

ISIBINDI'S FAMILY STRENGTHENING APPROACH

Introduction

In late 2016, ACREMET conducted a qualitative study of the family strengthening approach that underlies the Isibindi model. The study explored how the approach contributes to the improvements in children's well-being that Isibindi achieves. The researchers studied relevant documents, conducted individual interviews and focus group discussions, and visited 18 beneficiary households to observe the situation in which Isibindi's child and youth care workers (CYCWs) work. The study was done in three Isibindi sites – Alice in Eastern Cape, Bela-Bela in Limpopo, and Siyabuswa in Mpumalanga.

This brief summarises key findings of the study.

The basics of the family strengthening approach

CYCWs use a strength-based approach to assist families. They work with families to identify areas needing attention, such as domestic violence, abuse of money and alcohol, weak parenting skills, and poor communication. They then work with families to find ways to improve the family situation.

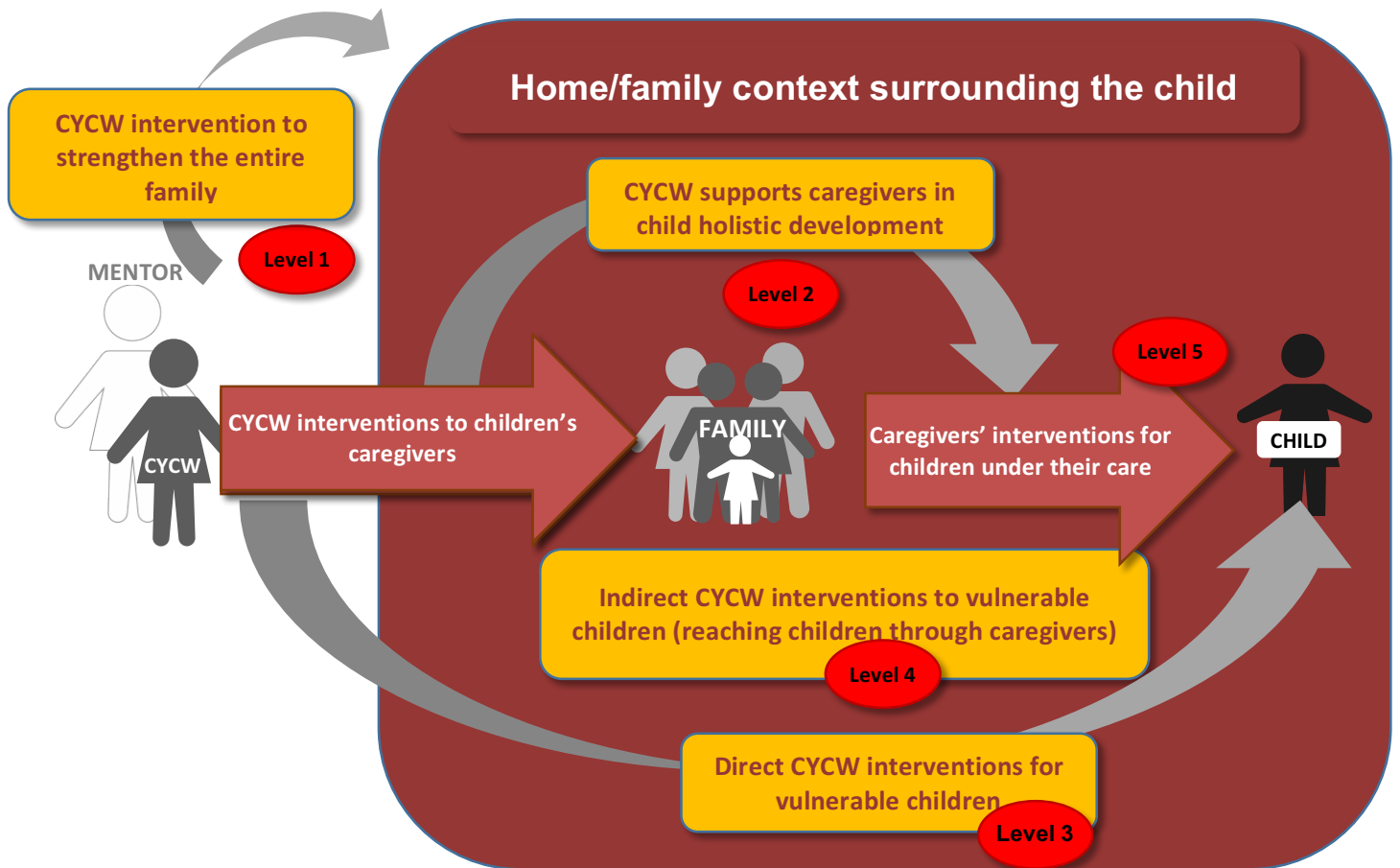
The strength-based approach allows the CYCWs to optimise the potential they see in the caregivers or families and work together with them to realise this potential in the best interests of the child. This approach means that the CYCWs view caregivers as people with something to contribute to the resolution of their children's challenges. A widower in Limpopo testified to the way in which the CYCW's intervention had boosted his self-esteem:

"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 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)

The family strengthening approach is aligned with the basic Isibindi principle of working in the "life space" of the child. CYCWs go to where families and children are, and then do activities with both caregivers and children to strengthen and develop them in areas that require this.

CYCWs' interventions target five related levels, as shown by the yellow boxes in the diagram below. The levels are (a) the family as a whole; (b) the caregiver; (c) the child through the caregiver but with CYCW support; and (d) the child directly. The fifth level is where the caregiver does something to assist the child without direct CYCW support.

CYCWs intervention points within the family strengthening model



Intervention areas

The examples below illustrate some of the different broad areas of CYCW interventions at the different levels.

Strengthening the family's ability to manage its finances

A CYCW in Mpumalanga reported that she is supporting a family consisting of a grandmother and three children to manage their social grants:

"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.... 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).

Facilitating a trust relationship between family members

A CYCW in Mpumalanga illustrated this type of work as follows:

“When Ms Dali¹ was sick, I visited her. There was no one from her close family members who frequently visited her and the children were neglected... 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... 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.” (CYCW – Mpumalanga).

Improving behaviour of family members

A mother of four children in Limpopo reported as follows:

“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” (Caregiver – Limpopo).

Strengthening caregivers’ parenting skills

This type of intervention includes encouraging participation of children in family decision making, effective communication skills between caregivers and children, and conflict resolution. A young woman in Grade 12 described the effectiveness of such 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” (Youth – Eastern Cape).

Modelling desired roles and behaviour

A CYCW in Limpopo summed this type of activity as follows:

“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).

Strengthening links with the community

A CYCW in Limpopo reported that she is working with a grandmother who is caring for two grandchildren. The grandmother isolated herself because she thought she had nothing to offer to other people because of her poverty. The CYCW encouraged the grandmother to attend meetings where community issues are discussed.

“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).

¹ All names used in this brief have been changed to preserve confidentiality.

Linkage with other services and resources

A CYCW in Mpumalanga reported how she intervened in a case of abuse:

“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... 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.” (CYCW – Mpumalanga).

Principles

In addition to the different types of intervention, there is a set of principles or pillars that underlie Isibindi’s family strengthening approach. The examples that follow illustrate two of these principles in practice.

Cultural competence

CYCWs are recruited from the communities in which they work. CYCWs in Limpopo elaborated on the cultural competence that this affords them:

“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.”

Consistency

Because CYCWs have to build rapport and trust with families in order for their intervention to be accepted and promote change, they must be consistent in fulfilling their promises. A Mentor Supervisor explained this point 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).

Process

CYCWs identify vulnerable youth and children through referrals, door-to-door campaigns, Safe Parks that are established at Isibindi sites, community events and spaces, self-referral by children and caregivers, and community tip-offs.

“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” (Mentor - Limpopo).

“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).

“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 homework supervision offered by CYCW.” (Youth – Limpopo).

“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” (Widower caregiver – Limpopo).

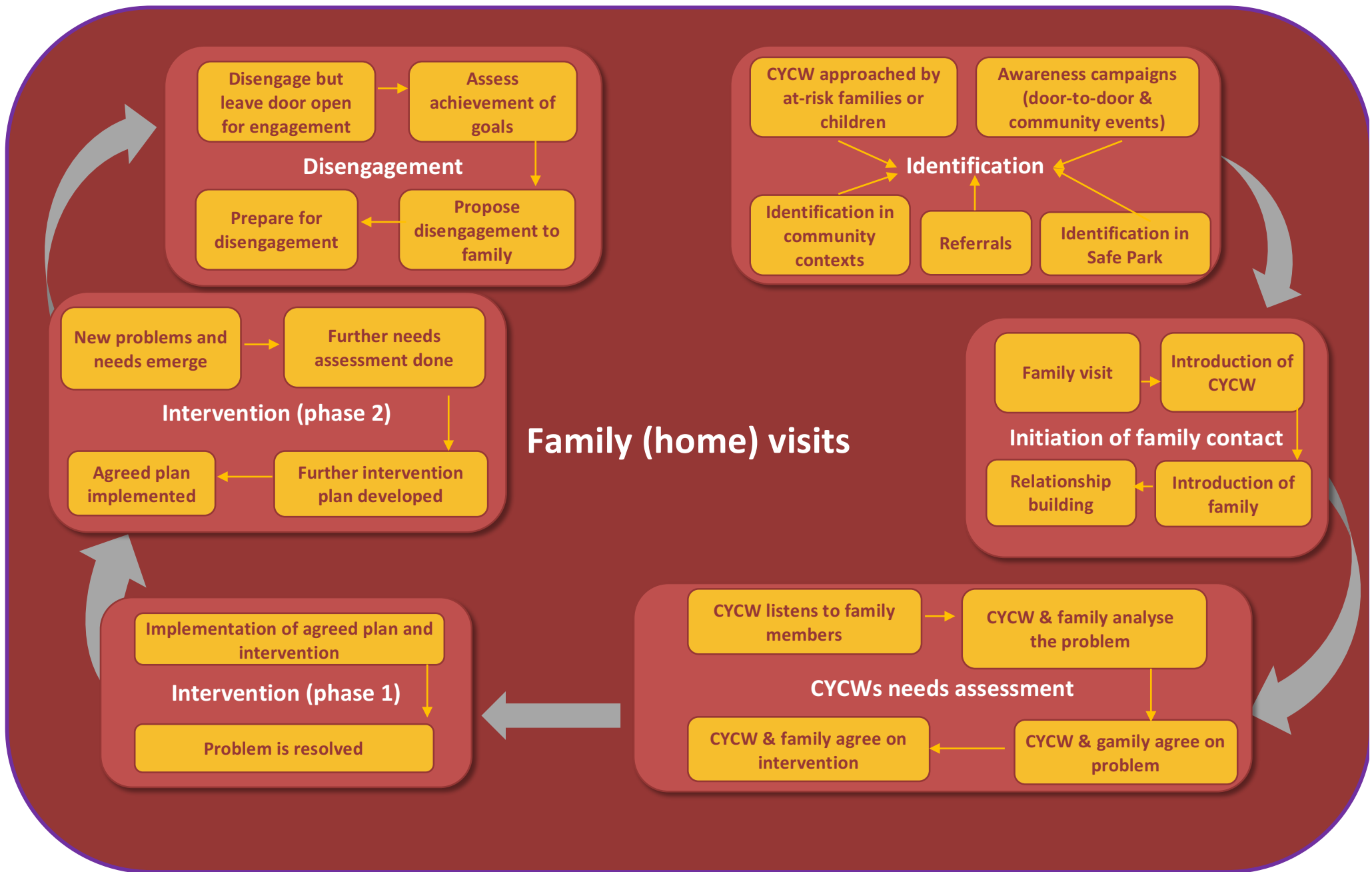
“Activities that are done at the Safe Parks include the use of a persona doll activity. In this activity, a doll will represent a parent and then the child will be telling her challenges to the doll as his or her parent. During this time, the CYCWs observe the children. Children also engage in activities 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.” (CYCWs focus group).

The way in which contact with the family is established is critical in building rapport and a relationship of trust with the family. CYCWs, Mentors and Trainers described the process similarly, as follows:

“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 4-5 visits.”

After a relationship of trust has been established, they discuss the challenges the family is experiencing and its impact on the children and youth. The family and CYCW then together determine the root causes, and come up with an individual development plan for each child or youth and a family development plan for the family as a whole. The plans are based on structured assessments that cover all aspects that commonly create challenges. For example, the family assessment would cover housing, clothing, possession of legal documents, educational performance, substance abuse, religious beliefs, and the like.

The diagram illustrates the different steps of the process. It also illustrates how when one problem has been solved, there may be others that require further family strengthening interventions by the CYCW.



Activities of CYCWs during home visits

The activities done during visits are tailored to the needs of a particular child and family. The examples below illustrate some of the common activities done by CYCWs during home visits.

Life space counselling

While CYCWs are not formal counsellors, listening to family members is one of the most important activities that a CYCW does as it enables the CYCW to understand the family and the family to trust the CYCW. The quote that follows illustrates that CYCWs provide counselling to caregivers as well as to children:

“Joyce 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” (Caregiver – Mpumalanga).

Training

Some training is done as part of life space work, for example e.g. training on hygiene, nutrition and family communication skills. The CYCWs model by performing tasks with the children and sometimes with the caregivers as well. Specialised training in areas such as income generation, financial management and gardening is also done during home visits. These discussions are planned in advance to ensure that the family members allocate adequate time.

Homework supervision

CYCWs help children schedule their homework, review children’s books to ensure that they have completed their homework and ensure that other family members allow the child the necessary time to do the work.

“Every visit that I visit Joyce’s home, 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 – Limpopo).

Developing a roster

The roster is used to delegate daily home chores to all the children in the home. The CYCW assigns the chores according to the children’s age and capacity, and also assists them with the chores where appropriate.

“I teach Wandile 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 Ms Mdakane 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).

Conflict resolution

When there is conflict in the home, CYCWs mediate between the individuals involved.

“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).

Reunification of families

When one or more family members are estranged, this often increases the vulnerability of the children, especially if they are orphaned, as there are fewer family members to support them. In one family in Mpumalanga, sisters were no longer talking to each other and the orphaned children were neglected. After the intervention of the CYCW, one of the sisters reported:

“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” (Caregiver – Mpumalanga).

Family conferences

The CYCWs organise family conferences in which all affected family members are encouraged to participate so as to reach a shared decision. In particular, the CYCW ensures that children’s views are heard. A mentor in Limpopo reported:

“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).

Assistance in caring for children with disabilities

Many parents of children living with disability lack some of the necessary skills to care for their children. CYCWs provide basic training and modelling on these skills and also assist caregivers to access specialist services. A mother of a disabled child in Eastern Cape testified to this work:

“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” (Caregiver – Eastern Cape).

Outcomes achieved

The broad areas in which Isibindi’s interventions achieve outcomes span health, education, nutrition, psychosocial well-being, economic well-being, and child protection among others. This section lists some of the more common CYCW activities in respect of common outcomes, as well as illustrations of outcomes for individual children and families.

Improved school attendance and performance

Activities related to schooling include advocacy for children who have dropped out, assisting with social grants to allow purchase of school materials, attending book reviews and school meetings, preparing children for school, accompanying children to school, assisting with access to birth certificates to allow enrolment, doing household chores with children to create time for school work, developing rosters for schoolwork alongside other activities, counselling on educational challenges, assisting children living with disability to access education, and assisting with food parcels for children would otherwise go to school hungry.

A mother in Limpopo reported the following improvement in her son’s school attendance:

“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. 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” (Caregiver – Limpopo).

Improved health status

Activities to improve the health status of children include: accompanying caregivers and children for HIV testing, providing information on health, referring to other health service providers, encouraging exercise, collection of medication, assisting families to cope with the trauma of everyday life and thus improving their psychosocial health, encouraging adherence to medication, counselling on health issues, and completing official forms at health care centres.

A mother in Mpumalanga reported:

“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” (Caregiver – Mpumalanga).

Improved economic situation

Activities to improve the economic situation of children and families include facilitating applications for social grants, collection of grant money, advising families and children on small income-generating projects and gardens, advising families on financial and debt management, and negotiating with money lenders.

A mother in Limpopo reported the following extended assistance:

“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” (Caregiver – Limpopo).

Reduction in child abuse and violence

Activities to improve child protection include training caregivers on parenting skills and how to identify and deal with abuse, awareness raising on children’s rights and responsibilities, helping families and children prepare for court, caring for sick parents and children, reporting cases of neglect and abuse, counselling of children who have been abused, and assisting abused children to report.

“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).

Community perceptions of CYCWs

CYCWs are viewed as **trustworthy and reliable**:

"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 what is happening in the home no matter how terrible it can be viewed by other people" (Caregiver – Mpumalanga).

They are seen to perform **critical functions** in the homes where they intervene:

"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, he could not do anything. The CYCW spent more time with the child building a relationship, which he 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" (Caregiver – Mpumalanga).

They are seen as **linking children with opportunities**:

"I 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" (Youth - Eastern Cape).

They are seen as a community resource which provides **assistance on a range of issues**:

"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 ARV treatment the CYCW comes often to check if I am adhering to the treatment as well as attending my check-ups" (Caregiver – Mpumalanga).

They are seen as **caring people**:

"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 granddaughter 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" (Caregiver – Mpumalanga).

Finally, they are seen as **honourable professionals**. A grandmother in Mpumalanga said that CYCWs are "heroes within the community because if you want something or anything they are always knowledgeable and willing to assist" (Caregiver - Mpumalanga).

