi-disciplinary case management team. For example in a statutory child protection case where a child has been removed from his family but her permanency plan is to be reunified with her parents, the designated social worker could bring in a community child and youth care worker to provide family reunification services before the child returns home permanently, providing direct home visitation services during holidays and when the child returns home permanently.

6.3 Tools

6.3.1 The main tools for the Implementation stage are:

- *Child and Youth Care Work Individual Developmental Assessment and Plan Form – PART B (Annexure D) – provides the actions to be implemented.*
- *Child and Youth Care Work Logging Record (Annexure C).*
- *Child and Youth Care Work Referral Form (Annexure F) – see Referrals sections for details.*

- *Child and Youth Care Work Referral Tracker* (Annexure G) – see Referrals section for details.

7. INDIVIDUAL DEVELOPMENTAL PLAN REVIEW

7.1 Purpose

- 7.1.1 The formal review of an IDP provides an opportunity to reassess the child/family needs, identify barriers to achieving developmental plan goals, and ensure that developmental plans continue to be relevant to their needs.
- 7.1.2 The IDP review is an on-going process throughout the life cycle of the case, until the case is disengaged/closed. Following review, the IDP will:
- Continue to be implemented as planned;
 - Be revised; or
 - Be closed.

7.2 The child and youth care worker's role

- 7.2.1 A formal evaluation of the IDP should be done at strategic intervals to allow the child and youth care worker, together with their supervisor (where possible) and the child/family to see if the case is progressing towards the goals and specific objectives that have been set or whether the additional or different services are needed.
- 7.2.2 As a general rule, IDP reviews should take place at least every six months and more frequently with emergency risk cases. Some cases have statutory requirements for formal reviews e.g. cases of children in child and youth care centres need to be evaluated/reviewed every six months, while a formal review every two years is needed for children in foster care. In child and youth care centres, the child and youth care worker would participate in a multi-disciplinary team review led by the child and youth care centre's social worker.
- 7.2.3 IDP reviews must be conducted as a joint exercise between the child and youth care worker and the child/family.
- 7.2.4 In complex cases such as those managed over an extended period of time, or involving many actors in their implementation it may be helpful for other members of the multi-disciplinary team involved in the case to also participate (in the form of a case conference) and for a supervisor to chair the review.

7.3 Tools

- 7.3.1 The *Child and Youth Care Work Individual Developmental Plan Review Form* (Annexure E) should be used for IDP reviews.

8. DISENGAGEMENT/CLOSURE

8.1 Purpose

- 8.1.1 The final step in the case management process is disengagement/closure. This step is necessary to ensure that cases are not unnecessarily held open for prolonged periods and dependency is not created. However, it is important to recognise that the length of time a case may be open will vary greatly depending on the client's needs and the setting. When cases are very complex and especially where risks are very high, it is likely that a case will remain open for a long time. This is quite acceptable.

8.2 The child and youth care worker's role

- 8.2.1 Disengagement/closure should be a planned process with the child/family and the reasons for disengaging/closing the case should be discussed with the child/family. The ways in which the organisation can continue to serve the child/family should the need arise should be clarified (for example, if the situation deteriorates or new issues arise that the child/family can't cope with, then the case can be reopened).
- 8.2.2 The child/family should also be provided with a list of resources that they can access independently when needed. After disengagement/closure, where possible, a visit should take place within three months to ensure that the situation remains stable and to get feedback from the child/family on the service provided.
- 8.2.3 In all instances, disengagement/closure of a case by a child and youth care worker *must be authorised by a supervisor*. This is to ensure that cases are not closed prematurely. No case may be closed without the approval of the supervisor. The child and youth care worker must discuss the reasons for deciding to close the case with the supervisor and the supervisor must record his/her reasons for agreeing to close the case. If the supervisor does not agree to close the case, then these reasons should be recorded and include reasons given by the supervisor and follow-up actions to be taken by the child and youth care worker.

8.3 Tools

- 8.3.1 The *Child and Youth Care Work Individual Developmental Plan Review Form* (Annexure E) should be used to disengage/close cases.

9. REFERRALS

9.1 Purpose

- 9.1.2 The goal of referral is to formally link the child/family to services that can't be met by the referring child and youth care worker or organisation. Referrals are normally only done with the permission of the child/family. Depending on the case, referrals and linkages to other services can be an on-going activity throughout the case management process.

9.2 The child and youth care worker's role

- 9.2.1 Child and youth care workers have an ethical responsibility to make referrals in a professional manner. Referrals can be assisted - where the child and youth care worker accompanies the child/caregiver to the service, or self-directed - where the child/caregiver accesses the service directly him/herself. While the receiving service provider/organisation is responsible for providing a specific service, the child and youth care worker maintains the overall responsibility to follow-up on the IDP with the child/family and service provider to ensure that the needs of are fully met.
- 9.2.2 To manage referrals effectively child and youth care workers need to know about the different referral pathways and have a service directory with information on services that are provided by other organisations.
- 9.2.3 No referral is successful unless the child and youth care worker can show that the child/family accessed the service for which they were referred. The *Logging Record* should

Note for Child and youth care workers in child and youth care centres

In child and youth care centres social workers are responsible for doing referrals so the referral form is not necessary for the child and youth care worker. However, in a child and youth care centre the child and youth care worker could play a role in supporting the social worker to follow-up on/track referrals.

be used to record tracking of referrals. A Referral Tracker can also assist with tracking referrals.

9.4 Tools

9.4.1 To support referrals the following tools and forms should be used:

- *Child and Youth Care Work Referral Form* (Annexure F).
- *Logging Record* (Annexure C).
- *Child and Youth Care Work Referral Tracker* (Annexure G). *No referral is successful unless the child and youth care worker can show that the child/family accessed the service for which they were referred.* The Referral Tracker helps to ensure that the Child and youth care workers follow-up on referrals. The Referral Tracker must be completed for all external referrals. For some referrals e.g. Home Affairs, it will be very difficult to get an update from an official, so a follow-up call will need to be made to the child/family to find out if the referral was received.

9.4.2 In addition to the above tools, it is recommended that referral pathways and service directories be put in place to support the referral process.

- *Referral pathways* (or referral maps) show which cases should be reported to which organisation and with clear roles and responsibilities of each organisation. Referral pathways are useful for specific case management processes e.g. steps to follow once a child has been reported in need of care and protection or a report of an older person abuse or domestic violence case.
- A *service directory* should provide information on all available relevant services that may be needed to comprehensively meet the needs of beneficiaries served by the organisation. The service directory must be area specific (see Annexure H for a sample template).

ANNEXURE A CHILD AND YOUTH CARE WORK INTAKE FORM

*This form must be completed together with the **Child and Youth Care Work Child/Household Information Form**. Depending on the setting/ programme requirements information on child well-being or other indicators should also be collected at this stage to provide a baseline for monitoring progress against programme specific performance indicators.*

Organisation name			
Case ref no.		FAMILY SURNAME	
Date of admission/enrollment			

1. Reason for admitting/enrolling this child/household

2. Type of Household (mark with X):

Child headed (< 18) Youth headed (18-24) Adult headed (25-59) Older headed (60 and older) Don't know

3. Presenting concern (s) and expectations of the child/ren/family

4. Preliminary Assessment by the child and youth care worker * (What are the most immediate and pressing needs?)

5. Risk level* (see end of form for examples of risk levels) (mark with X)

Emergency: Action required within 24– 48 hours **High:** Action required within one week **Mild:** Action required within 3 weeks

Provide brief explanation for risk level selected:

6. Does the child/primary caregiver agree to participate in the service and/or agree to share information with other persons or service providers? If no, and the child and youth care worker is required to take action / share information without the consent of the client, document reasons why.

7. Signatures of child and youth care worker and supervisor

		<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	
Child and youth care worker (name and surname)	Signature	SACSSP registration number	Date
		<input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	
Supervisor (name and surname)	Signature	SACSSP registration number	Date

The TABLE below provides some examples of different risks per risk level. Organisations providing child and youth care services need to unpack these risk levels and customise to their specific setting or programme.

<p>EMERGENCY risk level – response required within 24 hours</p>	<ul style="list-style-type: none"> • Child in immediate danger or currently being harmed. Response required within 24 hours. • Any sexual violence that occurred within the last 3 days, including rape and gender-based violence. • Any continuing abuse or exploitation where the person still has access to the child. • Death threats or threats to seriously injure or sexually abuse a child. • Pattern of serious injury from violence by family member or other person with access to the victim/survivor. • Suicide attempts or plans to commit suicide, on-going self-harm. • Abduction or kidnapping or threat of abduction or kidnapping. • Exposure to natural disaster resulting in immediate health or protection risks. • Children without care or in care arrangements where they are in immediate danger. • Children in conflict with the law (within 48 hours). • Paupers' burial. • Confinement or forced isolation (e.g. of child with disability) • Emergency health issues including resulting from neglect, malnutrition, substance abuse and other illnesses. • Household members have not eaten in last 24 hours.
<p>HIGH risk level – response required within a week</p>	<ul style="list-style-type: none"> • Homelessness, including children living and working on the streets. • Mild physical violence that does not result in injuries. • Emotional abuse. • Substance abuse/dependency. • Children of school age not enrolled in school. • Forced and/or child marriage. • Emotional or behaviour problems that impact on the ability of the person to function effectively in their daily life and/or relationship with others. • High risk pregnancy including teenage pregnancy. • Households with critical food shortage – for instance, where children under 6 are eating less than 3 feeds a day, or older children are eating 2 or fewer meals a day.
<p>MILD risk level – response required within 3 weeks</p>	<ul style="list-style-type: none"> • Family and marital problems not involving physical, sexual or emotional abuse. • Family or parenting issues not involving violence, abuse or exploitation. • Monitoring of safe/stable foster care and other forms of care. • Legal issues including estate /trust problems, guardianship and non-maintenance. • Legal and civil registration/documentation related issues (births, death etc.). • Economic problems/social relief including grants, lack of basic needs, housing issues, lack of transportation etc. • Lack of basic needs or lack of access to basic services (that are not covered elsewhere). • Non-emergency health issues that have not received treatment, such as HIV. • Other education issues such as lack of consistent school attendance or performance. • Needs support with daily caregiving tasks.

ANNEXURE B: CHILD AND YOUTH CARE WORK CHILD/HOUSEHOLD INFORMATION FORM

* Complete this form at the same time as when the child/family is admitted/enrolled. This detailed information is kept separately from the Child and Youth Care Work Intake form so that it can be placed on the inside cover of the file and updated as and when needed.

Organisation name					
Case ref no.		FAMILY SURNAME			
Province		District		Sub-district	

1. IDENTIFYING INFORMATION

1.1 Identification Information of CHILDREN (0 to 17) and YOUTH (18 to 24) in the household (any other setting)

Ref #	Name	Surname	ID number <small>Include SA ID or other forms of identification</small>	Date of birth								Racial group <small>(mark with X)</small>				Gender <small>(mark with X)</small>		If applicable		
				D	D	M	M	Y	Y	Y	Y	B	C	A	W	M	F	Type of disability <small>sight, hearing, communication, physical, mental, intellectual, developmental delay, multiple</small>	Orphan Status <small>Not and orphan; Mother deceased; Father deceased; Both deceased</small>	If Foreign National <small>specify Nationality</small>

1.2 Identification Information of PRIMARY CAREGIVERS

Name	Surname	ID number <small>Include SA ID or other forms of identification</small>	Date of birth								Age	Racial group <small>(mark with X)</small>				Gender <small>(mark with X)</small>		If applicable			
			D	D	M	M	Y	Y	Y	Y		B	C	A	W	M	F	Type of disability <small>sight, hearing, communication, physical, mental, intellectual, developmental delay, multiple</small>	Orphan Status <small>Not and orphan; Mother deceased; Father deceased; Both deceased</small>	If Foreign National <small>specify Nationality</small>	

1.3 Identification Information of OTHER household members

Name	Surname	ID number <small>Include SA ID or other forms of identification</small>	Date of birth								Age	Racial group <small>(mark with X)</small>				Gender <small>(mark with X)</small>		If applicable		
			D	D	M	M	Y	Y	Y	Y		B	C	A	W	M	F	Type of disability <small>sight, hearing, communication, physical, mental, intellectual, developmental delay, multiple</small>	Orphan Status <small>Not and orphan; Mother deceased; Father deceased; Both deceased</small>	If Foreign National <small>specify Nationality</small>

1.5 Home language (mark with X)

Afrikaans
 English
 isiNdebele
 Sepedi
 Sesotho
 siSwati
 Xitsonga
 Setswana
 Tshivenda
 isiXhosa
 isiZulu

Other Specify

2. CONTACT DETAILS OF HOUSEHOLD

Street address and number
Ward no **Town**

Sub-district **District**

Directions to family's residence

Contact details of HEAD OF HOUSEHOLD

Name and surname
Work contact details (if relevant)
Mobile number

Contact details of OTHER PERSON

Name and surname
Work contact details (if relevant)
Mobile number

3. SIGNIFICANT OTHERS (not in the household), e.g. biological parents, guardian, grandparents, older siblings etc.

For any children whose biological parents are not living the household where are they? Indicate if alive/deceased.

Name and surname	Date of birth								Gender (mark with x)		Relationship to child/ren (include names of children and relationship)	Contact details / Address
	D	D	M	M	Y	Y	Y	Y	M	F		
1												
2												
3												
4												
5												

4. SIGNATURES of child and youth care worker and supervisor

Complete by

Child and youth care worker (name and surname)

Signature

 -

SACSSP registration number

Date

Supervisor (name and surname)

Signature

 -

SACSSP registration number

Date

5. UPDATES TO IDENTIFYING INFORMATION

Date	Specify information to be updated	Updated by

ANNEXURE C CHILD AND YOUTH CARE WORK LOGGING RECORD

This form must be completed together with the Child and Youth Care Work Child/Household Information Form. Depending on the setting/ programme requirements information on child well-being or other indicators should also be collected at this stage to provide a baseline for monitoring progress against programme specific performance indicators.

Organisation name										
Case ref no.		FAMILY SURNAME								
			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			-				
		-								
Child and youth care worker (name and surname)			SACSSP registration number							

Date	Type of engagement (mark with X)	Detail	Next engagement planned	Date for next engagement
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			
	<input type="checkbox"/> Phone call <input type="checkbox"/> Home visit <input type="checkbox"/> School visit <input type="checkbox"/> Structured observation <input type="checkbox"/> Unstructured observation			

ANNEXURE D

CHILD AND YOUTH CARE WORK INDIVIDUAL DEVELOPMENTAL ASSESSMENT AND PLAN

Organisation name	<input type="text"/>		
Case ref no.	<input type="text"/>	FAMILY SURNAME	<input type="text"/>
Date assessment started	<input type="text"/>	Date assessment completed	<input type="text"/>

PART A: CHILD/FAMILY DEVELOPMENTAL ASSESSMENT

1. Overview of the situation of the child/ren and family

2. BELONGING (Psychosocial)

3. MASTERY (Education and Psychosocial)

4. GENEROSITY (Psychosocial)

5. INDEPENDENCE (Psychosocial)

6. Economic issues, basic needs and nutrition

7. Health

8. Safety and protection

9. Legal documents

10. Summary of developmental needs and strengths: FAMILY/CAREGIVERS

Developmental needs	Developmental strengths

11. Summary of developmental needs and strengths: INDIVIDUAL CHILD/REN

Child name	Developmental needs	Developmental strengths

12. Risk level* (mark with X)

Emergency: Action required within 24– 48 hours

 High: Action required within one week

 Mild: Action required within 3 weeks

PART B: CHILD/FAMILY DEVELOPMENTAL PLAN *(see end of this form for guidance on completion of this section)*

1. Overall goal

--

2. Plan for family/caregiver

Issues to be addressed	Planned actions to be taken	To be achieved by (date)	Responsibility

2. Plan for individual children **(One child could have multiple issues/actions to be taken)*

Child name	Issues to be addressed	Planned actions to be taken	To be achieved by (date)	Responsibility

ANNEXURE E

CHILD AND YOUTH CARE WORK INDIVIDUAL DEVELOPMENTAL PLAN REVIEW FORM

A case review should be conducted every 3 months and must include a review of the CYC Developmental Plan (Part B of the CYC Developmental Assessment and Plan Form).

Organisation name

Case ref no. FAMILY SURNAME

Date of review - - 2 0

1. SUMMARY OF MAIN GOALS OF DEVELOPMENTAL PLAN * (Refer to the Family or Individual Developmental Assessment and Planning Form)

1.1 Family goals

1.2 Individual child/ren goals * (specify name of child)

2. MAIN ACTIONS UNDERTAKEN * (Refer to Family or Individual Developmental Assessment and Planning Form – which actions were completed?)

2.1 Family actions

2.2 Individual child/ren actions *(specify name of child)

3. CHILD (REN)/FAMILY EXPERIENCES AND PERCEPTIONS OF CHANGE THAT OCCURRED *(specify name of child)

4. CHILD AND YOUTH CARE WORKER'S PERCEPTIONS OF AND REFLECTIONS ON CHANGE THAT OCCURRED

5. CONCLUSIONS AND NEXT STEPS (mark with **X**)

Continue with implementation as per the current plan Revise plan of action (complete Further Plan of Action below – see no 6) Disengage/close case (provide reasons in below) Other (specify)

Reasons for disengaging/closing the case

6. FURTHER PLAN OF ACTION *(where applicable)*

Family

Issue to be addressed	Planned action	Due date	Responsibility

Individual children

Issue to be addressed	Planned action	Due date	Responsibility

SIGNATURES of child and youth care worker and supervisor

		<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 60px; height: 20px;" type="text"/>	
Child and youth care worker <i>(name and surname)</i>	Signature	SACSSP registration number	Date
		<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 60px; height: 20px;" type="text"/>	
Supervisor <i>(name and surname)</i>	Signature	SACSSP registration number	Date

ANNEXURE F CHILD AND YOUTH CARE WORK REFERRAL FORM

Keep a copy of this form on the child's file. Use referral tracker to track referral.

LETTER HEAD/DETAILS OF CHILD AND YOUTH CARE WORK ORGANISATION

Referral to facility/ organisation/ institution:

Date of referral - - 2 0

Child and youth care worker

Name and surname

SACSSP registration number -

Contact telephone number

Details of person referred

Name and surname

ID number/date of birth

Preferred way to contact person referred and any restrictions on contacting them:

Type of service needed:

Motivation for service needed:

FOR COMPLETION BY FACILITY/ ORGANISATION/ INSTITUTION PROVIDING SERVICE

Date of provision of service - - 2 0

Type of service provided

Follow-up needed

Person who provided the service

Name and surname

Contact details

Signature

ANNEXURE G: REFERRAL TRACKER TEMPLATE

Organisation/Programme/Project Name:

Month form complete

Year

-

Child and youth care worker (name and surname)

Signature

SACSSP registration number

Date

#	CHILD		Date of birth								Age	Gender	Complete when child is referred		Complete if child referred and received the intervention:			
	Name	Surname	D	D	M	M	Y	Y	Y	Y			M	F	Name of intervention for which child referred	Name of service provider child referred to.	Tick if child successfully received the intervention	Start date of the Intervention the child received.
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

SIGNED BY

-

Supervisor (name and surname)

Signature

SACSSP registration number

Date

