Principles, Standards and Practices Report

2015 & 2016 Submission
November 2017

Introduction

The Principles, Standards Assessment Tool, (PSA Tool) is a self-assessment exercise which gives our child helplines members the opportunity to review their performance annually, against optimal international standards for child helplines. This makes completion of the PSA Tool an important membership requirement for full members of the child helpline network.

This report presents the findings of the PSA Tool in 2015 and 2016 on a global and regional level: Africa, Americas and the Caribbean, Europe, Middle East and North Africa (MENA) and Asia Pacific. It provides opportunity for reflection on progress and the work of child helplines.

Data was analysed from Child Helpline members in the following countries:

Afghanistan, Albania, Algeria, Argentina, Aruba, Australia, Austria, Azerbaijan, Bangladesh, Belgium, Bosnia and Herzegovina, Brunei, Cambodia, Canada (2), Chile, Columbia (2), Croatia, Curacao, Denmark, Egypt, Estonia, Ethiopia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, Indonesia, Iran, Iraq, Ireland (2), Israel (2), Jordan, Kenya, Lithuania, Luxembourg, Malawi, Maldives, Malta, Montenegro, Mozambique, Nepal, New Zealand (2), Norway (2) Pakistan, Palestine, Paraguay, Peru, Philippines, Poland, Portugal, Romania, Saudi Arabia, Serbia, Singapore, Slovenia, South Africa, Spain, Sri Lanka, Suriname, Sweden, Switzerland, Tanzania, Thailand, The Netherlands, Togo, Trinidad and Tobago, Uganda, Ukraine, United Arab Emirates (Sharjah), Uruguay, USA (4), Vietnam, Zambia.

Child Helpline International uses the results and findings obtained from the PSA tool to plan trainings and to identify topics for the biennial Regional and International Consultations. The PSA Tool was completed by 85 of our 139 full members (61, 2%) at the end of the year 2016 and in the spring of 2017. The 2016 PSA Report highlights the major global and regional findings in the following areas:

1. **Principle – Quality of service**

This refers to the child helpline’s availability, efficiency and variety of ways to react the diverse needs of children. It also indicates the methods child helplines are capable of offering and how well their counsellors are prepared to react to the problems of children and youth.

2. **Principle - Governance**

This refers to the capacity building of staff; the descriptions of the work tasks and responsibilities, annual reports, strategies for continuity and effective M&E practices. It also portrays how the child helplines manages the collected data and maintains its confidentiality and data protection commitments.

3. **Principle – Advocacy**

This refers to the child helpline’s ability to maintain an advocacy plan that sets goals and objectives and lists steps towards reaching these objectives. This principle also indicates if the child helpline is capable to encourage all levels of society to take children’s rights into account, in particular, the rights of marginalised children.

*Each child helpline self-assessed their performance with the following scoring: A: Fully Achieved, B: Partially achieved, C: Not Achieved, assistance requested, D: Not achieved, no assistance requested, E: Do not understand.*
By using and completing the PSA tool, child helplines members:

- Evaluate their own organisation against optimal principles and standards and also receive information from their own region’s helplines progress.
- Ensure quality services for children and youth.
- Initiate a continuous monitoring and improvement cycle.
- Provide Children Helpline International with valuable insight on the needs and strengths of child helplines in the network.

Global Findings

Globally, child helplines that submitted the PSA tool reported that 88% of the principles are well maintained and achieved in their work. 62% of the principles were reported as achieved and 26% as partly achieved.

A highlight this year can be found in Principle 1 *Quality of Service*; 90% of all members reported to having a high level of quality in answering to their clients' needs and keeping their clients' information confidential.

Member’s rated excellent results for Principle 2 *Governance*; 89% of the members reported to have strong structures in place. The highest scores are reported for having a steady system for case files and confidentiality for collected data; annual reports are created almost in every child helpline. Also, job descriptions, responsibilities and qualifications of staff are specifically defined in each organisation.

The statements in Principle 3 *Advocacy*; were rated as achieved or partially achieved by 85% of the members. Members reported that they have sufficient knowledge on raising awareness about their availability and the members seem to develop and maintain collaborative partnerships with other child protection actors/agencies and their communities.

**Principle 1. Quality of Services** refers to the type of services offered to children and young people and the system in place to ensure quality, professionalism and confidentiality of the services provided. 64% of Child Helpline International’s full members reported that they have fully achieved the standards on providing high quality services, whereas 26% reported partial achievement. 10% of all child helplines reported a non-achievement of these standards or no clarity regarding the question.

A: Fully Achieved; B: Partially Achieved; C: Not Achieved, assistance requested; D: Not Achieved, no assistance requested; D: Do not understand.
**Principle 2.** of the Principles, Standards and Assessment Tool focuses on the **Governance** aspect of the child helpline members. This principle ensures that each child helpline is managed in a transparent and accountable way by assessing the organisational structures in place, the staff managing the helpline and the strategies and policies used for a successful operation of the organisation. Similar to Principle 1, child helplines report a high level of achievement of the governance standards – 67% achieved and 22% partially achieved. Further governance development is required with 11% of the helplines.

**Principle 3. “Advocacy”** focuses on the child helpline’s efforts to raise awareness of their services, of the need for their services and lobby efforts on the importance of child’s rights. On a global level, child helplines reported the lowest development level on principle 3, with 55% of the standards fully achieved and 30% partially achieved. 15% of child helplines require further development in terms of their advocacy activities.
Most reported topics where support and capacity building is needed:

Regional Findings

Africa
In the African region 32% (eight out of 25 members) of the members completed the PSA tool. According to these PSA reports, members in the Africa region have partly achieved most of the three principles. When comparing all regions together, the African region reports the lowest amount of ‘achieved’ and ‘partially achieved’ on all three principles. The main development points in the Africa region for child helplines are mainly regarding Principle 3 - advocacy strategies.

Americas and the Caribbean
52% of the members in the Americas and the Caribbean region submitted the PSA tool (15 out of 29 members). Members reported ‘achieved fully’ on over half of the principles. Specifically, Principle 1 “Quality of service” collected positive responses. A standard scoring high in this region is the training provided to counsellors which enables them to answer to the diverse needs of children. The main improvement needed in this region is the development of a contingency plan for the member helplines.

Asia Pacific
In the Asia Pacific region, 71% of the members (17 out of 24 members) returned the PSA tool. The members mostly self-assessed their work as ‘achieved’ or ‘partially achieved’ on all three principles. Specifically, with regard to Principle 1 Quality of service, 96% of the standards were...
reported as achieved or achieved partially. The main need expressed by the members in the Asia Pacific region is the development of advocacy strategies and their implementation.

**Europe**

This year the members in the European region had the highest answering rate – 76% returned the PSA tool (34 out of 45 members). All three principles in Europe were reported as ‘achieved’ or ‘partially achieved’. Only around 10% for each principle reported needs for further development, specifically in regards to the use and effectiveness of M&E results, as well as the development of a contingency plan and its implementation.

**MENA**

This year 50% of the members in the MENA region (6 out of 12 members) submitted the PSA report and reported the highest achievement rates for all three principles. The highest percentage on need for further development relates to Principe 1 Quality of Services; 9% of the members of the MENA region need some assistance with fulfilling this principle. This is in contrast to other regions who assessed their work the highest on this principle. The main challenge is found in the standards on representing the interests of the children when there is another agency to provide help.

**Analysis per Region**

![Graph 1. Principle by region % - Quality of service](image)

![Graph 2. Principle by region % - Governance](image)

![Graph 3. Principle by region % - Advocacy](image)
How well are child helplines connected to referral partners and following-up on cases when needed?

The last two sections in the PSA Tool focuses on the cooperation between child helplines and referral partners. It measures the effectiveness of intervention services in demanding situations, for example, when there is a child in immediate need of help or emergency. We were also interested to know the method and frequency in which these kind of cases are followed, including whether child helplines have written referral-protocols to follow in these situations.

Signed Memorandum of Understanding (MoU) with referral partners

From all collected PSA responses, 80% of child helplines report that they can refer cases to one or more referral partners, such as child protection services, the police, or an ombudsman. An interesting finding is that only 15% of child helplines reported to having signed MoUs with referral partners. The majority of child helplines require guidance and capacity building on formalising their partnerships with referral partners.

Case follow-up

On average 80% of all child helplines reported to follow-up on cases regarding children’s protection. Africa reported the highest follow-up on cases with 100% and 59% of child helplines in Europe reported to follow-up on cases. One of the main reasons reported by child helplines is that follow-up is not possible due to preservation of the child’s anonymity.

Referral to partners

53 child helplines reported to be in contact with at least one or more of the national child protection services. 41 child helplines reported to partly refer to the child protection services mentioned above. Child helplines in Africa, MENA and Asia do not report difficulties in contacting the child protection service. 14% of child helplines in the Americas and 8% of child helplines in Europe reported to not having contact with protection services. Globally, 4% of all child helplines do not refer to any child protection services.

Intervention services

94% of our members reported that they can help a child in immediate danger through different methods, for example by intervening together with a partner organisation or by providing the child with the proper information. Notably, in Africa and the Americas 14% of the child helplines are not able to provide help for a child in immediate danger, which is four times more often than in the other continents.

Follow-up after referral to child protection system

In terms of follow-up after referrals, child helplines differ greatly. On average, 58% of the child helplines partly follow up on cases after bringing them into the child protection system, 23% do not follow up on cases at all, and 19% of our members reported to follow-up on cases after they have contacted child protection systems. The ones who reported to partly follow-up on cases explained that follow-up depends on the referral partners and their ability to share information about cases.

Referral protocols

On average 65% of the child helplines reported that they do have written protocols for cooperation with referral partners. A protocol describes the referral procedure and ideally also
follow-up procedure after the referral. The lowest score among the regions is Europe, where 34% of child helplines reported that there are no written referral protocols, which is also the case with following up on cases with child protection authorities.

Looking To The Future: Child Helpline International’s new Quality Assessment for Child Helplines Advisory Council (QACHAC)

Ten years ago, we instituted the Principles, Standards and Practices (PSP) Taskforce. The main task of this group was to establish the optimal standards for our child helpline network, which are captured in the Principles and Standards Assessment (PSA) Tool.

One of the main objectives of our 2016-2020 strategy is to establish Minimum Quality Standards and to develop strategies to support child helpline members to meet the standards.

The PSP Taskforce was disbanded in 2016 and will be replaced by the Quality Assessment for Child Helplines Advisory Council (QACHAC). The first meeting kicks off in December 2017.

QACHAC members are: Caroline Price (The Beat UK), Monica Pasquin (Telefono Anar, Spain), Nikolaos Koufos (Foundation Spark, Netherlands), Florence Nkhuwa (LifeLine/Childline Zambia) Jonna Karlsson (UNICEF,ESARO), Sherif Shady (The National Council for Childhood & Motherhood NCCM, Egypt) and Jennifer Murdoch (Kids Help Phone, Canada) and Erik Ott (De Kindertelefoon)