

# Supervision Tool

## Caring for Child Survivors Communication Assessment (CCS-CA)

Date:

Staff Name:

Supervisor:

### Instructions for Administering the Tool

#### PURPOSE

This assessment represents the minimum communication skills standards for psychosocial and health staff working with child survivors of sexual abuse. Competent care rests on service providers being able to communicate (giving and receive information) with child survivors appropriately. This is a staff supervision tool for managers/supervisors to use periodically with staff providing care directly to children and families.

#### INTRODUCTIONS

- (1) This supervision tool should be performed through a verbal interview between the staff and his/her supervisor in a quiet and confidential location.
- (2) The supervisor should inform the staff person this tool is being used to assess areas where further capacity building is needed. It is not a performance evaluation tool. The supervisor should explain they will receive a score to determine if individual staff member 'meets' the overall communication competency assessment.
- (3) The supervisor asks the staff person to explain/describe the concepts below and score accordingly:
  - **Met:** If the individual is able to answer the questions correctly and fully, they will receive a mark of 'met'.
  - **Partially Met:** If the individual is able to answer at least 50% of the question, they will receive a mark of partially met.
  - **Unmet:** If the individual is unable to answer the question, they will receive a mark of 'unmet'.
- (4) Once the assessment is complete, the supervisor will score the assessment and discuss with the staff member his/her scores, what they mean, and any further capacity building needed

### Administering the Tool

Child Communication & Engagement Skill	Criteria for Answering Correctly	Met 2 pts	Partially Met, 1 pt	Not Met 0 pts
1. N healing statements child survivors should hear from a service provider throughout care?	Need to list at least 4 statements for full (100%) score, and at least 2 statements must be 'not fault' and 'I believe you': 1. I believe you. 2. This is not your fault. 3. I am very glad you told me. 4. I am sorry this happened to you. 5. You are very brave for telling me and we will try to help you. 6. Other culturally appropriate healing statement			
2. Describe how you should begin an intake and assessment session with a child.	Need to at least say the importance of starting with general questions and building some trust before asking: 1. Warm welcome 2. Start with general questions 3. Ask the child if h/she knows why they are speaking with you 4. Explain the child's rights (allowed to not answer a question or stop at anytime, etc). 5. Offer the child a toy or something to hold on to (if there is something) 6. Offer encouraging statements along the way.			
3. Describe how to use your body language (i.e. eye contact, position of your body) to help a child feel safe and comfortable.	Need to explain 4 ways body language would be adapted for full points: 1. Sit on the floor with a younger child 2. Use appropriate eye contact 3. Friendly expression on face 4. Soft, gentle voice 5. Other culturally appropriate thing to do			

<b>4. Describe how you would explain a health referral to a child survivor between the ages of 10-12</b>	Should include all the following points for full score:	<ol style="list-style-type: none"> <li>1. Accurate description of health care services (includes risks/consequences) and</li> <li>2. What the child's rights are during the health care treatment and exam.</li> </ol>			
<b>5. Describe how you would explain a protection referral ages of 10-12</b>	Should include all the following points for full score:	<ol style="list-style-type: none"> <li>1. Accurate description of the protection services (includes risks/consequences)and</li> <li>2. Explaining what will happen when the protection staff talk to the child.</li> <li>3. Explaining what the child and family's rights are during the police interviews</li> </ol>			
<b>6. Explain how to find out how a child is feeling using child friendly materials (drawings, toys, etc)</b>	Correct answers can include any of the following ideas:	<ol style="list-style-type: none"> <li>1. Draw pictures of faces that represent different feelings and ask the child which one is the closest to how he or she feels.</li> <li>2. Ask the child to draw a picture about what is the feeling in their mind and heart</li> <li>3. Ask the child to use colors to represent the different feelings they have</li> <li>4. Other idea/activity that the social worker has that would be good to try</li> </ol>			
<b>7. What are some important choices you should offer to children before talking with them about their abuse experience?</b>	Need to provide at least 3 choices to get full score:	<ol style="list-style-type: none"> <li>1. The choice to have a caregiver or trusted person in the room</li> <li>2. The choice of where to have the conversation</li> <li>3. The choice to decide when to have the conversation.</li> <li>4. If possible, the choice to have either a male or female interviewer - this is more specific to boy child survivors. It is always best practice for girls to be interviewed by female counselors as they are almost always abused by men.</li> </ol>			
<b>8. If a child is under the age of 5, who should you talk to find out what happened to the child</b>	Must make the following 2 points for full credit.	<ol style="list-style-type: none"> <li>1. First, the person who brought the child is</li> <li>2. The child's caregiver (if appropriate)</li> </ol>			
<b>9. What are some key healing statements to say to a non-offending caregiver/parent who is distressed by their child's sexual abuse</b>	Need to name at least 4 statements for full credit:	<ol style="list-style-type: none"> <li>1. This is not your fault (if that is true)</li> <li>2. We can help you and your child get better.</li> <li>3. This happens to other children too.</li> <li>4. You are not a bad parent because this happened. Sexual abuse is the fault of the perpetrator.</li> <li>5. Other statement that is culturally relevant. Problems developing, such as losing ability to talk.</li> </ol>			
<b>10. What is the maximum amount of time you should interview a child about his/her sexual abuse</b>	Correct answer	<ol style="list-style-type: none"> <li>1. Depends upon the age of the child, between 30 minutes to one hour.</li> </ol>			
<b>11. What is the difference between interviewing a 7 year old and a 17 year old</b>	Need to name at least 2 points for full credit:	<ol style="list-style-type: none"> <li>1. 17 year old can understand what has happened more</li> <li>2. 17 year old will have more capacity to offer ideas, opinions about what should happen.</li> <li>3. 17 year old will be more concerned about social impacts and stigma of abuse.</li> </ol>			
<b>12. If a child refuses to talk to you (and is not disabled or hearing impaired) what are three things you should evaluate as the service provider?</b>	Need to name at least 2 points for full score:	<ol style="list-style-type: none"> <li>1. Is there somebody in the room the child does not feel safe speaking in front of</li> <li>2. Are you acting in a way that is making the child uncomfortable</li> <li>3. Is the interview place safe for the child to speak</li> </ol>			

13. Give me an example of how you would respect a child's view, beliefs and opinions when you are working with him/her	Need to name at least 2 points for full score:	1. I would ask the child what his/her thoughts are about a particular action 2. I would tell the child in the beginning and throughout my communication with him/her that s/he has the right to share how s/he feels and thinks. 3. I would create space for the child to talk. 4. Additional point relevant to the context.			
14. Describe how a helper's attitude and beliefs about sexual abuse impact communication with children	Need to name at least 2 points for full credit:	1. When helpers have the right attitude and belief they communicate in a genuine and caring way. 2. They are more committed to caring for the child 3. They provide accurate and non-judgmental information and counselling. 4. Other point that the interviewer feels is right.			
15. EXTRA QUESTION FOR COUNTRY PROGRAM ADAPTION					
TOTAL POINTS QUESTIONS 1-15					
TOTAL SCORE					
<b>Evaluating Communication Skill Competency</b> <b>20-30 points: MET:</b> Scores in this range indicate that the individual has met the core communication skill requirements and is able to work independently with children and families, with ongoing supervision. <b>10-18 points: PARTIALLY MET:</b> Scores in this range indicate additional training is needed to build knowledge and skills on child-centered communication. The staff person should be monitored very closely if working on child sexual abuse cases. A capacity building plan should also be put into place. This may include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members, among other capacity building activities. <b>0-8 Points: NOT MET:</b> Scores in this range indicate that the staff person does not yet have the sufficient knowledge and skills to communicate with child survivors. Additional training and support should be provided and the CCS-CA should be re-administered again after further training. A capacity building plan should also be put into place. This may include one-on-one mentoring sessions, additional training opportunities, shadowing fellow staff members, among other capacity building activities.			<b>Final Evaluation:</b> _____ <b>MET</b> _____ <b>PARTIALLY Met</b> _____ <b>UNMET</b>		
<b>OTHER OBSERVATIONS AND COMMENTS</b> (here explain direct observation of the staff person that is important to include in the communication assessment).   <b>STAFF FURTHER CAPACITY BUILDING PLAN (if needed)</b>					

SUPERVISOR SIGNATURE \_\_\_\_\_

STAFF SIGNATURE \_\_\_\_\_