



REGIONAL CONCEPTUAL FRAMEWORK

FOR PSYCHOSOCIAL SUPPORT FOR ORPHANS AND
OTHER VULNERABLE CHILDREN AND YOUTH



Foreword

The SADC region is facing an unprecedented increase in the number of children and youth who are deprived of basic services which they need to survive and grow up well, in particular, food, education and life skills, health care, clean water and sanitation, protection from situations of abuse, denial of their basic liberties, and from extreme poverty. Deprivation and vulnerability of children and youth in the region is largely caused by HIV and AIDS which have been recorded to be more prevalent in SADC than in any other region globally, high levels of poverty (which has been exacerbated by the global financial and economic crisis), and in some cases conflict and natural disasters. The majority of the youth are unemployed. Compounded by all these challenges and in the absence of safety nets, employment and other livelihood earning opportunities, the majority of the affected children and youth have strained their capacity to respond to the psychological, social, emotional and spiritual needs. As a result, they are engaging or more likely to engage in socially deviant and risky behaviours such as criminal activities, transactional sex, conflict and violence, early marriage, alcohol and substance abuse, as well as depression and suicide.

If these challenges continue and are not addressed comprehensively, they pose a serious threat to socio-economic development, peace and security of the region. As a result, SADC has developed a conceptual framework for psychosocial support. The framework provides common understanding of psychosocial challenges facing children and young people, and the interventions that are required to ensure psychosocial wellbeing.

Psychosocial well-being is an integral part of comprehensive service delivery for children and youth. It is influenced by all the factors that affect human and social development which are: the material, cognitive, emotional, cultural and spiritual aspects of an individual, and the socio-cultural, economic and political environment in which people live. Thus SADC has taken the position that psychosocial wellbeing is a basic need for all children and youth, particularly those that are vulnerable.

The availability of psychosocial well-being enables vulnerable children and youth to: make appropriate decisions that benefit their development in the short and long term; assume and maintain social responsibility and healthy social relationships and behaviours; and maintain a condition of mental capacity and a reduction or absence of temporary or long-term mental impairment. Therefore, psychosocial support should be provided in combination with any other services that are required by children and youth.

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SADC Executive Secretary

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Executive summary

More than half of the estimated 250 million people living within the Southern African Development Community (SADC) are younger than 18. These children need care, protection and support. Many of them are not receiving it and are vulnerable to the destructive consequences, including harm to their physical and emotional well-being and to realizing their potential. Unfortunately for many, their vulnerability will not end when they leave childhood. Many youth continue to be at risk of the same physical and emotional impacts.

Throughout the SADC region, poverty is endemic and employment scant. Many youth have limited training and are unable to find work. To survive they may engage in risky coping strategies. Certain groups are even more vulnerable: young women aged 15–24, for example, are three to four times more likely to be infected by HIV; children and youth with disabilities are typically pushed into the margins of society. For these reasons, the SADC Secretariat believes that it is more meaningful to collectively address the needs of orphans and other vulnerable children and youth (OVCY), who make up a large portion of the region's population.

Although there is much good practice within the region and significant progress has been made in the realm of policy improvements for orphans and vulnerable children, there is a substantial disconnect between policy and practice. Protecting and promoting their emotional, spiritual, social and psychological rights remains a challenge for SADC Member States.

Evidence from SADC Member States indicates that there is a lack of clarity across the region on, first, the psychosocial needs of vulnerable children and youth and, second, what constitutes 'psychosocial support'. A regional situation analysis conducted in 2010 found very few specialized psychosocial interventions, either within government or civil society programmes; and many were stand-alone activities. Most of what exists ignores the needs of critical age groups.

The overall function of psychosocial interventions is to address the needs and rights of children and youth in a holistic manner by incorporating psychological and social aspects of support within other service delivery and developmental contexts, such as education and skills training, healthcare, food security and nutrition provision, protection of children and social protection. The goal is to create an integrated, developmental approach to promoting child and youth well-being comprehensively.

To move forward towards that goal and thus respond to urgent needs within the region and threats to economic growth, the SADC Secretariat developed a Regional Conceptual Framework for Psychosocial Support for Orphans and Other Vulnerable Children and Youth (PSS Framework). The framework represents the view that psychosocial care is a basic requirement for optimum developmental outcomes for children and youth, especially the vulnerable among them, which it targets. It serves to elucidate the relationship between psychosocial care and other basic needs of vulnerable children and youth. It also provides illustration of how psychosocial support is a cross-cutting service that should be integrated into all service delivery for vulnerable children and youth.

The PSS Framework aims to ensure that the basic principles and quality of psychosocial care and support for orphans and other vulnerable children and youth are consistently applied and available in the SADC Member States. These should be age and gender appropriate and take into consideration cultural influences on psychosocial well-being, development, care and support across widely differing cultural and economic contexts.

The PSS Framework offers guidance to Member States and service providers in the delivery of multilayered psychosocial responses that reflect an individual child, the family, the peer groups, the community and the broader society. Such a response is also dependent on many sectors because a child's well-being depends upon what happens in a variety of areas – material, biological, emotional, cognitive, cultural, spiritual, social, economic and political.

The PSS Framework identifies priority psychosocial services, interventions and outcomes. These are grouped into three core 'domains': i) skills and knowledge, ii) emotional and spiritual well-being and iii) social well-being. The PSS Framework outlines the main issues and outcomes of each domain. To respond to the needs of vulnerable children and youth in a holistic manner, a comprehensive approach to service delivery that addresses all three domains is necessary.

To assist policy makers, programme leaders and practitioners in the designing, implementing, monitoring and mainstreaming of psychosocial interventions in the region and to ensure that the basic principles and quality of care are consistently applied and available to all vulnerable children and youth, the PSS Framework touches on the structures, processes, capacities and systems that are required. These include reviewing, developing and harmonizing policies and legislation; institutional capacity strengthening; human capacity development at the family, community and professional levels; meaningful child and youth participation; inter-sector (including inter-ministry) management coordination; functional referral systems; and human and financial resource mobilizing and building sustainability.

The PSS Framework promotes mainstreaming its monitoring and reporting processes, as much as possible, into existing international, regional and national monitoring and reporting processes. Psychosocial support indicators for vulnerable children and youth should be woven into the strategic plans of government departments and, where possible, into information management systems of programmes on education and skills development, health and nutrition management, employment and labour, food security and nutrition, protection, gender and development,

poverty alleviation, Demographic and Health Surveys(DHS) and in national population censuses, among others.

The PSS Framework was developed as a supporting tool for use with the Minimum Package of Services for Orphans and Other Vulnerable Children and Youth (Minimum Package). The Minimum Package offers a common approach to service delivery in the region but emphasizes that the vulnerable young population needs access to many essential services simultaneously: education and vocational skills, health care and sanitation, food security and nutrition provision, child and youth protection, social protection and psychosocial support. The Minimum Package provides guidance for inter- and intra-sector collaboration in the delivery of comprehensive services for orphans and other vulnerable children and youth.

Abbreviations and acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
AIDS	Acquired Immunodeficiency Syndrome
CRC	Convention on the Rights of the Child
CSI	Child Status Index
DHS	Demographic and Health Survey
EMIS	Education Management Information System
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
Minimum Package	Minimum Package of Services for Orphans and Other Vulnerable Children and Youth
OVC	orphans and other vulnerable children
OVCY	orphans and other vulnerable children and youth
PSS	psychosocial support
PSS Framework	Regional Conceptual Framework for Psychosocial Support for Orphans and Other Vulnerable Children and Youth
REPSSI	Regional Psychosocial Support Initiative
RIATT	Regional Inter-Agency Task Team (on children and AIDS)
SADC	Southern African Development Community
Strategic Framework	Strategic Framework and Programme of Action 2008–2015: Comprehensive Care and Support for Orphans and Other Vulnerable Children and Youth
UN	United Nations
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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Definition of terms

Term	Definition
Abuse	An act of ill treatment that can harm or is likely to cause harm to one's safety, well-being, dignity and development.
Adolescent	According to the United Nations, this is a person aged 10 to 19 years.
Caregiver	A caregiver is any person giving care to a child in the home environment. Primary caregiver is the main person who lives with a child and provides regular parenting care for the child in a home environment. This often includes family members, such as parents, foster parents, legal guardians, siblings, uncles, aunts and grandparents or close family friends. Secondary caregivers include community members and professionals such as nurses, teachers or play centre minders who interact with a child in the community or visit a child at home but do not necessarily live with the child. Child and youth caregivers include children and youth who are caring for other children, ill parents and relatives and/or heading households.
Child	Any person younger than 18 years.
Comprehensive response	An intervention or effort that meets the complete set of basic needs or defined minimum standards across multiple services that addresses the survival, development, protection and participation rights of children and youth while addressing vulnerability.
Counselling	“Counselling is talking to a counsellor about your situation and your problems and worries. The counsellor will help you make plans and decisions, give you information and help you find answers to your questions. Counselling is not about telling you what to do; it is about helping you decide what you think is best to do and giving you support for following your decisions through.” ¹⁴ Counselling may take place in a one-to-one situation or in groups and may be facilitated by a professional or lay counsellor.

Term	Definition
Deprived	A situation in which the basic survival, development, protection and participation needs and rights of children and youth have not been met.
Developmental needs	Physical, biological, emotional, social, psychological, intellectual, spiritual and creative necessities for children to survive and grow well enough to sustain normal productive lives that last throughout their entire life cycle.
Disability	An umbrella term, covering social, mental and physical impairments that may lead to limitations in activity and restrictions in participation. An 'impairment' is a problem in body or mental function or structure; an 'activity limitation' is a difficulty encountered by an individual in executing a task or action; while a 'participation restriction' is a problem experienced by an individual with involvement in life situations. Thus disability is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives.
Family	A social unit created by blood, marriage, adoption or defined by common line of kinship or relationship of a paternal or maternal nature. This can be biological or adoptive. It can be described as nuclear (parents and children) or extended (the conjugal family as well as other relatives or descendants of the husband and/or wife).
Holistic approach	A procedure for ensuring that different options or strategies are considered and applied flexibly in appropriate combinations that ensure comprehensive or optimal fulfilment of the well being and development of a child.
Household	A social unit of people (not necessarily related) living together in the same house or compound, sharing the same food or cooking facilities.
Integrated approach	A procedure for incorporating additional approaches, interventions or services into existing programmes or services or social practices to ensure improved service delivery efficiency and comprehensive developmental outcomes.

Term	Definition
Life skills	Psychosocial, interpersonal and self-management skills that help people make informed decisions, communicate effectively and cope with adversity.
Mental health	“Mental health is a set of positive mental attributes in a person or in a community. It is a state of well-being in which an individual realizes his or her 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”. Mental health is a conscious, dynamic, evolving capacity and not a pre-determined, unchangeable, all-or-nothing state. Child and adolescent mental health is the capacity to achieve and maintain optimal psychological functioning and well-being; it is directly related to the degree of age-appropriate physical, psychological and social development achieved using available resources.
Orphan	A child aged 0–17 years whose mother (maternal orphans) or father (paternal orphans) or both (double orphans) are dead. The term ‘social orphan’ may be used to describe children whose parents may be alive but who are neglected or abandoned by their parents or whose parents are no longer fulfilling any of their parental duties.
Psychosocial	The term psychosocial is used to emphasize the close connection between psychological aspects of experience (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.
Psychosocial support	A continuum of care and support that addresses the social, emotional, spiritual and psychological well-being of a person, and influences both the individual and the social environment in which people live. Attempts have been made to distinguish between ‘psychosocial care’ and ‘psychosocial support’. In different countries, the terms ‘care’ and ‘support’ have different meanings. For this document, ‘psychosocial support’, or PSS is used as shorthand for ‘psychosocial care and support’.

Term	Definition
Psychosocial well-being	Refers to the state of being in which an individual has the ability to make sense of, and have a degree of control over their world, with hope for the future and to be a responsible, productive and caring member or leader of a community. It includes material, cognitive, emotional, spiritual and cultural aspects of a child's/youth's life and their interpersonal relationships. With regard to children, the Psychosocial Working Group defines psychosocial well-being as the positive age- and stage-appropriate outcome of children's development. It is characterized by the individual's ability 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.
Risk	The possibility, chance or threat that one will be deprived in the immediate or long terms.
Social protection	All public and private initiatives that provide income or consumption transfers to the poor; protect the vulnerable against livelihood risks and/or enhance the social status and rights of the marginalized, with the objective of reducing the economic and social vulnerability of the poor; vulnerable and marginalized groups.
Social transfer	Regular, predictable transfers (cash or in kind, including fee waivers) from governments and community entities to individuals or households that can reduce child poverty and vulnerability, help ensure children's access to basic social services and reduce the risk of child exploitation and some forms of abuse. Includes social security income transfers for people experiencing unemployment, poverty, disability or other forms of vulnerability.
Sustainability	To ensure that human development efforts achieve lasting improvement on the lives of children, youth and their families/carers and communities without bringing about any harm or compromising their well-being and that of others in the present or the future.

Term	Definition
Vulnerability	A state of high risk of deprivation or, according to the World Bank, “an expected welfare loss above a socially accepted norm, which results from risky or uncertain events and the lack of appropriate risk-management instruments”.
Vulnerable children	Children who are unable or who have diminished capacity to access their basic needs and rights to survival, development, protection and participation as a result of their physical condition or social, cultural, economic or political circumstances and environment and require external support because their immediate care and support system can no longer cope.
Vulnerable households	Households that are unable or that have diminished capacity to access the basic needs and rights of their members.
Vulnerable youth	Persons aged between 18 and 24 years who are unable or who have diminished capacity to access their rights to survival, development, protection and participation and may be at risk of being harmed, exploited and/or denied necessary age-specific developmental needs as a result of their physical condition, such as disability, unemployment, HIV infection or AIDS, armed conflict and war, living on the street, neglected by parents, undocumented migrant status, substance abuse, among others.
Young person	According to the United Nations, this refers to any person aged 10 to 24 years and includes some children, all adolescents and youth.
Youth	SADC adopts the African Youth Charter definition of youth or young person as any person aged between 15 and 35 years.

I. Introduction

I.1 Background

The socio-economic, cultural and political environment of the Southern African Development Community (SADC) creates particular psychosocial vulnerabilities within the 15 Member State's young populations. Psychosocial support (PSS) is important for children and youth in stressful situations, such as HIV-positive children and youth, children and youth living in households of people living with HIV or AIDS, and children and youth caring for sick adults; those with disabilities and with mental health problems; those affected by armed conflict and emergency situations; and those who experience severe deprivation or abuse.

It is particularly important to shape children and young people into responsible and productive citizens and leaders. Psychosocial support is also important for caregivers of vulnerable children and youth, especially older caregivers, other children and youth and men. Psychosocial support services build coping mechanisms, promote healing, mentor and guide vulnerable children and youth, impart responsibility and leadership skills for managing their situations and enable them to contribute to the development of their families and communities.

Psychosocial support is a continuum of care and support that influences both the individual and the social environment in which people live and speaks to the social, emotional, spiritual and psychological well-being of a person. It helps families and communities to nurture and empower children and youth to live with hope and dignity in a safe and caring environment.

The right to psychosocial support is enshrined in the Convention on the Rights of the Child (CRC), the UNGASS Declaration, the African Charter on the Rights and Welfare of the Child and the African Youth Charter. The principles of psychosocial

support are evoked in the Charter of Fundamental Social Rights in SADC(2003), the SADC Regional Indicative Strategic Development Plan (2003), the SADC HIV and AIDS Strategic Framework and Programme of Action 2010–2015 and the Strategic Framework and Programme of Action (2008–2015): Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in SADC (Strategic Framework).

Because of the recognized link between individuals' future well-being and a country's future economic and political well-being, the SADC Secretariat produced the Strategic Framework, with an accompanying business plan. It reflects the first concerted effort by SADC to implement a regional response to the developmental needs of young people. It also reflects a digression from the traditional sector – vertical – approach, instead emphasizing a holistic and comprehensive response. Following acceptance of the Strategic Framework by all Member States, the SADC Secretariat commissioned the Minimum Package of Services for Orphans and Vulnerable Children and Youth (Minimum Package) and the Regional Conceptual Framework for Psychosocial Support for Orphans and Other Vulnerable Children and Youth (PSS Framework), which this document represents. Together, the PSS Framework and Minimum Package are to advance the concepts highlighted in the Strategic Framework through practical guidance for policy makers and service providers.

The PSS Framework defines psychosocial concepts and highlights both strengths and needs of children and youth in the SADC region. Within the broader SADC Minimum Package, psychosocial support is an essential service area and is also integrated into the other essential service areas.

The PSS Framework is a regional framework intended to provide conceptual clarity, guidance for policy development and clearness on the relationship between psychosocial support and a comprehensive service delivery package for vulnerable children and youth.

This framework is not meant to restrain or limit the services being provided by Member States but to help define the most basic and fundamental concepts of psychosocial support systems and service delivery.

1.2 Developing the PSS Framework

The PSS Framework is based on an assessment of the situation of orphans and other vulnerable children and youth in the region (through analysis of reports, interviews in the field and focus group discussions with children and youth). It is also heavily shaped by input from senior government officials, staff in ministries responsible for children and youth, United Nations agency specialists, civil society organization experts and young people. The priority services articulated in the PSS Framework informed the psychosocial support component in the Minimum Package.

2. Understanding psychosocial interventions

2.1 Psychosocial

The term psychosocial is used to emphasize the close connection between psychological aspects of our experience (that is, our thoughts and emotions) and our wider social experience (that is, our relationships, practices, traditions and culture). It also takes into account the physical and spiritual dimensions (value systems, beliefs, self-awareness) of an individual. In particular, when children and youth attain psychosocial well-being, they will also feel empowered to contribute to serve humanity and the greater common good and have a broader perception of reality beyond their individual needs. For example, they will “become morally aware and understand the difference between right and wrong; offer unconditional love, support and service to others; look forward to life; look forward to preserving their inherent dignity; be appreciative of the generosity and compassion offered by others and of individual differences; and demonstrating intellectual affinity and awareness of their social, economic, political, physical and spiritual environment; [and] develop trusting relationships.” These values are often neglected in child development efforts. There is a dynamic relationship between the psychological, emotional, spiritual and social effects of experiences on the individual, each continually influencing the other.

2.2 Psychosocial support

Psychosocial support describes a continuum of care and support that addresses social, emotional and psychological problems in order to preserve the well-being of individuals, their families and communities. It can be provided within the family, by other persons close to an individual or by services provided by the community, government or civil society organizations.

Although the absence or presence of other basic services influences psychosocial well-being, their normal provision does not constitute psychosocial support. Nevertheless, preventive psychosocial support interventions may include advocacy to ensure that the other basic services are provided to block the onset of psychosocial problems on an individual, family or community.

Attempts have been made to distinguish between 'psychosocial care' and 'psychosocial support'. In different countries, the terms 'care' and 'support' have different meanings. For this document, PSS is used as shorthand for 'psychosocial care and support', as proposed by the Regional Psychosocial Support Initiative (REPSSI).

2.3 Psychosocial well-being

'Psychosocial well-being' refers to the state of being in which an individual has the ability to make sense of and have a degree of control over their world and hope for the future. It includes the material, cognitive, emotional, spiritual and cultural aspects of a child's/youth's life and their interpersonal relationships. According to REPSSI, "Psychosocial well-being includes many different aspects of the child's life, such as physical and material aspects, psychological, social, cultural and spiritual aspects. The focus of psychosocial well-being need not be just on the individual, but can include households, families and communities. It is often linked to the African concept of '*ubuntu*' – "*I am, because we are, and we are, because I am*". With regard to children, the Psychosocial Working Group defines psychosocial well-being as the positive age- and stage-appropriate outcome of children's development.

Psychosocial well-being is characterized by an individual's ability 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 capacity and a reduction or absence of temporary or long-term mental impairment. Psychosocial

well-being is influenced by the material, cognitive, emotional, cultural and spiritual aspects of an individual, and the socio-economic and political environment in which people live.

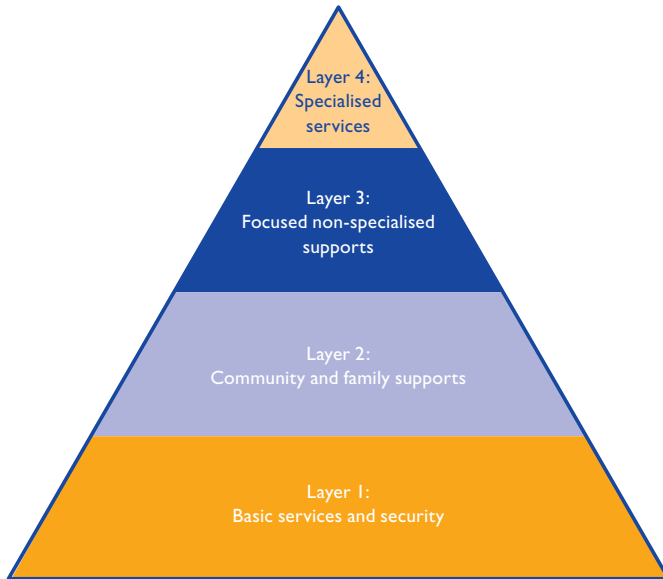
2.4 Layers of psychosocial support

Children and youth have complex needs, and their psychosocial status will vary across social, economic and political contexts. In addition, the psychosocial needs of girls and boys across different ages and those of youth, particularly during the period of transition from childhood to adulthood, must be considered in any programme design. Equally, an understanding of local culture is of fundamental importance in planning programmes to assist children and youth in achieving their rights.

Psychosocial responses should be multilayered, taking into account an individual child, their family, their peer groups, the community and the broader society. They also draw from many sectors because a child's well-being depends upon what happens in a variety of areas – material, biological, emotional, cognitive, cultural, spiritual, social, economic and political. The absence of fulfilment of basic needs, lack of access to livelihood and economic opportunities and the non-realization of aspirations can be major causes of psychosocial challenges for children and youth.

The need for psychosocial support is determined by each child's or youth's individual situation. Many children and youth may require only minimal support services from outside the family, while others require more intense interventions. Figure 1 shows the different levels of psychosocial services that may be required by vulnerable and deprived children and youth.

Figure 1: Psychosocial interventions pyramid



Adapted from the Inter Agency Standing Committee (2007)

Layer 4. Psychological and psychiatric support and specialized traditional healer services for those who experience significant difficulties in basic daily functioning.

Layer 3. Children, youth, family and group interventions by trained and supervised workers. This includes children and youth who have special coping needs, such as survivors of gender-based violence and those who have experienced complicated forms of grief.

Layer 2. Strengthening family and community care and support; activating social networks (support groups); providing information on constructive coping methods, available resources and community mental health education.

Layer 1. Includes advocacy for basic services, documenting impact of services on PSS wellbeing and/or mental health.

2.5 Benefits of psychosocial services

Psychosocial services are essential for children and youth to grow up well as balanced human beings and to develop and apply their full human capabilities to become productive and responsible citizens throughout their entire life cycle.

A lack of fulfilment of basic psychosocial needs can result in negative developmental outcomes, among which are anxiety, depression, delinquency, low self-esteem, poor relationships, risky sexual and other behaviours, suicidal tendencies, low educational achievement, poor health and low productivity. Some children and youth may struggle to cope within their existing care networks, may not progress in terms of their development or may be unable to function as well as their peers and thus may require specialized care. The presence of psychosocial support may effectively offset some psychological and social pathologies or enable them to be managed. When psychosocial support is successful, a child or youth will feel socially, emotionally and spiritually supported in every aspect of their lives. Psychologists have long established that experiences of childhood can impact on the entire life of an individual. Thus, bad experiences and a lack of psychosocial well-being during childhood can lead to anti-social behaviours and poor productivity among individuals that impacts on their entire lives and ultimately on society at large.

3. Guiding principles for psychosocial support

The guiding principles outlined in this framework provide the 'moral' compass for steering psychosocial support work in the SADC region. In a way, they form the basis for determining the quality of psychosocial services and should be considered by all service providers. These guiding principles are intended to support and not to contravene existing principles in place at the national level and those detailed in international agreements.

The PSS Framework is guided by the following principles:

- **Psychosocial support is integrated into all community and family child care and youth programmes** – Psychosocial support is a cross-sector intervention and a basic right. It should not be provided as a stand-alone or vertical service but should be provided within all other basic services for vulnerable children and youth. Psychosocial services are more effective when provided within a family and community setting, including schools and faith groups; they should seek to strengthen the social relationships between children and youth, their families and communities. The psychosocial well-being of caregivers must also be considered so they can better help and support individuals in their care. Interventions should be context-relevant and build on family and community knowledge systems of dealing with adversity and social challenges. Interaction with communities, families, youth and children must be based on respect to enhance dignity. Interventions should promote stability and a sense of routine.
- **Gender sensitivity, equity and non-discrimination** – Interventions need to promote non-discrimination, particularly in respect to gender, age, language,

religion, socio-economic status, cultural group, ethnicity and disability. Services must be available and appropriate for anyone in need. Psychosocial interventions should consider the specific gender needs of girls and boys and women and men and older people at all levels of planning, implementing, monitoring and evaluating.

- **Developmental perspective** – Psychosocial interventions should recognize the potential of children and youth rather than focus on their problems and should empower them to realize their full human potential (physical, psychological, moral, spiritual, emotional, economic and political). Services should consider age- and gender-specific needs of children and youth and their caregivers, particularly older people.
- **Cultural appropriateness** – Psychosocial interventions should be situated within the local context, material environment, the prevailing culture and social values, and bridge the gap between children and youth and their adult mentors, particularly older people.
- **Participation of children and youth** – Children, youth and communities must participate in developing the policies, strategies, programmes, methodologies and tools that affect them and not be passive recipients. Interventions should be led, informed and owned by beneficiaries. Equal participation by all children and youth, in all activities, is encouraged, including across traditionally 'male' or 'female' activities.
- **Protection of children and youth from harm and all forms of violence and abuse** – Children and youth should be protected from all forms of violence by their family and community, including political violence, violence at school, family violence, violence among peers, gender-based violence and representations of violence, including in the media. All service providers must act in the best interest of children and youth. Psychosocial support has the potential to cause harm because it deals with highly sensitive issues. The following can help to reduce the risk of harm:
 - **Informed consent** – Consent should be obtained from children and their family or from the individual youth with full knowledge of what will happen and the probable effects on that person.

- **Confidentiality** – Interventions should respect confidentiality, including when the interventions are undertaken in groups psychosocial institutions should protect this confidentiality and ensure anonymity when communicating to others (such as donors) about their interventions.
- **Honesty and objectivity** – Workers must tell beneficiaries the truth in an age-appropriate manner and to the degree to which it contributes to their long-term development. Institutions must recognize their own limits and refer cases beyond their area of competency.
- **Responsibility** – Intervention providers must make an accurate assessment of the risks involved and choose the appropriate methodology for optimum benefits and minimal risks for the beneficiaries. They are responsible for closely monitoring the implementing and then evaluating the impact of an intervention. To the degree that is feasible, they are also responsible for providing assistance, including follow up or referral, for any beneficiaries who cannot be adequately assisted through the intervention.

The indirect consequences of a short-term intervention should be taken into account. Short-term interventions that undermine the trust between a child or youth and their caregivers or service providers or that make a child or youth more aware of their problems without helping them to find solutions for these problems can be harmful.

- **Sustainability** – Services should provide long-term benefits for children and youth. This includes empowering them with livelihood and self-reliance skills and opportunities that will guarantee income-earning capacity at an appropriate time. It is important to strengthen the capacity of families and communities to deliver the services needed by children and youth to ensure long-term sustainability of service delivery.
- **Evidence based and informed** – Programmes should be context specific and informed by evidence from children and youth, families, communities, countries and the region. Such evidence must be documented and shared within a wider network.

4. Rationale, function and objectives of the PSS Framework

4.1 Rationale

For many vulnerable children and youth and their caregivers, the family and community are best placed to provide the necessary psychosocial support. However, the growing numbers of vulnerable children and youth in the SADC region and the weakening or even disintegrating family and community support systems in Southern Africa has strained the capacity to respond. This has led to the development of programmes that target orphans and other vulnerable children and youth with psychosocial interventions. However, many of these programmes are based on different understandings of psychological and social care and support, often emphasizing different and, at times, competing service-delivery approaches.

The Strategic Framework promotes the comprehensive fulfilment of all basic needs of orphans and other vulnerable children and youth, including psychosocial support. This approach requires a minimum package of services that includes psychosocial support, with benchmark levels of interventions to track progress in achieving optimum growth and development among vulnerable children and youth. Recognizing that psychosocial support is unfolding and has increasingly become a priority for Member States, a regional framework that provides guidance and better understanding of the concept and its relationship to a comprehensive service delivery package was developed.

As previously explained, the PSS Framework is to help advance the objectives of the Strategic Framework for the period 2008–2015. Like the Strategic Framework and its business plan, the PSS Framework draws on several international, continental and regional conventions and policy guidelines on children and youth in general, and in particular those who are orphans and vulnerable, such as the United Nations

Convention on the Rights of the Child (CRC), the African Charter for the Rights and Welfare of the Child (ACRWC), the African Youth Charter and SADC's Maseru Declaration on HIV and AIDS, among others.

Psychosocial support interventions are important investments in human capacity development. Children and youth who receive affection, stimulation and support have a good foundation for growth and development, coping with challenges, overcoming disadvantages and making positive contributions to society.

Consensus on the objectives of psychosocial support programmes and what exactly constitutes psychosocial well-being is necessary to guide programming, overcome the differences in understanding, measure psychosocial well-being and to evaluate the impact of programmes.

4.2 Function

The PSS Framework offers a shared understanding of psychosocial support as a basic requirement for optimum developmental outcomes for vulnerable children and youth and its relationship to other basic needs and the environment in which they and their caregivers live. It also provides explanation of psychosocial support as a cross-cutting service that should be integrated into all the services for vulnerable children and youth.

It can be used as a reference and guide for policy making, strategy development, programme design and implementing and for service delivery related to psychosocial support for children and youth in the SADC region.

4.3 Goal and objectives

The goal of the PSS Framework is to ensure the comprehensive fulfilment of basic psychosocial needs and the realization of high-quality psychosocial outcomes for vulnerable individuals and their families.

Objectives:

1. To provide conceptual clarity and guidance on comprehensive and quality psychosocial support services for orphans and other vulnerable children and youth and their families in the SADC region.
2. To define a minimum package of basic psychosocial services.
3. To provide indicators for monitoring and evaluating psychosocial support services.

5. Comprehensive priority of psychosocial services and interventions

To develop optimally, a child requires a balance of different types of basic developmental needs (psychological, social, emotional, spiritual, physical, etc.) to be met, as described under the three domains in Table I. For these needs to be addressed in a holistic manner, a comprehensive approach to service delivery is necessary.

5.1 Domains of psychosocial support

Psychosocial rights and services can be grouped into three core areas, technically referred to as 'domains', that impact children, youth, their families and communities. These include i) skills and knowledge, ii) emotional and spiritual well-being and iii) social well-being. These three domains may be reflected in different ways in different cultures, but they represent a common core. Table I outlines the main dimensions and outcomes of each domain.

Table: Domains, or categories, of psychosocial support services

Psychosocial domain	Description
<p>Skills and knowledge (cognitive)</p>	<p>Skills and knowledge lead to competencies and capacities to cope with life's demands and stresses and to manage relationships well. This includes problem solving, planning and decision making, stress management, negotiation, assertiveness, using culturally appropriate coping mechanisms, ability to assess own abilities and strengths in relation to needs. This also includes the capacity to detect, refer and manage mental illness alongside specialized mental health services.</p>
<p>Emotional and spiritual well-being (intrapersonal)</p>	<p>Emotional well-being is an individual's capacity to live a full and creative life and the flexibility to deal with life's inevitable challenges.</p> <p>The intrapersonal area concerns the individual's ability to know and to manage himself or herself. It determines how in touch with his or her feelings somebody is, how somebody feels about himself or herself and what he or she represents or is doing in their life. This includes self-awareness and a sense of self-worth, control over one's behaviour, realistic beliefs, spiritual appreciation or belief of one's purpose, independence, feeling safe and happy, appreciation of others and hope for the future.</p>
<p>Social well-being (interpersonal)</p>	<p>The interpersonal area concerns the ability to interact and to get along with others. Social well-being refers to the extent and quality of social interactions of vulnerable children and youth. This includes relationships with caregivers, family members and peer groups, developing social networks, sense of belonging to a community, ability to communicate, social responsibility, empathy and participation in social and cultural activities.</p>

5.2 Basic psychosocial interventions, services and outcomes

Children and youth of different age groups require different psychosocial support services because of the vulnerabilities associated with their particular age and developmental needs. These needs often overlap between different age categories. General classifications of age categories and needs can be defined, for example, as follows:

- **0–6 years** – a high-risk group with specific health, nutrition and psychosocial needs as well as early childhood development needs. This is the age category used for measuring child mortality globally.
- **7–12 years** – typically primary school-going children with specific education and developmental needs and the age when life skills learning should begin.
- **13–17 years** – typically secondary school-going children and adolescents. A significant proportion will have dropped out of school and likely to be doing hazardous work with specific needs in terms of sexual and reproductive health and psychosocial support as well as education, developmental and life skills needs.
- **18–24 years** – typically youth or young adults in higher education or vocational skills training institutions, out of school or in early employment and young mothers, all who face a unique set of challenges as they make the transition to adulthood.

Basic psychosocial support interventions and services can be identified for the different age groups under each of the domains and provided at different levels (individual, family and community), as shown in tables 2–4.

There is a need to focus on families and communities and to prioritize everyday systems of care. The most appropriate and sustainable sources of psychosocial support for young children come from caring relationships in the home, school and community. All efforts to enhance the psychosocial well-being of vulnerable children and youth must ensure the support of these natural systems of care in everyday life.

The psychosocial well-being of adults, particularly parents and caregivers, has a direct impact on the children and youth in their care and should thus be addressed through concurrent parent- and caregiver-focused interventions. Caregivers (particularly older people) and families need assistance to counter poverty, demoralization and exclusion, all of which adversely affect their capacity to care for children and youth. It is essential to recognize and respond to the different needs, capabilities and capacities of parents, children and youth who are acting as caregivers.

Psychosocial interventions should be directed at enabling connectedness to an adult in the child or youth's life as well as inclusion into the larger community network. Psychosocial interventions need to maintain a focus on strengthening communities, families and other social institutions as responsive and protective spaces for vulnerable children and youth.

The success and adequacy of psychosocial support interventions can be established by measuring the presence of basic psychosocial outcomes, using broad categories of indicators, as shown in tables 2–4. The indicators are based on three psychosocial domains: skills and knowledge, emotional well-being and social well-being.

Table 2: Services, interventions and outcomes for psychosocial knowledge and skills

Skills and knowledge	
TARGETED AGE GROUP	SERVICES
0–6	Early childhood development; social and emotional development (sense of self), physical development (gross and fine motor skills), thinking skills and approach to learning (observation and problem solving, logical thinking, represents with symbols), language development (listening and speaking); support for healthy relationships
7–12	Education and knowledge for developmental needs (literacy, numeracy, logical thinking, language); lifeskills courses(self-awareness; self-esteem; decision making; communication; negotiation; problem solving; knowledge of child rights; personal responsibility)
13–17	Education and knowledge for developmental needs; lifeskills courses(self-awareness; self-esteem; decision making; communication; negotiation; problem solving; knowledge of children’s rights; personal responsibility; social responsibility and leadership consistent with evolving capabilities; support for healthy relationships); age- and gender-appropriate sexual and reproductive health knowledge; for some children, care giving for siblings and sick parents or other relatives
18–24	Technical and vocational education and training; lifeskills courses(self-awareness; self-esteem; decision making; communication; negotiation; problem solving; knowledge of human rights; civic participation; personal responsibility; social responsibility and leadership); support for healthy relationships; gender-appropriate sexual and reproductive health knowledge; care giving for siblings and family members

Skills and knowledge *(continued)*

	INTERVENTION	EXPECTED OUTCOMES
Family	<ul style="list-style-type: none"> • Strengthen capacity of caregivers (particularly older people and children and youth), family members, friends, neighbours, teachers, health workers, etc. to provide a continuum of care and support for OVCY on a daily basis • Strengthen a conducive family environment in which children and youth can communicate their needs and are protected from risks 	<ul style="list-style-type: none"> • Families and caregivers (particularly older people and children and youth) protect, care and support children • Families and caregivers address and reduce the stresses of poverty and violence • OVCY recognize and choose alternatives (in present actions and medium-term goals – demonstrates flexibility, problem solving, future orientation) • OVCY demonstrate culturally appropriate coping mechanisms that enable their acquisition of skills and knowledge (empowerment) • OVCY express a sense of belonging to family and community
Community	<ul style="list-style-type: none"> • Strengthen OVCY's life skills to overcome adversity • Provide opportunities for OVCY to express themselves, participate in and contribute to their communities 	<ul style="list-style-type: none"> • OVCY able to cope with adversity • OVCY have a sense of belonging and purpose at the community level • OVCY actively participate in community life
National system	<ul style="list-style-type: none"> • Strengthen referral systems and partnerships with other stakeholders/ • across sectors (coordination) • Integrate psychosocial support in all sector activities • Awareness and advocacy by stakeholders to create a supportive and protective environment for OVCY 	<ul style="list-style-type: none"> • Coordinated response • OVCY know where to access different skills and information • Psychosocial support responses accessible to OVCY through everyday systems of care – families, schools and communities

Table 3: Services, interventions and outcomes for emotional well-being

Emotional well-being		
TARGETED AGE GROUP	SERVICES	
0–6	Family-based support and rehabilitation for abandoned, neglected, abused children; moral and spiritual guidance; early childhood development; support for healthy relationships	
7–12	Stress, depression and trauma counselling through individual and group support; moral and spiritual guidance; child- and youth-friendly services; life skills courses; support for healthy relationships	
13–17	Trauma counselling; participation and communication opportunities to develop self-esteem, social awareness, appreciation of others and hope for life; outlets for service to society; moral and spiritual guidance; training on mentoring and leadership skills building; life skills courses; support for healthy relationships; training on parenting skills	
18–24	Parenting skills for young parents; trauma and HIV counselling; peer support groups; outlets for service to society; life skills; support for healthy relationships	
	INTERVENTION	EXPECTED OUTCOMES
Family	<ul style="list-style-type: none"> • Provide support for caregivers (parents, family members, teachers, etc.) • Provide counselling support to affected families, such as adherence to antiretroviral treatment 	<ul style="list-style-type: none"> • Families/caregivers provide love, attention, care and support to OVCY • OVCY demonstrate the ability to recognize and name feelings, express feelings and link feelings with situations (emotional and spiritual self-awareness) • OVCY can express a value system that is theirs (self-worth) and moral awareness • OVCY have relationships with trusted adults and peers

Emotional well-being (continued)

	INTERVENTION	EXPECTED OUTCOMES
Community	<ul style="list-style-type: none"> • Strengthen the capacity of specially positioned community members and para-professionals to provide specialized psychosocial support to subgroups of children and youth • Specialized individual counselling by qualified professionals for children and youth experiencing severe trauma or stress • Strengthen the capacity of teachers to provide psychosocial support to children and support schools to become safe environments for children 	<ul style="list-style-type: none"> • OVCY in need of specialized psychosocial support services can access them at the community level • OVCY experience increased support and acceptance at the community level (increase in social support, decrease in stigma and discrimination). • OVCY demonstrate culturally appropriate coping mechanisms that enable their emotional and spiritual development • OVCY have social and emotional support in schools
National system	<ul style="list-style-type: none"> • Provide trained counsellors in schools to identify children in need of psychosocial support • Improve policy environment and conditions for social, economic, cultural, spiritual and political well-being for vulnerable children and youth and their families/ caregivers to prevent or reduce vulnerability to psychosocial problems • Strengthen referral systems and partnerships with other actors across sectors (coordination) • Integrate psychosocial care and support into all sector activities • Psychosocial support interventions include supervision, monitoring, referral and follow-up structures and services 	<ul style="list-style-type: none"> • Legislation and policy framework in place to enable the provision of psychosocial support to OVCY • Supportive and protective environment for OVCY • OVCY access psychosocial services through all care and support programmes • An appropriate range of psychosocial support services is available to OVCY and family members • OVCY access psychosocial support responses through family, school and community

Table 4: Services, interventions and outcomes for social well-being

Skills and knowledge		
TARGETED AGE GROUP	SERVICES	
0–6	Early childhood education and development; social activities that promote social behaviour; support for healthy relationships and attachment with caregivers	
7–12	Support for healthy relationships; engagement with the community; school and community clubs; age- and gender-appropriate sport and recreation activities; outlets for service to society; life skills courses	
13–17	School and community clubs; outlets for service to society; age- and gender-appropriate sport and recreation activities; moral guidance and support in developing healthy relationships; community activities and socially appropriate roles; children’s clubs, councils or forums; life skills courses; support for healthy relationships	
18–24	Community activities and socially appropriate roles; youth groups; outlets for service to society or civic participation; life skills courses; support for healthy relationships	
	INTERVENTION	EXPECTED OUTCOMES
Family	<ul style="list-style-type: none"> • Ensure that each child or youth has a stable and nurturing relationship with an adult caregiver • Parenting classes for caregivers, including men, older people and children and youth who are caring for others 	<ul style="list-style-type: none"> • Each OVCY has an attachment with a caregiver, based on trust and love • OVCY receive appropriate psychosocial care and support from parents and caregivers • Each OVCY has a sense of responsibility for self and others • Each OVCY has a social awareness • Each OVCY feels an engagement with the community

Skills and knowledge (continued)

	INTERVENTION	EXPECTED OUTCOMES
Community	<ul style="list-style-type: none"> • Increase understanding of psychosocial needs of vulnerable children and youth • Provide counselling for HIV-positive parents on sero-status disclosure to their children; support creation of memory books; train standby guardians; provide legal literacy and will-writing service to safeguard against property dispossession • Support school and community children's clubs and youth clubs • Provide community sports and recreation facilities 	<ul style="list-style-type: none"> • Each OVCY has access to psychosocial support external to their family (sense of belonging to a community, relationship with peers, access to socially appropriate roles) • OVCY have social networks within their communities • OVCY participate in community activities outside the family (social integration, social functioning, sense of belonging to a community, access to socially appropriate roles) • Youth assume valued social roles within community (social integration, participation in socially appropriate roles)
National system	<ul style="list-style-type: none"> • Provide trained counsellors in school systems to identify children in need of psychosocial support • Improve policy environment and conditions for social, economic, cultural, spiritual and political well-being for vulnerable children and youth and their families/ caregivers to prevent or reduce vulnerability to psychosocial problems • Strengthen legal systems and ensure children's access to legal services in ways that meet safety and protection requirements • Strengthen referral systems and partnerships with other actors across sectors • Integrate psychosocial support in all activities 	<ul style="list-style-type: none"> • OVCY demonstrate culturally appropriate coping mechanisms that enable their social development • OVCY access psychosocial support responses through families, schools and communities

6. Structures, processes, capacities and systems for mainstreaming delivery of psychosocial support

The PSS Framework aims to assist policy makers, programme leaders and practitioners in the designing, implementing, monitoring and mainstreaming of psychosocial support interventions in the region and to ensure that the basic principles and quality of care are consistently applied and available to all vulnerable children and youth.

This section outlines the structures, processes, capacities and systems required for integrating the delivery of psychosocial support to vulnerable children and youth. This includes a legislative and policy review, institutional capacity strengthening, human capacity development at the family, community and professional levels, meaningful child and youth participation, mentoring and development of leadership skills, inter-sector (including inter-ministry) management coordination, referral systems, human and financial resource mobilizing and building sustainability.

6.1 Integrating and mainstreaming

Psychosocial support mainstreaming looks at all aspects of programming, policy development and organizational development in relation to the psychosocial well-being of vulnerable children and youth. It means rather than having a single psychosocial department or desk or vertical programme that tries to address psychosocial issues (integrating), interventions are diffused both down and across all programmes and procedures within an organization (mainstreaming).

Management coordination and referral systems

At the regional and national levels, comprehensive support can be achieved through policies that help to support vulnerable children and youth and their families. Evidence from Member States demonstrates that overall coordination of services for vulnerable children and youth, including psychosocial support interventions, at both the national and sub-national levels is weak. For the PSS Framework and the broader Minimum Package of Services to be effective, this coordination must be strengthened from the ministry level to district and community levels, including development of effective partnerships between government, civil society and the private sector. This coordination is essential to avoid duplication of efforts at the policy and sector levels.

Children and youth have a right to be consulted about policies and interventions that will affect them. All SADC Member States have ratified the CRC. According to Article 12 of the CRC, "States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child." In November 2009, commemorating the twentieth anniversary of the CRC, 139 UN member States sponsored a children's rights resolution that called for, among other things, "the institutionalization of children's participation" and action to "address all the root causes impeding children from exercising their right to be heard and to be consulted on matters affecting them". Nearly a third of the document focuses on a child's right to be heard: This powerfully demonstrates the centrality of children's opinions and influence in implementing children's rights.

Thus, to ensure that the PSS Framework is well adapted to the needs of the intended beneficiaries, vulnerable children and youth should be consulted. Children and youth often observe things that adults would not have grasped independently or would not have wanted to bring up. Therefore, structures for meaningful dialogue between duty bearers and vulnerable children and youth in the planning, implementing and monitoring of policies and interventions that affect them are essential. Special efforts are needed to ensure that marginalized groups are heard, including children and youth with disabilities, married girls, girl mothers, those living in remote areas and young children.

The Regional Inter-Agency Task Team's (RIATT) child and youth participation review offers guidelines to RIATT and SADC Members States on how to extend thinking and practice in child and youth participation within organizations and through partnerships. It outlines a series of steps, based on experiences from the region, to support state and civil society organizations in taking stock of current thinking and action internally.

There is a need for harmonizing between different structures and programmes that exist for vulnerable children and youth to ensure both a continuum of services for children beyond their eighteenth birthday and adequate support for vulnerable youth.

A referral mechanism is vital to provide quality psychosocial services. Links among service providers must be in place if programmes are to offer comprehensive psychosocial support to those in need, a continuum of services for children and youth and that leads to sustainability. Referral systems need to be in place at the community level and also be supported at the district and national levels.

Strengthening institutional capacities

Institutional capacity strengthening involves incorporating psychosocial support elements into:

- policies and procedures
- programme design and activities
- planning and budgeting
- capacity building and human resource development
- monitoring and evaluating
- networking with government sectors and institutions.

6.2 Developing human capacities

Training personnel

- Each department/organization shall ensure that its human resources who work directly and indirectly with orphans and other vulnerable children and youth are sufficiently trained and appropriately skilled for their role/task, including competent to design, implement and monitor policies and programmes.
- This requires a human resource development and support strategy within the context of national norms, legislation and procedures.
- The national structure responsible for oversight of psychosocial support (such as a national psychosocial support standing committee) should form an inter-sector subcommittee to assess and advise government departments on the specific, and sometimes unique, needs of personnel working on issues related to psychosocial support and vulnerable children and youth.
- This would include in-service training, career path support, field support services and care of caregiver services.
- Each employer shall ensure that employees and community caregivers are aware of these services and commit to provide them.
- Each employer shall have a protocol for the monitoring and enforcing of a Code of Conduct and a Child Protection Protocol, which are compiled in a format that protects children, youth and their families.
- Each employer and employee shall be held accountable to the Code of Conduct and the Child Protection Protocol as well as the provisions of domestic and international law.
- Where no Code of Conduct and Child Protection Protocol exist, an employer has the obligation to develop them.

Training community caregivers

- Many community caregivers are members of a child protection committee, child care forum, an OVC committee, a youth forum or something similar. Through such structures, community caregivers should be trained in accordance with training curricula approved by the national structure responsible for oversight of

- psychosocial support (such as a national psychosocial support standing committee).
- Government departments and civil society organizations need to ensure that sufficient guidance and guidelines are provided to community caregiver groups to enable them to liaise closely with home-based/community-based care groups and schools to identify vulnerable children and youth and with local social workers, health care providers, community-based or faith-based organization members and local leadership to ensure that they access services.
 - Many who work in the children and youth sectors are not confident with practising the ideals of meaningful and well-informed participation of children and youth; opinions vary widely regarding the specific objectives of young people's participation and appropriate approaches. Thus, government departments and civil society organizations need to ensure that sufficient guidance and guidelines are provided to community caregiver groups to enable them to engage effectively with children and youth and to facilitate meaningful child and youth participation.
 - All categories of workers involved with orphans and other vulnerable children and youth should be bound by internal or professional codes of conduct that have as their basis the best interest of the children, youth and families being served.

Supervising and monitoring

Quality assurance and ethical imperatives oblige governments and service providers to adequately supervise and monitor agencies and individuals providing psychosocial service.

This includes:

- ensuring adherence to agreed quality standards
- developing national standards for the educating, training, supervising and supporting of psychosocial service professionals, para-professionals and community caregivers
- maintaining professional supervision at all levels of service provision
- setting up systems of peer support at all levels of service provision
- integrating adequate monitoring systems into all levels of service delivery.

6.3 Reviewing, developing and harmonizing laws and policies

Laws and policies are needed that i) protect the rights of vulnerable children and youth, ii) recognize psychosocial care and support as a basic human need and iii) ensure that vulnerable children and youth have access to quality psychosocial care and support. This can be achieved by revising existing laws and policies or developing new ones to ensure that the psychosocial care and support needs of vulnerable children and youth are addressed. A review will indicate what new legislation and policies is required and what and how existing laws could be strengthened or harmonized. It is important to recognize and redress inconsistencies between statute and traditional law and to ensure a rights-based approach.

The regulatory framework for psychosocial care and support must include: i) recognition of psychosocial support as an essential service area within the national OVCY framework, ii) accompanying psychosocial quality standards and iii) systems and procedures to enforce minimum standards for psychosocial support.

At the national level, the following psychosocial support structures are needed:

- national psychosocial support standing committee
- stand-alone psychosocial support task force
- psychosocial support subcommittee in the national coordinating committee for OVCY (with collaboration and evaluation systems between government and civil society).

Advocacy to institutionalize psychosocial support will also be needed:

- promote the need for more day-to-day psychosocial support for children, youth and families as a preventive measure
- integrate advocacy for and promotion of psychosocial support for vulnerable children and youth and caregivers through community-based and state social work services, joining forces with preventive mental health and public health initiatives and reducing reliance on specialized care.

6.4 Building sustainability

The engagement of all stakeholders, from the beneficiaries up to the regional level is essential to achieve sustainability and ownership. All stakeholders must be involved from the beginning to build consensus on the definition of quality and, more important, what is doable at the point of service delivery. Moreover, caregivers and vulnerable children and youth have a right to be involved in planning programmes and policies that will impact and influence their lives.

Meaningful participation of orphans and other vulnerable children and youth is good in itself because it is empowering. It helps boost young people's self-esteem, allows them to learn and to take some responsibility for and think constructively about their own situation. In addition, it shows adults in the community the importance of listening to what children and youth have to say. These effects are particularly strong for girls who are less likely than boys to have had the opportunity to express their views. Many vulnerable children and youth – in particular those who are caregivers or live in elderly or child-headed households – act as decision makers more often than is commonly assumed. It is thus important to draw on their participation, lessons and experiences when designing policies, strategies and programmes for psychosocial support.

Linking government and civil society actions is instrumental for programmes to be successful in the long term. These two entities must work together on both programming and psychosocial interventions to ultimately improve the overall well-being of vulnerable children and youth and their families. Civil society actions should also be in line with a government's national orphan and other vulnerable children and youth policies, thus allowing for every level of response to provide the best care and services.

The process for continuous reflection on achievement of objectives is vital for quality improvement to occur. Communities must not only identify the barriers that hinder them from providing quality psychosocial services but also work together to address the gaps. There must be a community-based management information system in place. This system will allow for data to be aggregated up to the national level as well as flow

back down to the community. If communities can analyse the data they collect and measure the improvements, they can use it for their advocacy and fundraising efforts.

To implement the PSS Framework at the regional, national, community and individual levels, there needs to be an investment in human capital and financial resources to support the needed links and referral mechanisms. There also needs to be long-term commitment or planning of such resources to improve the sustainability of interventions. Groups require time to organize themselves in an efficient manner to meet and measure the desired developmental and well-being outcomes.

6.5 Mobilizing resources

Financial resources

There is a cost to providing good-quality service and monitoring quality improvements. This includes boosting service provider ability to appropriately train, restructure, hire more staff, provide adequate professional supervision and community-based monitoring, and document their efforts. Psychosocial interventions should be mainstreamed into all protection, care and support interventions for children and youth. Mobilizing resources for psychosocial support interventions and services should be integrated into any resource-mobilizing process for broader child and youth programming. Financial resources should be raised from the international and national donor communities and business sector by government and non-government organizations.

Human resources

Sufficient and appropriately skilled human resources are at the heart of psychosocial support and are drawn from sources that include government departments, non-government and faith-based organizations and communities (including volunteers). Each category of worker has a significant role to play in providing care and support to vulnerable children, youth and their families. Investment in human capital is essential to provide specialized psychosocial services for vulnerable children and youth. This includes professional training for service providers in areas of trauma and grief counselling and mental health.

7. Monitoring, evaluating and reporting

7.1 Defining quality and measuring psychosocial well-being

As governments and non-government actors attempt to define quality psychosocial interventions for vulnerable children and youth, it is important to understand that quality can be defined, measured and improved at all levels: individual beneficiary, family, community and system. At the individual level, the child/youth/caregiver beneficiary has a role in defining quality from their own perspective and providing input into the measurement and ultimate improvement of quality services. The PSS Framework recognizes the interplay between defining, measuring and improving quality and the need to involve all actors.

As described in section 5.2, the success and adequacy of psychosocial interventions and services for vulnerable children and youth can be established by measuring changes, based on outcomes (see tables 2–4). Several tools have been developed in the region to measure psychosocial well-being in particular and children's well-being more broadly (see annex 2). To ensure relevance and appropriateness, Member States should define clear deliverables and indicators for their psychosocial interventions and services for orphans and other vulnerable children and youth at the country level.

7.2 Monitoring and evaluation strategy

Monitoring and reporting on the psychosocial services should take place according to established procedures and a proposed strategy. The monitoring and evaluation strategy will be used to track progress and thus provide an assessment of what is

working or not working and assist in planning for more suitable programmes that improve the lives of vulnerable children and youth. Such a strategy should define the intervals for evaluation.

Member States have existing international, regional and national monitoring and reporting commitments in relation to children and youth, including the following:

International:

- submission of annual country reports to the UN Secretary-General on progress made towards implementing the UNGASS Declaration
- submission of biannual country reports on the progressive realization of children's rights to the UN Committee on the Rights of the Child
- Millennium Development Goals reporting
- Regional
- regional monitoring framework
- annual SADC Update, including SADC Poverty Observatory and SADC Gender Monitor
- summit meeting

National

- government ministries, departments and agencies with responsibility for policies and programmes are obliged to report to the parliament on progress towards implementing policies and programmes and the resources spent
- the monitoring of the rights of orphans and other vulnerable children and youth takes place within, and complements, the monitoring framework of government, including that of national poverty reduction strategies.

This PSS Framework promotes the mainstreaming of psychosocial services for orphans and other vulnerable children and youth; thus the monitoring and reporting processes for PSS should, as far as possible, be integrated into existing monitoring and reporting processes, such as those previously listed.

7.3 Indicators

Indicators to measure and track changes in the psychosocial well-being need to be developed in line with international and national standards. To implement a programme that takes a developmentally appropriate approach, it is necessary to monitor results using age and gender disaggregation, thus indicators and data collection processes should be age and gender disaggregated. Psychosocial support indicators should be integrated into the strategic plans of government departments and, where possible, into existing information management systems (such as HMIS, EMIS and DHS data collection).

7.4 Strengthening the evidence base

The PSS Framework calls for strengthening the evidence base for the delivery of quality, comprehensive psychosocial support within the context of overall childcare and support in the region. This requires effective reporting and documentation of existing promising practices.

7.5 Research and documentation

To develop an effective monitoring and evaluation strategy, research and/or documentation is required in the following areas:

- a strategy for coordinating policy formulation, programme/strategy development and implementation at all levels
- investigating an information system for reporting and tracking of OVCY from the local to the national levels
- guidelines for all actors on preparing and submitting annual reports to relevant structures regarding the implementation and impact of the policy framework
- a plan of action to secure resources and capacity for the process of monitoring and evaluation at all levels

- meaningful participation of beneficiaries (children/youth/caregivers) in monitoring and evaluating interventions
- mapping and documenting existing community-based structures and psychosocial interventions, including:
 - programmes that provide information and support to caregivers of orphans and other vulnerable children and youth through home visiting
 - community-based childcare centres and/or youth centres
 - psychosocial support programmes that address the specific needs of children and youth of different ages and sex, from birth to 24 years
 - care and support programmes for people living with HIV or AIDS that include a component of attention to young children
 - programmes for HIV-positive children and youth that incorporate social and emotional well-being and parenting as well as medical treatment
 - access to early child development and education programmes
 - access to adolescent- and youth-friendly services, including sexual and reproductive health services
 - access to birth registration and/or other national identity registration systems
 - access to a system of registering vulnerable children and youth
 - meaningful child and youth participation.
- mapping and documenting national responses in relation to psychosocial support for orphans and other vulnerable children and youth, including:
 - existing or planned national-level inter-sector organizing structures
 - capacity-expanding activities that focus on working with children and youth of different age and mixed-sex groups
 - existing or planned national-level knowledge management systems.

Annex I:

Regional initiatives

Several organizations that promote child rights and well-being and HIV and AIDS prevention and care in SADC are promoting psychosocial support within their work, such as UNICEF, REPSSI, Save the Children Alliance, World Vision, the National Mandela Children's Foundation, some national universities and children and youth development institutions. The following spotlights some regional psychosocial support policy initiatives.

Regional psychosocial support policy initiatives

SADC developed frameworks to guide Member States in mainstreaming psychosocial support in their child-related ministries:

- Minimum Package of Services for Orphans and other Vulnerable Children and Youth, 2011
- Strategic Framework and Programme of Action (2008–2015): Comprehensive Care and Support for Orphans, Vulnerable Children and Youth in SADC, 2008
- Framework for Advocacy for People Living with HIV and AIDS, 2008
- Care and Support to Teaching and Learning, 2008, a framework for integrating comprehensive care and support for OVCY in the education sector

In some specific Member States, REPSSI has provided technical assistance to the following policy frameworks:

- The Most Vulnerable Children Strategic Framework for Tanzania (2007)
- The Paediatric HIV Care Guidelines for Zimbabwe's Ministry of Health in partnership with EGPAF (2007–2008) and borrowing from experiences with ECHO clinics in South Africa
- The Psychosocial Care and Support Strategy for Swaziland (2008)
- The Psychosocial Care and Support Strategic Framework for South Africa (2008–2009).

- The National Programme of Action for children for South Africa (2008–2009)
- The Child Care Manual for Zimbabwe in partnership with the Department for Social Welfare of the Government of Zimbabwe, Catholic Relief Services and Child Protection Society – an advocacy tool for building robust child care institutions at the community level (2008)
- The National Response to Psychosocial Needs of Children, Swaziland's Three-Year Strategic Plan 2008–2010 (2007)

REPSI is currently providing technical support to the following governments to develop national psychosocial support frameworks:

- South Africa: Working with the Department of Social Development to implement the National Plan of Action for OVC through the National Action Committee for Children Affected by HIV and AIDS (NACCA) Policy and Legislation Reference Team
- Tanzania: Supporting the Department of Social Welfare within the Ministry of Health and Social Welfare to develop a national psychosocial support framework
- Zimbabwe: Engaging with the Department of Social Welfare and contributing technical support towards the development of a national action plan for orphans and other vulnerable children.

Annex 2:

Tools developed and used in the SADC region to measure psychosocial well-being

1. *Are We Making a Difference?* is a manual for practitioners. It offers participatory evaluation tools for monitoring and measuring the impact of psychosocial support programmes for children aged 6–18.

<i>Are we making a difference?</i> Domains and indicators of children's psychosocial well-being	
Realm (domain)	Indicator
A. Intrapersonal	1. Emotional self-awareness
	1. Independence
	2. Self-regard/self-worth
B. Interpersonal	3. Social networks
	4. Empathy
	5. Integration into community
C. Adaptability	4. Flexibility
	5. Problem solving
D. Broadening coping alternatives	5. Contribution to own basic needs
	6. Normalization
	7. Skills and information
E. General state of feelings	6. Happiness vs. depression
	7. Optimism and future orientation

2. Information and Action Tool (IAT) developed by REPSSI is a child-centred, bottom-up, action-orientated monitoring, evaluation and quality-assurance framework. The easy-to-use data collection system is designed to lead directly to interpretable reports on resources, activities and outputs.

IAT: 16 domains of children's well-being	
1. Nutrition and growth	2. Strengths
3. Health	4. Future orientation
5. Education	6. Spiritual support
7. Caregiver relationship	8. Work
9. Affectionate care	10. HIV and AIDS knowledge
11. Emotional support	12. Discrimination and stigma
13. Friendship	14. Abuse
15. Play	16. Self-reliance

- The Child Status Index (CSI), unlike most other monitoring tools, is intended to provide information and propose actions on observed issues. The tool looks at children within the context of family-centred care and can be used by people who have not had specific monitoring and evaluation training. The IAT is focused on children's psychosocial well-being within a holistic framework, which includes physical, mental, emotional, social and spiritual indicators of well-being. The CSI toolkit is broader; assessing vulnerabilities, needs and outcomes of orphaned and other children made vulnerable by HIV or AIDS. These two tools provide a systematic framework for identifying children's needs, creating service plans and assessing outcomes. The CSI is designed to record all services and resources being received by a child, household or institution at the time of the assessment and thus can be used to monitor children's well-being on a regular basis and provide routine data on the impact of programmes.

The CSI has six domains of child well-being. Both the IAT and the CSI have been successfully field tested and are currently in trial use in several countries. The CSI is being adapted and translated for use in different geographical, linguistic and cultural contexts.

CSI: Six domains of child well-being	
Domain 1. Food and nutrition	Factor 1A: Food security Factor 1B: Nutrition and growth
Domain 2. Shelter and care	Factor 2A: Shelter 2B: Care
Domain 3. Protection	Factor 3A: Abuse and exploitation factor 3B: Legal protection
Domain 4. Health	Factor 4A: Wellness factor 4B: Health care service
Domain 5. Psychosocial	Factor 5A: Emotional health factor 5B: Social behaviour
Domain 6. Education and skills training	Factor 6A: Performance factor 6B: Education and work

4. The OVC Well-being Tool is used as a self-reported measure for children aged 13–18, thus capturing well-being from a child's perspective. The tool was developed to serve as a fast, easy method of securing data about the overall well-being of orphans and other vulnerable children. In the SADC region, the well-being tool has been used in Malawi, Tanzania and Zambia. The tool is based on the premise that well-being is ultimately determined by 10 domains.

OVC Well-being Tool: 10 domains of children's well-being (13–18 years)	
1. Food and nutrition	This domain is designed to measure a child's status related to food security and nutrition, including the availability of nutritious food for the child, the child's belief that he or she has enough food to eat and—as a very concrete metric of nutrition – whether the child goes to bed hungry at night.
2. Shelter	This domain focuses on physical shelter and the infrastructure of a child's immediate environment.
3. Protection	This domain focuses on whether a child is treated differently or similarly to other children in the community, school and household.
4. Family	This domain measures whether a child feels supported by his or her family.
5. Health	This domain examines whether a child believes he or she is healthy and doing as well as other children of the same age.
6. Spirituality	This domain examines whether a child draws support from his or her spirituality and faith community.
7. Mental health	This domain examines a child's mental health, looking at concepts such as emotional support from others and self-reported happiness.
8. Education	This domain explores school-related stigma, access to educational materials and satisfaction with school.
9. Economic opportunities	This domain explores the economic situation of the household in which a child lives and the child's contribution to the household.
10. Community cohesion	This domain explores community cohesion by asking a child how welcomed he or she feels in the community and the availability of support for his or her family.

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