



**Report on:**

Documentation of Isibindi Family Strengthening  
Approach Submitted to UNICEF:

**By**



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**Contact:** Prof V. Magezi [PhD, MA (DevHealth), MBA, BPhil (ComDev), BA]  
[ACMERET Solutions Team Leader]

**Address:** No. 12 Nazarene Centre, 17 Botes St, Florida North,  
Johannesburg

**Tel:** 011-6720324; **Cell :** +27829210847

**Contact e-mail:** vhumani15@yahoo.com



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## **ACCRONYMS**

AIDS	Acquired Immune Deficiency Syndrome
CYCWs	Child and Youth Care Workers
CBOs	Community Based Organisations
DSD	Department of Social Development
FGDs	Focus Group Discussions
HIV	Human Immunodeficiency Virus
HWSETA	Health and Welfare Sector Education and Training Authority
IDIs	In-Depth Interviews
MDT	Multi-Disciplinary Teams
NACCW	National Association of Child Care Workers
NPO	Non-Profit Organisation
UNICEF	United Nation International Children Emergence
ZCC	Zion Christian Church

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## EXECUTIVE SUMMARY

**Study background and framework:** This report is a presentation of an evaluation study that provides a qualitative understanding of the family strengthening approach that underlies the Isibindi model. It describes how the Isibindi approach contributes to the outcomes related to well-being indicators, while at the same time documenting what Isibindi family strengthening approach involves. The study entails an in-depth analysis of the dynamics and interactions between Child and Youth Care Workers (CYCWs), families and children within the home, which have resulted in the documented impact of Isibindi as recorded in evaluation documents conducted on the programme. Therefore, the study is not an evaluation per se but an analysis and documentation of the detailed processes that occur during CYCWs home visits to gain an understanding and clarity on what happens during these family interactions to cause the documented impact/effect. The objectives of the study are three-fold, namely:

- a. To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;
- b. To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and
- c. To document what Isibindi family strengthening approach involves.

**Methodology:** Data was collected using four methods: documents review, in-depth interviews (IDs), focus group discussions (FGDs) and observations. Primary data was collected from three Isibindi sites in Eastern Cape (Alice site), Limpopo (Bela-Bela site) and Mpumalanga (Siyabuswa site). A total of 61 in-depth interviews were held with the following people: National Association of Child Care Workers (NACCW) (Deputy Director), Mentor supervisors, Senior Mentors, Mentors, CYCWs, Trainers of CYCWs, Site Coordinators, and families being supported by CYCWs. Six (6) focus group discussions (FGDs) with CYCWs and youth were held. Twenty-eight (28) families being supported by CYCWs were observed. Data was analysed using a thematic approach. The analysis themes were developed using a framework approach. Frameworks (piori - codes<sup>i</sup>) were developed based on the study objectives above. Under each broad framework (objective) category, sub themes were developed using a grounded approach. The priori codes (themes) generated from the objectives were used as deductive coding of responses while the detailed issues under each priori code (theme) were coded inductively to understand the detailed dynamics and interplays under each objective. The findings of the study are presented under the study objectives.

Important to note on the methodology is that the study focused on documenting positive aspects of Isibindi with the view to determine and highlight the best aspects of the programme. As such, mentors and trainers were present in some interview sessions to clarify any unclear issues that could arise. This positive approach and presence of mentors during interviews encouraged CYCWs to mostly present positive experiences of the programme.

## **Understanding of the family strengthening approach that underlies the Isibindi model (theory, concepts and activities)**

The Isibindi approach as a model of providing child and youth care services to children and youth in their homes by professionally trained and supervised child and youth care workers (CYCWs), has remarkably grown and replicated from the initial site in KwaZulu Natal (KZN) in the early 2000s to more than 324 sites countrywide with over 5 292 trained CYCWs reaching over 277 186 children across South Africa in 2016. The Isibindi model focuses on families and life spaces where children live. Isibindi focuses on vulnerable families. Within these families, the approach develops children in the following areas: i) economic, ii) nutrition, iii) education, iv) health (and hygiene), and v) child protection situations. In doing so, Isibindi employs a strength based approach. This entails determining the strengths of the target families through assessment of their resources and strengths with a view to empower them by building on these strengths. Thus, the strengthening approach focuses on developing one of the most important environments that the child lives in, which is the family. CYCWs work with families to develop them through a strength based approach, which entails identifying areas of development such as domestic violence, abuse of money and alcohol, weak parenting skills, and poor communication. Upon identification of the family areas of development, the CYCWs develop joint programmes with families to improve the family situation (i.e. family strengthening).

The Isibindi model as a holistic approach to child care and development interventions focuses on four dimensions (levels) of child development environment. These are the following: (1) the entire family environment of the child, (2) the caregivers' skills, (3) the individual child, and (4) advocating for services with relevant government structures. The activities performed by CYCWs to strengthen the entire families aim to create a positive environment for children as well as to develop and strengthen skills, competences and capacity of families for safe, caring families and communities for children. The activities performed to strengthen caregivers focus on skills building such as parenting while activities targeting the child directly focus on assisting the child to develop in all dimensions (cognitively, socially, emotionally, physically, relationally) as informed by the Circle of Courage (i.e. belonging/attachment, mastery/achievement, independence/autonomy and generosity/altruism). The interventions at fourth level entail advocating for children to access the services required for their positive development. The CYCWs intervene at these multiple levels to effect positive holistic development in children.

The activities performed by CYCWs to particularly strengthen families include the following: developing family financial management skills to ensure financial stability and improved management of social grants, building trust relationships among family members to enhance a positive home environment for children, improving character of caregivers for good role modelling; strengthening caregivers' parenting skills; strengthening integrated and unified family decision making processes within homes; enhancement of family confidence and self-esteem through strength based approach; facilitating reunification and peace between estranged family members; strengthening family and community linkages; empowerment of families with diverse prevention and mitigation resources/systems for children; and assisting families to invest and start small entrepreneurship projects to supplement household income.



The core principles underlying the Isibindi model as a community-based approach of caring for the needs of vulnerable children and youth include that the approach utilises a family strength based approach whereby CYCWs seek to identify the areas that families are good at and then build on them. When working with children, the CYCWs use a trial and error method, which allows children to make mistakes resulting in positive learning through discovery. Hence, parents are trained in the approach. The approach also trains and encourages CYCWs and caregivers to be role models who lead by example. The approach uses people who are culturally competent to effectively provide support in their communities. CYCWs who are the people on the forefront of interventions have values of consistency and respect for families. CYCWs work in the life space of children through communication. The model also entails having activities done within the life space of children.

The work of CYCWs in homes follows five processes (ways): (1) identification of vulnerable children and youth as well as their homes (families), (2) initiating contact with the family, (3) assessment of family needs to determine the required intervention, (4) intervening to address the problem, and (5) disengagement with the family after achieving the agreed and desired intervention goals. The vulnerable children and youth are **identified** through referrals, awareness campaigns, community events, Safe Park spaces, community life space, CYCWs approached by needy families or children, community driven/self-driven, and community tip-off. **Contact** with families occurs through a visit by a CYCW to the family where he or she introduces herself to the family and the services he or she will offer. During this process, a rapport is established between the family and the CYCWs, which results in building a relationship of trust. Following successful contact with the family is the **assessment of needs** to determine the interventions required for the vulnerable children & youth. After needs assessment, the CYCW and the family develops IDPs for the family and for individual children to guide **the intervention process**. The activities conducted by the CYCW are guided by the IDPs. The intervention within families entail the (1) implementation of agreed interventions aimed at addressing the determined problems, and (2) resolution of the problem, which will be based on the CYCW and parents (or caregiver) determination that the issue has been resolved. After problem resolution, the **CYCW disengages** with the family. However, in many instances, the resolution of one problem results in a second phase of challenges e.g. successful application of social grants for the children results in a second problem of management of the funds. Thus, CYCWs should manage a second phase of family challenges that arise from successfully addressing the first phase of challenges. The disengagement process occurs after determining the extent to which the purpose of the interventions have been achieved, which is then followed by preparation and management of the disengagement process by gradually reducing frequency of the family visits. When CYCWs disengage from the families, they hold small formal ceremonies to mark the official end. However, even though disengagement will be done, CYCWs assure families of their ongoing support in case of a problem resurfacing.

### **Document what Isibindi family strengthening approach involves (theory and its applications in different families and children)**

CYCWs are professional child and youth care workers who work in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum

development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts. The scope of practice for CYCWs, who have complied with the requirements for registration within the professional category of registration, include the following: a) care and development of children and youth where their physical, emotional, spiritual, cognitive, social survival and developmental needs are protected; b) behaviour management of an individual child or of groups of people; c) design and implementation of programmes for children and youth on the basis of their identified developmental needs; d) developmental assessment of children and youth within their life space; e) development and maintenance of planned environments in child and youth care work; f) implementation of life space work; g) undertaking of child and youth care work administration; h) developmental play; i) advocating for the rights of children; j) policy development in the field of child and youth care; k) consulting, supervision, management and directing of child and youth care workers; and l) participation in and the leading of multi-disciplinary teams and life space counselling.

The job description that is inclusive of the above scope of CYCWs work indicates that their roles entail the following: caring for children and youth (e.g. physical, emotional spiritual, cognitive, social); application of behaviour management and support techniques in routine child and youth care work; implementing programmes and activities for children and youth (C&Y) based on their identified need; conducting developmental assessments of C&Y; maintaining a planned environment for C&Y care work; and implementing life space work and life space counselling. While this broad job description arguably captures most of the roles performed by CYCWs, discussions with CYCWs revealed that there are roles that are perceived by CYCWs as additional to their stated job descriptions. The CYCWs have divergent views on them. Some of the roles emerge as inevitable pragmatic interventions in times of a crisis while working in the life space of a child e.g. children not having anything to eat, which pushes the CYCW to assist the family with food and money from her personal pocket since children will be starving. Some of the additional roles include bathing sick caregivers and yet the CYCWs are not trained Home Based Care (HBC) providers. There are times when CYCW cook for children when they are at school; babysitting children for caregivers while they go for shopping; going to the clinic on behalf of the caregivers and children to collect medication; assisting families even when there is no child in the family but because it's a community urgent and desperate need; taking children to own home and spending the night with them; washing clothes of children when the mother is not around; and sharing food with the families being supported.

The success of Isibindi implementation depends on several factors that relate to the internal dynamics of the programme. First is the **characteristics of CYCWs and the qualities they possess that enable effective delivery**. The ability of the CYCWs to display and exercise the following attributes makes implementation successful: flexibility in dealing with issues while working on the moment and in the life space, confidence in performing tasks; effective accountability to families being supported; ability to communicate effectively while engaging families; ability to keep confidential information of families; delivering on promises made; reliability on matters being handled; patience, tolerance, persistence and enduring challenges such as resistance to change in working with families, good time management to ensure one succeeds in juggling many tasks, fairness and not practicing favouritism in dealing with children; honesty and

truthfulness in dealing with families and children; respect for families' decisions; creativity and innovation in dealing with cases. Conversely, if the above attributes are absent or poorly displayed and practiced then there will be resistance and unsuccessful implementation of Isibindi. Second is the **design and implementation** of Isibindi that also makes it easily possible to implement. The use of local people who are familiar with the context (culturally competent) and the broadness of interventions provide wide enough scope to address diverse community challenges pertaining to children's issues. Third is the **on-going technical support of CYCWs by CYCW Supervisors, Mentors, Mentor Supervisors and Trainers** that ensures effective implementation through coaching and mentoring and on the job training. Furthermore, the CYCW Supervisors, Mentors, Mentor Supervisors and Trainers also model, provide consultative supervision, and attend family conferences with CYCWs to assist them resolve challenging issues. This means CYCWs are not left to make mistakes but they receive ongoing support. Fourth is **CYCWs quality training that prepares them to effectively deliver services**. Through provision of theoretical and practical training that is accredited, CYCWs are exposed to high quality training that helps them to implement the Isibindi interventions successfully as they are adequately prepared both theoretically and practically. Fifth is the fact that **Isibindi is a franchise programme**, which ensures standardization of interventions.

The external factors to the design and implementation of Isibindi are those factors that arose from the context and environment where the interventions are being implemented. A CYCW therefore, has to sensitively and with wisdom adapt and apply the theory that he/she learnt to the situation. The factors reported by CYCWs include the **type of household leadership**. Homes where males are leaders tend to be more resistant to CYCWs than grandmother/woman and child headed homes. This means the CYCW should be more skilful and employ great tact in dealing with male headed households. **Family ethnic background** was noted as another factor that influences successful implementation of Isibindi. The CYCWs noted from the families they visited that the Venda families tended to take time to trust people and open up on their family information, while Tsongas struggled with documentation which resulted in them not telling the truth as some of them are descendants of illegal immigrants. The Zulu families visited tended to show that males were reluctant to take advice from CYCWs whose majority are women. **Affiliation to a religion** and sincere devotion to a religion was found to promote warmth and receptivity within the homes. Families where there is **substance abuse** were reported to be more difficult to engage as they tend to be resistant to CYCWs. Families where caregiver's **literacy level** was higher were reported to value education more than families where parents or caregivers are illiterate. There is buy-in and government support and ownership of Isibindi. The government developed the policy framework for CYCWs and it also provides financial support. There are also other development partners who are supporting Isibindi to complement government support.

In response to the challenges that CYCWs experience and the differences in homes and the needs of children, they adopt a number of approaches to effectively deliver the Isibindi interventions. These approaches include **creativity and innovation** to reach children with different needs. They also do **in-family advocacy** in situations when caregivers misuse the social grants money of children or treat the children poorly. In such cases, the CYCWs engage in 'in-family advocacy' where they confront caregivers from a child rights perspective. They do so in the interest of children. CYCWs also use an **individual child and family focused intervention**

**approach** whereby interventions are informed by a thorough assessment to determine the unique needs of the family and children to develop focused interventions. The individualised interventions are outlined in individual child IDPs and family IDPs that guide CYCWs implementation. CYCWs adopt mentoring **and coaching approach** to the families and children they assist. They wash dishes, cook or sweep with the children so that they learn how to do the house chores on their own. Thus, they mentor and coach children to perform house duties and develop them to be responsible individuals. CYCWs also **partner with children and youth** to avoid being resisted. As partners, they agree to cooperate and support the child to realise his/her goals. This is a non-coercive approach that encourages child cooperation in participating in activities outlined in the IDPs. **Integrated child development monitoring** is another approach employed by CYCWs. Because CYCWs are involved with the child's family, they work directly with the children, and liaise with schools, hence children are monitored from diverse angles. Teachers can report negative behaviours while at school, and while at home the caregivers also observe the child, which ensures integrated child development monitoring. CYCWs use **age appropriate activity designs that** consider the child's age.

The families and beneficiaries interviewed reported the following positive perceptions about CYCWs in communities where they are providing interventions. They indicated that CYCWs are: regarded as trustworthy and reliable people; playing critical function within the families they are supporting; viewed as good people linking children to opportunities; community resource providing trouble shooting and back stop to community problems; caring people; honourable professional people; filling a critical community gap; capacity builders in the community; general community builders; and heroes of children's causes. However, despite these positive views, some negatives views that include the following were raised: youth viewed them as too involved in people's lives; being too pushy and over bearing when dealing with children and youth; sometimes inconsistent and not fully trusted by children; being judgmental; being unreasonable on some issues such as expecting child participation in decision making considering the African culture that is patriarchal and emphasises respect for elders; and viewed by children as focusing more on parents than them.

### **Understanding of how the Isibindi approach contributes to the outcomes related to well-being indicators**

The overall reported results achieved by Isibindi family strengthening programme have been noted in the following areas: education (school attendance), health (& hygiene), psychosocial wellbeing of children, economic situation, child protection (reduced abuse), home environment strengthening, information & awareness, and access to services.

- **Increased school attendance:** The interventions have resulted in improved school attendance and performance as children are attending school regularly and prioritising school attendance. The relationship between caregivers and the school has also been strengthened thereby ensuring reinforcement of positive behaviour of children both at school and at home. Children are also motivated to study as they are assisted in their school work. The interventions at home have improved supportive home environment for

schooling while advocacy in schools has improved school environments for vulnerable children as they cannot just be expelled from school when they misbehave.

- **Improved health status:** CYCWs activities such as encouraging adherence to medication, providing information on health as well as accompanying parents and children to clinics for HIV testing, assisting them to be aware of public health services and how to access such health services have contributed to improved health status. Through linkages with other stakeholders and all the health-related activities, families and children have improved their access to health services. Awareness of health and hygiene and how this impact on everyday life has improved health seeking behaviour, while access to social grants has enabled families to construct decent houses and afford a **balanced diet in the home**.
- **Improved nutrition:** The activities that contributed to improved nutrition outcome include training the parents and children in gardening, as with these gardening activities they can grow their own food and have a higher chance of eating at least 3 times a day. The other activities like advocating for and accessing food parcels have ensured that children have adequate food, which ensured physical health and well-being.
- **Improved economic situation:** Through the activities that have been implemented to increase income of the family and specifically income that can be directly channelled to the needs of children, there was reported improved economic situation within families. The activities have resulted in general improvement of household income, improvement in financial management in the home, and improvement in entrepreneurship skills to sustain the family.
- **Reduced child abuse (improved child protection):** The activities implemented to improve child protection included training parents on parenting skills and how to identify and handle abuse of children; awareness of child rights and responsibilities; helping families and children by preparing them for court; caring for the sick parents and children; reporting cases of neglected and abused children; life space counselling of children who have been abused; assisting abused children to report and ensure prosecution. These interventions have resulted in creating platforms where children are free to speak during the life space counselling sessions; children being free to share and be encouraged to report any form of abuse they experience. This has ultimately resulted in reduced cases of abuse as reported by interviewed families and children.
- **Psychosocial wellbeing of children:** The interventions of CYCWs have also resulted in improvement of psychosocial well-being of children. This has been noticed through improved interaction of children in safe parks, improved caregiver involvement in children's lives through parental training, strengthened positive behaviour, improved children confidence in their tasks, improved children's emotional and psycho-social well-being, improved inclusion and development of children living with disability.

- **Improvement of home environment for children, positive development and wellbeing:** The CYCWs' work has also improved the home environment for children, which has contributed to children's positive development. There is improved independence of families, improved home environment for positive development of a children, improved family communication, and improved family relationships. Increased awareness on issues relating to children's well-being: Overall, through the work of CYCWs in the communities, there has been increased awareness and knowledge within families regarding children issues. Families have become aware of children's rights and responsibilities, and have developed an awareness of the various services that are available for children as well.
- **Increased access to services:** Through advocacy and assisting families and children on matters such as obtaining important documentation such as birth and death certificates, IDs, and other documents that help families access services such as grants, CYCWs have facilitated access to services. By also engaging in advocacy for families in government offices, families are accessing services that they were not accessing before.

While the current reported results could be viewed as short and medium term, their long-term contributions to national development and national building are clearly discernible. Based on the interventions' focus on the four parts of the Circle of Courage (i.e. belonging/attachment, mastery/achievement, independence/autonomy and generosity/altruism), the current results can be extrapolated to indicate a future contribution of these children who are benefiting from the Isibindi programme. In a country where good leadership in various sectors of society is lacking, Isibindi investment in children should be viewed as a huge national development and human capital investment project. Evidence of the long-term impact of Isibindi programme is starting to be seen from higher retention in school and moderately higher Matric pass rates of children who are part of the programme.

Despite the positive results achieved through the work of CYCWs, CYCWs experience considerable challenges that hinder or weaken their work. The challenges have been clustered in the following eight categories. (1) CYCWs are sometimes slandered and misrepresented by some community people who hold different views or members who would have confronted them. (2) Families that are being assisted tend to over rely on CYCWs, which makes disengagement difficult and painful when the time comes. (3) CYCWs' responsibilities are broad and that sometimes makes it unclear on a position to take. This results in them doing other tasks that are not their roles, such as babysitting. (4) CYCWs stance on advocating for children against caregivers<sup>1</sup> sometimes results in serious conflicts with family members, which negatively affects relationships in the community since CYCWs come from the same community. (5) There are families who generally distrust CYCWs because they suspect that they are paid huge amounts of money by facilitating social grants to families. As a result, such families tend not to cooperate with CYCWs when being assisted to access social grants. (6) Some CYCWs have weak application

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<sup>1</sup> CYCW advocacy against a caregiver happens where caregivers misuse the child grant, e.g. spending it on alcohol while the child's necessities are ignored. In this case, CYCWs confront the family as part of child advocacy to ensure the grant is properly spend based on developed family budget.

skills of the theories they learnt, which weakens their effectiveness in families. (7) There are also conflicts that arise at times between CYCWs professional responsibilities and their own personal and family needs which CYCWs have to address. These conflicts arise when CYCWs miss scheduled home visits to the family to attend to their own personal and family needs. They will be viewed as neglecting their roles. (8) There are also obstructive cultural practices that sometimes hinder the work of CYCWs. For instance, in some families, visitors such as CYCWs are prohibited for a certain period when there is death. This sometimes results in regression in the progress that would have been made. (9) There is also general discouragement among CYCWs due to delayed payment of stipends.

## **Recommendations**

### **CYCW management and care**

1. **CYCWs' motivation:** Constantly motivate CYCWs to ensure a feeling of being appreciated in their job, which is highly stressful and the remuneration is perceived as not commensurate with the many tasks performed. This can be done through refresher meetings where CYCWs will be encouraged in their work as well as discuss challenges emerging from their work.
2. **CYCWs emotional support:** Provide emotional support to CYCWs to manage the tension that arises between their own personal family needs and the needs of Isibindi programme, which presents them with conflict in their lives.

### **Capacity strengthening**

3. **Capacity strengthening and support of mentors:** Provide ongoing training and support to mentors to ensure they provide effective support to CYCWs as well as institutionally develop mentor performance assessment and development plan.
4. **Balance between intervening directly on children and their families (and caregivers):** Conduct refresher trainings for CYCWs to strengthen their skills on maintaining a balance between interventions addressing children's needs through caregivers (i.e. indirect child interventions) and direct child interventions (i.e. interventions performed directly on the child by CYCWs) to overcome the feeling among children that CYCWs spend more time with caregivers (their parents) than them (the children).
5. **Disengagement management:** Strengthen CYCWs skills to apply disengagement from families after achieving goals despite the pain and emotions that go with it to overcome the limitation of over staying in one family while there are other families requiring CYCWs support.
6. **CYCWs management of adolescents and youth:** Strengthen skills of CYCWs to manage adolescents and youth as a considerable number of this group of Isibindi participants expressed negative feelings about CYCWs.
7. **CYCW capacity strengthening on life challenges:** Conduct ongoing refresher training on skills that require advanced judgment and wisdom in applying theory into practice (e.g. such

as family conflict resolutions) through focusing on practical life experiences emerging from CYCWs at the implementation sites.

### **CYCWs role clarity**

- 8. Management of perception of additional roles:** Manage and clarify CYCWs perceptions that they are performing additional roles beyond their job descriptions to maintain and manage their motivation.
- 9. Practical reflection and guidance on working in the life space and working in the moment:** Constantly reflect, define and provide practical guidance to CYCWs on the fluid concepts of working in the life space and working at the moment, which seem to imply CYCWs should do anything and everything thereby contributing to confusion, stress and strain on CYCWs.

### **Further research**

- 10. Research on former Isibindi beneficiaries:** Conduct research to follow up on people who are former Isibindi beneficiaries to determine where they are in life, to estimate and build a case for national contribution.
- 11. Conduct focused research on contextual factors:** Conduct a focused research to understand in depth and document contextual factors that positively or negatively affect the work of CYCWs.



## **1. BACKGROUND AND DOCUMENTATION FRAMEWORK**

### **1.1 Context**

The Isibindi model was developed by the National Association of Child Care Workers (NACCW) in the early 2000s to provide comprehensive care, support and protection to children orphaned and made vulnerable due to HIV/AIDS in South Africa. The core of this community-based intervention is strengthening community support and preserving families by providing quality services to affected children and youth in their homes by trained and supervised CYCWs. Children who live under vulnerable conditions, including those from child-headed and grandparent-headed households are the main beneficiaries of the programme. These households are serviced by CYCWs who are assigned to them and expected to develop and maintain close interactions with beneficiary families through home visits which are a key service delivery modality of Isibindi. These regular visits provide the opportunity for assistance to be provided to both children and youth who are on the CYCW workloads and other family members using a family strengthening approach. The approach to family strengthening in Isibindi is informed by the principles and practices of child and youth care work, including placing the best interests of the child first. Characteristics include the developmental and therapeutic use of ordinary daily life events in the life space of the child, working in the moment, and use of daily routines for behaviour management. The model has over the years proven to be a job creation intervention as it provides much needed employment and skills development with career pathing to mostly young unemployed women. The programme involves provision of HWSETA accredited training; mentoring and supervision to community-based people who both during training and in subsequent periods provide care and support to vulnerable children and their families, and in particular to children in families and communities affected by HIV and AIDS.

Isibindi programme is delivered through a social franchise model in which NACCW partners with other non-profit organisations throughout the country including community-based organisations based in the mostly rural sites where Isibindi operates. NPOs and CBOs that collaborate with NACCW in the implementation of the model employ the CYCWs and other local staff to deliver the services to the country's children orphaned and vulnerable due to HIV/AIDS. NACCW provides and oversees the training, mentoring and quality control, and also provides overall management, including monitoring and evaluation (M&E) for the programme. After several years of successes in the implementation of Isibindi, some provincial Departments of Social Development (DSD) started providing funding for Isibindi projects. However, massive roll-out started in 2013 after the Minister of Social Development's recognition of the potential of Isibindi to assist in fulfilling the mandate of the Department. Her acknowledgement was followed by the adoption of the model as a priority programme of DSD. The Department committed to partnering with NACCW and funding the roll-out of Isibindi Model in all provinces. The objective which was to be achieved over a five-year period was to have 10 000 CYCWs trained and placed across 400 project sites countrywide to reach 1,4 million children through the provision of services. Piloting of the roll-out commenced in Gauteng province during the 2012/13 financial year, and full roll-out commenced in April 2013, at the start of the 2013/14 financial year. By the end of 2015, more than 300 Isibindi projects were operating, and approximately 250 000 children had been reached through Isibindi services.

NACCW has developed a monitoring and evaluation (M&E) database that collects regular information based on developed indicators on children's wellbeing. CYCWs who have regular and direct contact with beneficiaries through home visits are the main source of data. They are required to collect data on children/families who are on their workload through once off enrolment forms and monthly activity logs. NACCW then uses this data in the compilation of quarterly reports which are presented to both provincial Departments and the National DSD. To ensure adherence to targets and efficiency in the programme roll-out, reports are complemented by steering committee and task team meetings in which stakeholders are represented.

Within National DSD, the roll-out is overseen by the Children's Directorate which is supported by the Monitoring and Evaluation Directorate to monitor progress and performance against set targets. The latter has collaborated with NACCW and is technically and financially supported by UNICEF in developing a framework for measuring outcomes using the standard M&E database. The framework is based on the intersection of five child well-being outcome indicators and five key services. Analysis to date of the first, second and third years of roll-out has shown that there are more children moving from an undesirable to a desirable state than vice versa. However, the statistical analysis does not reveal how this has been achieved. It is against this background that a documentation of Isibindi programme has been jointly commissioned by UNICEF and NACCW.

## **1.2 Documentation objective**

### **1.2.1 Overall documentation objective**

The documentation aims to provide a qualitative understanding of the family strengthening approach that underlies the Isibindi model. In doing so, the documentation describes (i.e. an understanding) of how the Isibindi approach contributes to the outcomes related to well-being indicators, while at the same time documenting what Isibindi family strengthening approach involves. Thus, the objective is three-fold, namely:

- a. To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;
- b. To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and
- c. To document what Isibindi family strengthening approach involves.

### **1.2.2 Detailed documentation objectives and focus**

The purpose of the documentation is to provide a focused analysis of Isibindi that complements, rather than duplicate the other relatively large-scale studies already conducted. As such, the following clarificatory objective explanation was provided:

*The study entails an in-depth analysis of the dynamics and interactions between CYCWs, families and children within the home, which have resulted in the documented impact of Isibindi as recorded in the evaluation documents. Therefore, the study is not an evaluation per se but an analysis and documentation of the detailed processes that occur during CYCWs home visits to gain an understanding and clarity on what happens during these family interactions to cause the documented impact/effect.*

To further elucidate the clarificatory objective above, the study focuses on the individual family units visited by CYCWs involved in the project. The issues to be understood through the analysis and documentation include the following:

**CYCWs roles & function**

1. Outline in detail the purpose and the tasks/activities performed at the family unit by CYCWs.
2. In-depth understanding (exhaustive task outline) of the exact tasks/activities performed by the CYCWs at every house.
3. Compare the drafted task/roles of CYCWs against the actual work done during family visits – to gain clarity on role of CYCWs.
4. Understand (outline) the operational dynamics of CYCWs – performance/task/role enhancers and role challenges – and how the dynamics are managed/handled. This should assist with understanding the role and value of CYCWs.
5. Unravel through delineation of tasks performed by CYCWs in comparison with related roles i.e. clarity on the role played by CYCWs (i.e. from a practical perspective).

**Value and contribution determination of CYCWs**

6. Understand the perceived and actual value of CYCWs visits at the family units that have been visited (i.e. through reported effect/contribution/impact of CYCWs by the family units and children and youth themselves).

**Determination of well-being outcomes achievement**

7. Determine (link) CYCWs interventions/activities at family unit level and effects (wellbeing outcomes) that are achieved through the work/activities of CYCWs.
8. Determine (triangulate/cross check/validate) achievement of the intended wellbeing outcomes through structures around the family and individual children (e.g. as reported by children and youth themselves).

**Implementation contextual facilitating factors or inhibitors**

9. Assess/determine the variables (e.g. culture, structural issues, family context, receptivity, etc.) at each family unit that contributes to strengthening the family approach or weaken it.
10. Determine contextual/environmental factors that support/strengthen/complement the roles performed by CYCWs/Isibindi (from a practical level NOT perception).

**Unique contribution of approach**

11. Compare the Isibindi approach against other approaches that have the same wellbeing objectives (e.g. achievements through CYCWs family accompaniment versus Social Work case profiling and resultant intervention approaches).
12. Determine contextual holistic and comprehensive acceptability (and contribution) of approach within the South African economic dynamics and contextual realities (e.g. possible increased role and leverage of unemployed youth to national development through participation in family strengthening approach).
13. Determine the envisaged long term national development contribution of the approach within the South African context of family challenges (e.g. broken homes, children cared by grandparents, little family support and love, and etc. – which contributes to future social dysfunctionalities such as crime and loss of confidence, and etc.).

## **2. METHODOLOGY AND APPROACH**

### **2.1 Study approach and site inclusion**

The methodology of the study focused on documenting the positive aspects of Isibindi with the view to determine and highlight the best aspects of the programme.

- **Study approach:** The study followed a qualitative approach using a case study method. Three case study sites were selected by NACCW from Eastern Cape (Alice), Limpopo (Bela Bela), and Mpumalanga (Siyabuswa). The site selection was based on the inclusion criteria below.
- **Site inclusion criteria:** The sites were selected based on NACCW criteria, which included identification of the best performing sites in different provinces. As such, the selection was purposive as sites that were known to be performing and were likely to present an ideal perspective of Isibindi were selected. The inclusion criteria for the study used to select the sites by NACCW were:
  - The three sites should be relatively established so as to be able to show outcomes for more than a short period.
  - The three should be in different provinces and different types of community so as to explore family strengthening in a variety of different cultural and social settings.
  - The sites should be in different cultural contexts: a rural ex-homeland area, one in a rural area dominated by commercial farming, and one in an informal settlement in an urban area.

### **2.2 Data collection methods**

Data was collected using four methods: documents review (case study reviews), in-depth interviews (IDIs), focus group discussions (FGDs) and observations.

#### **2.2.1 Documents review (case study reviews)**

Various Isibindi case studies and stories of impact that have been compiled by NACCW were reviewed and analysed.

#### **2.2.2 Focus group discussions (FGDs)**

FGDs were held with the following groups of individuals with insight into the Isibindi family strengthening processes.

**Table 1: Breakdown of participants for FGDs**

Category of respondents	Designation	Number of FGDs	Total number of participants per site
Implementing CYCWs	CYCWs	3	Three (3) FGDs - Mpumalanga – 17; Limpopo – 9; Eastern Cape – 13 = 39 participants
Children	Youth (direct beneficiaries) <sup>2</sup>	3	Three (3) FGDs - Mpumalanga – 10; Limpopo – 7; Eastern Cape – 16 = 33 participants
<b>Total number of FGDs</b>		<b>6</b>	<b>Total participants = 72</b>

### 2.2.3 In-depth interviews (IDIs)

In-depth interviews were held with the following key individuals with insight into the Isibindi family strengthening processes. Table 1 below indicates the breakdown of categories, number of in-depth interviews and total participants.

**Table 2: Breakdown of participants for IDIs**

Category of respondents	Designation	Number of respondents	Description
NACWW Leadership	Deputy Director (Zeni Thumbadoo)	1	1 participant
Implementation supervisors	Mentor supervisors	3	One (1) mentor supervisor per site (3 sites) = 3
Implementation Mentors	Senior Mentors	3	One (1) mentor per site (3 sites) = 3
Implementation supervisors	Mentors	3	One (1) mentor per site (3 sites) = 3
Implementing CYCWs	CYCWs	18	Six (6) CYCWs per site (3 sites) = 18
Trainers of CYCWs	Trainers of CYCWs	2	Experienced trainers of CYCWs – 2 (Eastern Cape and Limpopo)
Site Coordinators	Site Coordinators	3	One (1) Coordinator per site (3 sites) = 3
Families visited by CYCWs	Families visited by CYCWs	28	Mpumalanga – 7; Limpopo – 9; Eastern Cape - 12
<b>Total in-depth interviews</b>		<b>61</b>	

Because the study focused on documenting positive aspects of Isibindi, mentors and trainers were present in some interview sessions to clarify unclear issues that could arise. However, this

<sup>2</sup> The inclusion criterion for youth to participants in the discussion was minimum age of 18 in order for them to give consent.

positive approach and presence of mentors during interviews encouraged CYCWs to mostly present positive experiences of the programme.

### 2.2.4 Observations

Observations and profiling of the visited households was done for all the houses that were visited to understand the home and family dynamics under which the CYCW operates.

**Table 3: Breakdown of observations**

Category of respondents	Designation	Number of Observations	Total number of families per site
Families visited by CYCWs	Families visited by CYCWs	28	Mpumalanga – 7; Limpopo – 9; Eastern Cape - 12
<b>Total number of observations</b>		<b>28</b>	<b>Total participants = 18</b>

## 2.3 Data analysis

### 2.3.1 Data analysis coding

The data collected by the four methods above was analysed using a thematic approach. The analysis themes were developed using a framework approach. Frameworks (priori - codes) were developed based on the study objectives above (2.2). Under each broad framework (objective) category, sub themes were developed using a grounded approach. The priori codes (themes) generated from the objectives were used as deductive coding of responses while the detailed issues under each priori code (theme) were coded inductively to understand the detailed dynamics and interplays under each objective.

### 2.3.2 Credibility of data analysis

Credibility of the analysed qualitative data was ensured through:

- Data triangulation: cross checking and validating responses across the various data sources, namely, in-depth interviews, FGDs, observations, and documented case study reviews;
- Respondent validation: the report analysis will be shared with CYCWs and NACCW participants to comment on the interpretations in the report as to whether the final themes and concepts created adequately reflect the Isibindi dynamics in the families;
- Providing a detailed account of the analysis and how conclusions were made in the report;
- Maintaining detailed notes of all interviews to ensure a clear decision trail and ensuring interpretations of data are consistent and transparent across families;
- Establishing a comparison case/seeking out similarities and differences across families to ensure different perspectives are represented across the different families;
- Inclusion of rich and thick verbatim descriptions of family accounts to support findings;
- Demonstrating clarity of thought processes during data analysis and subsequent interpretations through demonstrating how conclusions are made; and
- Engagement of the entire fieldwork team in data analysis to read, code and compare notes to reduce bias.

## 2.4 Research management processes followed

The study followed the research management processes below to ensure smooth, cost effective, efficient and productive evaluation assignment:

- **Participants' consent:** The research was explained in detail (see annex A) to every participant and verbal consent provided before any interview or discussions were held. Only youth who were eighteen years (18) old were allowed to participate in the study since they could give consent.
- **Study preparation:** The detailed documentation questions, coding (themes) categories, and analysis framework were compiled and shared with UNICEF and NACCW to guide the study process. This included a list of analysis questions and corresponding analysis approach for each documentation aspect as indicated on the evaluation objectives above (2.2).
- **Project documents inspection:** The Isibindi project frameworks and guiding policies were provided by NACCW and supplemented by desktop review. These included Isibindi relevant documents that included impact stories, evaluation studies conducted and other relevant clarificatory documents.
- **Process management:** The Chief of Child Protection (UNICEF) and his office oversaw the documentation, provided technical input and quality assurance to the assignment. They gave instructions to the consultant regarding the assignment in consultation with NACCW and DSD. NACCW assisted with site identification and linking the researchers with the research sites.
- **Research activities:** The study followed six phases. Each phase entailed particular activities. These were (1) UNICEF and consultant inception meeting (introduction) - documentation inception, (2) compilation of inception report, (3) review of documents review (and conduct desktop research), (4) fieldwork (field interviews), (5) research data analysis and (6) report writing.

## 3. FINDINGS

### 3.1 Family Strengthening approach – principles and activities

#### 3.1.1 Isibindi – definition and description

The Isibindi approach was designed by the National Association of Child Care Workers (NACCW) to respond to the needs of vulnerable & orphaned children and young people affected or infected by HIV and AIDS. Isibindi focuses on delivery of professional child and youth care work services to vulnerable and at risk young people and their families. This model was developed by NACCW as a cost-effective community-based model for caring for the needs of vulnerable children.

*The core of the Isibindi model is the provision of child and youth care services to children and youth in their homes by the trained and supervised child and youth care workers (CYCWs). CYCWs connect with children and build relationships with them through the use of daily life events – they help the family with basic household chores and educate them about general hygiene, gardening, health, nutrition, and household care. They cook together with children, teach basic life skills and build resilience – using ordinary human*

*interaction as a context and a means for transcending basic care to meet the emotional needs of children – especially in child headed and parentless families.<sup>ii, iii</sup>*

The Isibindi objectives seek to contribute in addressing three socio-economic challenges that South Africa faces: unemployment (especially high among youth, women and rural people), skills deficit, and high level of HIV prevalence and HIV related illness and death contributing to large numbers of children whose wellbeing is threatened by the absence of normal parental care. The Isibindi programme addresses the above three challenges by providing high quality training to unemployed people (i.e. with a focus on youth, women and rural people, thus addressing the skills deficit) who will then be employed within their communities as CYCWs (i.e. addressing the unemployment problem) to provide skilled care and services for vulnerable children in the community (i.e. addressing threats to child wellbeing)<sup>iv</sup>.

The following two factors contributed to the development of Isibindi community-based services. Firstly, the Isibindi model recognises that working with children and families in their communities through professional CYCWs is the key to reducing the number of children coming into residential care areas. Secondly, the HIV epidemic led to an increase in the number of orphans and vulnerable children in poor rural areas where there were few support services. Therefore, CYCWs go to where children are i.e. working in the life space of children. This way, child and youth care work is distinct from other services as it is practised in the life space of children. CYCWs use day to day environments and daily life events to promote the social competence and healthy development of children. The life space of children and families is deeply integrated with the culture and traditional practice of families where children exist. Hence, CYCWs constantly blend the science they learn in the classroom with their own knowledge of local customs. CYCWs are challenged in each moment to apply the theory, values and skills they have learned to create therapeutic and developmental opportunities.

Some of the types of practical assistance provided by CYCWs to families are the following:

- Helping with the preparation of meals
- Cleaning the house with the children and caregivers
- Accompanying family members to the clinic and overseeing the taking of medication
- Assisting the family with application for birth certificates
- Helping the family with financial management

The therapeutic elements of Isibindi include the following:

- Teaching life skills – relationship building, problem solving, conflict resolution, dealing with stress;
- Assessing and referring children and families – health, trauma, education, need for material assistance relating to severe food insecurity and crises;
- Transfer of knowledge and skills – HIV and AIDS awareness, HIV testing and management, safety, nutrition and educational assistance; and
- Life-space counselling – in the moment assistance with difficult situations of conflict, crisis, stress and grief<sup>v</sup>.

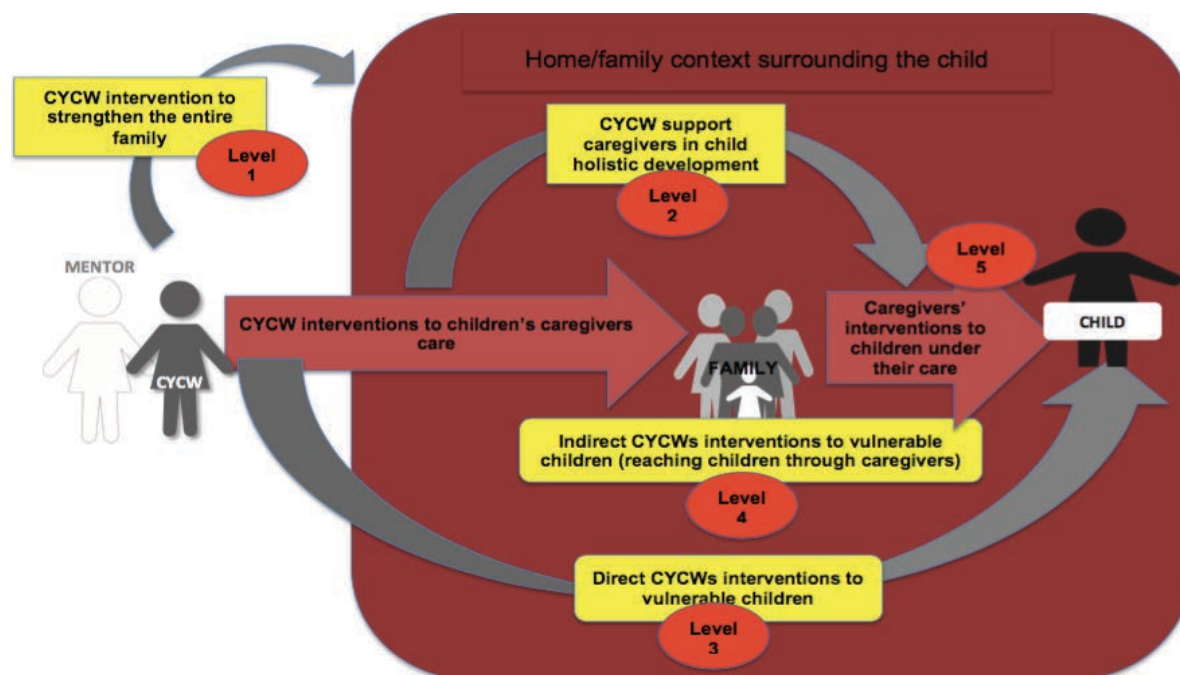


### 3.1.2 Understanding (analysis) of family and family strengthening approach

Within Isibindi family strengthening model, a family refers to the people who live with the child. There are different types of families, which include: (1) children living with biological parents, (2) child headed family, (3) granny headed family, and (4) family where children live with distant relatives. In view of these family contexts where children live, the Isibindi family strengthening approach aims to create safe and caring families and communities for vulnerable children, and youth at risk through a developmental child and youth care work response. The Isibindi model achieves the above goal by employing a family strengthening approach that strengthens caregivers, families and children through creating a conducive family environment that both encourages and enhances children development. The approach develops children in the following areas: i) economic, ii) nutrition, iii) education, iv) health (hygiene), and v) child protection<sup>vi</sup>. For children to effectively develop in the aforementioned five dimensions, Isibindi family strengthening approach focuses on developing the environment that the child lives in, which is the family. CYCWs work with families to develop them through a strength based approach. The CYCWs work with families to identify their areas of development such as domestic violence, abuse of money and alcohol, weak parenting skills, and poor communication. Upon identification of the family areas of development, the CYCWs develop joint programmes with families to improve the family situation.

Isibindi is a holistic family approach to child care and development where focus is placed on the three dimensions (layers). The first dimension focuses on strengthening the entire family environment of the child, the second dimension focuses on the caregivers' skills, and the third focus is the individual child (see figure 1 below). Therefore, CYCWs interventions focus on these three layers that also indicate intervention/activity points.

**Figure 3: CYCWs intervention points within the family strengthening model**



Adapted from NACCW<sup>vii</sup> Isibindi model and improved for conceptual clarity

The activities performed by CYCWs to strengthen the families are performed at layer one (1). The activities aim to create a positive environment for children as well as to develop and strengthen skills, competences and capacity of families for safe, caring families and caring communities for children. The activities performed to strengthen the families by CYCWs are discussed and summarised in the diagram below (figure 2). CYCWs interventions at level two (2) largely focus on aspects that are aimed at children but delivered through caregivers. Level three (3) activities are interventions performed by CYCWs directly on children. Level four (4) interventions and activities are performed by caregivers on children but with the support of CYCWs (level 5). These levels are intertwined i.e. when one activity is being performed the others are equally occurring. Therefore, the above framework does not reflect independent processes but integrated and mutually occurring interventions.

The integrated nature of CYCWs interventions in families is illustrated by the story below told by the Mentor to the researchers in Eastern Cape. Together with the CYCW, the Mentor assisted a family of 6 children after their mother died and within a period of a month the father married another wife and abandoned the children to go to Cape Town with the new wife. The Mentor stated that:

*“The mother of the six children died in 2010. Immediately after the mother’s death, the father married another wife within a period of a month while the children were still grieving. [Some of] the children were teenagers by the time this happened - the youngest was 8 years old. The father with his new wife relocated to Cape Town leaving the children behind with no one to look after them. All six children were staying in a one roomed mud house. These children could not attend school. They did not have food, clothes, anyone to supervise or guide them. When the father left them, the 15 and 16 years old boys started smoking marijuana, abusing alcohol and stopped attending school. The younger siblings tried to go to school but could not cope because of the home situation. The CYCW identified the family (i.e. these six children) and started building a relationship of trust with the children. The CYCW together with the mentor applied for child support grants (two social grants for the two younger siblings i.e. 2 x R300 = R600) and foster grants (4 foster grants for the older siblings: R800 X4 = R3200).*

*The CYCW identified that the youngest sibling had a good relationship with a teacher at school, so the teacher became the foster parent of this child. The CYCW and the children established a garden from which the children could have vegetables. With the grant money, the CYCW assisted the family with budgeting, saving, buying groceries and clothing. The CYCW sometimes went to town with the children to assist them in buying clothes. The children were very happy to be assisted by the CYCW. Through planning together with the children, the CYCW assisted the children to purchase two beds on lay by. With regards to issues of alcohol and drug abuse, the children were referred to a Social Worker for assistance. The oldest boy was referred to Isibindi young men’s empowerment programme. His behaviour changed after that” (Mentor Eastern Cape).*

The story above reveals that the child headed family was strengthened in all the layers i.e. from accessing financial resources, counselling, budgeting, saving, and etc. The CYCW’s intervention

in this family was across all levels, which indicates that family strengthening activities are not exclusive. This shows that the layers and interventions cannot be compartmentalised but viewed as connected aspects.

### 3.1.3 Isibindi family strengthening activities

The family strengthening activities underlying the Isibindi model performed by CYCWs are indicated in the diagram below (figure 2).

**Figure 4: Summary of activities performed to strengthen families by CYCWs**



**Developing and strengthening family financial management competence (i.e. budgeting or managing social grants and debt restructuring):** CYCWs assist families to manage their finances through activities such as budgeting, saving, small investments, debt restructuring, etc. In events where families struggle to manage social grants, CYCWs work with the families to develop their skills on financial controls through a consultative process such as family conferences. During the budget discussions, CYCWs do not force their views on families but patiently work with caregivers to reach agreed financial decisions. A CYCW in Mpumalanga reported that she is supporting a family comprising a grandmother and 3 children to effectively manage their social grants. She stated that:

*"The family had decided to take the entire grant to support a child at a tertiary education [institution] thereby using all the available funds. So, I assisted that family by convening a family meeting where the entire household members were present. We discussed how to*

*allocate the money according to family needs (e.g. food, clothes) rather than spending all the money supporting one child at a tertiary education” (CYCW in Mpumalanga).*

As a result of the above intervention by the CYCW, the grandmother and her three grand-children are doing well and they greatly appreciate the CYCW’s intervention. The CYCW affirmed that:

*“the family is now doing family budgeting together and there is no problem at all since they all know their priorities as a family” (CYCW in Mpumalanga).*

The above intervention was important in developing the skills of family members to allocate family resources according to their family needs and priorities. Management of social grant money is important in many families because the children’s money could be used not in the best interest of the children. This developed skill is now employed by the family every month resulting in financial stability.

**Facilitating and development of trust relationships among family members and reunification and peace making for estranged family members:** CYCWs strengthen families by uniting the estranged family members with other family members. This includes the facilitation of building trust and solving of conflicts among family members so that they jointly work together to address their family problems and care for children especially in cases of orphans. A CYCW in Mpumalanga illustrated the work of CYCWs in building trust among family members as follows:

*“When Ms Dali (not real name) was sick, I (CYCW) visited her. There was no one from her close family members who frequently visited her and the children were neglected. Noticing how sick she was, I asked Ms Dali for the telephone number of her sister and called the sister to inform her that her young sister was seriously ill. I met her on her next visit to see Ms Dali. Unfortunately, Ms Dali told her sister that the entire family members did not like her (Ms Dali) hence she does not trust her sister. However, by that time Ms Dali was seriously sick, her sister told her that the issue would be discussed when she returned from hospital and has recovered. I then convened a family conference where I encouraged the extended family members not to abandon their relative when she was that sick. Through this conversation, Ms Dali’s sister and other family members asked their sick sister to forgive them and promised that they would support her on an on-going basis. The situation improved to the extent that Ms Dali sister and other family members regularly visit their sister now as well as buy groceries for her”. The children are experiencing a supportive and caring environment (CYCW in Mpumalanga).*

From the above story, it is evident that the family was reconciled through cultivating trust relationship among family members at the initiative of the CYCW. In this way, CYCWs are strengthening families by building trust relationship among families, as well as bringing estranged family members together.

**Strengthening character development among family members:** CYCWs strengthen families by encouraging family members to change their negative behaviours. This results in a warm and transparent family relationship. This character development is important because children will

grow up in a good family environment that promotes good character. A mother of four children in Limpopo stated:

*“The CYCW encourages us to live exemplary lives so that children can learn positive behaviour. For example, she discusses the dangers of alcohol abuse with us, including drinking alcohol in front of children. She also discusses the importance of honesty and integrity. She explains to us the effects of alcohol abuse and drug abuse”* (Limpopo beneficiary – mother of four).

**Strengthening caregivers’ parenting skills:** CYCWs strengthen caregivers’ parenting skills. The activities include encouraging participation of children in family decision making, effective communication skills between parents and children, and conflict resolution. For example, some caregivers are unaware that children have rights and can effectively contribute in decision making. In such cases, CYCWs encourage family members to allow children to participate in family matters and decision making. Child participation helps children to have a sense of belonging and it ensures that the decisions that are made within the family are child sensitive. A youth doing Matric (a young woman) in Eastern Cape illustrated the effectiveness of parenting skills intervention:

*“I am happy because since the CYCW started, I have been allowed by my mother to participate in family budgeting and other family decision making. I hope that things will remain like this since I also have my own ideas and opinions that should be respected and considered whenever a family is making decisions. Leaving me out of family decision making because I am a child is not good. I may not cooperate since I may disagree with the way the mother decides on things”* (Beneficiary – Matric Youth– Eastern Cape).

**Strengthening integrated and unified family decision making processes:** CYCWs facilitate and promote integrated and unified family decision making processes in various family matters e.g. financial management, items to purchase, things to prioritise and etc. The shared decision making process ensures that important family things are prioritised. The integrated and unified family decision processes on budgeting creates a family environment that promotes positive development of a child as it builds confidence within the child that they can decide on issues of life.

**Facilitate enhancement of family confidence and self-esteem through strength based approach:** CYCWs assist families to overcome their challenges through a strength based approach and in that process family members’ self-esteem is boosted. By drawing from the life of the families, their strengths and environment, CYCWs help families to appreciate themselves and be positive in life, which positively influences children. A single mother of four children recited her former desperation and how the CYCW intervened and now she feels having self-worth.

*“I grew up in the farms and didn’t attend school. I also didn’t have any documentation including my four children. When I moved to Bela Bela, I tried to get an ID but I was denied since I didn’t have any other supporting documentation. All my children were not attending*

*school. When the CYCW visited me I shared my story. She helped me to get an ID, get birth certificates for my children, apply for social grants and enrolled the children at a nearby school. My eleven (11) year old son is now in grade one (1). My life and the lives of my children have significantly changed. We are now people who are fit to be counted like other people unlike before” (Beneficiary Limpopo – mother of four children).*

**Strengthening families and community linkage:** CYCWs strengthen families by translating them from only having potential to actual action through linking families within the community. A CYCW in Mpumalanga reported that she is working with a grandmother who is caring for 2 grandchildren. The grandmother used to isolate herself in the community because she thought she had nothing to offer to other people due to her poor background. The CYCW encouraged the grandmother to attend community meetings where community issues are discussed. The CYCW reported that:

*“Now the grandmother is a vibrant member of the community to the extent that during CYCW home visit, she always asks the CYCW about the news or things that are taking place that she has not heard” (CYCW Limpopo).*

After being linked to other community people the grandmother is kept informed about community issues and available services for children.

**Empowerment of families with diverse prevention and mitigation resources/systems around them:** CYCWs assist families by making them aware of the various services available in the community e.g. health information, child protection support, and accompaniment of caregivers or children to service centre, advocacy and etc. For example, in times of sickness, families need to know where to access treatment, and with regards to issues of abuse families need to be aware of, i.e. where and how to report a case. A CYCW in Mpumalanga reported the following role she plays in strengthening families on child protection support:

*“I am working with a family with a girl who was sexually abused when she was 16 years old. After many home visits, I developed a relationship and trust with the family, and the child who was isolating herself from the community because of the guilt and the shame she was experiencing within herself disclosed that she was raped. I encouraged the caregiver and the child to go to the police and report the case. The family agreed and went to report the case. After they reported the case, the perpetrator was arrested. The case went to court and I supported the child and the caregiver by preparing the child for court. As a result of this activity, the perpetrator was sentenced to 25 years in prison. The family thanked me after this because justice had been done and the healing process for the child was gradually happening. The caregiver affirmed that she felt so relieved and well equipped to protect her children because she is now aware of all the necessary steps when cases of sexual abuse take place. She said even though she knows what to do, the encouragement she got from the CYCW was crucial” (CYCW Mpumalanga).*

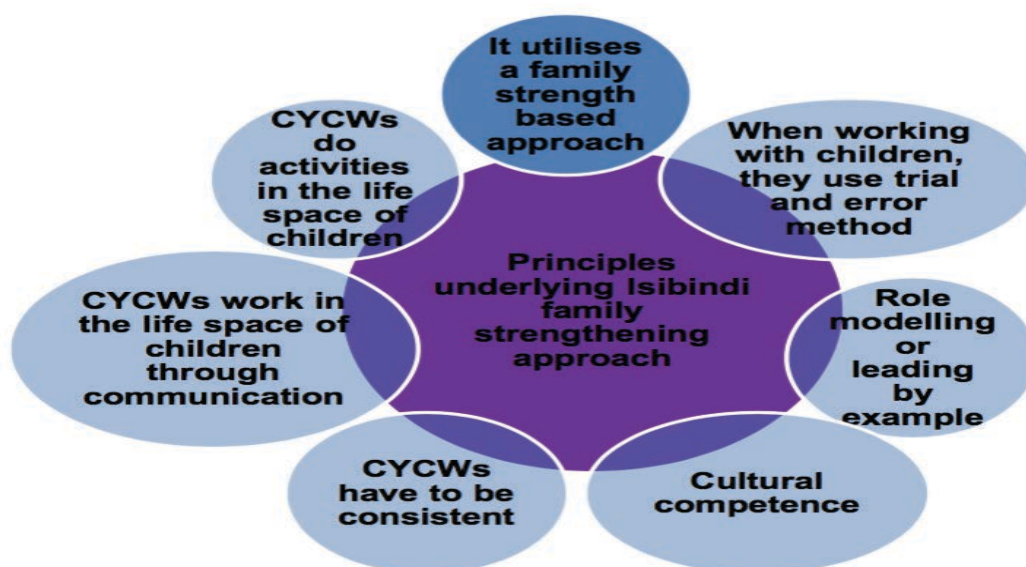
**Family investment and entrepreneurship, e.g. vegetable gardens and spaza shops:** CYCWs assist families to invest the money they receive from social grants into small low risk entrepreneurial projects for income generation. The CYCWs also advise and train families to be independent and self-reliant. Even if the family has children who are accessing social grants, it is apparent that often times the money is not able to meet all their basic needs such as food, clothes and etc. Thus, CYCWs empower families with skills to start their own small business projects. Usually the teaching is done during family conferences.

- Activities performed to drive Isibindi family strengthening approach**
- **Developing and strengthening family financial management competence (i.e. budgeting or managing social grants and debt restructuring;**
  - **Facilitating and development of trust relationships among family members;**
  - **Strengthening character development among caregivers;**
  - **Strengthening caregivers' parenting skills;**
  - **Strengthening integrated and unified family decision making processes;**
  - **Facilitate enhancement of family confidence and self-esteem through strength based approach;**
  - **Facilitating reunification and peace between estranged family members;**
  - **Strengthening family and community linkages;**
  - **Empowerment of families with diverse prevention and mitigation resources/systems around them; and**
  - **Family investment and entrepreneurship, e.g. vegetable gardens and spaza shops.**

### **3.1.4 Principles underlying Isibindi family strengthening**

The Isibindi model as a community-based approach of caring for the needs of vulnerable children and youth has underlying principles that define its essence. The principles identified by the child and youth care workers are summarised in the thematic diagram below (figure 5).

**Figure 5: Summary of principles underlying Isibindi model**



**Isibindi utilises a family strength based approach.** CYCWs in all the three provinces (Eastern Cape, Limpopo and Mpumalanga provinces) affirmed that the utilisation of a family strength based approach is one of the distinctive features of Isibindi family strengthening model. This approach focuses on the strength of the family rather than areas they struggle with in relation to child care. The strength based approach allows the CYCWs to optimise the potential they see in the caregivers or families and work together with the caregivers to realise this potential for the best interest of the child. This approach does not view caregivers as people who have nothing to offer. That is, instead of viewing caregivers as being ineffective in their caring role, strength based approaches build on their strengths, which creates confidence in them. This principle entails that CYCWs primarily view caregivers as people with something to contribute to the resolution of their children's challenges. CYCWs in Eastern Cape reported that:

*“When we visit these families, we learn the weakness and strengths of a family or a child through the conversations we have on every home visit. So, we visit these homes many times per week to change their lives for good”* (CYCWs in Eastern Cape).

**When working with children, the approach uses a trial and error method.** The CYCWs from all the three provinces identified ‘trial and error’ method as one of the underlying principles of Isibindi family strengthening model when working with children. This method is about allowing children to make mistakes and learn from them. In other words, this method acknowledges that children have to be given opportunity to positively experiment, practice and learn from their mistakes. The value of this method lies in allowing children to learn from experience, as well as allowing them the opportunity to experiment with different solutions in life. Hence, when a caregiver or CYCW advises a child, the child will be able to listen because he or she has experience on the issue. A Mentor Supervisor in Mpumalanga summed this principle succinctly as follows:

*“The CYCWs use trial and error method when dealing with children because it gives children the opportunity to explore things and learn from their mistakes”* (Mentor Supervisor in Mpumalanga).

Isibindi entails **role modelling and leading by example principle.** All CYCWs, Trainers and Mentors interviewed across the three provinces considered role modelling as one of the critical aspects, which distinguishes Isibindi family strengthening model. By role modelling, CYCWs mean that they have to demonstrate child care to caregivers so that they will learn how children are communicated with, rebuked, corrected and disciplined from CYCWs as the professional child and youth care practitioners. One CYCW in Limpopo summed this principle in the following way:

*“As a CYCW, my aim is to do well to children so that caregivers or parents can emulate how I talk to children and discipline them. I jealously guard my language, integrity and relationships with children since caregivers have to emulate me”* (CYCW Limpopo).

**Another principle identified was cultural competence.** Cultural competence is one of the underlying aspects of Isibindi strengthening model that was noted by CYCWs across all three provinces. CYCWs indicated that all (CYCWs) should adapt to the families they are working with



in order to strengthen them in the areas they need support or assistance. The CYCWs in Limpopo clarified the cultural competence principle during a FGD as follows:

*“We are successful because we are from this culture, so we can reach families easily since we understand the culture. Even in homes where cultural barriers exist, we negotiate with the families and learn their cultures and religion by bringing ourselves to the same level with them. This enables us to effectively reach these families. Certainly, cultural competence is a critical principle pillar of Isibindi family strengthening programme” (CYCW FGD – Limpopo).*

**Consistency of CYCWs was also underlined as a principle of Isibindi.** CYCWs across the three provinces concurred that within the family context where they work, commitment, consistency and reliability are fundamental principles in working with families. Since CYCWs have to build rapport and trust with the families in order for their intervention to be accepted and influence change in the families, they have to be consistent in terms of fulfilling their promises. A Mentor Supervisor in Mpumalanga explained this principle clearly as follows:

*“CYCWs visit families and children and do things with them so that they can learn and improve their lives. This is a difficult task because they have to develop a good relationship with these families and children in order to be successful in changing their lives for good. These relationships are based on trust and they develop over time. Therefore, to be trusted, you should be reliable and consistent. Family members won’t trust you if you are not trustworthy and reliable” (Mentor Supervisor –Mpumalanga).*

**CYCWs work in the life space of children through communication.** They (CYCWs) work in the life space of children through effective communication. CYCWs work is distinct from other service providers as it is practised in the life space of children through communication and by their presence and use of interpersonal skills with them (children). CYCWs use day to day environments and daily life events to promote the social competence and healthy development of children. The life space of children and families is deeply imbued with culture and traditional practice, and CYCWs constantly blend the science they learn in the classroom with their own knowledge of local customs. To substantiate this, a CYCW in Mpumalanga reported that she visits the families:

*“to identify needs of families as well as to explore ways of addressing those identified needs. We do this by going where these children are, namely, in their families and give them services to improve their wellbeing” (CYCW Mpumalanga).*

**CYCWs do activities in the life space of children.** Doing activities in the life space of children is one of the underlying principles of Isibindi family strengthening model. CYCWs go where families and children are, and then do activities with both caregivers and children to strengthen and develop them in areas that require strengthening and development. These activities are done with children and caregivers and all household members. Thus, all family members are active participants in those activities and they contribute to their individual and family wellbeing activities.

### **Principles underlying Isibindi family strengthening**

- **It utilises a family strength based approach;**
- **When working with children, they use trial and error method;**
- **Role modelling or leading by example;**
- **Cultural competence;**
- **CYCWs have to be consistent;**
- **CYCWs work in the life space of children through communication; and**
- **CYCWs do activities in the life space of children.**

### **3.2 Approaches underlying Isibindi family strengthening model – CYCWs & dynamics of home visits**

Isibindi is a child centred, family focused and community based programme that employs a family preservation approach that is underpinned by the principles that include: keeping families together, recognising that families have ability to change, respecting families' expertise, using crisis as an opportunity for change, and recognising that families are partners in service delivery. The Isibindi model utilises life space work and family engagement methods where aspects such as succession planning, memory boxes, and helping families budget together are used. The Isibindi approach entails a community-based intervention that provides prevention and early intervention care for children in poor communities where few services previously were available. The care services are provided by trained child and youth care workers (CYCWs). The CYCWs are recruited from the communities in which they work. The core of the Isibindi model is the provision of child and youth care services to children and youth in their homes. CYCWs work with community members to identify vulnerable children and youth. They connect with these young people and build relationships with them and their caregivers through the use of daily life events. In view of this description of Isibindi family strengthening approach, it is necessary to consider in detail the processes and activities that underlie the approach. This section therefore, focuses on a detailed analysis of the processes involved and activities being conducted. Processes refer to the dynamics of home visits while activities refer to the actual individual tasks performed by CYCWs during home visits.

#### **3.2.1 Dynamics of family (home) visits**

The work of CYCWs in homes follows five processes (ways): (1) identification of vulnerable children and youth as well as their homes (families), (2) initiating contact with the family, (3) needs assessment to determine intervention, (4) intervening to address the problem, and (5) disengagement with the family after achieving the agreed and desired intervention goals. The step by step process flow of home visits is indicated in figure 1.

##### **3.2.1.1 Identification of vulnerable children and youth as well as their homes (families)**

The first step that leads to intervention in the life of vulnerable children and youth is identification of the affected children and families. Vulnerable youth and children are identified through (1) referrals, (2) awareness campaigns, (3) community events, (4) Safe Park spaces, (5) community

life space, (6) CYCWs approached by needy families or children, (7) community driven/self-driven, and (8) community tip-off.

**Referrals:** Vulnerable children and youth are **referred from school, community spaces, surrounding families, social workers, police** and other **stakeholders**. For instance, the manner and dynamics of referrals by schools was summarised by some CYCWs as follows:

*“a teacher from Maphatile Primary School referred a child to Isibindi programme after observing that the child was continually absent from school, coming to school late and sometimes coming to school without bathing or with a dirty uniform” (Limpopo Mentor - Bela Bela).*

Furthermore, an Isibindi youth (girl) participant doing matric in Eastern Cape reported that she was referred to the Isibindi programme by her teacher. She stated that:

*“My father divorced my mother and married another wife. So, I was staying with my father and step mother in King Williams’s town. After my father died, I came to stay in Alice with my biological mother. Since I was not used to staying with my mother, we always fought. These fights affected my school concentration. My class teacher then noticed my emotional issues and then referred me to Isibindi”.*

**Awareness campaigns:** The awareness campaigns that lead to identification of vulnerable children and their families include two main approaches: door to door and community events. The CYCWs identify the children and families in need of Isibindi intervention through **door to door campaigns**. The CYCWs across the three sites (Limpopo, Mpumalanga and Eastern Cape) reported that they conduct door to door campaigns to families within their communities to introduce the Isibindi programme and the work they do as child and youth care workers. During these awareness visits, the CYCWs share the success stories of Isibindi so that families get an appreciation of the programme and perhaps then desire to be part of the programme. For instance,

*“During door to door campaign, I identified a family with a 16-year-old girl living with a chronic disease but not on any form of treatment. I immediately referred the child to the local clinic. In this case, the child’s mother and I accompanied the child to the local clinic at which the child was tested positive for HIV. After the positive result, HIV treatment protocols were initiated. I then proceeded to assist the family to access a disability grant for the ill child” (CYCW Limpopo – Bela Bela).*

The door to door campaigns are complemented by **community campaign events**. The awareness is conducted in conjunction with other stakeholders such as South African Police Services (SAPS) members, Social Workers, Home Based Care (HBC) staff, clinic staff and mobile Home Affairs. These various stakeholders partnering with CYCWs will be situated at a help desk at an open space (i.e. grounds) during the campaign period. The purpose of having these various stakeholders is for CYCWs to refer cases outside their job description or scope to the relevant authorities during the campaign. A CYCW reported that during these community campaigns:

*“Matters of social grants are referred to social workers, issues of sexual abuse are referred to SAPS (South African Police Services), and issues of IDs and birth certificates are referred to the Home Affairs” (CYCW Mpumalanga).*

**Community Events:** CYCWs identify the families and children in need of Isibindi intervention through community events in community halls. In these community events, the CYCWs will introduce the Isibindi programme and services they offer to the families and children. Just like door to door campaigns, the community events usually consist of relevant stakeholders (i.e. Social Workers, mobile Home Affairs, SAPS, and etc.) who provide services outside of the scope of CYCWs. After the community event campaign, people sometimes come to Isibindi site to inquire more about the Isibindi programme. A matric learner who is now part of Isibindi in Limpopo reported how he became part of Isibindi after hearing of the programme through a community event campaign.

*“I was struggling in Accounting and Business Studies. During the community event campaign, I got interested in the services of homework supervision offered by the CYCWs to school children. So, after the campaign, I went to the Isibindi site so as to ask more about the aspect of home-work supervision offered by CYCW.” (Isibindi participant - Limpopo Youth).*

**Safe Park spaces identification:** CYCWs use safe park spaces to identify children that require Isibindi intervention. Safe park spaces are open for all children from the community. Children come to the safe park and participate in various educational and recreational activities. As the children play in the various activities, CYCWs observe their character and behaviour. The CYCWs FGDs explained that:

*“Activities that are done at the safe parks include the use of a persona doll activity. In this activity, a doll will represent a parent and then the child will be telling her challenges to the doll as his or her parent. During this time, the CYCWs observe the children. Children also engage in activities such as soccer, and the CYCWs would be observing them. For instance, when children are playing soccer, a CYCW should use his or her observation skills to identify children who have an aggressive, arrogant, bully behaviours etc. Once a child’s challenge is identified at the safe park, the CYCWs usually accompany the child to his/her home. When CYCWs arrive at the child’s home, they introduce themselves to the caregivers or parents and then explain the kind of work she does as a CYCW and the purpose of the visit. The purpose of visit will be to disclose the bad behaviour of the child to the family. In the conversation between the CYCW and the parents or caregivers of the child, the CYCW will look for more information that includes the root causes of the child’s problem. Once this is established, the CYCW and the family of the child will explore ways of assisting the child to change her/her behaviour to from bad to good, or good to better, or better to best” (CYCWs FGDs).*

**Community life space identification:** CYCWs exist in the life space of the community which they live and they are aware of most families in their communities. CYCWs are trained in child and youth care practices and then take back whatever they have learned from their training to

their communities. As a result, the CYCWs sometimes approach families or children in their communities to be part of Isibindi based on the information available to them. This aspect is clearly reported by a grade 12 learner in Alice in Eastern Cape.

*“A CYCW visited my family without being referred by anyone because she lives in my community. The CYCW started visiting my family after I lost my father. The CYCW knew about our father’s death and knew that we could benefit from being part of the Isibindi programme. She realised that Isibindi could help us to deal with grieving and further assistance. It is from this background that I became part of Isibindi programme. The CYCW identified the need in my family and then intervened. The CYCW supported my family with the grieving process, and she (CYCW) is currently assisting me with my homework and I am doing better at school than before and I am certain that I am going to pass my matric since I am working hard and being supported by a CYCW” (Youth Beneficiary, grade 12– Alice).*

**CYCWs approached by needy families or children:** CYCWs are sometimes approached by needy families once they hear of the impact of CYCWs in families enrolled in Isibindi programme. A CYCW summarised this aspect as follows:

*“As CYCWs we provide professional services that result in changing families and children’s lives. So, people around the village where we live identify the changes in the families we are helping and directly approach us” (CYCW Mpumalanga).*

**Community driven/self-driven identification:** There are families who are experiencing severe challenges and are actively seeking assistance. Therefore, at the first instance of hearing about Isibindi they look for CYCWs in the community. A widower caring for six (6) children in Limpopo stated that:

*“I was hopeless and didn’t know what to do. I was just looking for information of any place I could get assistance. Someone showed me the CYCW who was walking in the community and then I ran after her. She then came to my house and we discussed” (Beneficiary – Widower looking after 6 children – Limpopo).*

**Community tip-offs:** Sometimes CYCWs receive information from community members about children being abused. This will trigger CYCWs to visit the respective homes to intervene. The CYCWs use tact and wisdom when approaching such homes. A CYCW in Mpumalanga stated that:

*“We have to be very careful, tactful and wise when approaching homes that have been reported as having children being abused otherwise you will be rejected” (CYCW Mpumalanga).*

The above eight mechanisms of identifying vulnerable children and youth as well as their homes (families) provide a first step and entry point into the children’s life spaces. It is from identification that CYCWs proceed to the next step of initiating contact with the families where children live. These mechanisms interplay to provide an environment where vulnerable children do not fall through the cracks or be overlooked.

### **3.2.1.2 Initiation of family contact for Isibindi intervention by CYCWS**

The CYCWs initiate contact with the families in a structured and tactful manner. Establishing contact is critical in building rapport and relationship of trust with the family. This process requires CYCWs to exercise wisdom and good judgment to avoid being viewed as intruding into family matters. Family contact follows the following stages: (1) visiting the family by CYCW, (2) CYCW's introducing the services they offer to the family, (3) family's introduction to the CYCW, and (4) relationship building.

**CYCWs family visit:** Upon identification of the vulnerable children through any of the eight approaches above, the CYCW gathers all information about the family, the nature of the problem, and then visits the family.

**CYCW's introducing the services they offer to the family:** When the CYCW reaches the child's home (family), she/he introduces herself in a culturally acceptable way. The CYCWs introduces herself and the purpose of the visit. Further to that, she explains her role and the services offered by Isibindi to children and caregivers.

**Child caregiver (family) introduction to the CYCW at the home:** In a tactful way, the CYCW through controlled and managed conversations leads the child's caregiver(s) to introduce himself/herself. The CYCW assures the family of their professional integrity to encourage confidence in the family. CYCWs across the sites stated that:

*"It is very important to ensure that the family develops confidence and trust in the CYCW otherwise they won't openly communicate with you or share their challenges with you"* (CYCWs FGDs across the three sites).

**Relationship building between the CYCW and the family:** After the introduction of the CYCW to the family and also the family introducing itself to the CYCW, a process of mutual understanding and rapport building starts. The CYCWs using different types of skills that are culturally appropriate engage in conversations with the family to gain clarity and understanding of the family dynamics and challenges. This process entails the use of critical skills on the part of the CYCWs to ensure that they are trusted by the family in order for it (family) to open up.

The above four process of initiating contact with the family do not rigidly follow those steps. The process is dynamic and depends on the prevailing situation and the judgment of the CYCWs. However, the general steps followed are the ones indicated below: (1) visiting the family by CYCW, (2) CYCW introducing of the services they offer to the family, (3) family's introduction to the CYCW, and (4) relationship building. Relationship building was aptly summarised by CYCWs, mentors and trainers in the following words:

*"The CYCWs visit the family, make contact and introduce themselves. They establish a relationship of trust with the family. If a relationship of trust is successfully established, the family opens up on the challenges they are experiencing that are resulting in the negative behaviour or poor conditions of the child. However, this process sometimes takes one visit to achieve the desired purpose while with others it may take several weeks and many visits (4-5 visits)"* (CYCWs, Mentors and Trainers from the three sites).

### **3.2.1.3 Needs assessment to determine interventions required for vulnerable children & youth**

After a relationship of trust has been established between the family and the CYCW, the family openly communicates (shares) the challenges they are experiencing in the home. These challenges are interpreted within the framework of the negative effect they have on children and youth. Following the sharing of the child and family challenges with the CYCWs, both the family and the CYCW jointly determine the root causes of the prevailing family challenge. Upon agreement on the root causes of the challenge a joint plan to address the problem is developed (individual development plans -IDPs). Thus, the systematic (step by step) process followed during diagnosis include the following five (5) steps: (1) outlining the problem presented by the child by both CYCWs and the family (problem outline), (2) pointing out in detail the problems of the child and possible causes (problem assessment/diagnosis), (3) agreement between CYCWs and the family members regarding the problem and its original sources (agreed problem framework), (4) joint exploration by the family and CYCW to determine the way to address the problem, and (5) joint development of an intervention plan to address the problem (IDP).

**Assessment process:** As indicated above, during the CYCWs home visits, they identify the strengths of the family and developmental areas (Family Assessment Plan). This assessment helps the CYCW to have a better understanding of the family set up. Part of the assessment is a visual assessment of the home and living conditions of the family and children. The CYCW also seeks to understand the family dynamics and how each family member interacts with each other. During the family assessment, the following categories are considered:

- The house/building structure brick and mortar, shack, the state of the windows;
- The number of people in the home;
- Do parents and children have legal documents i.e. IDs and birth certificates;
- Are the children attending school;
- Are the children performing well and progressing in school;
- Is there alcohol abuse in the home;
- Religious beliefs of the family;
- Demographics of the family (the family set up influences how successful the intervention will be); and
- The state of the clothes the children are wearing (are the clothes new, do they fit, and are they clean).

Although family assessment begins at initial entry into the house, the formal assessment process happens at the third stage (assessment).

**Development of an intervention plan based on assessment done (Individual development plans - IDP)** – As indicated earlier, a joint intervention plan is developed jointly by the CYCW and the family. These plans are developed between the CYCWs and the families three months into an intervention (3 months after family contact). Before each specific home visit, the IDP is updated by the CYCW. The updated IDP is presented to the family for approval especially when there has been significant variation from the initial IDP. The parent or caregiver then counter signs the IDP. The IDP is developed for every member in the home. The IDP is directly linked to the 5 wellbeing

indicators and it sets up a roadmap of how each individual will be able to meet the wellbeing indicators. The IDP addresses issues targeting the physical, emotional, social, and cognitive development needs of the individual. After 6 months, CYCWs will review the IDPs. The IDPs are evaluated in order to assess progress of each child or family as well as to assess if the objectives of the intervention have been achieved.

**Family Coding** – the CYCWs have a code sheet that they use to code each family. The codes are: red, yellow and green. The CYCW assesses the family condition especially its risk factors and constantly monitor these factors. If the risks factors are high the family is coded red. If the risks are average than the family is rated yellow, and green is there is low risk. The families coded red are in an emergency situation and require 3 or more visits per week, while families coded yellow require twice or once a week visit. A green family requires a fortnight or month visit and should be preparing for disengagement.

#### ***3.2.1.4 Intervention in the family to address the problems and challenges of children and youth***

After determination of the problem and development of an IDP focused on addressing the prevailing problems, interventions start. The process followed entails the (1) implementation of agreed interventions aimed at addressing the determined problems, and (2) resolution of the problem, which will be based on the CYCW and parents (or caregiver) determination that the issue has been resolved. After problem resolution, the CYCW disengages with the family. However, in many instances, the resolution of the challenge results in a second phase of challenges. For instance, after successful application of social grants for the children, a second problem that may arise is management of the funds. As a result, CYCWs have to manage a second phase of family challenges that arise from addressing the first phase of challenge such as budgeting, saving and general financial management after accessing social grants. Therefore, the intervention stage progresses to phase two where (3) resolved problems in phase one results in creating new wave of problems. This then calls for (4) second relationship building and needs assessment, which leads to (5) second intervention plan to address the new challenges.

The CYCW interventions in homes include life space counselling for children; family training on various issues that include financial, communication and parenting; homework supervision; and assisting children with household chores, just to name a few. During interventions, CYCWs log the details of the activities they do, which will be used to generate monthly reports. The interventions based on the IDP are reviewed after some months (e.g. 3 months) for an individual child. After the goals have been achieved, the CYCWs reduce the frequency of their home visits and begin to prepare for disengagement.

#### ***3.2.1.5 CYCW disengagement from the family***

After the achievement of the set goals by the CYCW and the family in addressing vulnerable children's challenges, the CYCW disengages from the family. The disengagement process follows the following steps: (1) the CYCW and the family assess the extent to which the purpose of the interventions in the home have been achieved; (2) CYCW informs the family that the set goals have been achieved hence there is need for her to move on to another family; (3) CYCW preparation and management of disengagement process by gradually reducing frequency of the



family visits; and (4) CYCW disengages from the family but at the same time assures the family of her availability if need arises so as to maintain open communication.

The interrelationship of the various processes during home (family) visits by CYCWs are summarised in the diagram below.

**Figure 6: Interrelationship of home (family) visits processes by CYCWs**



### **3.2.2 Activities of CYCWs during home visits (direct and indirect interventions to vulnerable children and youth)**

CYCWs provide direct and indirect services to vulnerable children and youth during home visits. The services are provided to develop the children holistically. The holistic interventions are aimed at developing children in all dimensions as indicated by Circle of Courage<sup>viii</sup>. The Circle of Courage<sup>ix</sup> assessment and intervention model reflects the intertwining of the components that are essential for healthy emotional development of children. The four parts of the Circle of Courage are: **belonging/attachment, mastery/achievement, independence/autonomy and generosity/altruism.**

These four dimensions of the Circle of Courage model are inextricably intertwined, each one responding to and affecting the others and the whole. Belonging/attachment relates to the need for children to be connected to significant others i.e. having a sense of emotional connection to individuals through emotionally healthy and secure bonds with others, which promotes feelings of positive self-worth. This prepares children for nurturing attachments that make them upright and secure people in the future. Mastery/achievement refers to child's competence in learning of new skills and knowledge bases. The children will be mentored to develop in a self-managed way. These children will feel competent in their abilities, and seek more skills and knowledge. Independence/autonomy refers to children's need to develop self-sufficiency and self-governance. This is accomplished by being given opportunities to accept responsibility, and prove oneself trustworthy. From these learning experiences, children develop the ability to self-manage their actions and make good choices. They learn how their decisions influence their destiny.

The direct child intervention activities provided by CYCWs to vulnerable children are clustered under the children's well-being outcome categories: economic, education (school attendance), health, nutrition and reduction of abuse. Direct activities refer to CYCW interventions performed directly on the child to assist him/her while the indirect activities are the ones reaching the children through caregivers. The indirect activities are used as means to reach children.

#### **3.2.2.1 CYCWs direct interventions to children**

The CYCWs perform many activities directly to children during home visits. The detailed activities are listed in the table 4 below without much discussion as they are self-explanatory. Only a few activities will be discussed in some considerable detail to provide some insights.

**Life Space<sup>x</sup> Counselling:** While the CYCWs are not necessarily counsellors, they provide emotional support to the families. They listen to the families (parents, children and youth) and assist in providing a solution. Listening to the children and the parents is one of the most important activities that a CYCW performs. This enables the CYCW to get an understanding of the families they are working with. As the families open up, a relationship of trust and respect is developed.

CYCWs also do life space counselling through sharing stories (memory box) that allow the family or child to cope with the grieving process. A memory box contains objects such as photos, letters and special ornaments. Once the grief is addressed, the child's emotional wellbeing improves significantly and this has helpful effects on the child's behaviour and performance in school. The child will learn to cope with the grief and enable himself/herself to move on and focus on school

and other activities. In life space counselling, the CYCW and the child discuss good memories from the past when the loved one was still alive. For instance, *“how the child’s mother treated them to KFC after pay day”* (Mentor Eastern Cape). Life space counselling also includes listening to children when they speak and responding positively to them. This brings healing to children. Sometimes CYCWs take dolls to the family and use them in puppet show conversations. Each puppet will represent an important person in the child’s life. This person may or may not be alive but the puppet show will help the child express their emotions.

**Picture 1: Memory box for the Gube family in Alice, Eastern Cape**



The CYCWs also provide emotional support to caregivers of the children, which enable the caregiver to effectively perform his/her role as the primary care giver of the child. A grandparent who is a beneficiary of Isibindi in Mpumalanga stated that:

*“Joyce (not real name of the CYCW) is easy to talk to and she does not judge me. My issues are safe with her. I have never heard them discussed in the streets”* (Mpumalanga Caregiver).

When the CYCW is providing emotional support, they discuss how to care for children better as well as improve the situation at home. A mother who is a beneficiary of Isibindi and has been struggling to provide food for the family reported that:

*“When Sheila (CYCW not real name) came into my life I was lost. I had no food in the house. I was also sick and had no hope. My husband wanted me to go and beg for food. I could not bear the thought of begging for food. On that very day, Sheila came to my home and introduced herself and told me about the Isibindi programme, I was able to register my children to receive a social grant and I was also registered to receive a disability grant because of my illness”* (Mother of vulnerable children in Mpumalanga).

**Training is provided to the families during the home visit.** Training is provided on several issues like hygiene, gardening, health, nutrition, family communication skills and household management. Training is an activity planned in advance of a family visit. Some training activities are simple and can be done as part of life space work e.g. training on hygiene, nutrition and family communication skills. The CYCWs model by performing tasks with the children and sometimes with the parents as well. The CYCWs also perform household chores with the children. These chores include laundry, washing the dishes and cooking. The CYCWs also provide information on problem solving. They discuss with the families about their lives and what would have happened since the last visit. During this discussion, information is shared with the family. At the same time, the CYCW will be able to get additional information that may not have been previously disclosed.

Specialised training on issues relating to income generation, financial management and gardening is also done during home visits. These discussions need to be planned in advance and ensure adequate time allocation during the family visit. In most cases, the home visit can be dedicated to the training only.

***Picture 2: Onion garden belonging to a family in the Eastern Cape***



***Picture 3: Spinach garden belonging to a family in the Eastern Cape***



CYCWs also empower families with skills and ideas to start income generating projects. The projects that they are encouraged to establish are low risk and small scale because of the technical and financial capacity of the families. These include gardening, buying and selling small items like sweets and vegetables.. This training is usually conducted at family meetings.

CYCWs also offer advice and training on financial management. This is a difficult activity to initiate as CYCWs sometimes face serious resistance from families. *“The families feel that they are losing control of their finances and the CYCWs are taking over”* (Mentor Supervisor Mpumalanga). To address the situation, the CYCWs explain to the families that their role is to assist the family to budget the money especially when it comes to child support grants and foster grants because that money is meant for the children hence it will be unfair for children not to benefit from their money.

**CYCWs also conduct homework supervision for children in the homes.** This entails reviewing children’s books to ensure completion of homework as well as ensuring that the assigned homework for that particular day has been done. A CYCW in Limpopo reported the following:

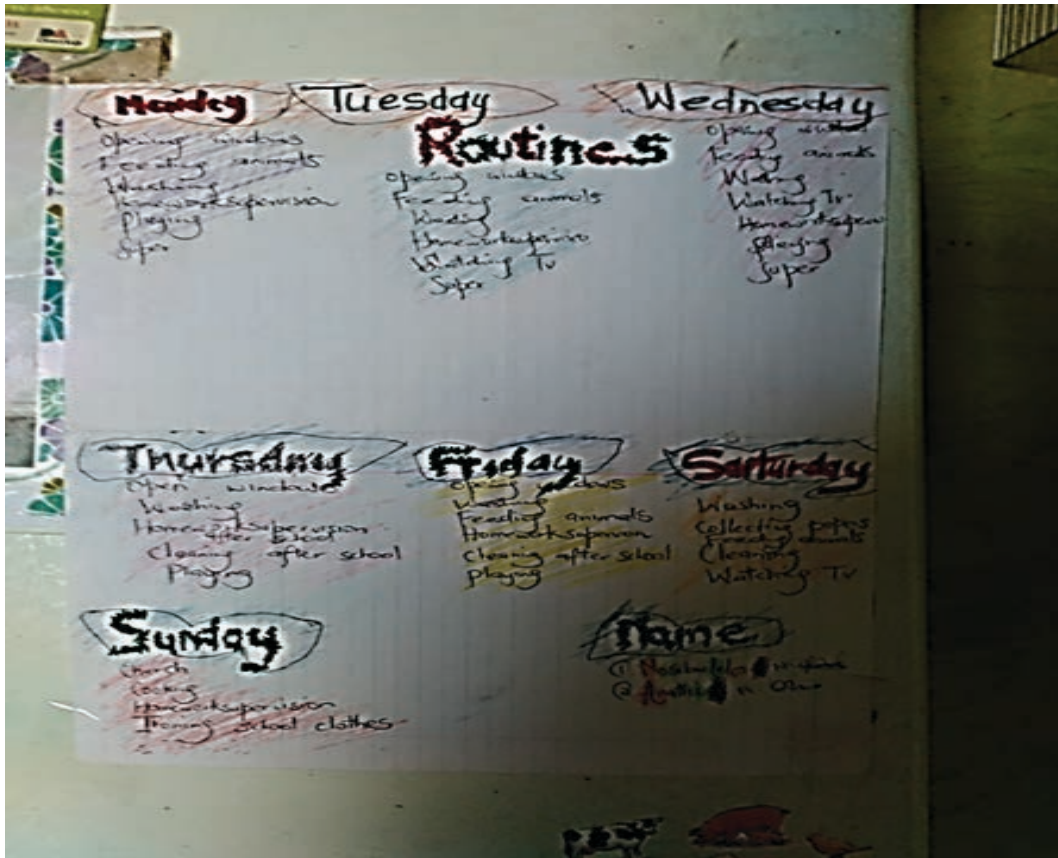
*“Every visit that I visit Joyce’s home (not real name) I take out her books and check whether she has done her homework. This support has resulted in the teacher reporting that Joyce is improving”* (CYCW in Limpopo).

**The CYCW and the children jointly develop a roster of routines for the children.** The routines are a list of house chores that the child is supposed to perform. The chore list is also used to delegate daily home chores to all the other children in the home. Chores are an essential part of the training of a child in the Isibindi programme. Some families require more assistance in managing these chores hence the CYCWs draw up a chore list and assign each child a chore according to their capacity. The chores include cleaning the house, washing the dishes, laundry, cooking, watering the garden, collecting firewood, etc. The CYCW further assists each child with their particular chores. The circumstances when the CYCW participates in the actual activities were reported as follows:

*“I teach Wandile (not real name) to wash the dishes, uniforms and clean the house after school. I do these things with Wandile so that she can learn. Since Wandile’s mother is now sick, Wandile is able to cook and do her house chores, thus serving herself and her sick mother.”* (CYCW Mpumalanga).

*“I realised that Miss Mdakane (not a real name) was experiencing difficulties getting children to do their household chores. So, I decided to model the habit by cleaning the house myself. Now the oldest girl in the house asked me not to do the cleaning of the house anymore as she is embarrassed about her behaviour. This child has started doing her chores diligently”* (CYCW Eastern Cape).

Picture 4: Example of routines schedule



The above activities performed by CYCWs provides a picture of how exactly the activities are performed in the home. However, the comprehensive list of the activities performed by the CYCWs are presented in the table 4 below.

Table 4: Detailed activities performed by CYCWs to children during home visits

Activity category	Activity provided to children
Education - improved school attendance and performance	<ol style="list-style-type: none"> <li>1. Advocacy for children who have dropped out of school to be readmitted;</li> <li>2. Advocating and assisting with access to social grants, which enables the child to get all he/she needs for school;</li> <li>3. Attending school meetings that some caregivers may not be able to meaningfully participate e.g. book review meetings;</li> <li>4. Dropping off children at school;</li> <li>5. Preparing children for school;</li> <li>6. Assisting children to access birth certificates and enrol at school;</li> <li>7. Babysitting while parents are away and ensuring school issues are attended to;</li> </ol>

	<ol style="list-style-type: none"> <li>8. Washing the dishes, cooking, cleaning the house to create time for children's school work;</li> <li>9. Drafting a roster for house chores to ensure cooperation and task allocation as well as perform school tasks;</li> <li>10. Homework and study supervision;</li> <li>11. Individual development plans and goals relating to education;</li> <li>12. Life space counselling in all educational matters;</li> <li>13. Assisting children living with disability to access education;</li> <li>14. Assisting hungry children with food parcels to ensure that they actively participate at school;</li> <li>15. Disciplining of children on matters relating to school issues; and</li> <li>16. Filling of official forms at the school or other facilities where needed.</li> </ol>
Economic situation	<ol style="list-style-type: none"> <li>1. Collecting social grant money for the child;</li> <li>2. Advocating and assisting the child with access to social grants;</li> <li>3. Training and advising children and caregivers on small income generating projects; and</li> <li>4. Training and advising children to establish gardens.</li> <li>5. Assisting caregivers and children with financial management, i.e. budgeting</li> </ol>
Nutrition	<ol style="list-style-type: none"> <li>1. CYCWs sometimes sharing their food with the families;</li> <li>2. Advocacy (for food parcels);</li> <li>3. Food distribution (food parcels);</li> <li>4. Nutrition advice - balanced diet;</li> <li>5. Assist with access to social grants to buy food; and</li> <li>6. Training and advising children to establish gardens.</li> </ol>
Health status	<ol style="list-style-type: none"> <li>1. Training and advising children to establish gardens;</li> <li>2. Preparing meals for the children;</li> <li>3. Filling in official forms for children in health facilities. This entails helping the child or family member to complete medical forms or any other required documentation;</li> <li>4. Accompanying parents and children to HIV testing;</li> <li>5. Life space counselling on health issues;</li> <li>6. Providing information on health;</li> <li>7. Support/encourage adherence to medication;</li> <li>8. Linkage and referral to and with other service health providers;</li> <li>9. Encourage exercising to improve physical strength;</li> <li>10. Collection of medication;</li> <li>11. Referral of children requiring medical health;</li> <li>12. Assist with health access to sexually abused (rape cases) children; and</li> <li>13. Assist families to deal with their life issues hence improving their psychosocial health</li> </ol>

Reducing child abuse	<ol style="list-style-type: none"> <li>1. Training parents on parenting skills;</li> <li>2. Family education on Child Rights &amp; Responsibilities</li> <li>3. Helping children prepare for court;</li> <li>4. Caring for the sick and abused children;</li> <li>5. Facilitate immediate reporting of cases of neglect;</li> <li>6. Life space counselling on abuse related matters; and</li> <li>7. Assist abused children to report and ensure prosecution.</li> </ol>
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### **3.2.2.2 Indirect activities to children by CYCWs – reaching children through their environment**

Further to the above direct activities on children in the home by CYCWs, they also perform activities that are aimed at reaching the children indirectly through strengthening structures around a child. A discussion and summary of the indirect activities is indicated below in a summary diagram (figure 5).

The CYCWs are involved in **resolving conflict in the homes** to ensure that children are not emotionally affected. When there is conflict in the home, CYCWs mediate between the fighting individuals. The Trainer in Eastern Cape (Alice) gave an example that:

*“In one home the father cooked his own food and ate alone. The mother and the children cooked their food and ate alone. Sometimes the children resorted to begging in the street. To address the situation, I as the Trainer and the CYCW approached both the father and mother separately and discussed the issue with them. For the first after a very long time they started cooking together and there are signs of family healing although still not ideal” (Trainer Eastern Cape).*

The CYCWs also assist with **reunification of families** when one or more family members have been estranged for a long time, which makes the children vulnerable. The family members’ estrangement sometimes arises out of family squabbles. For instance, in one family visited in Mpumalanga, sisters were no longer on talking terms and had a terrible relationship. The orphaned children were now neglected. The intervention of the CYCW between the sisters as a mediator on behalf of the children led to reconciliation. One of the sisters stated that:

*“I didn’t want to see my sister anymore. I couldn’t stand her. She made my life miserable. But through the intervention of the CYCW we managed to sit down and discuss our differences. We are now a family again” (Mpumalanga Beneficiary – lady looking after orphans who had been estranged from her sister).*

Family conflicts and differences leave children vulnerable particularly orphans. For instance, when both parents die, relatives sometimes fight to look after the children so that they get the foster care grant. To address such a conflict, CYCWs **facilitate family conferencing or meeting** to discuss and resolve the differences. During the family conferences, all family members are encouraged to participate fully in the matters to ensure a shared decision. A mentor in Limpopo reported that:



*“There was a family that was fighting to look after a child when the child’s parents died. The relatives from the mother’s side wanted to look after the child while the relatives from the father’s side refused. To resolve this situation, I organised a family conference and fully briefed both sides of the relatives as well as the child. At the conference meeting, the child chose to go and stay with relatives from the mother’s side. It was a very peaceful process” (Mentor Limpopo).*

During the family meetings and conflict resolution discussions, CYCWs also assist in ensuring that **children’s views are heard** and all family **members meaningfully participate in family discussions and decisions**. CYCWs also work with poor families who have low self-esteem, which make them (families) hopeless in life to overcome this negative psychological situation. Hence, one of the major interventions of CYCWs is to **strengthen or enhance self-esteem of families**, which in turn helps the child to have a positive view of life. A widower in Limpopo testified to the importance of self-esteem and hope building by CYCWs. He stated that:

*“I was hopeless and could not do anything. My wife left behind children and my daughters died also and their children are here. I have six (6) children. My life was at a standstill because I couldn’t do anything and I am unemployed. But the CYCW both encouraged and helped me to organise my family. She has taught the children respect and the children now respect me. We are now a family and the children treat me like their real father. I was extremely desperate” (A widower in Limpopo looking after six children).*

In addition to building strengthening self-esteem of families, CYCWs focus on **building strong family structure** that effectively supports the well-being of children. The CYCWs encourages and assists **families to develop good character**, like turning away from lies that are destructive to the family and consequently lead to bad behaviour on children. The CYCWs in Mpumalanga stated that:

*“We hold discussions to show the caregivers the negative effects of bad character and negative attitude towards one another and to the children. As part of our intervention we develop plans to track and jointly monitor positive character change. We witnessed great family healing and children when caregivers and parents transform their negative characters” (CYCWs in Mpumalanga)*

Many parents of children living with disability lack proper skills to manage their children. As a result, these children’s growth and development is compromised because they don’t receive specialist services. CYCWs assist parents with basic training on parenting and practical skills to care for children who are live with **disability**. This includes assisting them to **access the specialist services**. A mother of a disabled child (paralysed child) in Eastern Cape testified to the work of the CYCWs as follows:

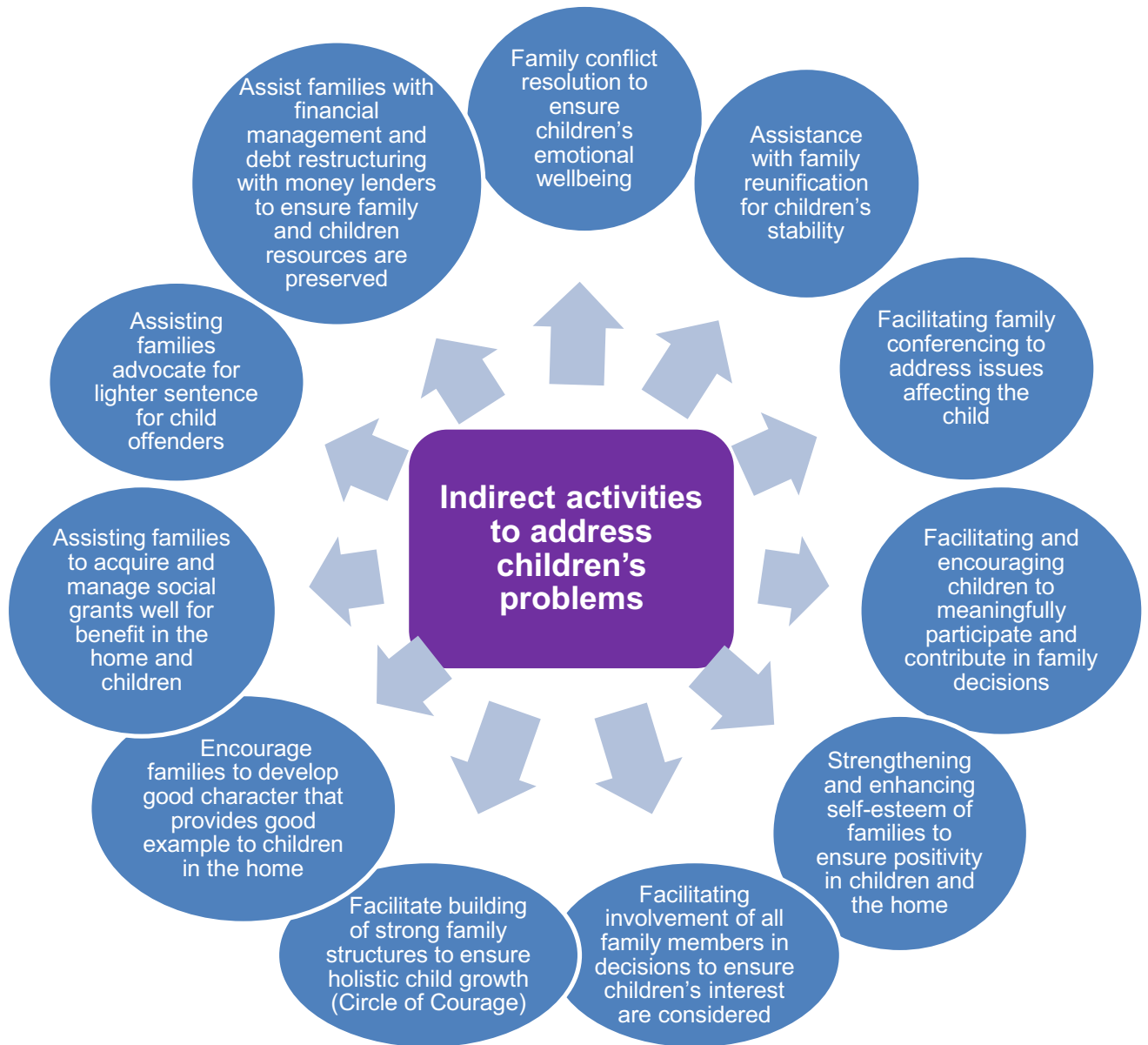
*“Through this CYCW I managed to get a wheel chair for this child living with disability. The CYCW helps me to attend physiotherapy sessions that have immensely helped the child to improve. We can now talk to him and we hear all what he says now” (Mother of a child living with disability – Eastern Cape).*

The CYCWs also **assist families to acquire various types of social services and grants**, which improves family income. This helps to meet the resource needs of children. Some family members are caught up in different kind of debts that drain family income in a way that leaves children with very limited resources. CYCWs therefore assist families with debt restructuring and negotiating with money lenders. CYCWs also assist families to advocate for lighter sentence on child offenders.

#### **Indirect intervention to child's problem**

- Family conflict resolution to ensure children's emotional wellbeing
- Assistance with family reunification for children's stability
- Facilitating family conferencing to address issues affecting the child
- Facilitating and encouraging children to meaningfully participate and contribute in family decisions
- Strengthening and enhancing self-esteem of families to ensure positivity in children and the home
- Facilitating involvement of all family members in decisions to ensure children's interest are considered
- Facilitate building of strong family structures to ensure holistic child growth (Circle of Courage)
- Assisting families to effectively manage and look after children living with disability
- Encourage families to develop good character that provides good example to children in the home
- Assisting families to acquire and manage social grants well for benefit in the home and children
- Assisting families advocate for lighter sentence for child offenders
- Assist families with financial management and debt restructuring with money lenders to ensure family and children resources are preserved

**Figure 7: Indirect activities to address child's problems**



### 3.3 Success factors in implementation of Isibindi family strengthening

Successful implementation of Isibindi family strengthening approach depends on internal and external factors that either promote or hinder its success. The internal factors are those factors that are inherent within the Isibindi structure such as interventions (approach) design and systems and functions that the approach exhibits. External factors are those factors that are outside the design and internal dynamics of the Isibindi programme. These factors exert pressure that either promotes or hinders the implementation of Isibindi, which then has a positive or negative impact on children's well-being

#### 3.3.1 Internal success factors of Isibindi family strengthening

The internal success factors are discussed and summarised in the table 5 below.

**Table 5: Isibindi internal factors strengthening the approach**

Internal factor category	Elements of the factor	
Characteristics of CYCWs and the qualities that enable effective delivery of the approach	<ol style="list-style-type: none"> <li>1. Flexibility of CYCWs;</li> <li>2. Confidence of CYCWs;</li> <li>3. Accountability of CYCWs;</li> <li>4. Effective communication by CYCWs with the families they assist;</li> <li>5. Confidentiality of CYCWs i.e. CYCWs keep confidential family and individual child information without sharing with other people;</li> <li>6. Delivering on promises/guarantees</li> <li>7. Reliability of CYCW;</li> <li>8. Patience, tolerance, persistence and enduring nature of CYCWs;</li> <li>9. Good time management by CYCWs;</li> <li>10. Fairness and intolerance of favouritism by CYCWs;</li> <li>11. Honesty of CYCWs in dealing with families;</li> <li>12. Respect for families; and</li> <li>13. Creativity and innovation by CYCWs in addressing problems.</li> </ol>	
Design and implementation	Relevancy	Use of local people who are familiar with the context.
		Broad interventions enough to address diverse community challenges.
Presence and on-going technical support of CYCWs by CYCW Supervisors, Mentors, Mentor Supervisors and Trainers.	<ol style="list-style-type: none"> <li>1. Role modelling;</li> <li>2. Consultative supervision; and</li> <li>3. Mentors attending family conferences together with CYCWs to solve challenges CYCWs experience while supporting families.</li> </ol>	
CYCWs quality training that prepare them to effectively deliver services	Quality training (accredited)	
The design of the programme as a franchise model	Franchise model hence ensuring standardisation	

### **3.3.1.1 Characteristics of CYCWS and the qualities that enable effective delivery of the approach**

The first category of Isibindi success factors relate to the characteristics of CYCWs and their qualities that enable them to effectively deliver the Isibindi interventions. The CYCWs have to be **flexible** in conducting their activities in order to successfully deliver them. Flexibility is required in cases “*where CYCWs have to change their personal plans in order to attend urgent issues that arise in the families and children they are supporting*” (Mentor Limpopo). Being uncertain and lack of confidence in conducting activities was reported by CYCWs as a negative factor. The CYCWs strongly emphasised the need for **confidence in one’s** role as a CYCW. CYCWs in Mpumalanga summarised the need for confidence by saying:

*“Confidence of the CYCW is one of the success factors in implementing Isibindi family strengthening. A CYCW should not act as if she is not sure of what she is talking about since it leads to a negative perception of her by the families and children she is supporting. A CYCW has to be very observant in the family conferences so that she understands the issues well. This observation skill will enable a CYCW to think critically of how she will assist the family. The intervention by the CYCW in the home should be proposed with confidence since he or she (CYCW) has arrived to that decision after serious consideration”* (CYCW FGD – Mpumalanga).

CYCWs also have to be **accountable** to their planned activities and home visits. A CYCW in Mpumalanga explained that:

*“As a CYCW, I should know that I need to stick to the planned activities with the families and do it properly. There is no any other way around it because I have to do that if my intervention in a family is going to be successful. CYCWs should follow the objectives, i.e. if a CYCW intervened in a family; there is a purpose for the intervention. So, a CYCW should remain focused on that purpose and pursue it with the family and avoid side tracking”* (CYCW - Mpumalanga).

To put it differently, accountability is about ensuring that CYCWs remain responsible, focused and answerable for their actions and plans.

**Effective communication by CYCWs with the families they assist** was also noted as a critical factor. For successful implementation of Isibindi, CYCWs in the three provinces emphasised that “*CYCWs should effectively communicate with the families they work with as well as with other CYCWs and the leaders (i.e. CYCWs supervisor, the mentor and mentor supervisors*” (CYCWs from the three provinces during FGDs). Effective communication safeguards both the relationship and trustworthiness of the CYCW to the family in a way that will legitimise the work of the CYCW as a trained professional. The CYCWs’ effective communication with their leaders is also important for successful implementation of Isibindi in families. Through effective communication CYCWs are able to communicate emerging challenges in the families that they are working with to their leaders. For example, a CYCW in Eastern Cape reported that:

*“She struggled to initiate contact with a certain family that was resisting CYCWs because the caregiver thought that CYCWs were people who will go around in the community*

*spreading negative news about the family' status. After encountering rejection a few times, the CYCW reported the case to the CYCW supervisor and the mentor. With the assistance of the mentor and CYCW supervisor, the CYCW was finally accepted by the family" (CYCW - Eastern Cape).*

Another factor that was noted as facilitating successful Isibindi family strengthening was the promise of **confidentiality (confidentiality of the CYCWs)**. Families are very disappointed when their family issues are exposed to the community. Families expect family information to be treated confidentially, CYCWs should not expose information and problems of families they are assisting. To illustrate the importance of confidentiality, a CYCW in Mpumalanga reported that:

*"There was a time when I noticed resistance from the family that I was supporting. The reason was that there was a family member who had spread news about the family challenges to many community people and the family thought I was the one who had done that. Then they started avoiding me. However, this changed when we resolved the issue through a family conference in which they discovered that one of the family members had not kept family issues confidential" (CYCW - Mpumalanga).*

**Delivering on promises and guarantees made to the families.** The CYCWs in all the provinces interviewed concurred that successful implementation of Isibindi family strengthening model is also dependent on the extent to which the CYCWs deliver on the promises and guarantees they would have made to the families.

A CYCW in Mpumalanga stated that *"if a CYCW promised a family to advocate for them at home affairs, a CYCW should be there on time rather than letting the family wait for a CYCW for a long time"* (CYCW Mpumalanga). Being able to fulfil one's promises makes one a **reliable professional person**. Reliability is interlinked with accountability and honesty. CYCWs in all three provinces emphasised the importance of reliability as a factor in successful implementation of Isibindi family strengthening model. For example, a CYCW in Eastern Cape explained that *"if she promised to visit a family at a particular time, it is important that she does as she promised so that a family would be able to trust and have confidence in her (CYCW)"* (CYCW – Eastern Cape). All CYCWs in FGDs highlighted **honesty to the families being assisted** as another success factor in implementing Isibindi family strengthening.

**Patience, tolerance, persistence and endurance** were also factors that were highlighted as contributing to the successful implementation of Isibindi family strengthening. CYCWs have to be patient, tolerant, persistent and enduring people because some families take time to respond, to accept and open up to CYCWs. A CYCW in Mpumalanga said that *"change does not come over night. A CYCW should not be discouraged when there are no tangible results. Eventually change will happen. Hence, this requires patience, persistence and endurance"* (CYCW – Mpumalanga).

Furthermore, a CYCW in conducting her activities **should be fair and avoid favouritism**. CYCWs should not favour some children at the expense of others. Other children will feel uncomfortable around the CYCW. Favouritism makes it difficult for CYCWs to reach and assist all children as the CYCW will be considered biased. Some of the children will perceive the CYCW as negative towards them hence weakening the interventions of a CYCWs should also be careful

not to **negatively criticise children and families**. Instead, fairness should be the governing principle on how a CYCW responds to every family situation.

The work of CYCWs entails juggling many activities, hence they (**CYCWs**) **should be good time managers**. CYCWs should have good time management skills otherwise they will frustrate families and children. Poor time management will inevitably result in CYCWs missing some home visits or not being able to carry out all their scheduled activities.

A CYCW should manage time well and at the same time **be creative and innovative in addressing challenges**. CYCWs in all the three provinces indicated that CYCWs have to be creative in the way they respond to family and children situations. For example, Mpumalanga Coordinator reported that:

*“One of the CYCWs was working with the child who did not have his father’s death certificate hence he could not get a birth certificate. The CYCW reported the issue to a Social Worker and Home Affairs but all her effort was in vain since these responsible authorities did not address the problem of the child. She then asked one of the extended family members to accompany her to the grave where the father of the child was buried to check the name of the father and the date of his birth and death. She took that information from the grave (the details were written on the tombstone) and proceeded to Home Affairs. As a result of that creativity, the child got a birth certificate and the child accessed a social grant and food parcels. The Home Affairs office was then able to grant the child a birth certificate because if a child has the date of birth and death of his or her parents, they can help one to find the information” (Coordinator Mpumalanga).*

### **3.3.1.2 Design and implementation**

The Isibindi family strengthening is designed and implemented in a manner that is **relevant** to the people who require the services. Isibindi **uses local people who are familiar with the context** in which interventions are delivered. These local people are identified from the community and trained in child and youth care work. The professional youth care workers then implement interventions at the homes of families and children. This model was developed and informed by research as a cost-effective community-based model for caring for the needs of orphan and vulnerable children. Besides Isibindi being a cost-effective model, it is notable that CYCWs find it easy to work with the families since they are from that same culture. In rural settings, they know the background and situation of many families, which makes it easy to identify families in need of intervention and then intervene in a manner that is culturally appropriate. The usefulness of CYCWs’ familiarity with the context they are working in was described by Eastern Cape CYCWs’ as follows:

*“They (CYCWs) are successful in their family interventions because they are culturally competent people. They work because they come from that same context. They know what is acceptable and unacceptable” (CYCW FGD - Eastern Cape).*

Furthermore, **Isibindi interventions are broad enough to address diverse social issues** affecting families and communities in a systemic (holistic) manner. Therefore, Isibindi is successful because while other organisations focus on narrow specific issues, Isibindi focuses on

addressing diverse issues affecting children within the community and families (i.e. economic, nutrition, education, hygiene, and protection). For this reason, Isibindi family strengthening model is successfully implemented because it is relevant and appealing to the needs of families and children as it deals with multifaceted issues affecting them. A Limpopo Mentor explained that Isibindi works holistically with the children and families by closing the gap between the community and government. The Isibindi model plays an advocacy role for children and government.

*“Isibindi model can be called a middle man between government and the community. It offers comprehensive services such as assisting families to access social grants for the sick, foster grants for children. It helps children to get birth certificates so that they can get access to social grants. It raises community awareness about access to basic services such as health, births and registration, advocacy for abused children. It supports children’s education by supervising the children to do their home-work, and assist matric students to apply for tertiary institutions online (CYCWs mentor - Limpopo).*

### **3.3.1.3 On-going technical support of CYCWS by CYCW supervisors, Mentors, Mentor Supervisors and Trainers**

The presence and on-going technical support of CYCWs by Supervisors, Mentors, Mentor supervisors and Trainers strengthen Isibindi approach. This technical support provided by experienced staff during their home visits ensures that problems that emerge are timely and swiftly addressed. At the same time, it ensures quality interventions. For instance, if a CYCW experiences a challenge at one family, the leaders make sure that the challenge is swiftly addressed according to Isibindi code of ethics (of child care practice). The code of ethics includes upholding the rights of children. A Mentor in Limpopo illustrated how he supported a CYCW in a resolving a case that she was struggling with by saying:

*“In one incident, a child was excluded from attending school because she was pregnant. In view of the rights of the child as well as the fact that this child has no supportive environment, the Principal’s behaviour was totally unacceptable. So, the CYCW and myself (Mentor) approached the school and discussed the matter. This resulted in the child continuing with her schooling” (Mentor in Limpopo).*

Trainers, Senior Mentors, Mentors and Mentor Supervisors employ **consultative supervision** in supporting CYCWs. Mentors regularly meet with individual CYCWs to discuss their work in order to identify and address emerging challenges. The discussion also includes the well-being of the CYCW and encouraging them to continue developing (e.g. CYCWs furthering their studies) and appropriately applying their skills. A Limpopo Mentor reported:

*“I discuss with the CYCW the challenges in the families and develop ways of supporting her. I also reach out to the CYCW to encourage her to further her studies in areas such as computer studies, obtaining a drivers licence, etc. I do this so that the CYCW knows that they are highly valued because their job is stressful and they require good support” (Mentor – Limpopo).*

All the Trainers, Senior Mentors, Mentors and Mentor Supervisors interviewed identified **role modelling** to CYCWs as part of the crucial support they provide to CYCWs. They sometimes



accompany CYCWs to homes where there are serious challenges and bad relationships between the CYCW and the family. During such visits, Mentors demonstrate (model) how to resolve the situation. A Trainer in Eastern Cape reported that:

*“In one family, the CYCW was no longer accepted after she tried to assist the family to budget when they got a grant. The grandmother felt the CYCW should have nothing to do with their money and she should not be involved. The grandmother would not even allow the CYCW to get into the house. I (Trainer) then accompanied the CYCW to the family and indeed the grandmother was aggressive. However, using various skills of conciliatory conversations such as her family clan name, she then started opening up. She eventually allowed us into the house and we discussed and resolved the issue. The grandmother expressed her anger about being told what to do about her family money by a CYCW. The Trainer then discussed the importance of financial management for the good of children and the rest of the family members. The grandmother understood this principle. By using therapeutic conversations and cultural competence, I was able to mentor and model how to resolve tensions in the home” (Trainer - Eastern Cape).*

**The Mentors attend family conferences together with CYCWs** to assist in the resolution of the challenges that CYCWs experience in supporting families. The following story illustrate how an Eastern Cape Mentor supports CYCWs:

*“A lady named Alice (not real name) did not want to disclose her family information to the CYCWs because she was afraid that the CYCW was going to spread the story in the village about her status. Every time the CYCW visited this lady she would not open her gate and door. The case was referred to me (mentor) by the CYCW supervisor after she heard it from the CYCW. One day, the CYCW supervisor, CYCW and I (mentor) visited the lady in order to try and reach out to her. When we arrived on that day, the gate was opened we went inside. When we got inside, we went straight to the door and knocked but the lady refused to open. However, I (mentor) spoke through the door requesting to be let in and have a conversation with her. I mentioned her clan name. The lady was surprised to hear my (mentor) clan name because she shared the same name. Then she asked the Mentor where she knew her from. The Mentor told her that they are related so it would be polite to open the door and talk to them. The lady opened the door. In the course of the conversation we started talking about the health of the lady. She told us that she had been on HIV treatment but had stopped taking her medicine and was afraid to go to the clinic because she had defaulted several times. We managed to convince her to go to the clinic. The CYCW accompanied her to the clinic and she is now back on treatment.” (Mentor - Eastern Cape)*

#### **3.3.1.4 CYCWS training that prepare them to effectively deliver services**

CYCWs receive accredited training on professional child and youth care work. After training, the CYCWs continue being supported to implement the Isibindi activities by Mentors, CYCW Supervisors and Trainers. The effectiveness of CYCWs training in preparing them to perform their roles in supporting families and children is evidenced by the testimony below from a woman in Limpopo who stated:

*“I became part of Isibindi programme after noticing the changes in my neighbour’s family and their children as they were being supported by a CYCW. Having noticed those changes, I asked my neighbour where all these family and individual developments in her family were emanating from. She told me that she was part of Isibindi programme and they provide the services that have resulted in the changes. After that, I approached the CYCW when she was passing close to my home and asked if she (CYCW) could assist my children with the challenges I was experiencing in my family such as children not attending school and not doing their homework. The CYCW intervened in my family and since then I noticed a big change in my children. Their school attendance and school performances have significantly improved. I noted that the CYCW really knows how to work with children because the children are always eagerly waiting for the home visit of the CYCWs to be assisted with the activities they have scheduled on the previous visit”* (Beneficiary - Limpopo woman who is part of Isibindi).

### **3.3.1.5 The design of the programme as a franchise model**

The design of Isibindi programme as a franchise ensures that there is standardisation of interventions across the sites. By being a franchise, similar activities are implemented across all the Isibindi sites although the actual family dynamics vary from home to home. As a franchise, there is standardised training and mentoring support provided by NACCW. For quality control, NACCW use accredited trainers. The Trainers, Senior Mentors, Mentors and Mentor Supervisors interviewed reported that, because Isibindi is a franchise model implemented in South African communities, we share similar experiences although what happens in one home slightly differ. The NACCW Deputy Director summarised the value of Isibindi as a franchise in the following words:

*“As a franchise, we know that we have to try and maintain the same standards across the country. The Trainers, Senior Mentors, Mentors and Mentor Supervisors are experienced in child and youth care work. These people uphold high child care standards in the various country sites. We ensure that while the family dynamics may differ the principles and approaches remain the same to ensure same package of services are provided to families, and orphans and vulnerable children”* (NACCW Deputy Director).

### **3.3.2 External success factors of Isibindi family strengthening**

As indicated above, external factors are those factors that are outside the design and internal dynamics of the Isibindi programme. These factors exert pressure that either promotes or hinders the implementation of Isibindi, which then impacts positively or negatively on children’s well-being.

#### **Summary of external success factors of Isibindi**

- Type of household leadership – including male headed household with a woman and children; mother headed household and children; grandmother; and child headed household.
- Family ethnic background – e.g. Venda, Sotho, Pedi, Zulu, Tsonga.
- Religious beliefs
- Substance, alcohol abuse and addiction
- Family level of education

- Macro level factors - government buy-in and financial support, CYCWs policy development and support by other development partners

The external factors that facilitate and strengthen Isibindi approach include contextual factors such as type of household leadership, family ethnic background, religious beliefs, level of substance or alcohol abuse, and family's level of education.

### **3.3.2.1 Type of household leadership**

While an in-depth study focusing on successes factors is recommended to gain detailed understanding on the factors facilitating the success of Isibindi approach, interview discussions during fieldwork revealed that at household level, the type of the household leader is an important factor that determines success. **A male headed household with a woman and children** is a home where the man is the household head. These households were reported to be the most difficult to deal with. Men, were said to be proud and suspicious of accepting help through door to door campaigns. They also resist referrals because they feel it is an admission that they have failed as parents/caregivers. Overcoming this pride is the first hurdle that the CYCWs have to overcome in order for such families to accept Isibindi interventions. The CYCWs sometimes end up discussing with the wife who will then discuss with her husband to convince him to accept help.

After access to the home has been granted, the men do not participate in most of the activities. They only participate after having been persistently nagged. The men also look down on single women in their community who they view as negatively influencing married women hence destabilising homes. This is a real challenge as most CYCWs are single women/mothers. The men do not think that the CYCWs can competently address their situation or add value to their family apart from assisting with access to the social grants. In many cases where social grants are abused, it is often the man who abuses the grant. CYCWs in Limpopo reported that:

*“The men are sometimes very arrogant. They look down on you and tell you that my family is ok when there are children going hungry. Men have serious pride that has to be respected and managed for the sake of the children. A CYCW therefore has to explore various avenues of reaching the man and make him part of the family discussions to ensure success of interventions in the home”* (CYCWs FGDs – Limpopo).

**Mother headed households with children** are generally more open in accepting assistance from outside the family. The period needed to build trust is much shorter for such families than that of a man headed household. However, women who are in extreme poverty to the extent that they cannot feed, shelter or clothe their children are usually afraid of the CYCWs and DSD. They are suspicious of their motives on their children. They are often afraid that the CYCW and DSD might take away their children. To manage this perception these women sometimes provide false information about the birth certificates and the whereabouts of the father of the children. However, when trust is built they easily accept help.

**Grandmother headed households with children** are much easier to access than the first two (man and mother headed). The grandmothers are mostly available and desperately in need of assistance. Grandmothers are often referred to the CYCW or the CYCW will know them as well

because they are viewed as respectable and yet vulnerable people within the community caring for orphans and vulnerable children. The CYCWs stated that:

*“With ill health and age, the grandmothers seek and accept help. Their greatest challenge is when children reach adolescence. At this age the children’s’ behaviour is negative towards the grandmother to the extent that parenting the children becomes extremely difficult. The CYCWs therefore fill a critical gap in assisting to discipline the children. The CYCW essentially act as substitute parents”* (CYCWs FGDs – Eastern Cape).

**A child headed household** like a grandmother headed home is in great need of care. Hence, they openly accept the CYCWs providing this much-needed care. However, as the children grow older they become more reluctant and resistant and accuse the CYCW as being too controlling and not allowing them to be free. This seems to be rebellion to authority and leadership to get freedom since CYCWs will be acting like parents to them.

### **3.3.2.2 Ethnic background of the family**

The ethnic background of the family has a significant impact on the relationship and interaction between the family and the CYCW. In the Eastern Cape, Alice, the ethnicity is largely homogeneous (Xhosa) and the CYCWs are also Xhosa. The interactions were noted to be more accommodative of the CYCW. Compared to Limpopo and Mpumalanga where there are various ethnic groups (Venda, Sotho, Pedi, Zulu, Tsonga (Not South African Tsonga), the CYCWs expressed cultural differences that sometimes make their work difficult. Based on their experiences in working with the various families, the CYCWs explained that generally **Venda people** who they visited were welcoming but they extremely guard their private lives. They sometimes don’t easily disclose their issues to outsiders. The CYCWs in Limpopo concurred that *“it generally takes a long time for the Venda people to trust outsiders”* (CYCW FGD – Limpopo). This means if information is held or false information is provided the CYCW may not come up with the relevant intervention. The **Sotho** families visited displayed a warm and friendly environment. They easily express their feelings. They generally do not resist the CYCWs regardless of the ethnic background of the CYCW. The **Pedi visited** homes were open about their lives as they are culturally taught to be open people. The CYCWs in Limpopo stated during FGDs that:

*“The Pedi and the Sotho people interact with the CYCWs in similar ways. They are generally open and welcoming in their families. They are more open to provide adequate information that enables the CYCW to effectively intervene”* (NACCW FGD – Limpopo).

The CYCWs observed from the visited **Zulus** families that they generally take time to open up to outsiders (especially outsiders from a different ethnic group). It observed in the homes that the Zulu men were less accepting of advice from a woman or a single mother on household matters. This cultural barrier makes it much more difficult for CYCW from another ethnic group to effectively help a Zulu family. CYCWs in Mpumalanga indicated that:

*“From our experience, Zulu men takes time to accept your advice as a woman and worse as a single woman. However, as CYCWs are culturally competent they have learnt to manoeuvre in those homes and build relationship of trust. It is not impossible to overcome*

*this cultural barrier but it takes time for the CYCW to be completely accepted” (CYCWs FGDs – Mpumalanga).*

CYCWs in Mpumalanga experienced that many **Tsonga people or people who claim to be Tsonga** have no legal documents (IDs). These people are sometimes second and third generations of illegal immigrants but they would have been born in South Africa and their children also. The children will be born in South Africa but unable to access birth certificates or IDs. A CYCW stated that:

*“In Mpumalanga, the Tsonga have been noted to provide false information which makes provision of services difficult. For example, the parent may indicate that they have an ID but they lost it. After making several attempts to assist with recovering the ID the parent eventually confesses that they did not have an ID and were in the country illegally or their parents were also illegal” (CYCW – Mpumalanga).*

### **3.3.2.3 Religious beliefs**

Religion was noted by CYCWs as playing an important role in influencing families to positively change their behaviour. Most of the families visited indicated that they belonged to a religious grouping. While understanding the effect of religion on behaviour regarding families’ response to Isibindi interventions, this aspect was not studied in detail. However, what was reported by CYCWs was that generally Christian homes and children were more friendly and receptive of “strangers”. The deeply traditional families are heavily influenced by the African traditional culture that promotes hospitality and humility as well. In Mpumalanga, the CYCWs have developed a very good relationship with the traditional healers. The traditional healers are able to use this relationship to influence deeply traditional families to accept the assistance being offered by the CYCWs. While the positive and healing aspects of faith and having a belief system contribute to the emotional and spiritual wellbeing, the CYCW may have their own beliefs that may not necessarily agree with the beliefs of the family. In such cases, the CYCWs remain professional and seek to understand the beliefs of each family they work with and assist them accordingly. The respect of the other religions help to build trust between the family and the CYCW, which makes it easier to achieve the desired outcomes for the children. Religion however, has a negative influence. For example, in deeply religious families of the Zion Christian Church (ZCC), the families prefer to pray instead of use medical health care.

### **3.3.2.4 Substance and alcohol abuse**

Families that struggle with substance and alcohol tend to neglect and be abusive to children. There is also high incidence of the abuse of the social grant money among these families. The social grant money will be used to purchase alcohol. Such families are very resistant to the CYCWs and they label CYCWs as meddling in their family matters. The families resist entry into the program because they fear that they may lose their children to DSD. They also fear that they will lose the social grant money if it is discovered that they are misusing it. In homes where substance abuse happens at parental or child level, it is extremely difficult to provide services effectively. Progress is hindered at every stage: A CYCW in Mpumalanga described her experience as follows:

*“In one home I had made significant progress and managed to help a family access a grant for 2 orphans. The children were in school but had no uniforms and I managed to get school provisions for them. After this was done, the Male household head said he did not see the value I was adding anymore. I managed to convince them about homework supervision but I was already suspicious. It turned out that the father was gambling with the children’s social grant money and he was in huge debt to a loan shark” (CYCW Mpumalanga).*

### **3.3.2.5 Family’s level of education**

The families whose parents are illiterate were reported to be not very supportive of education initiatives. They are not as enthusiastic with initiatives relating to school. A CYCW in Limpopo stated that:

*“Despite the acceptance in the home and all the assistance I provide the parents are not enthusiastic about children’s schooling. If you don’t check children’s homework and follow up with the school on some matters, things may not be done. I find the exposure to education as an influencing factor among some caregivers of Isibindi activities” (CYCW - Limpopo).*

### **3.3.3 Contextual factors that strengthen the role performed by CYCWs**

The contextual factors that strengthen Isibindi implementation within its context of operation include support from stakeholders due to the recognition of the programme as a partnership initiative with government. This results in responsiveness from the relevant government departments (e.g. SAPS, DSD, DoH, Home Affairs).

<b>Contextual factors that support/complement the roles performed by CYCWs</b>	
<b>Name recognition of Isibindi</b>	<ul style="list-style-type: none"> <li>• The name recognition of Isibindi in the community makes it easier for the community to participate. For example, there was a suspected case of attempted poisoning among siblings. The Isibindi team was able to quickly involve the police, the church, and DSD to discuss the matter and provide assistance to the family to avoid an escalation of the matter which could have led to serious injury or death. The government departments (DSD and Police) swiftly responded because they are familiar with Isibindi that it works with vulnerable families.</li> <li>• When CYCWs approach different stakeholders they receive favourable attention.</li> <li>• During door to door visits in homes, the CYCWs mention Isibindi and the parent immediately recognises the name even though they will have a wrong perception of what Isibindi actually does. This enables easy access to the home.</li> </ul>
<b>Active and visible support from DSD, Police and Schools</b>	<ul style="list-style-type: none"> <li>• The police and DSD are very responsive and supportive to Isibindi in complicated cases especially where child abuse has been reported. The DSD works very collaboratively with the CYCWs. The</li> </ul>

	<p>CYCWs form Multi-Disciplinary Teams (MDT) that include the police, DSD, the school (teachers)</p> <ul style="list-style-type: none"> <li>• The police, DSD and Schools also make useful referrals to the CYCWs.</li> </ul>
<b>Contextual factors that weaken the roles performed by CYCWs</b>	
<b>High staff turnover</b>	There is significant staff turnover because the CYCWs quickly look for greener pastures once they have their certificate. The stipends are not standardized with Limpopo receiving ZAR1 600.00 and Limpopo ZAR1 300.00, Eastern Cape ZAR1 700.00. And Gauteng CYCWs are said to be given much higher stipends. This difference demotivates because the CYCWs who feel that Isibindi is a franchise with standardized work should remunerate CYCWs the same amount.
<b>Lack of male CYCWs</b>	There is a perception that this is a women project and especially single mothers and unmarried women. This label weakens acceptability in some homes and sectors of the population.

**3.3.4 Aspects of Isibindi that are difficult to implement - disengagement**

While Isibindi model appeals to people because it addresses many practical life challenges that families and children are facing, there are some aspects that are difficult to implement, particularly disengagement. In Isibindi model, CYCWs work with families and children to address the challenges faced by families and children. Once these challenges are addressed, the CYCWs have to disengage the family from Isibindi. However, the disengagement process is difficult to implement because of the deep relationship that CYCWs form with the families they support. The deep relationships that CYCWs form with families that make disengagement difficult were illustrated by Eastern Cape beneficiaries (youth doing Matric). They stated that “CYCWs are like sisters to us” (Youth in Matric – Eastern Cape). A grandmother expressed her perception of a permanent relationship with a CYCW saying “even if I die today I will die in peace because I know that the Isibindi CYCW will look after my grandchildren” (Beneficiary grandmother – Eastern Cape). In Mpumalanga, another caregiver (granny) reported “my relationship (and trust) with the CYCW has developed to the extent that I let her keep my ATM card. At the end of the month she withdraws money for me” (Mpumalanga – Grandmother).

The above deep relationships and trust that has developed over time between the CYCWs and the caregivers and children make it difficult for the children and families to imagine their lives without CYCWs’ support. This poses a challenge for disengagement. This was particularly the case in Eastern Cape because of its rural setting. The CYCWs know the community families so well and sometimes they are closely related. This knowledge and closeness between the CYCWs and families make it easy for CYCWs to initiate contact with the family but makes it difficult to disengage from the family.

Furthermore, disengagement is sometimes difficult because of the new challenges that arise in a family. A CYCW in Eastern Cape reported a dilemma in disengaging a family after the family and individual objectives have been met:

*“When I thought the goals were met and then I have to disengage from the family, I noted that the boy Mike (not real name) had developed an anger problem. So, I am now continuing to support the family to assist this boy to change his behaviour from bad to good. Some of the problems are new challenges that arise after the CYCWs have addressed the initial problems such as assisting children to access social grant money” (CYCW - Eastern Cape).*

### **3.4 Isibindi family strengthening approach’s positive results and contribution to children’s wellbeing outcomes**

Isibindi family strengthening interventions positively contribute to child care and well-being indicators. These positive results are linked to children’s wellbeing outcomes: improved economic situation; improved nutrition; improved health care status; improved school attendance and performance; and reduced child abuse. The positive results and contribution to children’s wellbeing are discussed and summarized in the table 6 below.

#### **3.4.1 Positive results of Isibindi family strengthening as a result of CYCWs home visits**

The results achieved from the various Isibindi interventions are summarised in the table 4 below. The results have been achieved through the interventions implemented by CYCWs to address the situation of vulnerable children & youth, and their families. The results have been achieved in the areas related to education (school attendance), health & hygiene, psychosocial wellbeing of children, economic situation, child protection, home environment, information & awareness, and access to services as summarised in table 6.

**Table 6 Summary of results achieved from Isibindi interventions**

<b>Results category</b>	<b>Results achieved</b>
Education (School attendance)	<ol style="list-style-type: none"> <li>1. Regular school attendance</li> <li>2. Improved prioritisation of children education by caregivers</li> <li>3. Strengthened relationship between home and school</li> <li>4. Improved motivation of the children in education</li> <li>5. Improved supportive home and school environments for vulnerable children towards their education</li> </ol>
Support to youth to access tertiary education and work	Assist learners who have completed Matric to enter tertiary institutions as well as learnerships for employment.
Health & hygiene	<ol style="list-style-type: none"> <li>1. Improved home/family hygiene</li> <li>2. Improved cleanliness of children</li> <li>3. Improved health seeking behaviour</li> <li>4. Improved health status</li> <li>5. Construction of decent houses</li> <li>6. Improved balanced diet in the home</li> <li>7. Improved adherence to treatment</li> </ol>
Psychosocial wellbeing of children	<ol style="list-style-type: none"> <li>1. Improved socialisation of children</li> <li>2. Improved caregiver involvement in children’s lives</li> <li>3. Strengthened positive behaviour</li> <li>4. Improved children confidence</li> <li>5. Improved children’s emotional and psycho-social well-being</li> </ol>



	6. Improved inclusion and development of children living with disability
Economic	1. Increased household income 2. Improved home financial management 3. Improved entrepreneurship skills to sustain the family
Child protection	1. Improved child protection 2. Strengthened community safety net 3. Reduced child abuse 4. Improved relationship and support of stakeholders on children protection (e.g. Isibindi, SAPS, DSD) 5. Increased reported cases of abuse 6. Increased prosecution of abuse cases
Home environment	1. Improved independence of families 2. Improved home environment for positive development of a child 3. Improved family communication 4. Improved family relationships
Awareness	1. Informed children and caregivers about their rights and responsibilities 2. Increase in knowledge on access to services 3. Improved information and knowledge on issues relating to children's well-being (economic, nutrition, health, school attendance and performance, child protection)
Access to services	1. Increased access of important documentation 2. Availability of back-stop support on children life issues

### **3.4.2 Isibindi family strengthening results & well-being outcomes**

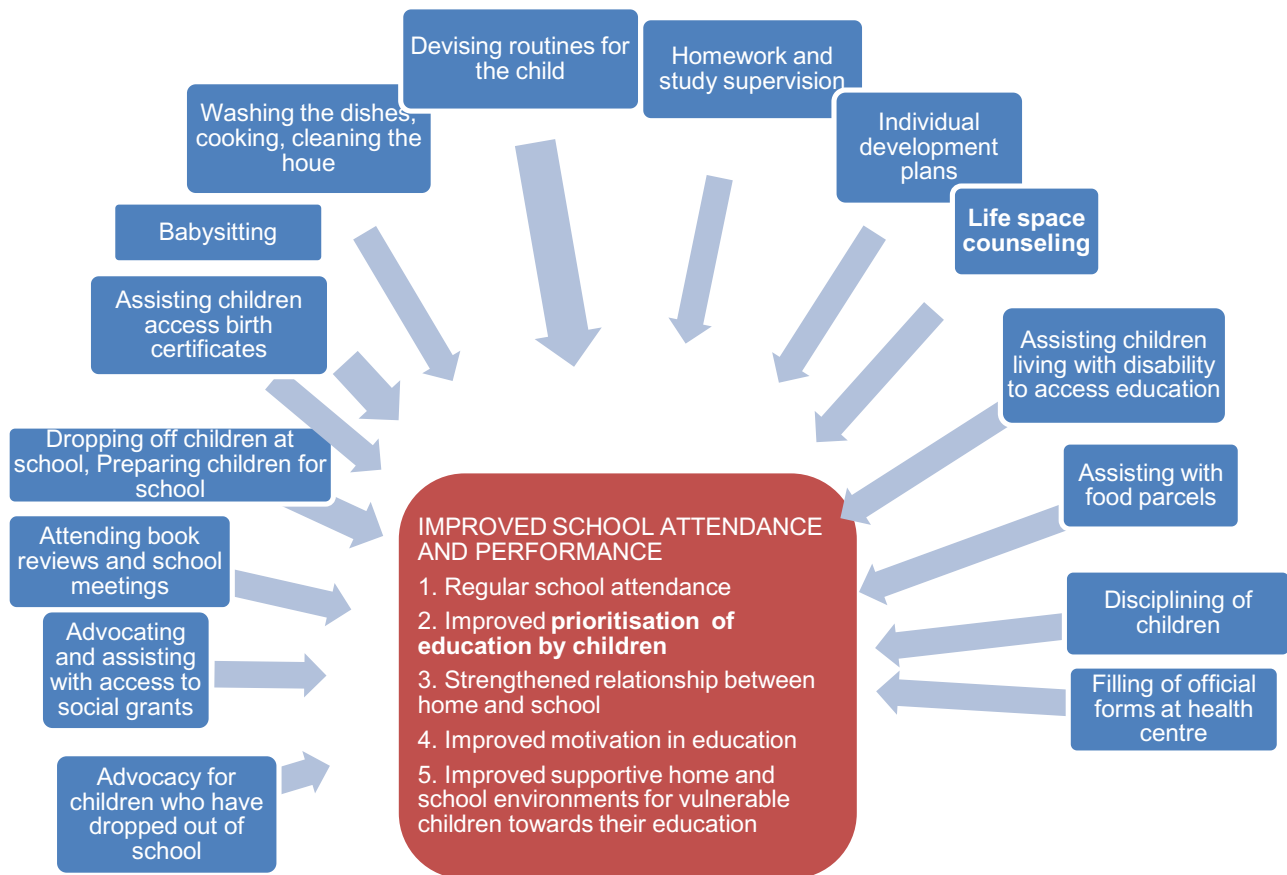
#### **3.4.2.1 Improved school attendance and performance**

The CYCWs conduct the following activities that contribute to **increased school attendance** of children: advocacy for children who have dropped out of school, advocating and assisting with access to social grants to cater for resources towards school materials, attending book reviews and school meetings, preparing children for school, dropping off children at school, assisting children to access birth certificates in order to enrol in schools, washing the dishes as well cooking with children to create time to do school work, developing plans for routine activities for the child, homework and study supervision, counselling on educational matters, assisting children living with disability to access education, assisting with food parcels for children who might otherwise go to school hungry, disciplining children, completing of official school forms.

The detailed description of these activities performed by the CYCWs has been done in the previous section 3.2.2. These activities result in **improved school attendance and performance**. Due to those interventions children are attending school **regularly** and **prioritising school attendance**. Also, **relationship between caregivers and school has been strengthened** and children are **motivated to study**. The home interventions have **improved supportive home environment for schooling (e.g. homework, etc.)** while advocacy in schools has **improved school environments for vulnerable children** as they cannot just be expelled from school when they misbehave.

An illustration of the linkage of the above interventions to the outcome of improved school attendance is that, through advocating for children who have dropped out of school to return to school, children have been retained in school. This advocacy activity and others such as preparing children for school, dropping children at school, and assisting children with access to birth certificates ensure that children attend school. Further, to ensuring physical school attendance, children are assisted in their school activities through those activities that create quality schooling time as well as removing obstacles that may obstruct them (children) from schooling. The activities include: counselling, homework supervision, developing routines that create study time, assisting with access to grants and doing chores with and for the children. Counselling helps the children to focus on schooling as this helps the children to cope with life. Homework supervision ensures that the children remain focused and diligent in their school work. Planned routines and helping the children with chores and sometimes doing the chores for them helps the children to have more time for their studies. When children have access to social grants they have additional income for other school necessities and even money for food at home and school. The summary of activities that contribute to increased school attendance of children are indicated below (figure 6).

**Figure 6: Summary of activities that contribute to increased school attendance of children**



The improvement in school attendance by the children as a result of Isibindi intervention was reported by all CYCWs and families visited. For instance, during FGDs in Eastern Cape and Limpopo, CYCWs emphasised that they make efforts to ensure that children attend school. A mother in Limpopo reported the improvement of her son's school attendance record:

*“Prior to the intervention of the CYCW, my son used to be absent from school for no reason. Instead of going to school he would always be seen in the streets playing with other children that would have dropped out of school for several different reasons. We used to give him food since we thought he was going to school. However, since the CYCW intervened, I saw a big change and for that I am grateful. My son now attends school regularly and the CYCW assists him with his homework. The CYCW also checks with the school from time to time to see if he is attending school. The CYCW also attends school events such as book reviews, which has made my son more diligent regarding school attendance” (Mother Limpopo).*

#### **3.4.2.2 Improved health status**

The interventions implemented by CYCWs to improve health care status of children and youth include: accompanying parents and children for HIV testing, providing information on health, linking and referring to and with other health service providers, encouraging exercising to improve physical strength, collection of medication, referral of children requiring medical attention, assisting families to cope with the trauma of everyday life issues hence improving their psychosocial health, supporting/encouraging adherence to medication, life space counselling on health matters, and completing official forms at health care centres.

The detailed description of the above activities is provided in the previous section 3.2.2. The results that cumulatively contribute to improved health status of children and youth include: improvement of children's home/family hygiene, improved cleanliness of children, improved health seeking behaviour by families and children, construction of decent houses for families and children, improved balanced diet in the home, and improved adherence to medication.

CYCWs activities such as providing information on health as well as accompanying parents and children to clinics for HIV testing, assist them to be aware of public health services and how to access these health services. Through linkages with other stakeholders and all the health-related activities indicated above result in improved health status. Awareness of health and hygiene and how this impact on everyday life increases health seeking behaviour, access to social grants enable families to construct decent houses for the children and afford sanitary resources and food, training on balanced diet and assisting with establishing vegetable gardens contributes to a balanced diet.

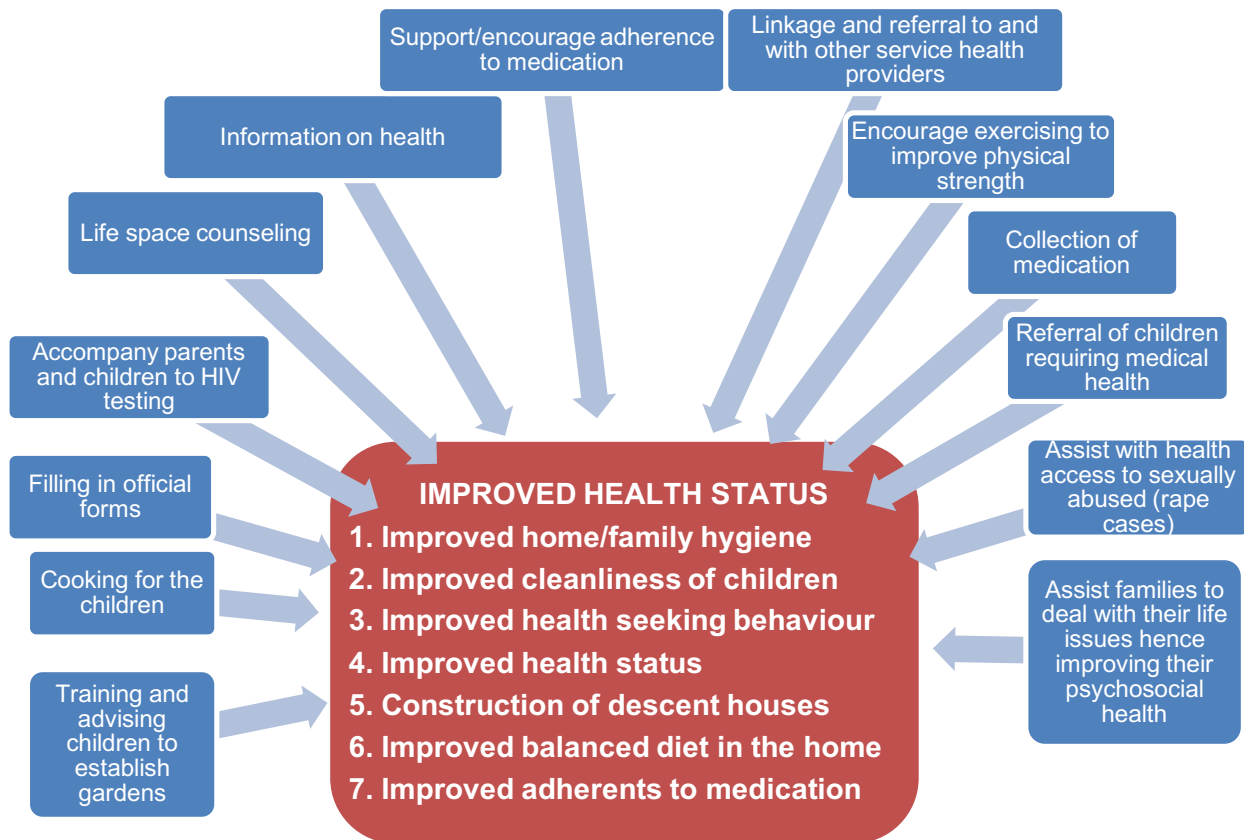
To illustrate Isibindi contribution in families and children's health status improvement, a mother in Mpumalanga stated:

*“When I was sick the CYCW encouraged me persistently to go to hospital since I was very reluctant because I knew I would be tested for HIV and I was afraid to know my status. After a long time of being encouraged by a CYCW, I agreed to go to the hospital and she accompanied me to the hospital. I tested positive for HIV and was put on treatment. Now*

*I am improving and the CYCW has been with me through all this as a friend, encourager and also practically assisting me” (Mother – Mpumalanga).*

The summary of activities that contribute to improved health status of children are indicated below (figure 7).

**Figure 7: Summary of activities that contribute to improved health status**



### 3.4.2.3 Improved nutrition

The activities implemented by CYCWs that contribute to improved nutrition include: advocacy (for food parcels), sourcing and distribution of food parcels, advice on nutrition (balanced diet),

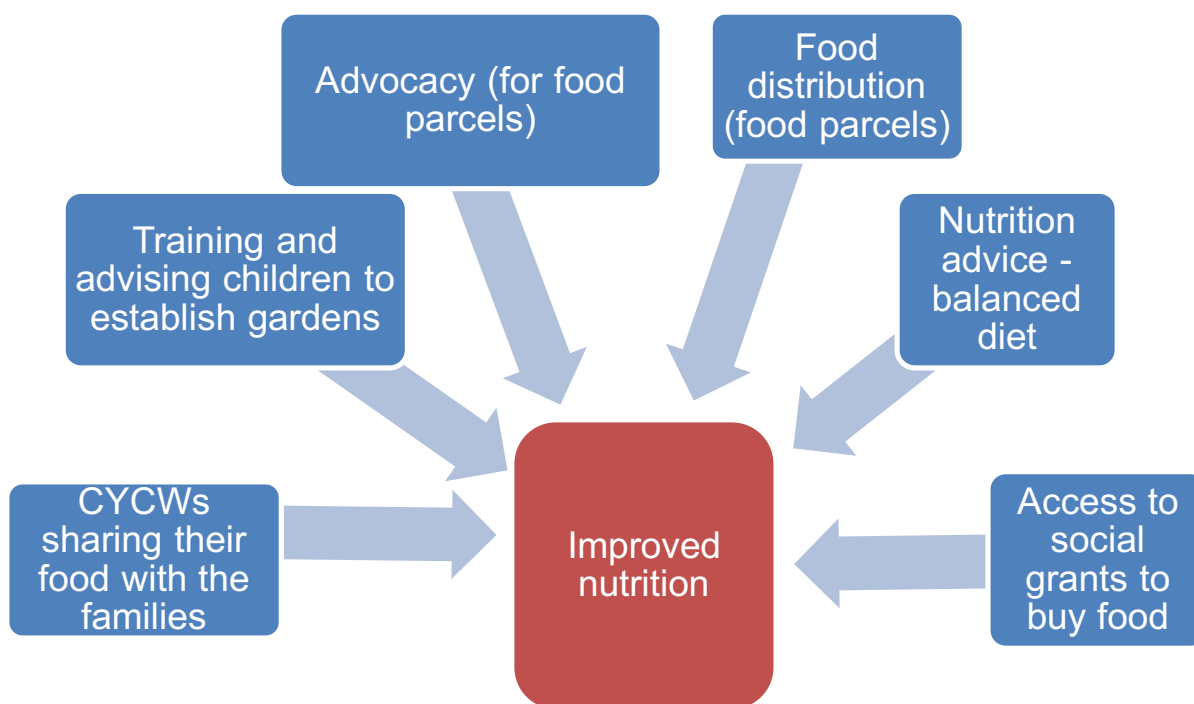
assistance to access social grants to buy food, training and advising children and families to establish gardens.

Children's health is influenced by access to medical services as described above as well as nutrition. The activities conducted to improve the nutritional status of the children directly contribute to improved health of children as well. When children have a balanced diet, it contributes to their health.

The activities that contribute to improved nutrition outcome are training the parents and children in gardening as with these gardening activities they can grow their own food and have a higher chance of eating at least 3 times a day. The other activities like advocating for and accessing food parcels ensure that children have adequate food, which ensures health and well-being. Some orphans who would have lost their parents because of HIV or children being raised by parents that are HIV positive need to go for HIV tests as well as take medication, the treatment causes severe side effects on children on a lower plain of nutrition. CYCWs also assist children and families to access social grants, which increases the families' capacity to buy food and have proper diet.

Nutrition is very important to children because it is directly linked to all aspects of their growth and development; factors that will have direct link to their health status as adults. For example, a child with the right balance of omega fatty acids in their daily diet has a much better chance at creating a more solid foundation for their brain activity and capabilities later on. Likewise, a child who eats a low fat and cholesterol diet on a daily basis significantly improves their chances of preventing a heart attack even if heart disease tends to be hereditary within a family<sup>xi</sup>. The summary of activities that contribute to improved nutrition in children are indicated below (figure 8).

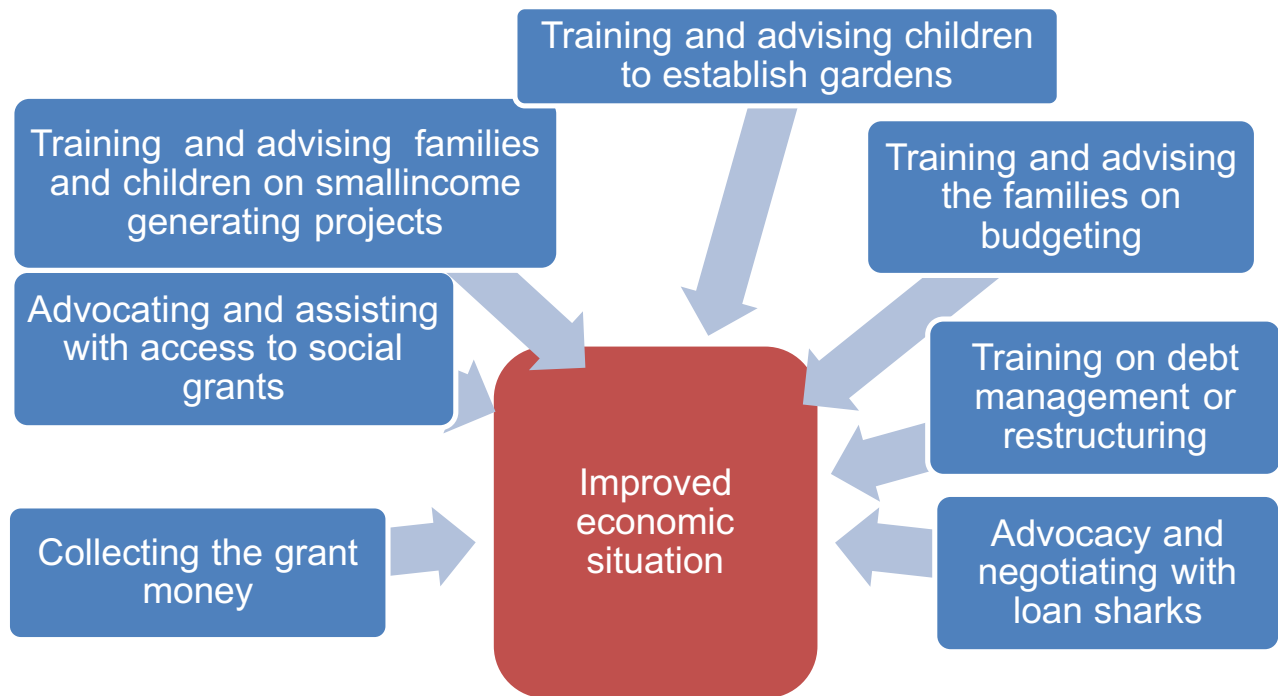
**Figure 8: Summary of activities that contribute to improved nutrition in children**



#### **3.4.2.4 Improved economic situation**

The activities implemented to improve economic situation of children and families by CYCWs include: facilitating and assisting application for social grants, assistance with collection of grant money, training and advising families and children on small income generating projects, training and advising children to establish gardens, training and advising the families on financial management, training on debt management, and advocacy and negotiating with money lenders (loan sharks). These activities are conducted to directly increase income of the family and specifically income that can be directly channelled to the needs of children. Some activities reported by CYCWs are unconventional such as negotiating with money lenders (loan sharks) and recovering SASSA cards from the loan sharks. However, these activities are necessary as the children would not benefit from the SASSA grant as the loan sharks would take all the money, which results in the family and children moving deeper into debt and poverty. Budgeting and debt restructuring help the family plan their finances and prioritise the needs of the child. Gardens are primarily to help with improving the nutrition of the children. However, in some productive gardens the family is able to sell some of the produce and make a small income. The CYCWs also train and advise the children and families to establish small income generating projects. These projects directly contribute to improved economic outcomes. These activities result in general improvement of household income, improvement in financial management in the home, and improvement in entrepreneurship skills to sustain the family. These results aggregate to improved economic situation for the family and children. The summary of activities that contribute to improved nutrition in children are indicated below (figure 9).

**Figure 9: Summary of activities that contribute to improved economic situation**



**4.4.2.5 Mitigated risks of violence and abuse (to reduce child abuse and promote child protection)**

The activities implemented to improve child protection include: training parents on parenting skills and how to identify and handle abuse of children, awareness of child rights & responsibilities, helping families and children prepare for court, caring for the sick parents and children, reporting cases of neglect and abuse, life space counselling of children who have been abused, assisting abused children to report and ensure prosecution. CYCWs conduct the above activities to reduce abuse and ensure that reported cases are prosecuted, and perpetrators are incarcerated to prevent further abuse of children. The CYCWs also create platforms where children are free to speak, this is done during the life space counselling where children are free to share and encouraged to report any form of abuse. Parents and caregivers may also emotionally abuse children, thinking they are disciplining them. The CYCWs train the parents in basic parenting skills to enable them to better cope and care for the children.

The summary of activities that contribute to improved child protection are indicated below (figure 10).

**Figure 10 Summary of activities that contribute to improved child protection (reduced abuse)**



### **3.4.3 Additional results strengthening children well-being**

#### **3.4.3.1 Psychosocial wellbeing of children**

The interventions of CYCWs have also resulted in improvement of psychosocial well-being of the children. This is seen through improved interaction of children in safe parks<sup>3</sup>, improved caregiver’s involvement in children’s lives through parental training, strengthened positive behaviour, improved child confidence in their tasks, improved emotional and psycho-social well-being of children, improved inclusion and development of children living with disability. Strengthening positive behaviour and character of children was illustrated by a CYCW in Mpumalanga:

*“There is a child I am supporting who was struggling to relate with other children and adults. After using ball play technique with the child she opened up that she had been abused. I worked with the child to overcome the challenge and she is now happy and open to other people. (CYCW – Mpumalanga).*

#### **3.4.3.2 Improvement of home environment for children positive development and wellbeing**

The CYCWs’ work has also improved the home environment for children, which contributes to their positive development. There is improved independence of families, improved home

<sup>3</sup> Safe Parks refers to safe places where children play. These places have supervised by an adult to ensure children play in peace and safety.



environment for positive development of a child, improved family communication, and improved family relationships. Improved relationship and communication in the home was illustrated by a CYCW in Eastern Cape:

*“I worked with a family of three, a grandmother, daughter and grandson. Both the grandson and daughter were receiving social grants. The daughter was receiving a social grant money for people living with disabilities since she is HIV positive. The grandson was receiving a foster grant. The problem was that the daughter always took all the social grant money and spent it on alcohol and after that she would also demand the money for the grandson. The grandmother always fought with her and would tell her that she is being unreasonable. Then the daughter would insult the grandmother. The grandmother decided to withhold her bank card so that she could manage the money on her behalf. Since the daughter was receiving R850 for her social grant, the mother decided to give her R500 and take R350 to buy food for the house. Since she made that decision without her daughter’s consent a war of words worsened. As a CYCW, I intervened to solve the problem by convening a family conference which was attended by the grandmother, daughter, grandson and the CYCW. In the family conference, everyone had a chance to talk and express their emotions and feelings towards each other regarding the matter. Through the discussion, the family agreed on a solution and implemented it. Right now, the family is peaceful and relate well with each other and they are also saving some money” (CYCW – Eastern Cape).*

#### **3.4.3.3 Increased awareness on issues relating to children’s well-being**

Overall, through the work of CYCWs in the communities, there has been increased awareness and knowledge within families regarding children issues. Families have become aware of children’s rights and responsibilities, and have developed an awareness of the various services that are available for children as well.

#### **3.4.3.4 Increased access to services**

Through advocacy and assisting families on matters such as obtaining important documentation, e.g. birth and death certificates, IDs, and other documents that help families access services such as social grants, CYCWs have facilitated access to services. By also engaging in advocacy for families in government offices, families are getting services that they were not getting. Sometimes the CYCWs have to accompany family members to the various service centres to help them to get services. All the interviewed CYCWs indicated that assistance with documentation and accompanying some family members such as grandparents significantly contributed to unlocking many access issues. One mother in Limpopo summarized the value of the CYCW’s facilitation of access to services through supporting them to obtain documentation:

*“When I came from the farm with four children I didn’t have an ID and the children had no birth certificates hence they were not going to school. Life was a struggle. I had tried to get an ID but failed. But when a CYCW came, she took me to Home Affairs. There she was told that because I went to school many years ago, and the school closed down they need evidence or testimony from the community leaders. The CYCW accompanied me to the area and we managed to get one elderly man who testified that there was a school.*

*The chief wrote a letter and I managed to get an ID. Upon getting an ID, I then applied for birth certificates and social grants for children. All my four children are receiving grants and the older ones have started going to school. The oldest who is 11 years is in grade one. This could not have happened without a CYCW. The CYCWs open doors for families to be assisted” (Mother – Limpopo).*

#### **3.4.4 Short and long term impact of Isibindi model**

The effect of the Isibindi interventions on children (i.e. on education (school attendance), health (& hygiene), psychosocial wellbeing of children, economic situation, child protection (reduced abuse), home environment strengthening, information & awareness, and access to services) should also be viewed considering their contribution to long-term contribution to the national development. The interventions focus on four parts of the Circle of Courage, which are the following: **belonging/attachment, mastery/achievement, independence/autonomy and generosity/altruism.**

- Belonging/attachment will result in citizens who are emotionally stable and confident, which promotes feelings of positive self-worth. This will result in upright and secure people in the future.
- Mastery/achievement will result in developing the children into well qualified people who are self-managed. These skilled people will contribute to addressing the existing skills shortage. They will be secure, competent in their abilities, and desire excel in their careers.
- Independence/autonomy will make the children develop to be self-sufficient and self-governed people. This will lead to people accept responsibility and diligently perform them in a trustworthy manner.
- Generosity will lead to people who are fair and seek to share with others in life.

Therefore, while the current observable and reported results could be viewed as short and medium term, their long-term contributions to national development and building are very evident. In a country where good leadership in various sectors of society is lacking, Isibindi investment in children should be viewed as a huge national development and human capital investment project. Evidence of the long-term impact is starting to be seen with moderately higher Matric pass rates of children who are part of the Isibindi programme. The Deputy Director of NACCW reported that:

*“Right now, children who are part of Isibindi have a moderate higher pass rate than national average. This is certainly a testimony to the impact that Isibindi is having now but certainly these children will go to university where they will graduate and contribute to the nation significantly” (Deputy Director – NACCW).*

#### **3.4.5 Challenges experienced by CYCWs in performing Isibindi roles**

The positive results achieved through the work of CYCWs are evident as described above. However, despite these positive results, CYCWs experience considerable challenges that hinder or weaken their work. For convenience of analysis, the challenges have been clustered into eight categories. The challenges relate to those that arise from: *CYCWs slandering and misrepresentation, families’ overdependence on CYCWs, blurred roles of CYCWs regarding their job description, CYCWs stance on advocating for children against caregivers resulting in conflicts,*

*distrust of CYCWs, weak/poor application of received training (skills) by CYCWs, conflict of CYCWs professional responsibilities versus their own personal and family needs; and obstructive cultural practices to CYCWs work.*

**Slandering and misrepresentation:** Because CYCWs work in communities where they come from, in closely connected communities like rural areas, some historical family differences stand in the way of CYCWs. Sometimes CYCWs are involved in conflicts while trying to stand up for children within homes. Influenced by such differences, some families spread false information about CYCWs so that they are rejected in the community. In such cases CYCWs have to exercise wisdom and patience for the lies to die down or expose the issues driving the lies. A CYCW in Eastern Cape said:

*“Sometimes because you have a difference with a family while trying to do the best for the child e.g. when the family members are abusing the child’s money and the child has no jersey in winter. In such a case I confront the family to resolve the issue. Therefore, in disappointment, they can spread lies about you in the community” (CYCW – Eastern Cape).*

**Families’ overdependence on CYCWs:** Families being supported by CYCWs tend to be over dependent on them. A grandmother in Mpumalanga stated that *“she gives her ATM card to the CYCW to keep it. At the end of the month, the CYCW collects the money and gives it to her (grandmother)”* (grandmother – Mpumalanga). Due to this overdependence, there is a demand on CYCWs to do work that is beyond their scope. This then creates unrealistic expectations on CYCWs that are sometimes unmet. One grandmother in Eastern Cape expects the CYCW to come to see her every day, which puts strain on the CYCW as she has been caring for the family for over three years.

**Blurred job description:** The nature of the CYCW’s work (i.e. working in the moment, working within the life space of children, and working on systemic family issues as an approach to strengthen care for children) makes them (CYCWs) engage in some tasks that appear more like a house (family) worker than a professional. There is an unclear line between what they should do and not do in the homes. This results in the CYCW being involved in tasks such as looking after babies while mothers go to attend to other family businesses, bathing sick people, doing gardening, cleaning the house, being a replacement caregiver by accompanying children to school and clinics. At the same time, they also engage in clear professional roles such as advocating for families at DSD and Home Affairs in order to access services.

This broadness of CYCWs’ activities makes their job responsibilities unclear and blurred as they work anywhere and anyhow as long there are children requiring assistance (life space of children). Thus, the weakly defined role of CYCWs due to unclear demarcation leads them to many different things i.e. jack of all trades, which sometimes wears the CYCWs out. This broad spectrum and unusual work patterns leads to negative perceptions of the CYCW as they are viewed as being too involved in the home and lives while other families look down upon them because of familiarity.

CYCWs in Mpumalanga clearly expressed their dilemma regarding the nature of their work:

*“Our job is challenging and sometimes you ask yourself the question ‘who am I?’. We sometimes spend the whole day looking after other families’ children e.g. child living with disability or grandmother living with very little children while they go to do shopping. Sometimes you have to do manual labour like gardening. At other times, you find yourselves having to sleep with the children when the caregivers fail to return home, and even looking for money to feed the children. Certainly, some of these roles are not for us but because we work on the moment, things have to be done. This is a significant challenge for us as CYCWs and in spite of these many tasks our stipends usually delay, which make some CYCWs to resign. They say, why do all these things and for what?”* (CYCWs FGD – Mpumalanga).

**Advocacy for children resulting in conflicts:** CYCWs sometimes find themselves in confrontations with some family leaders. This happens mostly in cases where caregivers are abusing the social grants money for children. As CYCWs engage the families to address the issue, the caregivers resist and the CYCWs keeps insisting for the best interest of children, which makes the relationship sour. In such cases, caregivers do not cooperate with the CYCWs and sometimes reject the CYCWs as well as ban CYCWs from their homes. A Mentor in Eastern Cape drawing for her real-life experience stated that:

*“I was at some point literally barred from entering the home even after working with the family for a long time. When the family started receiving social grants for children they told me not to interfere with their money issues. When I tried to engage the family, they became increasingly resistant. The family went to the extent of telling me (CYCW) that they can terminate their relationship. It’s really hard when you confront families because you are doing advocacy for the children even to their caregivers sometimes because some of them gambles all the money of children and then children end up without food”* (Mentor - Eastern Cape)

**Distrust of CYCWs:** While many grandparents are generally warm, extremely positive about CYCWs and appreciative of the work of CYCWs, some youth are unhappy with CYCWs. The youth somewhat distrusts the CYCWs. The CYCWs are viewed as playing the role of parent, the youth find it difficult to cheat and lie to CYCWs unlike their caregivers. CYCWs are generally young and aware of things that are happening in various community spaces unlike some caregivers like grandparents. Youths find CYCWs too intrusive when they (youth) are asked to account for certain things or to do their work diligently as agreed on the IDPs. In a FGD discussion in Eastern Cape, a youth indicated that:

*“The CYCWs are too much into our lives. They always come and ask us what we are doing, whether we are doing our work and etc. Yes, we are children but we are over eighteen and we know how to do many things for ourselves. I am really uncomfortable with CYCWs. I can’t really tell them my deep secrets. They try to be nice and responsible for us but they just want to know too much. They tend to be over-controlling”* (Youth FGD – Eastern Cape).

When families don’t fully open up to the CYCW, it will be difficult to effectively support them.

**Weak application of training and skills:** The ability of the CYCWs to apply their learnt skills differ. Some are more capable than others. The CYCWs sometimes time home visits poorly resulting in unproductive visits and time wastage. A Trainer in Eastern Cape reported that:

*“There was a family where the father abused alcohol and drugs and the mother would spend the day at a shebeen. When we visited the family in the afternoon, the mother was drunk and the father didn’t want to even talk to us. The children were in the streets. We just turned away because we couldn’t do anything. We returned to that family early the next day and found them sober. We then discussed with them”* (Trainer – Eastern Cape).

Sometimes weak approaches such as poor relationship building and communication obstruct effective intervention of CYCWs in the homes. When CYCWs fail to properly apply the theories they learnt and blend it with practical wisdom, they end up in conflicts with families. A CYCW in Limpopo remarked:

*“A CYCW has to be wise. You use your skills with wisdom because each family is different. You need to know what is happening and what are the issues within the family. Failure of which will result in misfiring, which results in conflict and tension”* (CYCW – Limpopo).

**CYCW conflict with own personal and family needs:** CYCWs sometimes have their own urgent family issues that take them away from the child and youth care work. When that happens, some families are negatively affected and view the CYCW as unreliable. A CYCW in Mpumalanga stated that:

*“We are also family people with needs. Sometimes certain urgent issues happen in our lives resulting in cancelling home visits. However, when this happens, many families will be very angry with us. These families seem to fail to understand that we have our own families and needs as well. We are also mothers”* (Mentor supervisor – Mpumalanga).

Another challenge experienced by CYCWs is that their kindness and warmth is sometimes construed by men as inviting hence the men ask for romantic relationships, which then strains the relationship when the CYCW declines. A CYCW in Mpumalanga expressed her concern on this matter as follows:

*“The uncles in the homes want to have romantic relationships with us. This makes your relationship with the family awkward when that happens. And when the wife gets to know it, it worsens the situation. This is serious and difficult issue”* (CYCW- Mpumalanga).

At the same time, some men tend to use the CYCW as a measure for a good and hardworking woman, which makes the wife view the CYCW negatively.

**Obstructive cultural practices:** There are also some cultural practices that sometimes make the work of CYCWs difficult. For instance, in some cultures when death occurs, outsiders are unwelcome. This then results to the child missing the support of CYCWs during this period, which sometimes reverses the progress that would have been made.

### 3.5 Perception of CYCWs by the community

CYCWs are central to the delivery of Isibindi family strengthening interventions. Therefore, it is important to reflect on how they (CYCWs) are perceived within communities. The summary of perceptions that communities hold about CYCWs are discussed and summarised in the diagram below (figure 11).

#### 3.5.1. Positive perceptions of CYCW

CYCWs are viewed as **trustworthy and reliable** people by children and caregivers. They are trusted with family issues. They handle the issues with confidentiality while gently working with the families to resolve the problems. Some CYCWs are trusted to the extent that they become family financial managers who keep ATM cards. A caregiver supported by CYCWs in Mpumalanga reported that:

*“I trust the CYCW. She keeps my family secrets well. I don’t even wait for the CYCW to ask me about the situation in the family when she comes, instead, I freely tell her happening in the home no matter how terrible it can be viewed by other people”* (Mother looking after children – Mpumalanga).

Communities also view **CYCWs as people playing critical functions** within the homes that they are assisting. In many cases, the CYCWs intervene when families require important assistance on issues, especially those concerning character development of the children, guiding children in careers and life goals, counselling children on educational matters as well as doing their homework’s. In other cases, the assistance provided include assisting with access to social grants and acquiring birth certificates and ID’s. In other instances, CYCWs assist caregivers to develop children that are living with disability since they have the parental skills to do so. For example, Mrs Dladla (not real name) who is living with a grandson with disability reported the following tremendous assistance provided by the CYCW:

*“The CYCW assisted me with the development of my grandson who is living with disability. I met the CYCW at the clinic when I was getting some medical attention for my grandson. She introduced herself and explained that she could assist me. When the CYCW first visited my family, my grandson could not sit, walk or talk. Basically, she could not do anything. The CYCW spent more time with the child building a relationship, which she did successfully. My grandson is now able to recognise the CYCW even in the shopping mall. The CYCW helped me with many things I didn’t know like going to the Physiotherapist and playing with the child using a ball to stimulate the child. The CYCW was a gift from God”* (Grandmother living with a grandson living with disability - Mpumalanga).

CYCWs are also viewed as **nice people who link children with opportunities** such as tertiary education and jobs. In the three provinces that are part of the assessment, children and caregivers reported that Isibindi assist matric students to apply for tertiary education as well as accessing bursaries for children. A CYCW in Eastern Cape stated that:

*“I (Thandi not real name) am doing grade 12 here in Eastern Cape. I failed to make it to an internet café at the scheduled date arranged by Isibindi to do my free online application*

for tertiary studies. The CYCW went out of her way to assist me to find a place to do the application” (Matric Youth - Eastern Cape).

The communities also view CYCWs **as community resource people who provide assistance on various community issues**. The CYCWs are considered to be community trouble shooters for various community problems. They (CYCWs) do not focus on addressing one particular problem in the family but address problems in a systemic way (tackling all family issues inclusively). A mother of daughter who was sexually abused and assisted by a CYCW in Mpumalanga said:

*“I view the CYCWs as a jack of all trades because when a CYCW started intervening in my family, it was because of the sexual abuse that had been perpetrated against my daughter. However, when I was sick and did not want to go to hospital the CYCW encouraged me to go to clinic and the CYCW did not let me go to clinic alone but accompanied me. At the clinic, I was tested positive for HIV and was put on ARV treatment. Since I started her ARV treatment the CYCW comes often to check if I am adhering to the treatment as well as attending my check-ups” (Mother of daughter – Mpumalanga).*

**Figure 11: Summary of positive and negative perceptions of CYCWs in communities**



Generally, **CYCWs are viewed as caring people**. Children and caregivers perceive CYCWs as caring people who love to see children developing in many aspects of their lives. Caregivers from the three sites of Isibindi reported that CYCWs are caring people who have their own needs but they sacrifice their time to assist our families, as well as developing their children. For example, Ms Dali (not real name) said:

*“The CYCW is a very loving person. She has her own children and yet she always come to our home to care for our grand-daughter who is living with disability. She does that out of love because I do not give her anything and she is not paid enough for the tremendous job she is doing with our grand-daughter. My grand-daughter gives her a hard time but she is always patient and persistent in making sure that she at least gets what she needs to develop”* (Grandmother being assisted to look after a child living with disability – Mpumalanga).

The families that participated on this study expressed similar views that CYCWs are **honourable professional people who fill a gap in the community**. They **build the capacity of families** and children as well as general capacity of the **community**. A grandmother in Mpumalanga who has been supported by a CYCW stated that CYCWs are *“heroes within the community because if you want something or anything they are always knowledgeable and willing to assist”* (Grandmother in Isibindi - Mpumalanga).

### **3.5.2 Negative perceptions of CYCW**

While generally CYCWs are viewed positively, there are concerns about some other aspects. Some youths who are part of Isibindi programme view **CYCWs as being too involved in their lives**. Children perceive CYCWs as people who seem not to acknowledge that children are independent people capable of addressing their own problems or make their own decisions. One youth in grade 12 in Limpopo reported that:

*“Even though CYCWs are very good people but they are annoying sometimes because they are too involved in our lives, even in addressing petty problems. They must understand that I am a young person but I am capable of making informed decisions in life, as well as addressing my own problems. I need to exercise my mind by doing things on my own so that I can develop. Honestly, I will not have CYCWs for the rest of my life”* (Youth in grade 12 - Limpopo).

Some families perceive CYCWs as **being pushy and interfering too much their lives and over bearing**. Families feel CYCWs are pushing too much into their lives especially when they discuss sensitive issues with the family they are supporting particularly financial management and behavioural issues. The CYCWs from the three sites concurred that families perceive CYCWs as sometimes too pushy as well as wanting too much information on family matters. Families feel as if their privacy is being violated especially when CYCWs ask about sensitive issues such as money and abuse. A CYCW in Eastern Cape stated:

*“This negative perception of invasion of families’ privacy is expressed many times by family members’ when issues such as budgeting are discussed. Sometimes as CYCWs we have to change the subject because the family would not participate in such*



*discussion. We have to sometimes wait for the best opportunity to introduce the issue of budgeting. However, where children's money is involved we have to discuss the issue"* (CYCW - Eastern Cape).

CYCWs are sometimes **perceived by children as inconsistent people who cannot be fully trusted**. Children perceive CYCWs as inconsistent people because they sometimes don't allow them to attend and participate in family budgeting meetings. This inconsistency of CYCWs makes children find it difficult to trust CYCWs. For example, a Matric girl (youth) in Mpumalanga reported that:

*"CYCWs and my mother often exclude me from discussions about family money and budgeting. I am not allowed to participate on money issues"* (Matric girl – Mpumalanga).

CYCWs were reported to **be judgmental** by youth. A matric girl in Eastern Cape, who passes through the Isibindi site on the way to school every day expressed her discomfort around CYCWs because they are judgmental towards her. The girl stated that:

*"Even though I come from school with some challenging issues and questions, I feel I cannot share them with CYCWs"* (Matric girl - Eastern Cape).

In some instances, **CYCWs are viewed as impractical and theoretical** people. Children view CYCWs as impractical and theoretical people because of their inability to translate and communicate children's rights in the home. In a focus group discussion, children (youth) from Limpopo stated that:

*"Some CYCWs do not advocate for our rights as children. This is because even though we know we have right to participate in family conferences or meetings, it is surprising in a family conference that the parents sometimes tell children to be quiet. Some CYCWs do not advocate for our rights to participate and contribute towards family decision making. By doing this, CYCWs are not upholding our rights as children so we tend to view them as impractical. They talk of children's rights but don't enforce them in our families"* (Youth FGD – Limpopo).

CYCWs are also viewed by children as sometimes **focusing too much on parents instead of them (children)**. Children reported that they perceive CYCWs as people who tend to focus much on parents at the expense of them (children). A youth in Eastern Cape reported that a CYCW who supports her family spent more time with her mother instead of her and her siblings. She stated:

*"Most of the time the CYCW would come at our house and then start to talk with my mother and you can see that they are talking about things they do not want me to hear or know. I see it from their facial expression when I come close. They can even change the subject sometimes. Maybe it's because they will be talking about sensitive things they think will affect me once I hear them. I feel I have to know these things as a child. Focusing on my mother is not a productive approach because it will create tension. Sometimes they reach decisions about particular things in their discussion that affect us. So, when they want to implement them, I will not cooperate because I was not part of the decision-making process from the beginning"* (Youth FGD - Eastern Cape).

### **3.6 Role of CYCWs in family strengthening – comparison of job description vs actual performed tasks**

The tasks performed by CYCWs are diverse. To understand these tasks, it's important to determine the drafted job description of a CYCW against the actual tasks performed. In doing so, the CYCWs' actual activities on daily basis will be understood. This comparison is important as it will provide clarity on the actual role of CYCWs in Isibindi family strengthening programme. At the same time, the additional roles outside the CYCWs' job description will also be understood in order to shed a clear picture on the comprehensiveness of the services they (CYCWs) provide.

#### **3.6.1 CYCW's role description**

A Child and Youth Care Worker (CYCW) is a person who works in the life space of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts.<sup>xii</sup> Child and Youth Care practice includes skills in assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive and therapeutic requirements into the life space, contributing to the development of knowledge and professions, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation and advocacy.<sup>xiii</sup>

The scope of practice for CYCWs, who have complied with the requirements for registration within the professional category of registration, include the following: a) care and development of children and youth where their physical, emotional, spiritual, cognitive, social survival and developmental needs are protected; b) behaviour management of an individual child or of groups of people; c) design and implementation of programmes for children and youth on the basis of their identified developmental needs; d) developmental assessment of children and youth within their life space; e) development and maintenance of planned environments in child ----and youth care work; f) implementation of life space work; g) undertaking of child and youth care work administration; h) Developmental play; i) advocates for the rights of children; j) policy development in the field of child and youth care; k) consulting, supervision, management and directing of child and youth care workers; and l) participation in and the leading of multi-disciplinary teams and life space counselling<sup>xiv</sup>.

#### **3.6.2 The description (on paper description) and actual activities performed by CYCWs**

The summary description of the role of CYCWs is indicated in the table 7 below.

**Table 7: Role of CYCWs and practical implemented activities**

<b>Outline of role (job description on paper)</b>	<b>Practically implemented activities</b>
<b>To care for children and youth, this care is physical, emotional spiritual, cognitive, social survival and development</b>	The CYCWs ensure that the children and youth are cared for physically by providing food parcels, emotionally by life space "counselling", cognitively by teaching and training on budgeting and household routines and homework

	supervision. These activities are carried out during home visits.
<b>The application of behaviour management and support techniques in routine child and youth care work</b>	The CYCW guide the children as they help them with their chores and as they interact with the children during the home visits. The CYCWs have sustained ongoing interactions with the children. They also model good behaviour for the children and youth to be able to influence their behaviour positively. CYCWs also leverage their relation and trust they have with families, children and youth to facilitate positive change.
<b>To implement programmes and activities for children and youth (C&amp;Y) on the basis of their identified need</b>	The CYCWs develop IDPs (Individual Development Plan) for each child and youth. This plan will show the strengths and areas of development for the <b>children and youth (C&amp;Y)</b> . The IDP is agreed upon by the CYCW, the parent and the child. The IDP focus on the Circle of Courage areas (i.e. belonging, Mastery, generosity and independence).
<b>To conduct developmental assessment of C&amp;Y</b>	The CYCWs conduct this assessment in the family using an assessment form and then develop an IDP. Each visit is logged and a narrative report is written and submitted to the mentor for review. Assessment of the family is an ongoing exercise that is formalized after 3 or 4 visits as the CYCW produces a family assessment and then an IDP for each individual in the home.
<b>To maintain a planned environment for C&amp;Y care work</b>	The CYCWs have a weekly planner that sets out all the planned activities with the child during a home visit. However, the CYCW can “work in the moment”, which refers to being flexible and dealing with a situation that would have arisen at that particular time. A Senior Mentor in Mpumalanga stated: <i>“We have circumstances where we plan to do homework with the children and find that the child is not in good emotional state and is experiencing negative emotions. When we notice this, we may opt to do a different activity such as referring to the memory box to help the child remember their parents or just sit and talk with the child about how they are feeling on that day”</i> (Senior Mentor in Mpumalanga).
<b>To implement life space work and life space counselling</b>	The CYCWs help children with chores and their routines. During the times the children are able to express their emotions and issues. The CYCW participate in developmental play with the children. These activities help the children and youth to cope with their specific challenges

### **3.6.3 The additional roles performed by CYCWs during home visits that are not explicit on their job descriptions**

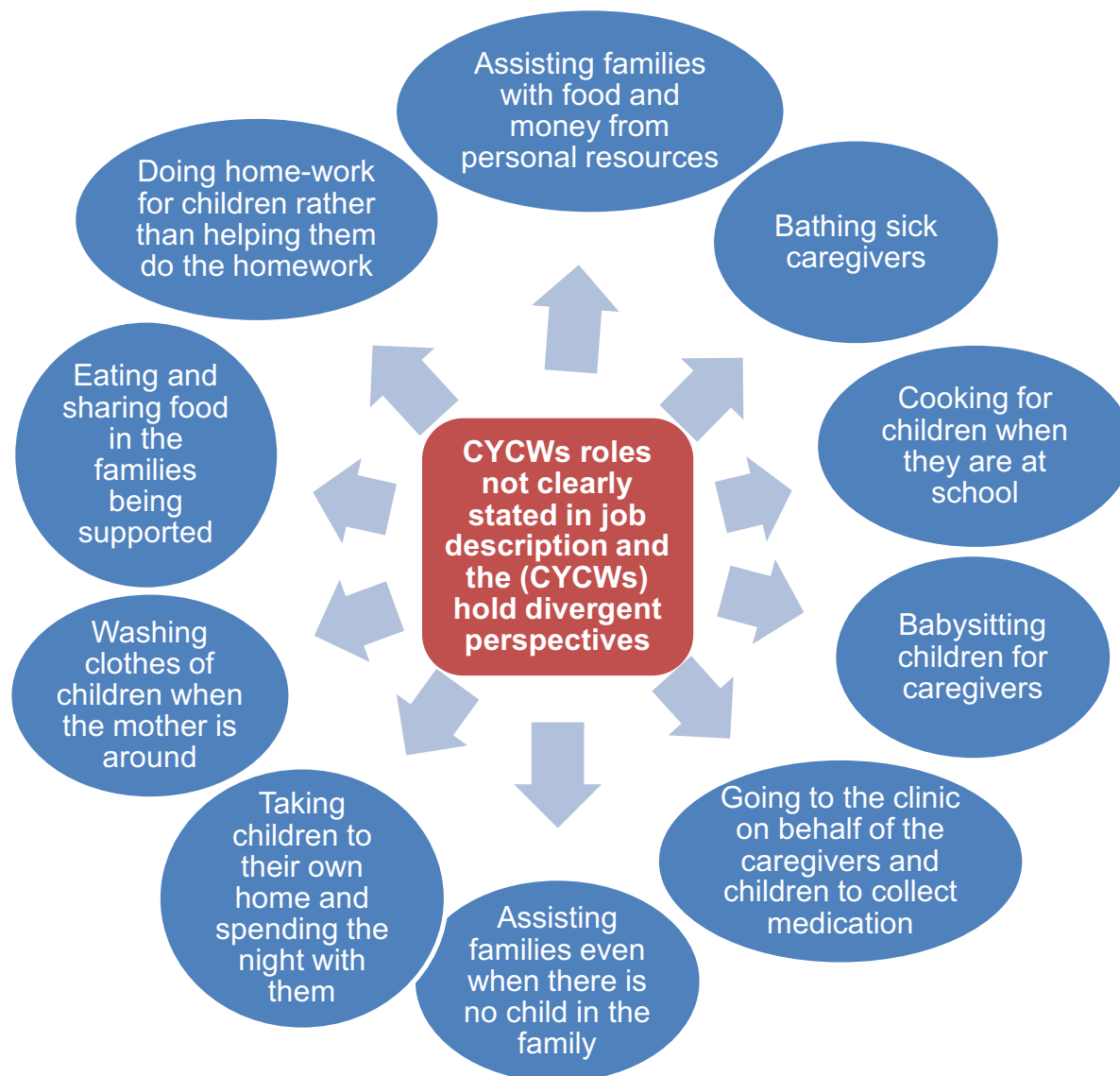
The interviewed CYCWs expressed concerns over additional roles that they perform in the Isibindi programme. These issues are arguably included in the broad scope of the CYCWs work but they (CYCWs) feel the tasks are a bit off their scope of work. CYCWs hold divergent views of some of the roles. A summary of these roles is indicated below (diagram 11).

CYCWs in Mpumalanga and Eastern Cape reported that they are performing additional roles to the ones stated on their job descriptions during home visits. However, the CYCWs in Limpopo reported that they are not doing extra activities in addition to the ones stated in their job description. The reason cited by Limpopo CYCWs for not doing activities outside of their job description was that in Bela Bela (Limpopo) there are many other organisations that meet the needs of families in one way or another. The Bela Bela community of Limpopo has the following organisations providing complementary interventions to families: (i) Bela Bela Educational Advocacy Group (BBEAG) which is an organisation that offers educational support services (i.e. Bursaries for young people, study groups and extra lessons during weekends). This organisation pays the teachers to provide such services to students. (ii) Victim Empowerment Programme (VEP) that deals with child protection referrals for sexual abuse, domestic violence against women and other issues. (iii) Bela Bela Prevention HIV and AIDS group is an organisation that deals with issues of HIV prevention and testing. (iv) Community Police Forum (CPF) deals with prevention programmes such as community awareness campaigns. They go in places such as schools to raise awareness about the consequences of crime, alcohol abuse and legal issues. The organisations work with Isibindi programme to improve health, protection, education, nutrition and economic situation of families and children. For example, BBEAG organisation supports Isibindi with the indicator of education; VEP assist Isibindi with child and care prevention services; Bela Bela Prevention HIV and AIDS group help Isibindi with health (HIV) related issues. However, this does not suggest that there are no other organisations supporting Isibindi Mpumalanga and Eastern Cape. Organisations and Government Departments in the community of Mpumalanga include: clinics, SAPS, Department of Social Development, SASSA, and Department of Education, Sakhile Testing organisation and a Drop-in centre. The clinic provides health care services; Department of Social Development provides social grants and counselling to families and child protection; SASSA provide nutrition support (food parcels), Department of Education provide educational support; and Sakhile Kuhle (dropping centre) prepare meals for orphans and vulnerable children after they are identified by the CYCWs. Similarly, in Eastern Cape there are organisations in Eastern Cape working with Isibindi such as SAPS and other NGOs.

Since all Isibindi sites work in partner with other organisations in the area, it seems the view of Limpopo CYCWs that they don't do additional activities indicate a much stronger referral system and a narrower application of CYCWs functions as outlined on description. The roles that were pointed as additional by CYCWs in the other two provinces were: assisting families with food and money from personal resources; bathing sick caregivers, cooking for children when they are at school, babysitting children for caregivers, going to the clinic on behalf of the caregivers and children to collect medication, assisting families even when there is no child in the family, taking children to their (CYCW's) own home and spending the night with them, washing clothes of

children when the mother is around, eating and sharing food in the families being supported, and doing home-work for children rather than helping them do the homework.

**Figure 12: Summary of roles viewed as additional and unclear on CYCW job descriptions**



**3.6.4 Approaches utilised by CYCWs in addressing different children and family problems in their circumstances**

CYCWs assist children and families who have different needs and are in different situations. Some of these families as discussed above are grandmother headed, child headed, mother headed or father headed. The children themselves are at different stages of their lives and with different developmental needs. For instance, small children require motherly love hence CYCWs play child games with them, while adolescents require people to befriend them in order for them to trust the person. Boys and girls also have different needs as they develop. The composition and dynamics within families also place different challenges to children as they grow up. For

instance, adolescent girls require privacy and yet if the house is crowded, they find it difficult to enjoy privacy. These differences among the targeted children and youth challenges CYCWs to adapt and apply the theory they learnt differently depending on need. The CYCWs use approaches that include the ones discussed below in dealing with families.

**Creativity and innovation:** CYCWs use creative skills to reach the children with different needs. The Mpumalanga Trainer described how she used a creative approach to make a child who had been raped open up as follows:

*“After everyone had failed to make the child speak and was asked to assist the CYCW on the matter. We visited the family. While just discussing issues in the house with the child next to me I started a small child’s game with our fingers. After a while when I saw that she is increasingly become free with me I took a ball and we went outside. There we started to play the ball and the child was surprised that I was so interested to play with her. After sometime of playing we started talking. Slowly the child started talking about people who come to their home and the uncle. She then opened up. People were very surprised. There is no one way of doing things. You can have the theory but when it comes to real life it requires **creativity and innovation**” (Trainer – Mpumalanga)*

**In-family advocacy:** There are times when caregivers misuse the social grants money of children or treat the children poorly. And when CYCWs try to intervene the parents or caregivers block them saying *“these are children we are caring for hence we know what is best for them”* (CYCW Limpopo). In such cases, CYCWs engage in ‘in-family advocacy’ where they confront caregivers from a child rights perspective. They do so in the interest of children. For instance, CYCWs in Limpopo stated:

*“There are families that you will do everything to assist the children but they resist. This usually happens where money is involved. Sometimes the father or the family leader will be involved in gambling or any other activities that drain family resources. And when you see this happening, say it’s in winter and the child has no clothes and yet is receiving a social grant, you will be left with no choice but to confront the family ‘gently of course!’. This means our work as CYCWs also entails the safety and well-being of children sometimes among caregivers. The advocacy for children is outside on service providers and internally to caregivers also” (CYCWs FGD – Limpopo).*

**Individual child and family focused intervention:** Different families and children have different needs. CYCWs should be able to provide proper assessment to determine unique needs of the family and children in order to develop particular focused interventions. The individualised interventions are outlined in individual child IDPs and family IDPs that guide CYCWs. A Mentor Supervisor in Mpumalanga explained that:

*“CYCWs develop IDPs for individual children and family that focuses on their development goals. These unique goals serve as the basis for CYCWs interventions for each child. The CYCW will monitor the child’s development as agreed and outlined in the IDP” (Mentor Supervisor – Mpumalanga).*

**Mentoring and coaching approach:** CYCWs befriend children and do tasks with children. For instance, they wash dishes, cook or sweep with the children so that they learn how to do house chores. This approach entails mentoring and coaching children to perform house duties and to develop them to be responsible individuals. This approach means each child or youth is assisted based on particular needs. The CYCW through a befriending and support approach becomes a mentor and coach to the child. A youth in Eastern Cape stated:

*“The CYCW (called Auntie) is like a friend to me. She sits down with me sometimes and helps me to think about life issues. She helped me to be part of a radio programme and also to apply for university. Before going to radio she discussed with me how to conduct myself when I attend the Radio programme”* (Youth – Eastern Cape).

**Partnership with children and youth:** To avoid being resisted by children and youth, CYCWs seek permission to be part of children’s lives and be partners to address their life issues. As partners, they agree to cooperate and support one another to realise their goals. This approach is non-coercive and encourages child cooperation in participating in activities outlined in the IDPs. A CYCW FGD in Eastern Cape explained that to ensure maximum cooperation of children and youth, especially adolescents, one needs to ensure that they fully cooperate. And cooperation is guaranteed if you agree to be partners in implementing the agreed tasks in the IDPs.

*“To ensure children and youth fully cooperate is critical because there are things you can’t do. For instance, I am poor in Mathematics and the Matric youths need help in that. In that situation, I become a partner who cheers the child as a cheer leader”* (CYCW- Eastern Cape).

**Integrated child development monitoring:** Because CYCWs are involved with the child’s family, working directly with the child, and also liaising with the school as well, the various developmental aspects of children are monitored from diverse angles. Teachers can report negative behaviours while at home the caregivers also observe the child. These child monitoring and support dimensions ensure integrated child development monitoring, which promotes holistic positive development. A CYCW indicated that:

*“As CYCWs we work with teachers to assist children. What teachers notice at school they inform us so that we intervene before the behaviour gets out of hand. This ensures the child is monitored on an ongoing basis in all the life spaces”* (CYCW – Limpopo).

**Age appropriate activity designs:** In developing IDPs for children, CYCWs considers children’s age. For small children, they use techniques that include ball play and other stimulating activities while for adolescents and youth they focus on discussions to guide them on issues such as careers, relationships and other teenage and youth adult issues. This means the CYCW always adopt an age appropriate intervention approach.

## 4. CONCLUSION AND RECOMMENDATIONS

This study aimed to provide a qualitative understanding of the family strengthening approach that underlies the Isibindi family strengthening model. The study is an evaluation that described (i.e. an understanding) how the Isibindi approach contributed to the outcomes related to well-being indicators, while at the same time documenting what Isibindi family strengthening approach involves. The objectives of the study were three-fold: (1) to develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model; (2) to outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and (3) to document what Isibindi family strengthening approach involves. Accordingly, the study was an in-depth analysis of the dynamics and interactions between CYCWs, families and children within the homes, which has resulted in the documented impact of Isibindi as recorded in the various evaluation documents and frameworks, such as DSD. Notably, this study is not necessarily an evaluation per se but an analysis and documentation of the detailed processes that occur during CYCWs home visits to gain an understanding and clarity on what happens during these family interactions to cause the impact of Isibindi family strengthening approach.

### 4.1 Conclusion

From the discussions in the previous sections, the following conclusions can be made regarding Isibindi family strengthening approach.

#### ***4.1.1 Understanding of the family strengthening approach that underlies the Isibindi model (theory, concepts and activities)***

**4.1.1.1 Isibindi model framework and motivation:** The Isibindi approach is a model of providing child and youth care services to children and youth in their homes by professionally trained and supervised child and youth care workers (CYCWs). The CYCWs connect with children and build relationships with them through using daily life events. They (CYCWs) help families with basic household chores and educate them on general hygiene, gardening, health, nutrition, household care, and child protection issues. The assistance includes cooking with children, teaching them basic life skills and building resilience using ordinary human interaction as a context and a means for providing basic care to meet the emotional needs of children and youth. The intervention targets particularly child headed, parentless families and children in highly vulnerable homes. The approach addresses three socio-economic challenges that face South Africa: unemployment (especially high among youth, women and rural people), skills deficit, and high level of HIV prevalence and HIV related illness and death contributing to large numbers of children whose wellbeing is threatened by the absence of normal parental care. The model was designed by the National Association of Child Care Workers (NACCW) to respond to the needs of vulnerable & orphaned children and young people affected or infected by HIV and AIDS in the early 2000s as a cost-effective community-based model for caring for the needs of vulnerable children. The two underlying motivations for the Isibindi model are that: (1) working with children and families in their communities through professional CYCWs is critical in reducing the number of children coming into residential care areas; and (2) The HIV epidemic has led to the increase of the number



of orphans and vulnerable children in poor rural areas where there were few support services hence interventions should be implemented where CYCWs are working in the life space of children. This model has been informed by research and evidence based interventions. The model has been replicated from the initial site in KwaZulu Natal (KZN) in the early 2000s to more than 300 sites countrywide, over 3000 trained CYCWs nationally, and with well over 280,000 children reached across South Africa in 2016.

**4.1.1.2 Isibindi family strengthening model (approach) and intervention:** The Isibindi model focuses on families and spaces where children live. The families include: (1) children living with biological parents, (2) child headed family, (3) mother or grandmother headed family, and (4) families where children live with distant relatives. Within these families, the approach develops children in the following areas: i) economic, ii) nutrition, iii) education, iv) health (and hygiene), and v) child protection situations. The strengthening approach focuses on developing the environment that the child lives in, which is the family. CYCWs work with families to develop them through a strength based approach, which entails identifying areas of development such as domestic violence, abuse of money and alcohol, weak parenting skills, and poor communication. Upon identification of the family areas of development, the CYCWs develop joint programmes with families to improve the family situation (i.e. family strengthening).

**4.1.1.3 Isibindi family strengthening intervention dimensions (levels of child environment):** Isibindi as a holistic family approach to child care and development interventions focus on four dimensions (levels) of child development environment. These are the following: (1) the entire family environment of the child, (2) the caregivers' skills, (3) the individual child, and (4) advocating for services with relevant government structures. The activities performed by CYCWs to strengthen the entire families aim to create a positive environment for children as well as to develop and strengthen skills, competences and capacity of families for safe, caring families and caring communities for children. The activities performed to strengthen caregivers focus on skills building such as parenting while activities targeting the direct child focuses on assisting the child to develop in all dimensions (cognately, socially, emotionally, physically, relationally) as informed by circle of courage. The interventions at the fourth level entail advocating for children to access the services required for their positive development. The CYCWs intervene at these multiple levels to effect positive holistic development in children.

**4.1.1.4 Isibindi family strengthening activities:** The activities performed by CYCWs to particularly strengthen families include: developing family financial management skills to ensure financial stability and improved management of social grants, building trust relationships among family members to enhance a positive home environment for children, strengthening character development among caregivers for good role modelling; strengthening caregivers' parenting skills; strengthening integrated and unified family decision making processes within homes; enhancement of family confidence and self-esteem through strength based approach; facilitating reunification and peace between estranged family members; strengthening family and community linkages; empowerment of families with diverse prevention and mitigation of resources/systems for children; and assisting families to invest and start small entrepreneurship projects to supplement household income.

**4.1.1.5 Principles underlying the Isibindi family strengthening model:** The core principles underlying the Isibindi model as a community-based approach of caring for the needs of orphan and vulnerable children and youth include the fact that the approach utilises a family strength based approach whereby CYCWs seek to identify the areas that families are good at and then build on them. When working with children, the CYCWs use a trial and error method, which allows children to make mistakes resulting in positive learning through discovery. Hence, parents are trained in the approach. The approach also trains and encourages CYCWs and caregivers to be role model who lead by example. The approach uses people who are culturally competent to effectively provide support in their communities. CYCWs who are the people on forefront of interventions, have values of consistency and respect for families. CYCWs work in the life space of children through communication. The model also entails having activities done within the life space of children. These values were reportedly applied by the CYCWs at all implementation sites.

**4.1.1.6 Dynamics of family (home) visits as well as CYCW and family interactions:** The work of CYCWs in homes follows five processes (ways), namely: (1) identification of vulnerable children and youth as well as their homes (families), (2) initiating contact with the family, (3) assessment of family needs to determine required intervention, (4) intervening to address the problem, and (5) disengagement with the family after achieving the agreed and desired intervention goals. The vulnerable children and youth are **identified** through referrals, awareness campaigns, community events, Safe Park spaces, community life space, CYCWs approached by needy families or children, community driven/self-driven, and community tip-off. **Contact** with families occur through CYCWs visit to the families where they introduce themselves to the families, as well as stating the kind of services they offer. During this process a rapport is established between the family and the CYCWs, which results in building a relationship of trust. Following successful contact with the family is the **assessment of needs** to determine the interventions required for the vulnerable children & youth. After needs assessment, the CYCW and the family develops IDPs for the family and for individual children to guide **the intervention process**. The activities conducted by the CYCWs are guided by the IDPs. The intervention within families entail the (1) implementation of agreed interventions aimed at addressing the determined problems, and (2) resolution of the problem, which will be based on the CYCWs and parents' (or caregivers') determination that the issues have been resolved. After problem resolutions, the **CYCWs disengage** with the family. However, in many instances, the resolution of one problem results in a second phase of challenges e.g. successful application of social grants for the children results in a second problem of management of the funds. Thus, CYCWs should manage a second phase of family challenges that arise from successfully addressing the first phase of challenges. The disengagement process occurs after determining the extent to which the purpose of the interventions have been achieved, which is then followed by preparation and management of disengagement process by gradually reducing frequency of the family visits. When CYCWs disengage from family, they hold small formal ceremonies to mark the official end. However, even though disengagement will be done, CYCWs assure families of their ongoing support in case of a problem resurfacing. The list of comprehensive activities provided by CYCWs in the home are summarized in table 4. The activities include those that are directly targeted on children in the

home and various spaces and those that target children through caregivers and their structures as highlighted above (3.2.2).

#### ***4.1.2 Document what Isibindi family strengthening approach involves (theory and its applications in different families and children)***

##### **4.1.2.1 Work of CYCWs theoretical framework, theory and practice, and additional roles:**

CYCWs are professional child and youth care workers who work in the life spaces of children and adolescents with both normal and special development needs to promote and facilitate optimum development through the planned use of everyday life events and programs to facilitate their ability to function effectively within different contexts. The scope of practice for CYCWs, who have complied with the requirements for registration within the professional category of registration, include the following: a) care and development of children and youth where their physical, emotional, spiritual, cognitive, social survival and developmental needs are protected; b) behaviour management of an individual child or of groups of people; c) design and implementation of programmes for children and youth on the basis of their identified developmental needs; d) developmental assessment of children and youth within their life space; e) development and maintenance of planned environments in child and youth care work; f) implementation of life space work; g) undertaking of child and youth care work administration; h) Developmental play; i) advocates for the rights of children; j) policy development in the field of child and youth care; k) consulting, supervision, management and directing of child and youth care workers; and l) participation in and the leading of multi-disciplinary teams and life space counselling.

The job description that is inclusive of the above scope of CYCWs work indicates that their roles entail: caring for children and youth (e.g. physical, emotional spiritual, cognitive, social); application of behaviour management and support techniques in routine child and youth care work; implementing programmes and activities for children and youth (C&Y) based on their identified need; conducting developmental assessments of C&Y; maintaining a planned environment for C&Y care work; and implementing life space work and life space counselling. While this broad job description arguably captures most of the roles performed by CYCWs, discussions with CYCWs revealed that there are roles that are perceived by CYCWs as additional to their stated job descriptions. The CYCWs have divergent views on them. Some of the roles emerge as inevitable pragmatic intervention in times of a crisis while working in the life space of a child e.g. children not having anything to eat, which pushes the CYCW to assist the family with food and money from his/her personal pocket since children will be starving. Some of the additional roles include bathing sick caregivers and yet the CYCWs are not trained Home Based Care (HBC) providers. There are times when a CYCW cooks for children when they are at school; babysitting children for caregivers while they go for shopping; going to the clinic on behalf of the caregivers and children to collect medication; assisting families even when there is no child in the family but because it's a community urgent and desperate need; taking children to own CYCW's home and spending the night with them; washing clothes of children when the mother is not around; sharing food with the families being supported; and doing home-work for children rather than helping them do the homework.

These activities that CYCWs consider as additional activities arise in crisis times. In such times the CYCW will be left with no option but to respond accordingly. However, these activities indicate the challenge of working in the moment and in life space of children.

**4.1.2.2 Internal factors that positively and/or negatively influence Isibindi successful implementation:** The success of Isibindi implementation depends on a number of factors that relate to the internal dynamics of the programme. First is the **characteristics of CYCWs and the qualities they possess that enable effective delivery**. The ability of the CYCWs to display and exercise the following attributes make the implementation of Isibindi successful: flexibility in dealing with issues while working on the moment and in the life space, confidence in performing tasks; effective accountability to families being supported; ability to communicate effectively while engaging families; ability to keep confidential information of families; delivering on promises made; reliability on matters being handled; patience, tolerance, persistence and enduring challenges such as resistance to change in working with families, good time management to ensure success in juggling many things, fairness and not practicing favouritism in dealing with children; honesty and truthfulness in dealing with families and children; respect for families' decisions; creativity and innovation in dealing with cases. Conversely, if the above attributes are absent or poorly displayed and practiced then there will be resistance and unsuccessful implementation of Isibindi. Second is the **design and implementation** of Isibindi that also makes it easily possible to implement. The use of local people who are familiar with the context (culturally competent) and the broadness of interventions provide wide enough scope to address diverse community challenges pertaining to children's issues. Third is the **on-going technical support of CYCWs by CYCW Supervisors, Mentors, Mentor Supervisors and Trainers**, which ensures effective implementation through coaching, mentoring and on the job training. Furthermore, the CYCW Supervisors, Mentors, Mentor Supervisors and Trainers also model, provide consultative supervision, and attend family conferences with CYCWs to assist them to resolve challenging issues. This means CYCWs are not left to make mistakes but they receive ongoing support. Fourth is **CYCWs quality training that prepares them to effectively deliver services**. Through provision of theoretical and practical training that is accredited, CYCWs are exposed to high quality training that helps them to implement the Isibindi interventions successfully as they are adequately prepared both theoretically and practically. Fifth is the fact that **Isibindi is a franchise programme**, which ensures standardization of interventions.

**4.1.2.3 External (contextual) factors that positively and negatively influence Isibindi successful implementation:** The external factors to the design and implementation of Isibindi are those factors that arose from the context and environment where the interventions are being implemented. A CYCW therefore, has to sensitively and with wisdom adapt and apply the theory she learnt to the situation. The factors reported by CYCWs include the **type of household leadership**. Homes where males are leaders tend to be more resistant to CYCWs than grandmother/woman and child headed homes. This means the CYCW should be more skilful and employ great tact in dealing with male headed households. **Family ethnic background** was noted as another factor that influences successful implementation. For instance, the Venda people take time to trust people and open with family information while many Tsongas struggle with documentation hence they tend to not tell the truth as some of them are descendants of

illegal immigrants. The Zulu males were noted to be reluctant to take advice from CYCWs whose majority are women. **Affiliation to a religion** and sincere devotion to a religion was found to promote warmth and receptivity within the homes. Families where there is **substance abuse** were reported to be more difficult to engage as they tend to be resistant to CYCWs. Families where caregiver's **literacy level** was a bit high were reported to value education more than families where parents or caregivers are illiterate.

**4.1.2.4 Approaches utilised by CYCWs in addressing different children and families in their circumstances:** In response to the challenges that CYCWs experience and the differences in homes and the needs of children, they adopt a number approaches to effectively deliver the Isibindi interventions. These approaches include **creativity and innovation** to reach children with different needs. They also do **in-family advocacy** in situations when caregivers misuse the social grants money of children or treat the children poorly. In such cases, the CYCWs engage in 'in-family advocacy' where they confront caregivers from a child's rights perspective. They do so in the interest of children. CYCWs also use **individual child and family focused intervention approach** whereby interventions are informed by a thorough assessment to determine the unique needs of the family and children to develop focused interventions. The individualised interventions will be outlined in individual child IDPs and family IDPs that guide CYCWs implementation. CYCWs adopt **mentoring and coaching approach** to the families and children they assist. They wash dishes, cook or sweep with the children so that they learn how to do the house chores on their own. Thus, they mentor and coach children to perform house duties and develop them to be responsible individuals. CYCWs also **partner with children and youth** to avoid being resisted. As partners, they agree to cooperate and support the child to realise his/her goals. This is a non-coercive approach that encourages child cooperation in participating in activities outlined in the IDPs. **Integrated child development monitoring** is another approach employed by CYCWs. Because CYCWs are involved with the child's family, they work directly with the children, and liaise with schools, children are monitored from diverse angles. Teachers can report negative behaviours while at home the caregivers also observe the child, which ensures integrated child development monitoring. CYCWs use **age appropriate activity designs** considers children's age.

**4.1.2.5 Families and communities' perception of the CYCWs in their implementation of Isibindi family strengthening:** The families and beneficiaries interviewed reported the following positive perceptions about CYCWs in communities where they are providing interventions. They indicated that CYCWs are regarded as trustworthy and reliable people; playing a critical function within the families they are supporting; viewed as good people linking children to opportunities; community resource providing trouble shooting and back stop to community problems; caring people; honourable professional people; filling a critical community gap; capacity builders in the community; general community builders; and heroes of children's causes. However, despite these positive views, some negatives views that include the following were raised: youth viewed them as too involved in people's lives; being too pushy and over bearing when dealing with children and youth; sometimes inconsistent and not fully trusted by children; being judgmental; being impractical on some issues such as child participation in decision making; and viewed by children as focusing more on parents than them (children).

#### **4.1.3 Understanding of how the Isibindi approach contributes to the outcomes related to well-being indicators**

**4.1.3.1 Positive results of Isibindi family strengthening approach - enhancement of wellbeing outcomes:** The overall reported results achieved by Isibindi family strengthening programme have been noted in the following areas: education (school attendance), health (& hygiene), psychosocial wellbeing of children, economic situation, child protection (reduced abuse), home environment strengthening, information & awareness, and access to services.

- **Increased school attendance:** The interventions have resulted in improved school attendance and performance as children are attending school regularly and prioritising school attendance. The relationship between caregivers and the school has also been strengthened thereby ensuring reinforcement of positive behaviour of children both at school and at home. Children are also motivated to study as they are assisted in their school work. The interventions at home have improved the home environment to support schooling while advocacy in schools has improved school environments for vulnerable children as they cannot just be expelled from school when they misbehave.
- **Improved health status:** CYCWs activities such as encouraging adherence to medication, providing information on health as well as accompanying parents and children to clinics for HIV testing, assisting them to be aware of public health services and how to access such health services have contributed to improved health status. Through linkages with other stakeholders and all the health-related activities, families and children have improved their access to health services. Awareness of health and hygiene and how this impact on everyday life has improved health seeking behaviour, while access to social grants has enabled families to construct decent houses and to afford a **balanced diet in the home**.
- **Improved nutrition:** The activities that contributed to improved nutrition outcomes include training the parents and children in gardening as with these gardening activities, children and families can grow their own food and have a higher chance of eating at least 3 times a day. The other activities like advocating for and accessing food parcels for children have ensured that children have adequate food, which ensured physical health and well-being.
- **Improved economic situation:** Through the activities that have been implemented to increase income of the family and specifically income that can be directly channelled to the needs of children, there was reported improved economic situation within families. The activities have resulted in general improvement of household income, improvement in financial management in the home, and improvement in entrepreneurship skills to sustain the family.
- **Reduced child abuse (improved child protection):** The activities implemented to improve child protection included training parents on parenting skills and how to identify and handle abuse of children; awareness of child rights and responsibilities; helping families and children prepare for court; caring for the sick parents and children; reporting

cases of neglected and abused children; life pace counselling of children who have been abused; assisting abused children to report and ensure prosecution. These interventions have resulted in creating platforms where children are free to speak during the life space counselling sessions; children being free to share and be encouraged to report any form of abuse they experience. This has ultimately resulted in reduced cases of abuse as reported by interviewed families and children.

- **Psychosocial wellbeing of children:** The interventions of CYCWs have also resulted in improvement of psychosocial well-being of children. This has been noticed through improved socialisation of children in safe parks<sup>xv</sup>, improved caregiver involvement in children's lives through parental training, strengthened positive behaviour, improved children confidence in their tasks, improved children's emotional and psycho-social well-being, improved inclusion and development of children living with disability.
- **Improvement of home environment for children positive development and wellbeing:** The CYCWs' work has also improved the home environment for children, which has contributed to children's positive development. There is improved independence of families, improved home environment for positive development of a child, improved family communication, and improved family relationships. Increased awareness on issues relating to children's well-being: Overall, through the work of CYCWs in the communities, there has been increased awareness and knowledge within families regarding children issues. Families have become aware of children's rights and responsibilities, and have developed an awareness of the various services that are available for children as well.
- **Increased access to services:** Through advocacy and assisting families on matters such as obtaining important documentation, e.g. birth and death certificates, IDs, and other documents that help families access services such as grants, CYCWs have facilitated access to services. By also engaging in advocacy for families in government offices, families are getting services that they were not getting.

**4.1.3.2 Short and long term impact of Isibindi family strengthening model:** While the current reported results could be viewed as short and medium term, their long-term contributions to national development and national building are clearly discernible. Based on the interventions' focus on the four parts of the Circle of Courage (i.e. belonging/attachment, mastery/achievement, independence/autonomy and generosity/altruism), the current results can be extrapolated to indicate a future contribution of these children who are benefiting from the Isibindi programme. In a country where good leadership in various sectors of society is lacking, Isibindi investment in children should be viewed as a huge national development and human capital investment project. Evidence of the long-term impact of Isibindi programme is starting to be seen from high Matric pass rates of children who are part of the programme.

**4.1.3.3 Challenges experienced by CYCWs in performing Isibindi family strengthening roles:** Despite the positive results achieved through the work of CYCWs, CYCWs experience

considerable challenges that hinder or weaken their work. The challenges have been clustered in eight categories. (1) CYCWs are sometimes slandered and misrepresented by hateful community people who hold different views or members who would have confronted them. (2) Families that are being assisted tend to over rely on CYCWs, which makes disengagement difficult and painful when the time comes. (3) CYCWs' responsibilities are broad and they are therefore sometimes unclear on a position to take. This results in them doing other tasks that are not their roles such as babysitting. (4) CYCWs stance on advocating for children against caregivers sometimes results in serious conflicts with family members, which negatively affects relationships in the community since CYCWs come from the same community. (5) There are families who generally distrust CYCWs because they suspect that they are paid huge amounts of money by facilitating social grants to families. (6) Some CYCWs have weak application skills of the theories they learnt, which weakens their effectiveness in families. (7) There are also conflicts that arise at times between CYCWs professional responsibilities and their own personal and family needs which CYCWs have to address. These conflicts arise when CYCWs miss a scheduled home visit of the family in order to attend to their own personal and family needs, they are sometimes viewed as neglecting their roles. (8) There are also obstructive cultural practices that sometimes hinder the work of CYCWs. For instance, in some families, visitors such as CYCWs are prohibited for a certain period when there is death. This sometimes results in regression in the progress that would have been made.

## **4.2 Recommendations**

### **CYCW management and care**

- 1. CYCWs' motivation:** Constantly motivate CYCWs to ensure a feeling of being appreciated in their job, which is highly stressful and the remuneration is perceived as not commensurate with the many tasks performed.
- 2. CYCWs emotional support:** Provide emotional support to CYCWs to manage the tension that arises between their own personal family needs and the needs of Isibindi programme, which presents them with conflict in their life.

### **Capacity strengthening**

- 3. 5.2.1 Balance between intervening directly on children and their families (and caregivers):** Conduct refresher training for CYCWs to strengthen their skills on maintaining a balance between interventions addressing children's needs through caregivers (i.e. indirect child interventions) and direct child interventions (i.e. interventions performed directly on the child by CYCWs) to overcome the feeling among children that CYCWs spend more time with caregivers (their parents) than them (the children).
- 4. Disengagement management:** Strengthen CYCWs skills to apply disengagement from families after achieving goals despite the pain and emotions that go with it to overcome the limitation of over staying in one family while there are other families requiring CYCWs support.



5. **CYCWs management of adolescents and youth:** Strengthen skills of CYCWs to manage adolescents and youth as a considerable number of this group of Isibindi participants expressed negative feelings about CYCWs.
6. **5.2.2 CYCW capacity strengthening on life challenges:** Conduct ongoing refresher training on skills that require advanced judgment and wisdom in applying theory into practice (e.g. such as family conflict resolutions) through focusing on practical life experiences emerging from CYCWs at the implementation sites.

#### **CYCWs role clarity**

7. **Management of perception of additional roles:** Manage and clarify CYCWs perceptions that they are performing additional roles beyond their job descriptions to maintain and manage their motivation.
8. **Practical reflection and guidance on working in the life space and working at the moment:** Constantly reflect, define and provide practical guidance to CYCWs on the fluid concepts of working in the life space and working at the moment, which seems to imply that CYCWs should do anything and everything thereby contributing to confusion, stress and strain on CYCWs.

#### **Further research**

9. **Research on former Isibindi beneficiaries:** Conduct research to follow up on people who are former Isibindi beneficiaries to determine where they are in life so as to estimate and build a case for national contribution.
10. **Conduct focused research on contextual factors:** Conduct a focused research to understand in depth and document contextual factors that positively or negatively affect the work of CYCWs.

## **ANNEXES**

### **Annex A: Introduction and consent for evaluation participants**

**TITLE OF THE EVALUATION RESEARCH PROJECT:** Isibindi Family Strengthening Approach

**Principal Researcher:** Prof Vhumani Magezi

**Research conducted on behalf of:** UNICEF

You are being invited to take part in an evaluation research project *Isibindi Family Strengthening Approach*.

#### **What is this research study all about?**

The research is an evaluation to provide a qualitative understanding of the family strengthening approach that underlies the Isibindi model. In doing so, the research intends to describe (i.e. an understanding) how the Isibindi approach contributes to the outcomes related to well-being indicators, while at the same time documenting what Isibindi family strengthening approach involves. Thus, the objective of this evaluation study is three-fold, namely:

- a. To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;
- b. To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and
- c. To document what Isibindi family strengthening approach involves.

#### **Why have you been invited to participate?**

The research concerns Isibindi family strengthening approach, which is a project that you have been exposed or involved in implementing in one way or the other. As such, you are considered to be in a position to provide useful information regarding the project due to your experience.

#### **What will be your responsibility?**

Your role is to share your experiences, thoughts, and views about the Isibindi family strengthening approach project based on your experience.

#### **Are there risks involved in your taking part in this research and how will these be managed?**

There are no risks in this study. All discussions will be confidential and will not be discussed outside the research discussion environment.

#### **What will happen to the data?**

The information will form part of the report that will be used by UNICEF and related partners and stakeholders to improve the Isibindi family strengthening approach.

#### **Will you be paid to take part in this study and are there any costs involved?**

You will not be paid to take part in the study. There will be no costs involved.

#### **How will you know about the findings?**

The general findings of the research will be shared with you through UNICEF and relevant channels.

**Is there anything else that you should know or do?**

You can contact: Prof Vhumani Magezi (Principal Researcher) at 0829210847 ([vhumani15@yahoo.com](mailto:vhumani15@yahoo.com)) or Mr Anthony Nolan (UNICEF Chief of Child Protection) at [anolan@unicef.org](mailto:anolan@unicef.org).

**Declaration by participant**

By participating after the research has been explained to you, you are agreeing on your own behalf or your child to take part in a research study: *Isibindi family strengthening approach*.

**Annex B: Data collection instruments**

**B1: Trainers**

Introduction

Good morning/afternoon. Thank you for taking the time to participate in this research. My name is \_\_\_\_\_ and I am part of a team of consultants engaged by UNICEF to conduct analysis of the Isibindi home visit process:

Thus, the objective is three-fold, namely:

To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;

To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and

To document what Isibindi family strengthening approach involves.

We believe that your views regarding the subject of research are very important and hence I would like to spend some time with you discussing issues related to the research. The information you will provide will assist us to understand to put is simply what makes Isibindi work. Your frank opinion on the issues will be greatly appreciated. This survey should take about 30 minutes of your time. The information that you will provide is strictly confidential and your participation in this study is completely voluntary. None of the questions are compulsory, however please answer as many of the questions as possible to assist us with this research.

1 What is the purpose of CYCWs visit to families during Isibindi programme?

Response:

2 As a trainer, what is your role and contribution to the Isibindi project and specifically with regards CYCWs home visits?

Response:

- 3 a) How do the CYCWs identify a family in need of their intervention?

Response:

b) How do the CYCWs initiate the intervention to a family? Describe the step by step process?

Response:

- 4 What activities are expected of the CYCW when they visit families during Isibindi programme (home visit)? List

Response:

- 5 What is the purpose(s) of each activity and how does each activity link to the wellbeing indicators – health, education, nutrition, livelihood and protection

Response:

- 7 a) What additional activities do CYCWs do that are not part of their Job description?

Response:

b) What is the linkage of the additional visits and activities conducted by the CYCWs to the wellbeing indicators – health, education, nutrition, livelihood and protection?

Response:

- 8 a) How do the CYCWs prepare for the family visits? List the activities

Response:

b) What activities do the CYCWs carry out after each family visits?

Response:

- 9 What positive things happen during a CYCWs family visit?

Response:

- 10 a) What negative things happen during a family visit?

Response:

b) How do the CYCWs handle these negative occurrences?

Response:

c) As a trainer, how do you manage these negative occurrences?

Response:

11 a) What challenges do CYCWs encounter during a family visit?

Response:

b) How do the CYCWs handle these challenges?

Response:

c) As a trainer, how do you manage these challenges?

Response:

12 From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the strengthening of the family unit approach - determine and explain each variable

Response:

13 From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the weakening of the family unit approach - determine and explain each variable

Response:

14 Focusing on the 6 family units identified for this research, what specific contextual/environmental factors (around the family) have enabled the successful implementation of the Isibindi project?

Response:

15 a) Please list other actors/organisations in the community that support the role of the CYCWs

Response:

b) What kind of support are these organisations providing?

Response:

c) How does the support provided above contribute to the wellbeing indicators?

Response:

Thank you for your time and invaluable input

## **B2: Mentors**

### Introduction

Good morning/afternoon. Thank you for taking the time to participate in this research. My name is \_\_\_\_\_ and I am part of a team of consultants engaged by UNICEF to conduct analysis of the Isibindi home visit process:

Thus, the objective is three-fold, namely:

To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;

To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and

To document what Isibindi family strengthening approach involves.

We believe that your views regarding the subject of research are very important and hence I would like to spend some time with you discussing issues related to the research. The information you will provide will assist us to understand to put is simply what makes Isibindi work. Your frank opinion on the issues will be greatly appreciated. This survey should take about 30 minutes of your time. The information that you will provide is strictly confidential and your participation in this study is completely voluntary. None of the questions are compulsory, however please answer as many of the questions as possible to assist us with this research.

1 What is the purpose of CYCWs visits to families during Isibindi programme? List and describe

Response:

2 As a mentor, what is your role and contribution to the Isibindi project and specifically with regards the home visits?

Response:

3 How do the CYCWs identify a family in need of their intervention?

Response:

4 How do the CYCWs initiate the intervention to a family? Describe the step by step process?

Response:

5 a) What activities are expected of the CYCW when they visit families during Isibindi programme? List

Response:

b) What is the purpose(s) of each activity stated above and how do these link to the wellbeing indicators? – health, education, nutrition, livelihood and protection

Response:

7 a) What additional activities do CYCWs do that are not part of their Job description?

Response:

b) What is the linkage of the additional visits and activities conducted by the CYCWs to the wellbeing indicators – health, education, nutrition, livelihood and protection?

Response:

8 a) What activities do the CYCWs carry out to prepare for the family visits?

Response:

b) What activities do the CYCWs carry out after each family visits?

Response:

9 What positive things happen during a CYCWs family visit?

Response:

- 10 a) What negative things happen during a family visit?  
Response:
- b) How do the CYCWs handle these negative occurrences?  
Response:
- c) As a mentor, how do you manage these negative occurrences?  
Response:
- 11 a) What challenges do CYCWs face during a family visit?  
Response:
- b) How do the CYCWs handle these challenges?  
Response:
- c) As a mentor, how do you manage these challenges?  
Response:
- 12 How are the CYCWs visits and activities perceived by the families and communities?  
Response:
- 13 From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the strengthening of the family unit approach – determine and explain each variable  
Response:
- 14 From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the weakening of the family unit approach - determine and explain each variable  
Response:
- 15 Focusing on the 6 family units identified for this research, what specific contextual/environmental factors have enabled the successful implementation of the Isibindi project  
Response:



16 a) Please list other actors/organisations in the community that support the role of the CYCWs

Response:

b) What kind of support are these organisations providing?

Response:

c) How does the support provided above contribute to the wellbeing indicators?

Response:

Thank you for your time and invaluable input

### **B3: CYCWs**

#### Introduction

Good morning/afternoon. Thank you for taking the time to participate in this research. My name is \_\_\_\_\_ and I am part of a team of consultants engaged by UNICEF to conduct analysis of the Isibindi home visit process:

Thus, the objective is three-fold, namely:

To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;

To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and

To document what Isibindi family strengthening approach involves.

We believe that your views regarding the subject of research are very important and hence I would like to spend some time with you discussing issues related to the research. The information you will provide will assist us to understand to put is simply what makes Isibindi work. Your frank opinion on the issues will be greatly appreciated. This survey should take about 30 minutes of your time. The information that you will provide is strictly confidential and your participation in this study is completely voluntary. None of the questions are compulsory, however please answer as many of the questions as possible to assist us with this research.

1 What is the purpose of (your) CYCWs visit to families during Isibindi programme?

Response:

- 2 How do you identify a family in need of their intervention? Describe the process  
Response:
- 3 a) How do you initiate the intervention to a family? Describe the step by step process  
Response:  
b) Describe the step by step process of events at the first 2 or three family visits  
Response:
- 4 a) Describe the activities you carry out when you conduct family visits  
Response:  
b) What is the purpose(s) of each activity and how does each activity link to the wellbeing indicators – health, education, nutrition, livelihood and protection  
Response
- 5 a) What additional activities do you do that are not part of your Job description?  
Response:  
b) What is the linkage of the additional visits and activities you conduct to the wellbeing indicators – health, education, nutrition, livelihood and protection?  
Response:
- 7 a) Do you prepare for each family visit?  
Response:  
b) If yes, how do you prepare for a family visit?  
Response:  
c) What do you do after each family visit?  
Response:
- 9 How are your visits and activities perceived by the families and communities?  
Response:
- 10 What positive things happen during your family visit?  
Response:
- 11 a) What negative things happen during your family visit?  
Response:  
b) How do you manage these negative occurrences?

Response:

c) How does your mentor or trainer assist in addressing the negative occurrences?

Response:

12 a) What challenges do you face happen during your family visit?

Response:

b) How do you manage these challenges?

Response:

c) How does your mentor or trainers assist in addressing these challenges?

Response:

13 a) From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the strengthening of the family unit approach - determine and explain each variable

Response:

b) From your experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the weakening of the family unit approach - determine and explain each variable

Response:

14 a) Focusing on the 6 family units identified for this research, what specific contextual factors have enabled the successful implementation of the Isibindi project

Response:

b) How is the relationship between yourself and each of the families you visit? How has this relationship developed over time?

Response:

15 a) Please list other actors/organisations in the community that support the role of the CYCWs

Response:

b) What kind of support are these organisations providing?

Response:

c) How does the support provided above contribute to the wellbeing indicators?

Response:

Thank you for your time and invaluable input

## **B4: Families**

### Introduction

Good morning/afternoon. Thank you for taking the time to participate in this research. My name is \_\_\_\_\_ and I am part of a team of consultants engaged by UNICEF to conduct analysis of the Isibindi home visit process:

Thus, the objective is three-fold, namely:

To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;

To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and

To document what Isibindi family strengthening approach involves.

We believe that your views regarding the subject of research are very important and hence I would like to spend some time with you discussing issues related to the research. The information you will provide will assist us to understand to put is simply what makes Isibindi work. Your frank opinion on the issues will be greatly appreciated. This survey should take about 30 minutes of your time. The information that you will provide is strictly confidential and your participation in this study is completely voluntary. None of the questions are compulsory, however please answer as many of the questions as possible to assist us with this research.

1 How did your family become part of the Isibindi program?

Response:

2 How did the CYCWs initiate contact with you? Describe the step by step process

Response:

3 Describe the activities CYCWs conduct when they visit your home

Response:

4 Why do you think the CYCWs conduct the activities described above?

Response:

5 What is the purpose of CYCWs visit to families during Isibindi programme?

Response:

7 a) How do you and other members of the community perceive/view/see the CYCWs visits and activities?

Response:

b) How have the CYCWs visits and activities changed the life of the family and children under your care?

Response:

8 What positive things happen during a CYCWs family visit?

Response:

9 a) What negative things happen during CYCWs family visit?

Response:

b) How have the negative occurrences been handled by you as a family, the CYCWs and other Isibindi employees?

Response:

10 a) What challenges have you experienced during CYCWs family visit?

Response:

b) How have you as a family handled these challenges?

Response:

c) How has your CYCW and other Isibindi employees handled these challenges?

Response:

11 a) Please list 3 ways that you as a family contribute to the strengthening of the Isibindi approach - determine and explain each variable

Response:

b) From you experience with the Isibindi program and specifically high performing families please list 3 factors or variables that contribute to the weakening of the family unit approach - determine and explain each variable

Response:

12 c) How is the relationship between your family and CYCWs? How has this relationship developed over time?

Response:

14 a) Are there any other organisations that are providing support to your family?

Response:

b) If yes please list these organization and what kind of support are they offering?

Response:

Thank you for your time and invaluable input

## **B5: Youth/Children**

### Introduction

Good morning/afternoon. Thank you for taking the time to participate in this research. My name is \_\_\_\_\_ and I am part of a team of consultants engaged by UNICEF to conduct analysis of the Isibindi home visit process:

Thus, the objective is three-fold, namely:

To develop a qualitative understanding of the family strengthening approach that underlies the Isibindi model;

To outline (i.e. understand) how the Isibindi approach contributes to the outcomes related to well-being indicators; and

To document what Isibindi family strengthening approach involves.

We believe that your views regarding the subject of research are very important and hence I would like to spend some time with you discussing issues related to the research. The information you will provide will assist us to understand to put is simply what makes Isibindi work. Your frank opinion on the issues will be greatly appreciated. This survey should take about 30 minutes of your time. The information that you will provide is strictly confidential and your participation in this study is completely voluntary. None of the questions are compulsory, however please answer as many of the questions as possible to assist us with this research.

1 How did your family become part of the Isibindi program?

Response:

2 What activities do you do with CYCWs when they visit you?

Response:

3 Why do you think the CYCWs visit and do the activities you have mentioned above?

Response:

4 a) How do you and your friends perceive/view/see the CYCWs visits and activities?

Response:

b) How have the CYCWs visits and activities changed your life?

Response:

5 a) What positive (things that make you happy) things happen during a CYCWs family visit?

Response:

b) How have these positive occurrences affected you?

Response:

- 7 a) What negative (things that make you sad, upset or afraid) things happen during CYCWs family visit?

Response:

b) How have the negative occurrences been handled by the CYCWs and other Isibindi employees?

Response:

c) How have these negative occurrences affected you?

Response:

- 8 a) What challenges occur during CYCWs family visit?

Response:

b) How have the challenges been handled by the CYCWs and other Isibindi employees?

Response:

c) How have these challenges affected you?

Response:

- 9 a) Please list 3 things that you can do to help your CYCW get the best results for you Unit

Response:

b) How can your family and your actions make the job of the CYCW more difficult? Please list 3 and explain

Response:

- 10 a) Are there any other organisations that are providing support to your family?

Response:

b) If yes please list these organization and what kind of support are they offering?

Response:

Thank you for your time and invaluable input

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<sup>i</sup> Priori codes are analysis codes that are developed before examining the current data at hand. They are often derived from previous or existing frameworks and analytical categories. In this kind of analysis, one will be in a sense overlaying a set of pre-existing categories/codes you are interested in exploring on top of your data and you will be looking for ways in which your data fits/doesn't fit these categories ([https://www.google.co.za/?gfe\\_rd=cr&ei=boixWIKUGOqo8wfHwLyQCg#q=priori+codes+definiton&\\*](https://www.google.co.za/?gfe_rd=cr&ei=boixWIKUGOqo8wfHwLyQCg#q=priori+codes+definiton&*)). The predetermined categories in this study were the study objectives and research questions.

<sup>ii</sup> Merle Allsopp *and* Zeni Thumbadoo, 2002, Child and Youth Care in Post-Apartheid South Africa: Innovative Responses to the Challenges of Poverty and AIDS, ONLINE JOURNAL OF THE INTERNATIONAL CHILD AND YOUTH CARE NETWORK (CYC-Net) – ISSN 1605-7406, <http://www.cyc-net.org/cyc-online/cycol-0802-allsopp.html>

<sup>iii</sup> NACCW 2014, ISIBINDI – Creating circles of care, <http://www.naccw.org.za/Isibindi>

<sup>iv</sup> NACCW, IN BRIEF: Isibindi – Creating Circles of Care, NACCW concept description.

<sup>v</sup> Ibid

<sup>vi</sup> Department Social Development (South Africa), Isibindi roll out – National Annual Data Report – July 2016.

<sup>vii</sup> NACCW, diagram of Isibindi Model

<sup>viii</sup> <http://www.behavioradvisor.com/CircleOfCourage.html>

<sup>ix</sup> The Circle of Courage is a model of positive youth development based on the principles of belonging, mastery, independence and generosity. The model integrates the cultural wisdom of tribal peoples and findings of modern youth development research. The Circle of Courage model portrays four growth needs of all children: Belonging, Mastery, Independence, and Generosity. Its history is us traced back to Martin Brokenleg, a professor of Native American Studies, and Larry Brendtro, a professor in children's behavior disorders. In 1988, Doctors Larry Brendtro, Steve Van Bockern and Martin Brokenleg were asked by the Child Welfare League of America to make a presentation on Native American child development principles to an international conference in Washington. They called the synthesis of this research the Circle of Courage and it has since become the basis of the work of the Reclaiming Youth Network ([http://dlb.sa.edu.au/mentmoodle/file.php/20/Understanding\\_the\\_Circle\\_of\\_Courage.pdf](http://dlb.sa.edu.au/mentmoodle/file.php/20/Understanding_the_Circle_of_Courage.pdf)).

<sup>x</sup> Life space work is a specific approach to working with young people and families, which is particular to CYCWs. It is an approach that uses daily life events as a focus for intervention; being with people as they live their lives; focus on the context of interaction and intervention; hanging out with people and hang in – good and bad times etc. Life space work underpins all these characteristics (<http://www.cyc-net.org/threads/lifespace.html>).

<sup>xi</sup> <http://www.childrensheartcenter.org/whyisnutritionimportantforchildren.html>

<sup>xii</sup> [http://www.ovcwellbeing.org/wp-content/uploads/2013/04/Child\\_and\\_Youth\\_Care\\_Workers\\_in\\_South\\_AfricaA\\_Technical\\_Brief\\_1-2.pdf](http://www.ovcwellbeing.org/wp-content/uploads/2013/04/Child_and_Youth_Care_Workers_in_South_AfricaA_Technical_Brief_1-2.pdf)



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<sup>xiii</sup> CYC-Net: The International Child & Youth Care Network.

<sup>xiv</sup> Republic of South Africa, *Gazette* No. 10301, Vol. 592 Pretoria, 31 October 2014, No. 38135.

<sup>xv</sup> Safe Parks refers to safe places where children play. These places have supervised by an adult to ensure children play in peace and safety.