

ISIBINDI PROGRAMME EFFECTS ON SERVICE DELIVERY AND COMMUNITY CAPACITY TO CARE FOR ORPHANS AND VULNERABLE CHILDREN IN SOUTH AFRICA

A FORMATIVE EVALUATION

FINAL REPORT

Child Development Research Unit

J.D. Kvalsvig

M. Taylor

November 2015



CHILD AND YOUTH CARE WORKER SONG

I am a child and youth care worker,
I am the change.
I work holistically in the life space of children,
Promoting therapeutic relationships,
Encouraging trial-and-error learning.
I use routines to build relationships
To understand what is expected from them.
I use the Circle of Courage
To know children better.
In looking at the Four Quadrants
I uphold children's rights not to be violated.
I am the shelter for the children
And the child-headed families at risk.
I assist them with care and holistically.
I work with them for time.
I do with them, not for them.
I am not taking decisions for them,
They are happy to get the help that I give them.
I am a shoulder for the vulnerable children,
I am the rights for the abused,
Orphans and vulnerable children.

Acknowledgements

The authors of this report would like to thank all the staff at NACCW for their assistance. This process evaluation would not have been possible without the unstinting support of NACCW Directors, Trainers, Mentors, CYCWs and all of the Administrative Staff. We also wish to thank the project partners, the Department of Social Development and the community members for answering our many questions. We thank Tulane University for technical review, editorial contributions and supplementary analysis and for enabling this evaluation via financial support from USAID/Southern Africa under PEPFAR through Cooperative Agreement No. AID-674-A-12-00002. The views expressed in this document do not necessarily reflect those of USAID or the United States government.

Table of Contents

CHILD AND YOUTH CARE WORKER SONG	ii
Acknowledgements	iii
Table of Contents	iv
List of Figures	vii
List of Tables	viii
EXECUTIVE SUMMARY.....	1
INTRODUCTION	3
Objectives	4
Research Questions	5
The Context.....	6
Programme Strategy and Objectives	6
Theory of change	6
Child Development	8
Workforce Development	8
Special Programmes.....	9
Social Franchising.....	9
Community Development.....	9
Community Systems’ Strengthening (CSS).....	10
RESEARCH METHODS.....	11
Study population:.....	11
Preliminary meetings:	11
Literature review:.....	11
Focal site selection:.....	11
CYCW Focus Group Discussions (FGDs):	12
In-Depth Interviews	12
The maintenance of training standards:.....	12
CYCW survey:	12
Secondary analysis of programme data:.....	14
Data management and ethical issues:	14
Data analysis:	14

RESULTS	15
Research Question 1: How adequately does the training cover and convey to CYCWs the skills and knowledge necessary for effective service delivery?	15
Result 1: Taken as a whole the content of the training modules provides a good overview of what the CYCWs need to know.....	15
Result 2: Certain aspects of the modules require revision to include more up to date information and to enhance their relevance in the particular context of Isibindi work.	17
Result 3: Poor proficiency in English among learners indicates a need to modify the training materials.	17
Result 4: Special training programmes enable the CYCWs to address a wider range of child needs in an informed manner.....	18
Result 5: While environmental and individual factors influence training implementation, basic standards appear to have been maintained during the expansion.....	21
CONCLUSIONS AND RECOMMENDATIONS.....	23
Research question 2: To what extent does the quality of services delivered differ between CYCWs who are still in training and those who are fully qualified?.....	23
Result 6: By December 2014 the programme had expanded substantially but not evenly across provinces, and qualified CYCWs and those at “old” sites demonstrate higher capacity for service delivery on some measures	23
Result 7: Some service delivery differences between the learners and the qualified CYCWS become less apparent as sites become established and the learners gain experience.	25
CONCLUSIONS AND RECOMMENDATIONS.....	29
Research Question 3: What aspects of mentorship promote quality service delivery to children, and do mentorship needs change as sites become more established?	30
Result 8: The mentors on-site supportive consultation and in-service trainings play a key role in assisting the CYCWs in the course of their practical duties.....	30
CYCW: “Yes our mentor is helping us a lot with many things. If we face challenges...we call the mentor. He is always there for us, to help us.”	31
Result 9. Team Building from mentors weld the CYCWs, Implementing Partners and local stakeholders into a site-level team capable of providing a comprehensive service to children..	31
Result 10: New sites depend more on the mentorship support	32
CONCLUSIONS AND RECOMMENDATIONS.....	33
Research question 4: How can quality of services be delineated or otherwise defined so as to meaningfully identify high versus low quality service provision?	33
Result 11. Mentors’ supportive capacity and monitoring appear directly related to CYCWs’ ability to deliver services that meet children’s needs.	34
Result 12. The CYCW training is of a high quality, positively associated with self-efficacy for service delivery, and new CYCWs can now qualify in a shorter period of time.	35

Result 13. Limited organizational and financial capacity at implementing partner organizations affects the quality of service that the CYCWs are able to provide.	36
Result 14. Support at all levels of government departments and others in the social and health service sector dealing with children is crucial to the quality of the service provision that CYCWs are able to give.....	37
Result 15. Caring for CYCWs’ psychological well-being not only supports their own mental health, but also improves service delivery for children.....	38
Result 16. The quality of the Isibindi programme is put at risk when stipends and expenses are not provided.....	41
CONCLUSIONS AND RECOMMENDATIONS.....	41
Research Question 5: What community or structural changes result from Isibindi?.....	42
Result 17. An expanded workforce is now available to address children’s rights.....	42
Result 18. Isibindi is able to increase emphasis and access to education.	43
Result 19. CYCWs are effectively promoting positive change at the family and societal level. ...	43
Result 20. The Isibindi programme is promoting intersectoral collaboration within the community.....	44
CONCLUSIONS AND RECOMMENDATIONS.....	44
REFERENCES	46

List of Figures

Figure 1. Isibindi Theory of Change, 2014	7
Figure 2: The rise in numbers of disabled children in the one third subsample registered each year for Isibindi care between 2012 and 2014	20
Figure 3: The number of new children registered year by year, 2011-2014 (in the one third sub-sample registered for Isibindi care)	25
Figure 4: The total number of home visits made by learner (871) and qualified CYCWs (563) in the Monthly Activity sample, June 2013 to May 2014	26
Figure 5: The total number of Child Support Grants reported by learner (871) and qualified (563) CYCWs in the database sample, June 2013 to May 2014	26
Figure 6: Children with any kind of disability recorded on the sample monthly activity database for the year from June 2013 and May 2014 by learner (871) and qualified (563) CYCWs	27
Figure 7. The rise in the numbers of Child Support Grants applied for or received during the year June 2013 to May 2014 (Monthly Activity sample)	27
Figure 8. Average number of home visits conducted by unqualified CYCWs at old sites (186) versus unqualified CYCWs (871) at new sites, June 2013-May 2014 (Monthly Activity database)	28
Figure 9. Total number of children with disabilities served by unqualified CYCWs at old (186) versus new sites (871), June 2013-May 2014 (Monthly Activity sample)	29
Figure 10. CYCWs' self-reported primary reason for becoming a care worker, n=1158 (national survey)	37
Figure 11. Proportion of CYCWs who report having good or very good relations with service providers, by service provider type (n=1158, national survey)	39

List of Tables

Table 1. Number of Isibindi Sites, Number of CYCWs per province participating in national survey	13
Table 2. Qualified and unqualified CYCWs in new and old sites (Database, 2013-2014) and National Survey (2015)	13
Table 3. FETC Core Unit Standards	16
Table 4 . The proportion of the 484 children in the Registration Database Sample with any disability, by disability type (Number of children in the Registration database sample, n=13 585)	19
Table 5. Background characteristics of children with physical disabilities at registration, n=182	20
Table 6. The difference between provinces in the number of CYCWs, sites, the ratio between new and old sites, and the number of mentors (database)	24
Table 7. CYCWs' Self-efficacy (%) for the delivery of key services (national survey)	34
Table 8. NACCW Monitoring report results, 2014	36
Table 9. Burnout scale for CYCWs (national survey)	40

Abbreviations

ADP	Adolescent Development Programme
AIDS	Acquired immune Deficiency Syndrome
CBO	Community Based Organization
C4C	Caring for Carers
CSS	Community Systems' Strengthening
CYCW	Child and Youth Care Worker
DOBE	Department of Basic Education
DOE	Department of Education
DOH	Department of Health
DSD	Department of Social Development
ECD	Early Childhood Development
FET	Further Education and Training
FETC	Further Education and Training Certificate
FGD	Focus Group Discussion(s)
HIV	Human Immunodeficiency Virus
IDI	In-Depth Interviews
IDP	Integrated Development Programme
M&E	Monitoring and Evaluation
NACCW	National Association of Child Care Workers
NPO	Non-Profit Organization
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary Health Clinic
SAPS	South African Police Services
SAQA	South African Qualifications' Authority
SASSA	South African Social Security Agency
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

Honouring the promises put forth in the 2010 Children's Act will require expanding the qualified social service workforce and implementing effective strategies for service delivery at scale. The challenge may be most acute for reaching the country's millions of orphans and other vulnerable children (OVC) in communities where poverty and HIV are highly prevalent. The Isibindi programme, developed by the National Association of Child Care Workers (NACCW) in 2005, is specifically designed to meet the needs of OVC, their families and communities. The programme trains Child and Youth Care Workers (CYCWs) to deliver an array of integrated services and referrals in children's homes and communities. Services cover health, education, child protection, and economic support, among others. In 2012, the Department of Social Development (DSD) began a five year program of funding to expand the Isibindi model nationally. Goals include training 10 000 new CYCWs in order to reach 1.4 million children in need across South Africa.

This report describes a formative evaluation of the Isibindi programme initiated in mid-2014, two years after the start of the expansion. The study was designed to examine key aspects of the programme and model including the pace of recruitment and training scale up, how different aspects of training and mentorship are contributing to service delivery quality at new and established sites, and community or structural changes prompted by the programme. Qualitative data were collected at 18 sites across all nine provinces with the participation of CYCWs, trainers, mentors, and DSD and NACCW managers. The study also included major quantitative components. Historical data collected by the program about its workforce, beneficiaries and service delivery were compiled and analysed; and a nationally representative survey of CYCWs was conducted to offer new information on CYCWs' practices, work environment, and self-efficacy for service delivery.

Findings demonstrate significant progress towards the expansion goals, and support the idea that both training and site-level factors are important contributors to service objectives. Existing records show steep gains in the number of children registered each month as the programme grew. CYCWs still in training at established sites reported reaching more children and making more home visits than their counterparts at new sites, suggesting that with fidelity to the model site maturation can translate into service gains. Qualified CYCWs in the survey were more likely than learner CYCWs to have been trained to manage Safe Parks and Youth Empowerment programmes and to refer children to social workers; they also undertook more visits to schools on behalf of beneficiaries. Special programmes for disabled children, child protection, early childhood and adolescent development are in high demand; dedicated funding and expanded training would help meet this need.

Results suggested that the training modules could benefit from targeted updates, but are well-received by CYCWs. Trainers and learners expressed a common view that the knowledge and skills conveyed in the modules are readily transferable to care work practice. CYCWs in the survey reported that they could "definitely" get children's specific needs met at levels ranging from 42% (wheelchair) to school enrolment (90%). Slightly more than half of CYCWs surveyed had already completed all 14 training modules for the basic certification, and 80% had attended a training session within the past year. Asked how much of the material presented during training they could recall now, 63% felt that they knew most of what they had learnt. Limited English proficiency presented as a notable barrier. Trainers shared the view that training proceeds slowly because of the time needed to explain technical concepts to learners from a variety of backgrounds. Mentors and

managers agreed that the new cadre of trainers, hired from within the ranks of CYCWs, leverage cultural similarities and shared language and life experiences when working with trainees.

The study identified the quality of mentorship as a crucial factor underlying quality service provision. In qualitative interviews CYCWs spoke about the extensive support they received from their mentors as well as the value of that support for their carework practice. According to the survey, 75% of CYCWs meet with their mentor alone at least once per month, and 90% meet with their mentor in a group at least once per month. Mentors were mentioned repeatedly in the CYCW focus groups as an essential resource for troubleshooting difficult cases and receiving feedback on performance that helped improve their confidence and skills. Three-quarters of CYCWs in the survey noted that their mentor's help and advice always or often influences their day-to-day activities, 86% felt that their mentor always or often treats them with respect, and 82% said they feel very comfortable asking their mentor for help.

Levels of support from external service providers, CYCW job satisfaction and the presence of an implementing partner with administrative resources to contribute were also identified as key factors underlying quality service provision. In the month prior to the survey, CYCWs each made an average of 10 visits to the Department of Home Affairs and SAPS, 20 visits to clinics and 30 visits to SASSA offices. Nearly all CYCWs (96%) reported good or very good relations with teachers and principals, 81% with health professionals, 77% with social workers, 73% with SASSA officials, 56% with Home Affairs and 50% with the police. At some sites the collaboration between the CYCWs and other providers was reportedly working well, but at others CYCWs expressed frustration at collaborating agencies' response time. Problems with stipend payments were common among CYCWs, and trainers and mentors echoed these concerns. Only slightly more than half of survey respondents reported receiving their most recent payment on time. Fifteen percent said yes when asked if they expected to look for a new job in the next 12 months; another 36% answered "maybe."

Study findings also underscore the importance of psychological support for CYCWs. More than half of respondents in the national survey indicated that their primary motivation for becoming a CYCW was to help children and another third indicated wanting to help their community. Despite these motivations, CYCWs talked about the high emotional burden of the work and feeling helpless in the face of beneficiaries' overwhelming need. More than half of CYCWs surveyed reported they had felt threatened or unsafe while doing their job. Forty percent felt that their workload was too high to allow them to do a good job, and a significant proportion showed signs of burnout such as frequent emotional exhaustion (16%) and frustration with work (9%). CYCWs spoke highly of their experience with Isibindi-sponsored psychological support programming. Forty-four percent of CYCWs had received psychological support provided by the programme, and these CYCWs demonstrated higher self-efficacy for service delivery versus those who had not received support.

A number of structural and community changes were evident from the research. The Isibindi expansion has provided accredited training and thousands of new jobs in under resourced communities across South Africa. Nearly two thirds of CYCWs (64%) surveyed did not have paid work before joining Isibindi, and just 17% had paid full-time work. This expanded workforce also serves to contribute to changing social norms, by increasing the emphasis on education in Isibindi communities and educating families about children's rights. The programme's Safe Parks offer a community meeting space and a new resource for children's recreation, education, and social support. Further, CYCWs and staff at NACCW and partner organizations spoke about how Isibindi promotes intersectoral collaboration by forging and strengthening linkages between providers. The programme's annual report from 2014 shows more than 3 200 service referrals.

INTRODUCTION

The Children's Act, promulgated in 2010, emphasizes children's rights to safety, health and education. Despite progress, 10% of people in South Africa still live in severe poverty and almost half live in moderate poverty (Labadarios et al., 2013; Statistics South Africa, 2014). The country also has one of the highest income disparities between rich and poor in the world (Statistics South Africa, 2014). Children are particularly vulnerable. High HIV-related mortality has resulted in an estimated 3.8 million orphans in South Africa (UNAIDS, 2012), of whom an estimated 1.5 million children are single orphans (Meintjes & Hall, 2013) and the rest have lost both parents. The many children whose caregivers are living with HIV and/or other chronic health concerns are also at elevated risk of poverty and serious illness (World Bank, 2014). To address these threats to children's wellbeing, South Africa spends a high proportion of its annual budget on social grants for families, educational support, and other measures designed to promote gains in health and development (World Bank, 2014). Social service workforce growth and capacity building are also part of the national strategy.

The Isibindi programme was developed by the National Association of Child Care Workers (NACCW) in 2005 to help meet the needs of orphans and vulnerable children (OVC) in South Africa. The programme trains Child and Youth Care Workers (CYCWs) to work with children in households in their own communities, offering a range of key support services and referrals. CYCWs attend weeklong on-the-job training in each of 14 modules over a two year period, leading to an accreditation certificate, and they receive ongoing training and support from team leaders and mentors (NACCW, 2014). The Isibindi model also offers supervisory monitoring and structured ongoing support for CYCWs from experienced NACCW trainers and mentors. Every project site receives a five day visit each month from the experienced mentor assigned to the project.

Since 2005 a number of aspects of the programme have been formally assessed. The reported findings include recognition of the benefits of the Isibindi 'Circle of Care' model through a post programme evaluation (Visser et al., 2015), a longitudinal evaluation of selected sites which reported increased access to grants and other material resources and more positive support from adults (Thurman et al., 2013), a case study of an Isibindi community site in the Eastern Cape showing the positive effects of the programme in a disadvantaged community (Pillay and Twala, 2008), and a costing analysis demonstrating that children received many benefits (Kvalsvig et al., 2008). Originally funded almost exclusively by the United States Agency for International Development (USAID), these successes led the South African National Department of Social Development (DSD) to expand the programme. The expansion, initiated in 2012 and fully underway in 2013, aims to train 10 000 CYCWs over a five year period in order to reach 1.4 million children with needed services (NACCW Website, 2014. <http://www.naccw.org.za/isibindi-circles-of-care>, accessed 12 November 2014).

The expansion is still ongoing at the time of this report, and the number of project sites has increased from 65 to over 220 since 2012 (NACCW Website, 2014. <http://www.naccw.org.za/isibindi-circles-of-care>, accessed 12 November 2014). Prior to the expansion, Isibindi sites were highly concentrated in three provinces: KwaZulu-Natal, Eastern Cape and Western Cape (called "the old sites" in this report), whereas after the start of the expansion the programme was extended to all provinces (the "new sites"). Community-based organizations serve as implementing partners managing project operations at Isibindi sites – recruiting and hiring a local cadre of CYCWs with funding from the provincial Department of Social Development (DSD) to support home visiting and in some cases, Safe Parks. NACCW continues to plan and provide accredited training for CYCWs across the programme's sites, and to hire and supervise the mentors who work with them, supported by USAID. NACCW also receives funding from the provincial DSDs to implement these

training and mentorship components. While a detailed analysis of service differences among sites at the province level is beyond the scope of this report, we encourage readers to remain cognizant of the role that a provincial support structure may play in contributing to distinctions between project sites in different provinces.

In 2008 a team from the Child Development Research Unit (CDRU) submitted a report analysing the social costs of care of OVC in the Isibindi programme. Conducting research for that report, we were particularly impressed with the training and mentoring in the six sites we visited. The training seemed rigorous, the support the CYCWs received was thorough, and there was frequent contact between the mentors and CYCWs. The CYCWs were incorporated into functioning teams where different team members had special training and responsibilities; for example, at the time a number of CYCWs were being specially trained in the management of childhood disability. Through case review we became aware that CYCWs were often faced with complex situations and it was crucial for their own confidence, and in turn for the effectiveness of their work with families, that they should be trained and supported by more qualified and experienced practitioners. Apart from this, the training and experience provided them with a career path with a qualification that was recognized by the Department of Social Development (DSD). The six projects under review in 2008 varied considerably in terms of size, resources, capabilities of the partner organisations, and the main social issues in each community. The number and quality of local resources (clinics, preschools, etc.) were also major limiting factors in what the programme was able to achieve.

The present work builds on these early observations, as well as other research conducted more recently. The Isibindi programme is based on a home visiting model, the benefits of which have been reported in many studies over the past decade. Such programmes have been shown to help prevent child abuse and neglect (Howard and Brooks-Gunn, 2009), and afterschool programmes have been shown to improve personal and social skills and school performance (Durlak et al., 2010, Kahne et al., 2001). Another exciting aspect of this work is the acceptance in 2015 by DSD of the paraprofessional status of the CYCW. Isibindi workforce expansion is being achieved mainly by training experienced CYCWs to become trainers and mentors. Training and mentoring under the programme are thus grounded in the knowledge and experience of individuals who, as former CYCWs, understand the Isibindi model and themselves come from similar communities to those of the CYCW trainees, whom they are well positioned to nurture and support.

Training and mentorship are also the key aspects of the programme addressed in this formative evaluation. While we trust that every effort is being made to maintain established training and mentorship practice standards at every Isibindi site, it is also natural to expect that extensive operational scale up will pose challenges. The management of the expansion requires co-ordination from NACCW and a progressive build-up of capacity within DSD. Critically, this large increase in coverage of the programme involves the development of a large workforce capable of implementing the Isibindi programme with high fidelity to the programme model throughout South Africa. Learning from the experience of this important program's national expansion is the ultimate goal of the evaluation work detailed here. We capitalize on the existence of a wealth of service delivery data and access to the CYCWs and managers in order to better understand recent trends and current issues facing the programme, especially as related to training and mentorship.

Objectives

The objectives of this formative evaluation include: to identify operational successes and challenges in the roll-out of the model; to enquire whether the intensive training and mentoring processes so central to Isibindi are being preserved as the programme undergoes rapid, large-scale expansion; to clarify factors that may promote fidelity to the model, to understand how the inclusion of new

stakeholders affects programme functioning and if additional implementation support might promote future success; and to better understand the resources necessary for effective training and mentorship in a nationally expanded program. To respond to these objectives, results are organized under five key research questions, listed below and described in greater detail later in this report.

Research Questions

- How adequately does the CYCW training transfer the skills and knowledge required for effective service delivery?
- To what extent does the quality of service delivery differ between CYCWs still in training and those who are fully qualified?
- What aspects of mentorship promote quality service delivery to children?
- How can quality of services be delineated or otherwise defined so as to meaningfully identify high versus low quality service provision?
- What community or structural changes result from Isibindi?

The evaluation leverages both qualitative and quantitative methods including a literature and programme document review; focus group discussions (FGDs) and in-depth interviews (IDIs) with key informants such as CYCWs, mentors, and programme managers; a systematic review of training sessions facilitated through direct observation and semi-structured discussions with participants; a secondary analysis of routine programme monitoring information collected including personnel data, site-level data, and service delivery data; and an anonymous national self-administered survey of CYCWs addressing care work practice, experience with training and mentorship, self-efficacy for service delivery, and other factors related to the work experience.

Isibindi: Theory and Practice

The Context

South Africa has the largest HIV and AIDS epidemic in the world; in 2012 an estimated 12.2% of the population, or 6.4 million people, were living with HIV (HSRC, 2014). As such it continues to be the country's foremost public health issue, despite now widespread availability of effective anti-retroviral therapies to support treatment and prevention. In affected communities the impact of the epidemic is exacerbated by the fact that a high proportion of the population lives in poverty. More than 60% of South Africa's children live in households with a total estimated income less than R575 per person per month (Hall et al., 2012; Hall, 2012). The Children's Act 38 of 2005 and applicable Regulations were promulgated in 2010, specifying the rights of children to health, education and safety, and directing the Department of Social Development to oversee the implementation of measures to meet these mandates.

Programme Strategy and Objectives

Isibindi ("courage" in isiZulu) was developed by NACCW as a community-based programme model assisting children at risk of neglect, hunger, illness, poverty, lack of care and other issues arising from HIV and AIDS. The model seeks to keep children in their homes in the community and to support and nurture their growth and development (Visser et al., 2015). This innovative strategy, based on a sound conceptual framework, provides children with practical skills for daily living, and assists them to obtain the health and social services to which they are legally entitled. As reported on the NACCW website (<http://naccw.org.za>):

"Central to the programme are the trained community-based Child and Youth Care workers (CYCWs)...the scale-up process will target areas with the following characteristics: high HIV prevalence and poverty; high prevalence of maternal and dual orphans; high prevalence of child-headed, youth-headed and gogo-headed (grandmother) households; high prevalence of substance abuse, incarcerated mothers and out of school children or teenagers (school dropouts); and rural, historically under-serviced areas with no or few services for children."

The roll-out objectives of the Isibindi programme include (DSD, 2014):

- To provide technical support to expand the model nationally
- To train 10,000 new CYCWs over a 5 year period
- To effectively mentor and support new and existing CYCWs
- To serve an additional 1.4 million vulnerable children

Theory of change

The diagram below shows the Isibindi Theory of Change. The Theory of Change provides an overview of the basic assumptions, conditions and pre-conditions of the Isibindi model as well as its context.

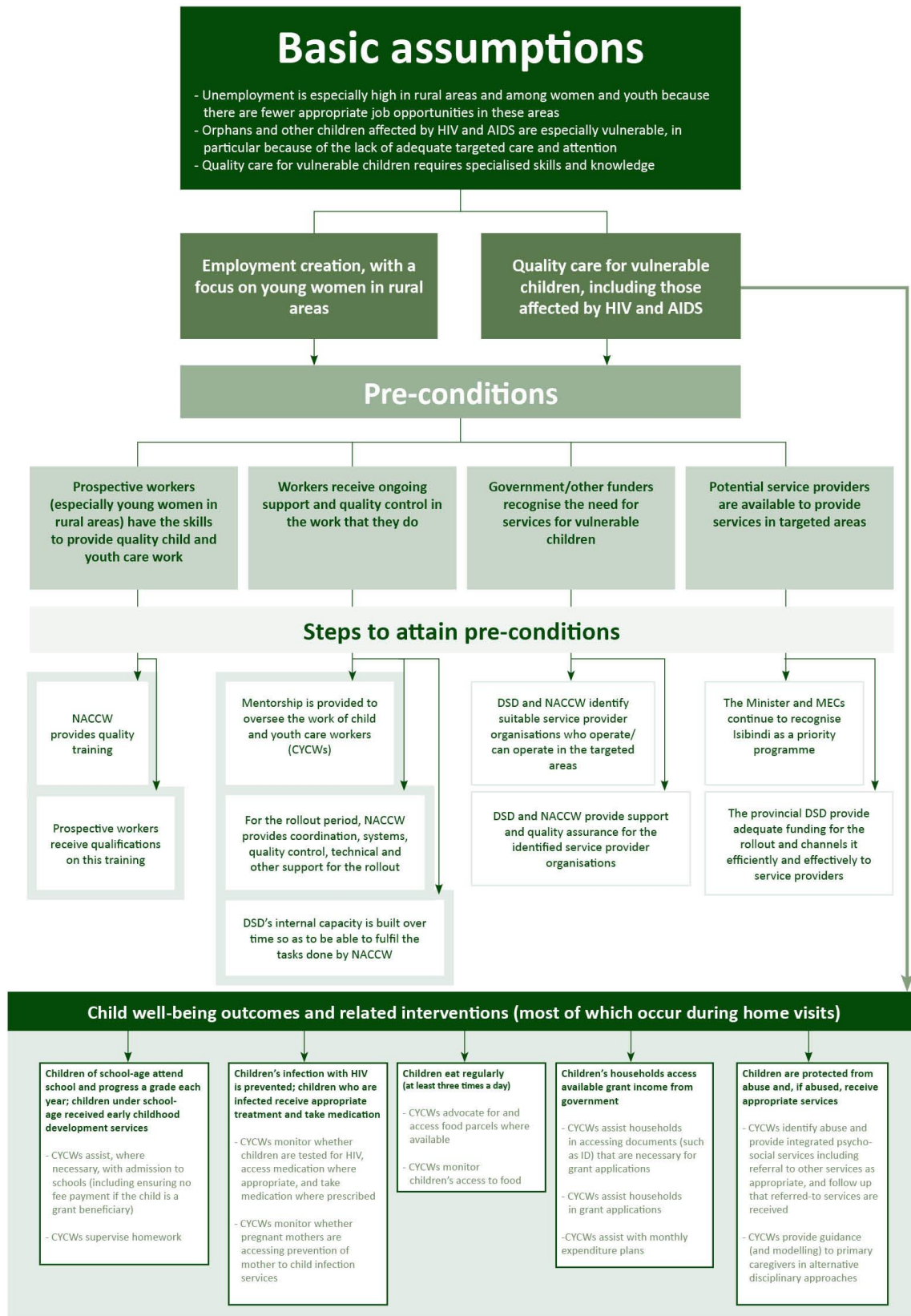


Figure 1 Isibindi Theory of Change

Child Development

CYCWs identify children in need and provide early intervention services in accordance with the Integrated Services Delivery Plan of the Department of Social Development (DSD, 2011). According to DSD, “[Services] are divided into prevention, early intervention, statutory, residential and alternative care, and reconstruction and aftercare services. All services are aimed at promoting the optimal functioning and the reintegration of beneficiaries into mainstream society.” Metselaar et al., (2005) define three core elements of a needs-led approach that underpin the training of Isibindi CYCWs, namely that “clients’ needs take a central position, care workers show a needs-led attitude, and clients participate to a high degree.” This lays the foundation for the CYCW to work in the life space of the child and to use a collaborative process towards finding solutions to the child’s concerns. Further, as CYCWs come from the communities they serve, their presence may serve a social organizing role. Kohen et al., (2008) investigated the effects of neighbourhood factors on young children in Canada, and found that lower neighbourhood cohesion was associated with maternal depression and family dysfunction, emphasizing the importance of social organization.

The Isibindi approach to addressing children’s needs in the context of relationships which change over time is also reminiscent of the bioecological theory of Bronfenbrenner (1979, 1992). The defining properties of this bioecological theory involve four components of the Process Person Context Time model (Bronfenbrenner, 1979, 1992): (1) the developmental *process* shaped by (2) the characteristics of the *person* and (3) the *context* (4) over *time*. In the underserved contexts in which Isibindi operates the CYCWs are trained to observe the characteristics of the child in the context of the developmental processes which are significant at that stage in the child’s development. CYCWs are trained to work within the *developmental niche* which the child occupies, the “cultural world” of the child defined by the physical and social settings of everyday life, the cultural practices of child care, and the psychology of the caregivers (Super and Harkness, 1994).

Howard and Brooks Gunn examined home visiting as a strategy for preventing child abuse and neglect in USA, Australia and New Zealand and concluded from nine programmes that although home visits did not prevent child abuse and neglect, they achieved positive benefits for families by influencing maternal parenting practices, the quality of the child’s home environment and children’s development (Howard and Brooks-Gunn, 2009). A similar finding was reported by Reynolds et al., on the long term effects of an early childhood intervention for low-income children which provided half or full day kindergarten for 3-4 year olds, then half day preschool and then from 6-9 years linked the child to the elementary school. Fifteen years after exposure to the intervention, children had achieved higher rates of school completion, lower rates of juvenile arrests, and less school drop-outs than the control group (Reynolds et al., 2001).

Finally, Becker and Luthar (2010) identified four social/emotional components influencing school achievement. These were academic and school attachment, teacher support, peer values and mental health and acted as both risk and protective factors amongst disadvantaged students. Isibindi programme components focusing on early childhood development and school attendance and homework assistance therefore have substantial potential to effect positive change in children’s lives, as supported by the literature.

Workforce Development

The programme trains young women (mostly) and men from disadvantaged communities in the skills required to be a Child and Youth Care Worker, using a training programme certified and accredited by the South African Qualifications Authority (SAQA). This qualification as an auxiliary child and youth care worker has recently been accepted and registered as a professional qualification, through an amendment to the Social Services Act of 1978 promulgated in October 2014. The programme also

offers the opportunity for career advancement, particularly during the national expansion, as suitably qualified CYCWs are offered the opportunity to become Isibindi Trainers and Mentors. The Further Education and Training Certificate in Child and Youth Care Work (FETC) is 30% classroom based and 70% practice based. The FETC in Child and Youth Care is composed of 14 core unit standards, and 11 fundamental unit standards (8 Literacy plus 3 Numeracy), 1 elective unit standard (HIV and AIDS treatment, and options in community care and support).

Special Programmes

Additional components of the Isibindi model include a Young Women's Empowerment Program, a Young Men's Empowerment Program, a non-centre based Early Childhood Development model, a Child Protection program for abuse victims and a Disability model – all of which enable progressive realisation of a wide range of children's rights and protections through community-based child and youth care work. The Isibindi Safe Park model provides a range of services in communities – a place for children to play and interact under the supervision of CYCWs, receive educational support, hear traditional stories and celebrate national calendar days. Currently being replicated in Zambia, the model is being adapted by grassroots implementers to suit local conditions and cultural contexts – within the framework of the overarching commitment to the realisation of children's rights, and the building of a highly qualified children's service delivery workforce – even in the most remote and under-resourced communities (NACCW, 2014). Notably, funding support for these special programmes is limited under the roll-out that concentrates on expanding home visiting.

Social Franchising

Isibindi uses a social franchise model: community-based partner organizations are selected by DSD and provided with training and mentorship support from NACCW. The partner organization employs CYCWs directly. NACCW is responsible for training, monitoring and ancillary support. In an evaluation of 32 case studies of PEPFAR projects in South Africa which address the needs of vulnerable children, the report highlighted the fact that a lack of supportive resources limits the success of most of these programmes (Khulisa Management Services, 2008).

Benson et al., (2012) described how utilization of developmental assets and asset-building could contribute to creating healthier communities for children and adolescents, and how such change strategies can contribute to community strengthening. This approach is in accordance with recent research on the role of indigenous knowledge systems in building networks of care and support (Ebersohn et al., 2014). The Isibindi programme makes use of available resources such as social grants and food parcels to assist families in need, in line with the 2013 national nutrition survey which showed that household food security is a major problem in South Africa (Labadarios et al., 2013). The programme model has also been shown to improve the physical and psychosocial well-being of orphans and vulnerable children (Visser et al., 2015). These authors note that Isibindi, like similar programmes, may be compromised by a lack of community resources. A 2013 evaluation comparing Isibindi with volunteer-led home visiting found that Isibindi's paraprofessional service resulted in greater access to grants and material resources and more positive support from adults in their homes, but did not address the constraints noted by Visser et al. (Thurman et al., 2013). Thurman et al. (2014) highlight the difficulties associated with addressing mental health in communities living in poverty, a concern repeated by Chhagan et al., (2013) in research from another peri-urban KwaZulu-Natal community.

Community Development

USAID in partnership with the Department of Social Development (DSD) is funding various OVC Programmes as outlined in the PEPFAR Partnership Framework (2012/13-2016/17), a bi-lateral agreement between the South African Government (SAG) and United States Government (USG).

NACCW is one of three prime partners receiving funding to scale up OVC services through working with and assisting to develop the capacity of community based organizations (CBOs) in various provinces around the country (Moss, 2015).

Most of the Isibindi implementing partners, like other CBOs receiving capacity development support, are small to medium-sized entities whose annual reach ranges from about 300 to 3000 beneficiaries. These CBOs also typically receive support from DSD and the Departments of Health (DoH) and Basic Education (DoBE) to implement programming such as home-based care and support to vulnerable children and people living with HIV or AIDS.

In implementing the programs, the role of the prime partners as direct recipients of USAID grant funding is to provide capacity development support to the CBOs to enhance their ability to identify orphaned and vulnerable children and provide them with quality services. The CBOs are the direct service providers and are responsible for working closely with communities to identify and provide support to vulnerable children. As such, the CBOs provide a range of services which may vary depending on the specific CBO capacity and identified needs in the communities. Key service delivery areas include facilitating access to health care/HIV prevention resources; educational support; psychological support; child protection; and household economic strengthening activities. CBOs employ staff who may range from community care workers with limited training and potentially engaged in a voluntary or stipend based position, to paraprofessional child and youth care workers and social auxiliary workers who are full-time salaried employees.

A baseline evaluation by Khulisa Management Services (2008) “provided an opportunity to apply a standardized approach for gauging the current capacity of CBOs, which will be vital to guiding capacity strengthening efforts by prime partners as well as providing essential data for policy development. ...there is a common agenda...to strengthen service delivery and improve OVC outcomes in targeted communities.” The evaluation highlighted the food insufficiency amongst OVCs and their families and the importance of strengthening partnerships with government departments who need to assist, and to expand efforts to mobilize communities. The authors noted that CBO programmes often do not adequately cover the needs of children under 6 years and that ECD home programmes are required. There is also a lack of programmes for OVCs 18 years and older. The authors noted the need and importance of establishing childcare fora and that these should be organised into a network to support and learn from one another.

Community Systems’ Strengthening (CSS)

CBOs have long played a central role in assisting orphans and vulnerable children and their families (Mutangadura & Mukurazita, 1999). Improving these organizations’ capacity thus has the potential for substantial impact. For the programme to function optimally it needs the support of service providers and other stakeholders including the Departments of Home Affairs, Social Development, Health, Education, and Agriculture, whose services are required to obtain birth and death certificates (Home Affairs), social grants (Social Development), assistance with child abuse cases (Social Development and South African Police Services), early childhood development (Social Development), immunization, anti-retroviral and TB treatment and contraception (Health), children’s attendance and progress at school (Education), and food gardens (Agriculture). In addition the Isibindi programme implicitly requires strong collaboration from its partner organizations.

Strengthening partner organizations is one important aspect of community strengthening. UNAIDS emphasizes that community strengthening requires a range of activities (UNAIDS, 2010), which include involving communities in planning, building broad agreement about the type of activities to conduct, providing support to community groups to develop community strengthening activities and

providing technical support and funding (UNAIDS, 2010). The six key CSS indicators thus include: 1) developing an enabling environment through advocacy, 2) building community links and co-ordination, 3) developing human, financial and material resources, 4) delivering on community activities and services, 5) strengthening the organization by developing its leadership, and 6) ensuring that monitoring and evaluation influence planning (Global Fund, 2014).

RESEARCH METHODS

The Ethics Committee of the University of KwaZulu-Natal reviewed all applicable materials for this study, including participant consent forms, and granted approval for the research. We employed a mixed methods design with both qualitative and quantitative methods (Creswell, 2009). Working across South Africa's nine provinces, the research team engaged Isibindi CYCWs, trainers, mentors, and implementing partners, as well as DSD and NACCW managers.

Study population:

The study population comprised service providers from the Isibindi Programme, namely the Department of Social Development and NACCW staff. We were mindful of the ongoing roll-out of Isibindi, and the need to avoid disruption of these processes. Subjects were therefore selected from key personnel who contribute to the overall aim of this formative evaluation, which is to examine the NACCW support provided through mentorship and training. The study population thus consisted of the DSD and NACCW managers and staff who train, support /mentor and monitor the programme; staff from the partner community organizations who host the programme; and the CYCWs who implement the programme. We also interviewed community members at several sites.

Preliminary meetings:

A preliminary meeting was also held with the National Department of Social Development (DSD), the National Association of Child Care Workers (NACCW) and the Research Team to determine the scope of the evaluation, and present the objectives of the formative evaluation. Thus, at the start of the evaluation we met with NACCW and DSD to obtain details about the Isibindi Programme's development and current operational strategies. We clarified practical issues such as how to access the Isibindi database and who could provide information about the data to be collected.

We were also fortunate in that at the start of the evaluation 105 mentors came together for a training session in Durban, which provided us with the opportunity to ask pertinent questions to assist in the development of our interview schedules. Subsequently, we were also able to meet with 80 trainers in Boksburg, prior to the data collection at the sites, and the data from these preliminary questions and discussions contributed to the development of the tools for our site evaluation.

Literature review:

We reviewed the relevant international literature to set our research in a wider context. Standards of child services as reflected in the literature from a wide range of child care programmes in South Africa and elsewhere allowed us to identify potential indicators reflecting the quality of training, services and mentorship, and how community systems can be strengthened.

Focal site selection:

The qualitative phase of the formative evaluation included visits to 18 Isibindi project sites – two in each province. The researchers interviewed mentors and CYCWs from NACCW and the partner organisations. The sites were selected to include both "old" sites (established prior to 2012) and "new" sites (established in 2012 or later), and comprised nine urban and nine rural sites. The "old"

sites frequently included both qualified CYCWs and those in training (unqualified CYCWs). The names of the sites are not listed for reasons of confidentiality.

CYCW Focus Group Discussions (FGDs):

At each of the 18 sites one FGD was held with eight CYCWs to explore their perceptions of their training, mentoring, day-to-day work, and support received. Discussions were moderated by an experienced researcher who used an interview schedule and neutral probing to explore respondents' views. The groups were audio-taped and transcribed with the permission of the respondents.

In-Depth Interviews

At each selected site, in-depth interviews (IDIs) were also held with key personnel and stakeholders. Sixty-one interviews were conducted with: NACCW staff (13 mentors, five senior mentors, five supervisory mentors), 10 staff from implementing partners, three beneficiaries and one volunteer fundraiser who was a member of the implementing partner's project committee), four DSD social workers, five district/provincial DSD managers, four CYCW project managers, five CYCW team leaders, four CYCW disability co-ordinators and two CYCW child protection co-ordinators. The interviews sought to explore interviewees' experiences and perceptions about topics including partner organization selection, training provision, and building management capacity. Interviews and FGDs were transcribed, coded and entered into the N-Vivo software package for analysis.

The maintenance of training standards:

The research team utilised a methodology described in the literature (e.g. Tobin et al., 1989) and designed to explore the standards and principles implicit and explicit in training. At 10 sites where training was taking place, portions of the training were professionally videotaped with permission and the trainers were asked for their views on Isibindi training. The trainers included both experienced and less experienced trainers, with most of the latter drawn from the ranks of the CYCWs. We explained to the trainers and learners that the purpose of the visit was to gain insight into the roll-out and not to criticise individuals or groups.

After filming approximately one hour of a training session, the photographer edited the video sessions to approximately 15 minutes including specific scenes where there were different ways of interacting. These edited videos were then reformatted to allow them to be despatched on CDs to the researchers who viewed them and noted the variety of styles and techniques. The analysis addressed how the principles of and standards for training and mentoring developed by NACCW were being maintained and transferred to new trainers and new environments.

CYCW survey:

The survey sought to provide generalizable data about the CYCWs employed by the Isibindi programme, including factors related to training and mentorship. A comprehensive list of sites was provided by NACCW (N=231). Sites were stratified by time of establishment: prior to 2012 (69 sites) and in 2012 or after (231 sites). Within each stratum, 40 sites were randomly selected, for a total of 80. The number of sites selected in each province for a given stratum was in proportion to the province's percent share of sites nationally. All CYCWs at selected sites were eligible to complete the survey, which asked a series of mostly close-ended questions related to demographics, work history and training, caseload, motivations for becoming a care worker, self-efficacy for service delivery, mentorship and job satisfaction. Of 1302 CYCWs at the 80 sites, 1158 (88.9%) completed the self-administered questionnaire from April-June 2015. Table 1 provides additional information on the sample. The data were entered in Epidata and converted and analysed in the SPSS 22.0 software package.

Table 1: Number of Isibindi Sites, Number of CYCWs per province participating in national survey

Province	Number of Isibindi Sites	Number (%) of CYCWs	Min – Maximum no. of CYCWs per site
Eastern Cape	8	187 (16.2)	22-24
Free State	4	64 (5.5)	6-24
Gauteng	10	114 (9.9)	7-21
KwaZulu-Natal	26	427 (36.9)	7-27
Limpopo	12	107 (9.2)	7-10
Mpumalanga	7	101 (8.7)	11-20
North West	4	78 (6.7)	13-27
Northern Cape	5	39 (3.4)	4-10
Western Cape	4	41 (3.5)	1-18
TOTAL	80	1158	

Demographic profile of CYCWs in the national survey

Of 1158 CYCWs who participated in the survey, 37% were from KwaZulu-Natal, 16% were from the Eastern Cape, 10% were from Gauteng, 9% were from Limpopo, 9% from Mpumalanga, 7% from Northwest, 6% from the Free State, 3% from the Northern Cape, and 4% from the Western Cape. Slightly more than one quarter (28%) were employed at sites established prior to expansion. An average of 19 CYCWs participated from each of the 80 sites in the sample, and respondents collectively had 60 Isibindi mentors at the time of the survey.

Participants ranged from 19-64 years old, with an average age of 32. The majority (82%) were women. Two thirds of the CYCWs, 64%, had passed Grade 12, 21% had attended but not completed high school and 2% had a tertiary qualification. Nearly all CYCWs (95%) reported that their own health was excellent or good. Ten percent of CYCWs (N=118) reported having a chronic illness or serious medical condition such as hypertension, diabetes and/or HIV. Twenty-four of these chronically ill respondents (20%) reported having HIV. As the survey did not ask participants specifically about their HIV status, the true prevalence in the sample is likely higher.

Table 2: Qualified and unqualified CYCWs in new and old sites (Database, 2013-2014) and National Survey (2015)

Site	CYCW	CYCWs in Database		CYCWs in National Survey	
		Number	Percentage	Number	Percentage
Old	Unqualified	186	25.0	216	34.7
	Qualified	556	75.0	406	65.3
	Total	742		622	
New	Unqualified	685	99	295	55.0
	Qualified	7	1	241	45.0
	Total	692		536	

Secondary analysis of programme data:

The NACCW programme data consists of routine monitoring data recorded by CYCWs, collected centrally, and used for feedback to sites regarding their performance, as well as for programme management. Our secondary analyses were concerned mainly with trends over time in selected support services that qualified and unqualified CYCWs have provided in both new and previously established sites. We report on aspects of the database judged to be robust, and which shed light on our overall research questions.

The programme data sample was drawn from four files:

The Training Database: A systematic sample of 477 CYCWs was drawn from the main NACCW training database records. CYCWs were used as the primary sampling unit: ranked in order of commencement of training and then every third case was selected (n=477). Children's records were extracted from the Registration Database (see below for details) if the child was listed as being registered by one of the CYCWs in the sample.

The Registration Database: Only the records of children registered for Isibindi by the sample CYCWs selected from the Training database were extracted from the main Registration database (n=13 585 children). Each CYCW was assigned to serve an average of 28 children but this varied.

The Monthly Database extraction contained monthly records of the services provided to children. We selected a one year sample of months (June 2013 to May 2014) which best characterised the rate of increase in services. Prior to June 13 there were a number of start-up procedures necessary to establishing new sites, and gains in service delivery were not evident. The subsequent 12 months showed a steep rise in services to a peak in May 2014. Thereafter the numbers of records per month showed a decline during the long post office strike which negatively affected Isibindi data entry.

The Site Database: NACCW also provided a list of all sites, the province in which they are situated and the year in which they commenced operation.

Data management and ethical issues:

All data collected were recorded by the research team, with access restricted, and any hard copies kept in a locked cupboard at the researchers' office. Although the site names were recorded on selected instruments, individuals' names were not documented for reasons of confidentiality. Anonymity was maintained wherever possible. No children were interviewed. Written informed consent was obtained from each adult participant. Ethical clearance was obtained from the University of KwaZulu-Natal Human Social Science Ethics' Committee.

Data analysis:

Qualitative methods. From the transcripts, key themes were identified and coded into N-Vivo software. The data from the FGDs and IDD were triangulated for use in the selection of quotations and general presentation of findings.

Quantitative methods: The analysis of the monitoring data focused on trends over time in selected support services that qualified and unqualified CYCWs have provided in both old and new sites, as well as changes in the number of children served. For the survey, we conducted descriptive analyses yielding a national profile of CYCWs, including: age, education, health status, workload, work-related costs (time and money), work-safety perceptions, basic support, motivation for becoming a CYCW, and other current and previous employment. Bivariate analyses were also undertaken using Chi square and Independent T tests to investigate how qualified and unqualified CYCWs may differ on

selected factors and to investigate associations between the CYCWs' qualifications and number of households visited in the past month, and children and households in their current workload.

RESULTS

Results are reported for each of the five research questions pertaining to: 1) Training (results 1-7); 2) Differences between learners and qualified CYCWs (result 8, 9), 3) Mentoring (results 10-15); 4) Quality of service provision (results 16-23), and 5) Structural and community changes (results 24-28).

Research Question 1: How adequately does the training cover and convey to CYCWs the skills and knowledge necessary for effective service delivery?

The Isibindi training model intends to support the transfer of detailed and differentiated information and skills to learners by means of a variety of training techniques, support from mentors, and constant assessments. For trainers, experience plays a part in the range of techniques they are able to utilise, and the act of preparing their week-long training sessions deepens their understanding of the modules. While experienced trainers have greater fluency with the material, and external factors such as the adequacy of training venues can affect the training process, basic standards appear to have been maintained while the expansion is ongoing.

Result 1: Taken as a whole the content of the training modules provides a good overview of what the CYCWs need to know

SENIOR MENTOR: "Training on its own can change the personality of a CYCW, it can change the CYCW...to understand and look at things in a new light and I think that is a powerful thing."

The training consists of two "Fundamental" modules (Numeracy and Literacy) which are a SAQA requirement, and 14 modules of training for child and youth care workers (CYCWs) under the Isibindi model. In addition to these NACCW has developed a number of specialised courses designed to address community needs and to support individual CYCWs who take on special responsibilities (see Table 3).

Table 3: FETC Core Unit Standards

NACCW learning programmes composed of clusters of the FETC unit standards.

1st CLUSTER: CARE OF CHILDREN: (5 weeks of training for 5 unit standards)

- a Module 3: Promote and uphold children’s rights: 12 hours, 4 credits, Level 3
- b Module 1: Fundamentals in Child and Youth Care Work:: 30 hours, 10 credits, Level 3
- c Module 2: Basic Communication skills: 24 hours, 8 credits, Level 4
- d Module 4: Basic care of children e 18 hours, 6 credits, Level 3
- e Module 8: Developmental approach: 15 hours, 5 credits, Level 4

FUNDAMENTALS (1 week of training)

Literacy

2ND CLUSTER: MANAGEMENT OF YOUNG PEOPLE (5 weeks of training)

- f Module 7: Developmental theories: 18 hours, 5 credits, Level 4
- g Module 9: Observe, record and report: 15 hours, 5 credits, Level 4
- h Module 14: Developmental assessment:18 hours, 8 credits, Level 4
- i Module 10: Activity programming: 24 hours, 10 credits, Level 4
- j Module 13: Behaviour management: 30 hours, 10 credits, Level 4

FUNDAMENTALS (1 week of training)

Numeracy

3rd CLUSTER: PERSONAL DEVELOPMENT (4 weeks of training)

- k Module 11: Interpersonal relationships: 30 hours, 12 credits, Level 4
- l Module 12: Making relationships work: 18 hours, 8 credits, Level 4
- m Module 6: Team work12 hours, 5 credits, Level 4
- n Module 5: Personal development: - 24 hours, 5 credits, Level 4

NACCW has clustered various unit standards together as learning programmes each with one integrated assessment which has the effect of marking milestones in the training.

SENIOR MENTOR: “When we start a project we start with two Modules of training before they are deployed as CYCWs in their communities, because they have to understand the first Module - Children’s Rights Module 3 and the second Module is the fundamentals of child and youth care. So once they have those two modules, they understand what child care is all about.”

At a workshop for trainers in August 2014 trainers were given a short questionnaire in which they were asked “Which aspects of the modules do the Child and Youth Care Workers find easy to understand?” In general they appreciated the fact that important community child care constructs were introduced in Module 1 and were then taken up again in other modules, with the implication that these constructs were well understood by the end of the training. They were: *a Strengths-Based Approach, a Developmental Perspective, Team Work, the Life-Space of Children, Working in the Moment, the Circle of Courage, Relationships and Programming.*

Several trainers mentioned that practical aspects of the training were most easily grasped (for example role play, cases, brain storming). The use of simple English, flip charts and the Learner Guidelines all helped in training. They said that CYCWs responded well to discussions about child behaviour and to information about HIV and AIDS because these were well within their experience.

CYCW: “All of [the modules] are useful...the module I found the easiest is *behaviour management* [13]. In that module I learnt how to manage behaviour when I’m working with

the team; and the one that I found was the most difficult is module 14 [*Developmental assessment*] which was about the IDP [Individual Development Plan] because I needed to assess each child.”

Fifty-six percent of CYCWs in the national survey had completed all 14 modules. Completion rates by module ranged from 59% to 97%. Slightly more than 80% of CYCWs had attended training within the past 11 months. A majority of CYCWs (63%) felt that they remembered most of what they had learnt; another 30% reported that they could recall “about half,” highlighting the importance of ongoing refresher trainings.

Result 2: Certain aspects of the modules require revision to include more up to date information and to enhance their relevance in the particular context of Isibindi work.

We reviewed the content of the modules dealing with key topics including child development and health. The findings suggest that some revision is advised. For example, in the Trainer and Learner Guides on Module 7, the choice of developmental theories, some of which are outdated and controversial, needs revision. CYCWs need to be exposed to more recent theories which might guide their judgements and behaviour in the course of their work with vulnerable children. We suggest that they would be better able to relate to the literature which deals with the developmental risks for children at different ages, particularly studies of children living in disadvantaged circumstances, and that this would be more useful to them in their work. Learners would be able to critically discuss their own life experiences in relation to this information.

An important aspect of the teaching techniques advocated in the training guides is to encourage CYCWs to think critically and to solve problems. This is laudable, but if they were exposed to some of the more recent psychological literature on resilience in children living in disadvantaged circumstances, their insights and experiences would be a more important contribution to the learning process than, for example, discussing Freud’s stages of psychosexual development. Similarly the nutrition topics are covered in Module 4 do not take cognisance of the changes that have occurred over the past decade in nutrition education. Dietary guidelines are used, rather than a description of food groups (Vorster et al, 2013). The advice in respect of infant feeding (Learning Resource 12) also needs to be changed as South Africa’s Department of Health follows the World Health Organization guidelines that babies should be exclusively breastfed for six months. In Learning Resource 19 on Childhood Diseases, more emphasis should be placed on the importance of immunization to prevent childhood diseases.

Result 3: Poor proficiency in English among learners indicates a need to modify the training materials.

TRAINER: “...the language that is used...is too complex so we need to simplify it and make it straightforward...and there is the format which looks far more complicated than it needs to be.”

Only 1% of CYCWs in the national survey reported that English was their home language. IsiZulu was spoken at home by nearly half (43%), isiXhosa by 21%, Setswana by 10%, Sesotho by 5%, and the remaining languages by <5% each (Sepedi, siSwati, Xitsonga, Tshivenda, isiNdebele, Sesotho sa

leboa, !Xunthali/San, and Kwedam). Asked how well they spoke and understood English, the language of the training, 93% reported that they both spoke and understood it well. A small proportion, 4%, indicated that they spoke English badly and slightly less than 2% reported that they had problems understanding English.

When the trainers responded to our short questionnaire at the outset of our research programme, many of them, however, identified the learners' generally poor command of English as a difficulty. Some trainers complained about the technical jargon used in some places in the training materials. Trainers indicated that they had to spend time explaining difficult words and phrases, such as "by virtue of". Trainers referred to learners' poor literacy skills, and attendant difficulties with activities prescribed in the modules which required learners to have expressive skills. These included: group discussions, role play, and brain-storming, giving talks during formative assessments, and dealing with open-ended questions during the summative assessments. Filling in log books correctly also required language skills that trainers perceived to be lacking among learners.

Result 4: Special training programmes enable the CYCWs to address a wider range of child needs in an informed manner.

The addition of special training programmes for selected members of the Isibindi team broadened the range of services that the team was able to offer to children at some sites. These are not part of the SAQA (South African Qualification Assessment) requirement or the set of core services funded by DSD, but have arisen nonetheless due to needs identified in the communities served by Isibindi. A competent CYCW is identified as the co-ordinator, and trained by the mentor as resources allow.

Specialised trainings were often not included in the Training Database, but noted during interviews and asked about in the national survey of CYCWs. Thirty-two percent of survey respondents indicated they had been trained in Child Protection, 30% in Early Childhood Development, 26% in the use of Persona dolls for diversity training, 17% for Disability programming, 17% in Palliative Care, 11% to run Safe Parks, 10% to manage Adolescent Development programmes, and 4% for Safe Park/Robotics. Other CYCWs noted that they had received a range of different training including on topics such as restorative justice and on grief and loss. Four special programmes were repeatedly mentioned as important and discussed more below, including Early Childhood Development, Disability program, Child Protection program and the Adolescent development program.

Early Childhood Development (ECD)

MENTOR: "The training for ECD is separate [from the modules]. I as a mentor did in service training about ECD. However, in Module 10, programming taught us how to plan activities for children according to their needs and their age, and we also down loaded from the internet the ECD document, and then we registered as a team before we started ECD. Also in Module 14 we use the 4 quadrants which are *belonging*, *mastery*, *independence*, and *generosity*, which is relevant to ECD. With my focus on ECD I've learnt that there's a lot that can be done especially for small children coming from poor backgrounds."

As described by the mentor, the Isibindi training modules (Modules 10 and 14) included training in aspects relevant for ECD. The Isibindi specialised training in ECD was an additional training component and not part of the core modules, and was provided when NACCW obtained the

required additional funding. The mentor quoted above had used her initiative to assist the CYCWs because promotion of ECD is regarded as an important aspect of Government policy, and Isibindi has responded by encouraging all CYCWs to provide ECD during home visits, targeting all the young children (6 years and below) in each household. In the present survey only 30% of CYCWs reported attending supplementary training in ECD, and most CYCWs relied on the content of the modules to guide them whereas in-depth ECD training would be more helpful.

Disability Programme

CYCW: “The most important thing that I like now is that we are focusing again on disabled children...we are upholding their rights; we go to the schools make sure that they are enrolled...I went to three workshops on disability and did in-service training...”

Four percent of children (n=484) in the database sample were noted as having a disability (see Table 4). Several years prior to the expansion, NACCW developed support services especially designed to help children with a range of disabilities. Table 4 indicates the type of disability for which children were registered but these categories were not mutually exclusive, and 67 of the 484 children listed had multiple disabilities.

Table 4. The proportion of the 484 children in the Registration Database Sample with any disability, by disability type (Number of children in the Registration database sample, n=13 585)

Type of Disability	Number (%) of Children
Physical	182 (1.3)
Intellectual	194 (1.4)
Developmental delays	93 (0.7)
Communication	64 (0.5)
Sensory	33 (0.2)

Of the 484 children (3.6% of the sample) with disabilities 56 were orphans. Twenty children had both physical and communication disabilities, 17 had both physical and intellectual disabilities, 11 had physical disabilities and developmental delays and 7 had both physical and sensory disabilities. This was clearly a very vulnerable group of children with multiple disadvantages and in need of the holistic support that CYCWs are trained to give at local level (see Table 5). While the numbers are small they indicate the range of needs in the population of children that CYCWs serve.

Table 5. Background characteristics of children with physical disabilities at registration (n=182)

	% of children
History of any abuse (unspecified)	2.2
Accessing ARVs	5.5
Enrolled in mainstream school	20.9
Enrolled in resource school	10.4
Not enrolled in school	68.1
Also has learning disability	9.3
Also has developmental delay	6.0
Also has communication disability	11.0
Orphan status – Both	7.1
Maternal	9.3
Paternal	13.7

Despite small numbers overall, there was a steep rise nationally from year to year in the numbers of children with disabilities who were located and served by CYCWs. Once these services had been developed and some CYCWs were being given specialised training, more children with special needs began to be registered, and with the roll-out these numbers proliferated further (see Figure 2).

From our one third sample of CYCWs, the number of children with any disability registered in a year rose from 22 in 2011 to 228 in 2014 out of a total of 113 585 children.

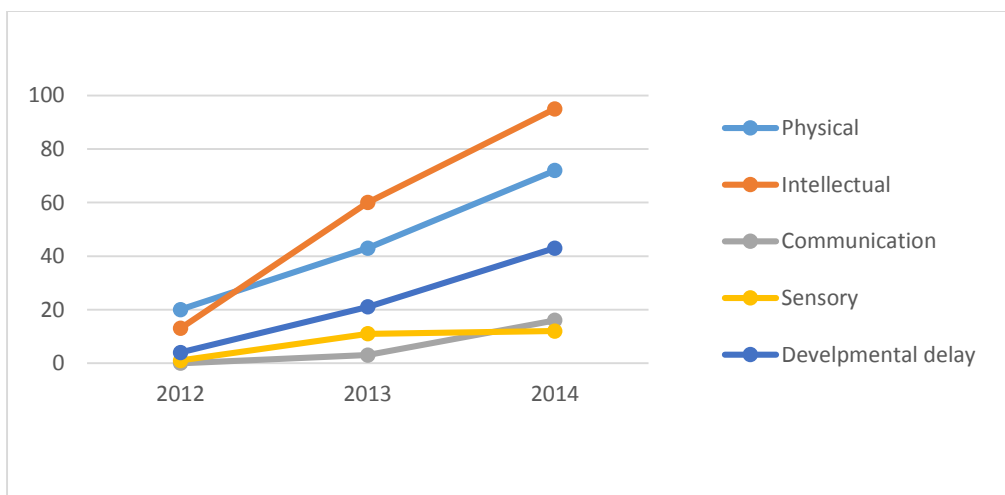


Figure 2. The rise in numbers of disabled children in the one third subsample registered each year for Isibindi care between 2012 and 2014.

The Adolescent Development Programme (ADP)

Ten percent of CYCWs in the national survey reported that they had received training in the Adolescent Development Programme, and 9.0% were currently serving as Adolescent Development Programme Co-ordinators. However, this program was also being offered by CYCWs without formal training.

CYCW: “We still need to be trained for the ADP because we have been facilitating the programme without being trained. We run the programme through our own knowledge and we use a manual.”

The Child Protection programme

The serious damage brought about by the sexual abuse of children required a special residential programme of therapy for the children and their caregivers, implemented from about 2007 onwards. Although the numbers are not recorded in the database, results from the CYCW survey suggest that 11% of CYCWs co-ordinate child protection services at their site. Two percent of children in the database sample were recorded as abuse survivors. In the national survey CYCWs, 32% indicated they had been trained in Child Protection, but many more often worked in this area informally.

CYCW: “What I achieved is with a child who was sexually abused and not going to school regularly, he is now attending school.”

CYCW, FACILITATOR FOR CHILD PROTECTION: “We do home visits so we find the children that were sexually abused and also doing the school visits and we find the children there. We work hand in hand with the social workers, so the social workers do the assessment for the children, and the children are taken to [town] for therapy...we follow up at home”.

Result 5: While environmental and individual factors influence training implementation, basic standards appear to have been maintained during the expansion.

Training venues:

From the training videos it became clear that the trainer’s style of presentation was influenced by the venue and the seating arrangements. Some of the venues were crowded with learners, and in others the ventilation was inadequate: the worst was a very hot container-classroom. The trainers in the less-than-ideal spaces rose admirably to the occasion, but clearly the training would benefit from better spaces with flexibility to arrange the seating either in groups or around the trainer to maximize interaction.

The use of varied teaching techniques:

The Isibindi Trainer Guides suggest various techniques (such as brain storming and role play) to assist the learners to engage with the concepts and constructs being taught. These techniques were popular with the learners because they were able to translate theory into practice. Close collaboration between trainers and mentors also supports learners’ transition from formal training to in-service training and supervision in the field. Most trainers who were interviewed answered affirmatively when asked, “Do you know if they implement the training the way you taught them?”

and gave the following reasons: “We communicate with them,” “We ask questions,” “We ask for feedback and discuss it with supervisors and mentors.”

PROJECT MANAGER: “Yes they have a lot of questions, but when you’ve got the training you have the answers.”

CYCW: “For me I find it easier because we come here and learn about maybe a specific module and then after that we go out and implement what we have already learned.”

While most of the trainers used an interactive style of teaching, encouraged discussion, and structured their questions in a way that required thoughtful answers from the learners, other relied on a more didactic style. Asking questions which engage the mind of the learner is an important part of effective teaching, and this point could be taken up during the Training of the Trainers.

The trainers who received the most engaged responses from the learners tended to have an informal approach, to be vivacious and to use humour from time to time. They made encouraging remarks when the learners contributed to the discussion, or conveyed their approval non-verbally with a nod or a smile. The use of songs related to the Isibindi work was a widespread and a charming addition to a repertoire of interesting teaching techniques.

The new trainers compared to more experienced ones

TRAINER- MODERATOR: “I would not view it as standards going down. I would rather say we have less experienced trainers, not inexperienced trainers...I can see they [the trainers] have grown. I can see...that they are passing on information to their learners.”

One essential requirement with the programme’s expansion is the need to train sufficient trainers, and NACCW have recruited experienced CYCWs to assist with this process. By design, new learners share many of the same background and environmental disadvantages as Isibindi beneficiaries; this ultimately confers advantages for both service delivery and training.

In our small sample for the video analysis we had three trainers who had been involved with Isibindi almost since its inception, and seven newer trainers. The experienced trainers had a better understanding of language nuances and a wider variety of experiences to draw on. It was evident from the interviews conducted with them after the session that they had a solid grasp of the bigger picture, of how the Isibindi training programme had begun, how it had changed, and where it was headed. The newer trainers, however, had certain advantages in conveying the Isibindi messages to the learners – they were culturally and linguistically closer to the learners and closer to them in age. Many of the new trainers who have come up through the ranks of the CYCWs use their previous experience and cultural closeness to learners to good effect in training sessions. Most of them had been CYCWs themselves, and a few had been mentors, so they had hands-on experiences to draw on. Most new trainers had also been brought up in similar communities to those in which the CYCWs worked. This helped in establishing rapport. They translate difficult concepts into local languages more readily, have a wealth of relevant examples from their recent experience as CYCWs, and have a motivational impact on learners, showing them what the future can hold for them in terms of job opportunities within the Isibindi structures.

The video samples bear out the view that the new cadre of trainers are well prepared and being supported and guided by the mentors. They adhere closely to the training guidelines and utilise a variety of teaching techniques. Their enthusiasm and commitment is obvious, and we did not view any sessions where the learners were not attending to the new material.

CONCLUSIONS AND RECOMMENDATIONS

By all accounts most of the new trainers have come up through the NACCW system and are bringing enthusiasm as well as careful preparation to their new role. Although impressive in their coverage of relevant content, the modules could benefit from targeted revision. Given the fact that most of the learners and some of the trainers did not have English as a first language, the main problem expressed in the interviews and focus groups was the use of unnecessarily complex language in some of the modules. The trainers thought that the learners struggled with some of the more abstract concepts. Lack of proficiency in English was also a factor. However, the new trainers' familiarity with many of the child problems being addressed, and effective training strategies, offset these disadvantages to some degree. Trainers felt that the knowledge gained in the training was being utilised in the field. CYCWs expressed mixed confidence in their mastery of the material but were overwhelmingly positive about the training.

Our impression from the interviews and focus groups is that stakeholders observe a need for the special programmes but many would benefit from additional resource inputs to help expand training and implementation. The ECD interventions rely more on the content from the modules than on any more specialised training. The ADP deals with vital topics such as safer sex and career planning, but there is a need to standardize care work practices in this area and increase CYCWs' capacity to address priority issues for beneficiaries transitioning to young adulthood. There is also high demand for child protection interventions. Untrained CYCWs in new Isibindi sites seem particularly in need of protocols and training support for managing these emotionally difficult issues. Expanded Disability and Child Protection training could better equip CYCWs to provide a cohesive service that is fully responsive to communities' needs and their own.

Research question 2: To what extent does the quality of services delivered differ between CYCWs who are still in training and those who are fully qualified?

In the interviews and focus groups the researchers' questions about changes over time resulted in a flood of enthusiastic responses about improved knowledge, self-confidence, and capacity for child care work. Respondents described the initial feeling of helplessness of being a newly appointed CYCW in a new site followed by the support, both personally and professionally, that they have received, and how team-building is important in the process of becoming an effective advocate for children living in poorly serviced environments.

Result 6: By December 2014 the programme had expanded substantially but not evenly across provinces, and qualified CYCWs and those at "old" sites demonstrate higher capacity for service delivery on some measures

The total number of sites recorded in the site database was 231 and over 50% of these were in KwaZulu-Natal and Gauteng. Similarly the main concentration of CYCWs was in these two provinces. At that time there were 97 mentors, 23 mentor supervisors, 9 senior mentors and 3 520 CYCWs. Table 6 illustrates wide variation in the program's presence at the provincial level.

Table 6: The difference between provinces in the number of CYCWS, sites, the ratio between new and old sites, and the number of mentors (database)

Province	Number of CYCWS	CYCWS as a percentage of the total number of CYCWS	Number of sites	Ratio of new: old sites	Number of mentors
E. Cape	309	8.77	13	2:11	5
Free State	204	5.79	13	12:1	6
Gauteng	720	20.45	48	46:2	16
KwaZulu-Natal	1358	38.58	74	48:26	35
Limpopo	328	9.31	33	27:6	13
Mpumalanga	255	7.24	17	8:9	10
North-West	112	3.18	10	9:1	4
N. Cape	153	4.30	18	9:9	5
W. Cape	81	2.20	5	1:4	3
Total	3520		231		97

According to the national survey, an estimated 41% of CYCWS at the new sites have completed all 14 of the training modules as compared to 94% at established sites. Of the CYCWS surveyed, 81% last received training within the past year. There were statistically significant differences in the additional training that the CYCWS trained before the expansion had received, when compared to new CYCWS. Of the 319 pre-2012 CYCWS compared to the 825 newer CYCWS, 63% versus 37% had disability training, 69% versus 31% had ECD training, 93% versus 7% had training in palliative care, 71% versus 29% had received ADP training and 54% versus 46% had been trained in Safe Park activities.

CYCWS who had been trained in all 14 modules were also more likely than learner CYCWS to be undertaking additional tasks as Safe Park Coordinator, 10.8% vs 5.1% ($p=0.003$); Adolescent Development Programmes, 11.6% vs 6.8% ($p=0.009$); Youth Empowerment projects, 16.5% vs 7.0% ($p<0.005$) and co-ordinating Caring for Carers (3.3% vs 1.4%) ($p=0.06$). CYCWS that had completed all 14 modules were also more likely to have referred children to a social worker 48.9% vs 30.9% ($p<0.005$).

Asked how many home visits they had conducted in the past month, qualified CYCWS reported a mean of 33 versus 26 for learner CYCWS. While qualified CYCWS reported having, on average, 34 children in their current workload; learners reported having 23. Qualified CYCWS were serving an average of 12 households whereas learners were serving 8. There was no statistical difference in the mean duration of the most recent household visit conducted (2.2 hours versus 2.6 hours).

The extraction from the Registration Database contains only records of children ($n=13708$) being supervised by our sample of CYCWS taken from the current Training Database. Naturally some of the

CYCWs in training during the early days of the database will have moved on, either outside Isibindi, or to take on the roles of trainers or mentors within Isibindi. Nevertheless, the rate of increase in children registered in the roll out years is apparent in Figure 3 below:

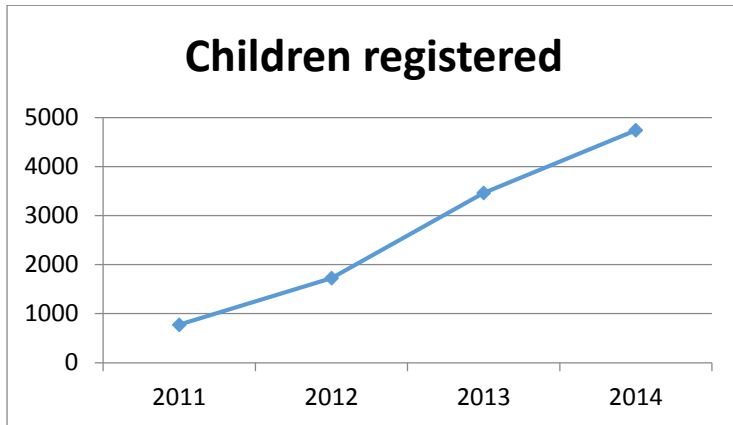


Figure 3. The number of new children registered annually in the database sample, 2011-2014

Analysis of the registration database showed that the number of children served by individual CYCWs varied from 1 to 207, with 55 CYCWs each assisting twelve children, but most CYCWs working with between 6 -22 children each month. The CYCWs worked in households with young people with many problems and the range in the ages of those served was wide, from infants and preschool children to adolescents, teenagers and ranging up to 25 years old with a mean age of 10 years.

Result 7: Some service delivery differences between the learners and the qualified CYCWS become less apparent as sites become established and the learners gain experience.

The 971 new learners started out slowly in the first few months in terms of service delivery recorded in the service database sample, whereas the 563 qualified CYCWs remained steady. We took the total number of home visits from the service database as an indicator of how quickly the roll-out of the Isibindi model increased overall service provision. By April 2014 the total number of home visits per month made nationally by all CYCWs had doubled and continued to rise (see Figure 4).

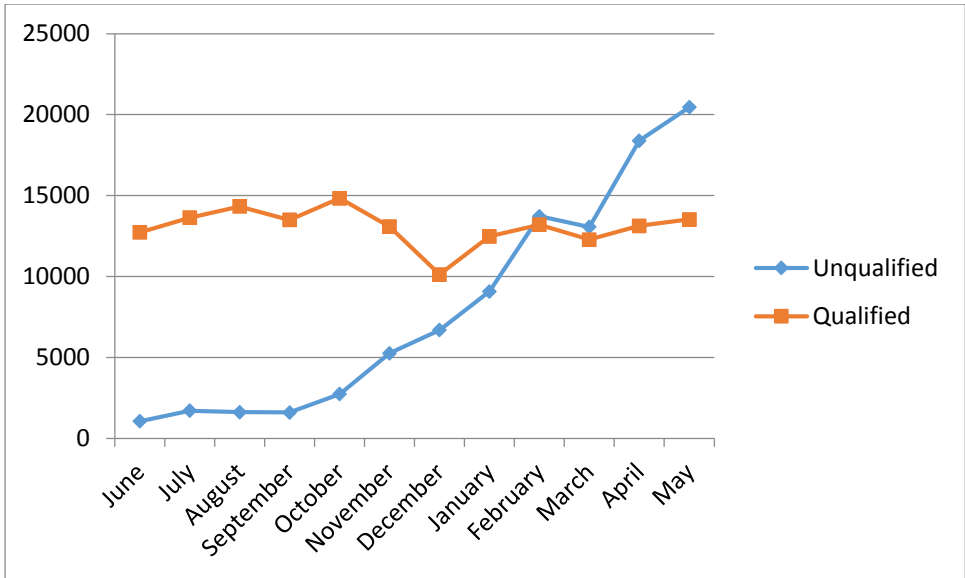


Figure 4. The total number of home visits made by learner (871) and qualified CYCWs (563) in the Monthly Activity sample, June 2013 to May 2014.

Assistance with Child Support Grants presumably required more training and the learner CYCWs took a little longer to make a difference to this service (see Figure 5).

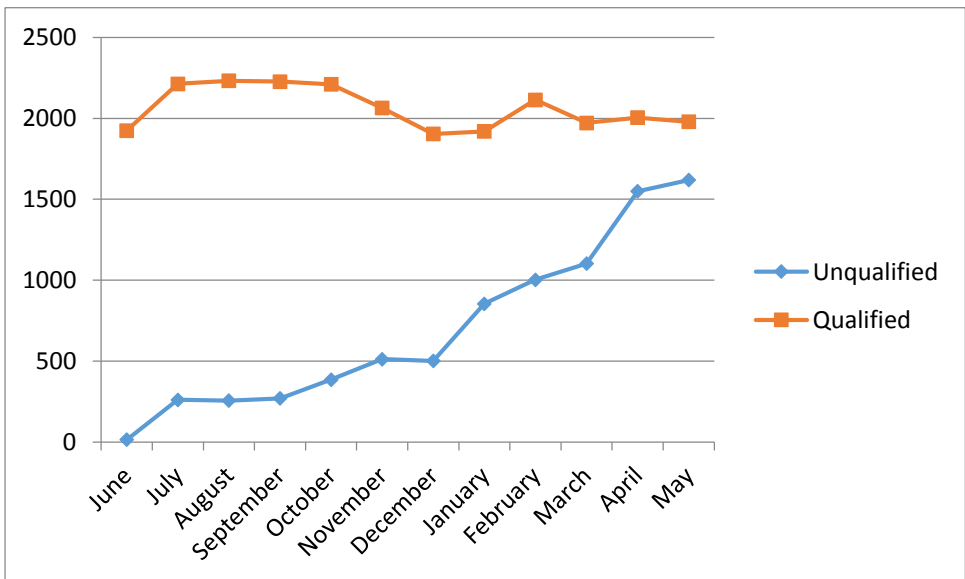


Figure 5: The total number of Child Support Grants reported by learner (871) and qualified (563) CYCWs in the database sample, June 2013 to May 2014

Although the numbers are much lower, services to children with any kind of disability showed a very similar pattern to the home visits (see Figure 4), doubling nationally by April 2014.

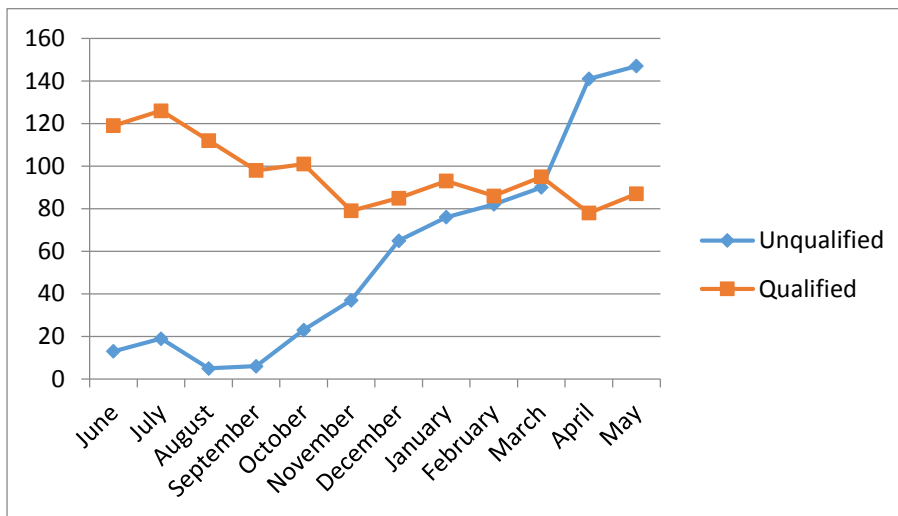


Figure 6: Children with any kind of disability recorded on the sample monthly activity database for the year from June 2013 and May 2014 by learner (871) and qualified (563) CYCWs.

There was great overall improvement in numbers of children reached during the roll-out. Figure 7 shows that assistance with Child Support Grants more than doubled in the year under study (June 2013 to May 2014), rising more steeply in the second half of this period.

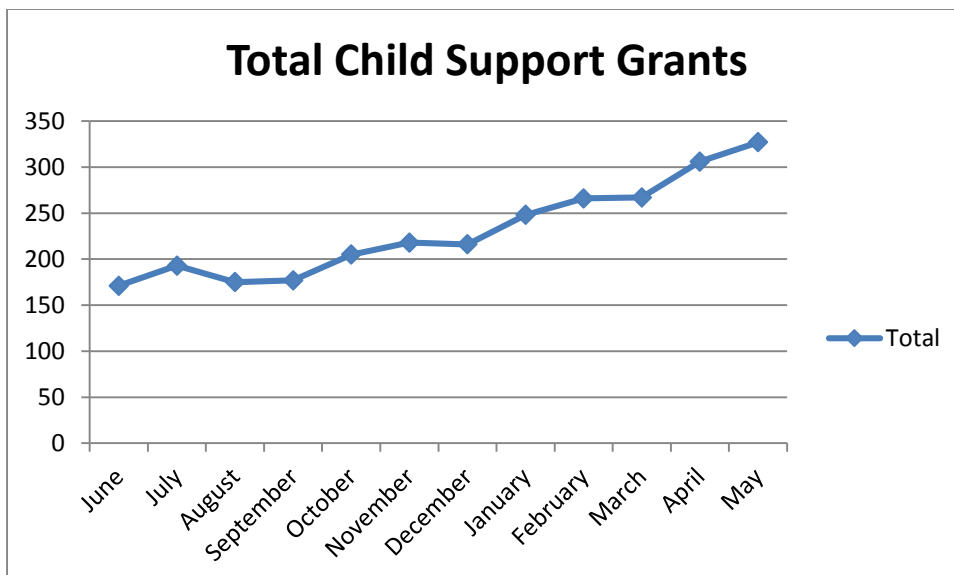


Figure 7. The rise in the numbers of Child Support Grants applied for or received during the year June 2013 to May 2014.(Monthly Activity sample)

In spite of this successful expansion, differences between learner work performance varied between the new and old sites, with learners in more established sites able providing more services earlier. As Table 7 shows, according to records in the monthly activity database, there were hardly any qualified CYCWs in the new sites in 2013 and 2014 and therefore fewer experienced people to assist the new CYCWs. These numbers had increased by the time of the survey in 2015. Importantly, the unqualified CYCWs in the pre-2013 sites were able to be more active in home visiting sooner than the unqualified workers in the newer sites, possibly because of greater support and better links to local stakeholders. There were fewer of them (n= 186) in the older sites versus the newer sites (n=685), but proportionately they made more home visits and reached more children each month.

The unqualified CYCWs in older sites were also proportionately more active earlier than those in the new sites. Figure 8 shows the average number of home visits per month per unqualified CYCW at new vs old sites.

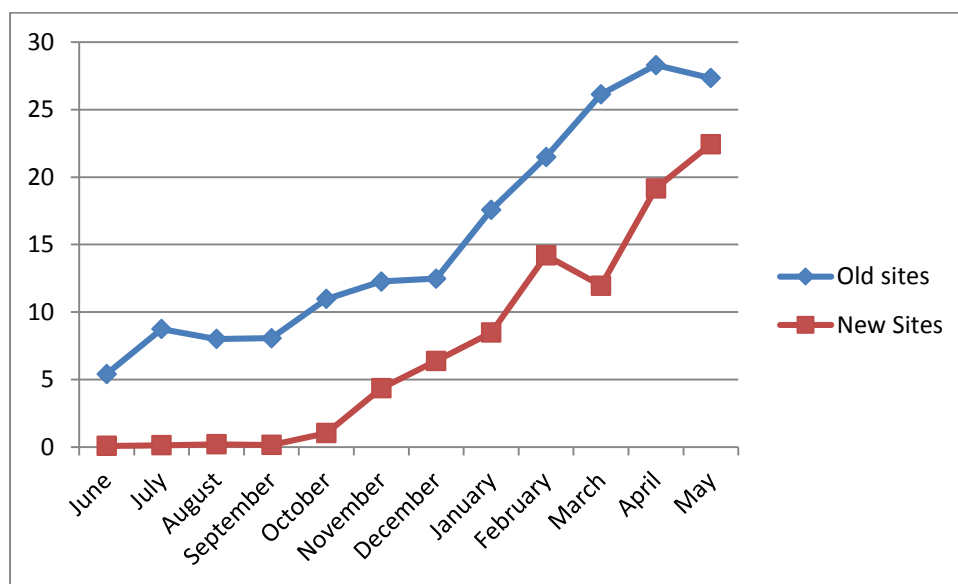


Figure 8. Average number of home visits conducted by unqualified CYCWs at old sites (186) versus unqualified CYCWs (871) at new sites, June 2013-May 2014 Monthly Activity database)

This pattern of greater service delivery by learners in the older sites held true for the Child Support grant, but, interestingly, the reverse was true for services to children with disabilities (see Figure 9). Presumably in the older sites there were members of the CYCW teams who had been specially trained for this service, and were responsible for it in their area. In the newer sites there were very few qualified CYCWs, so the learners would have to perform this service as best they could.

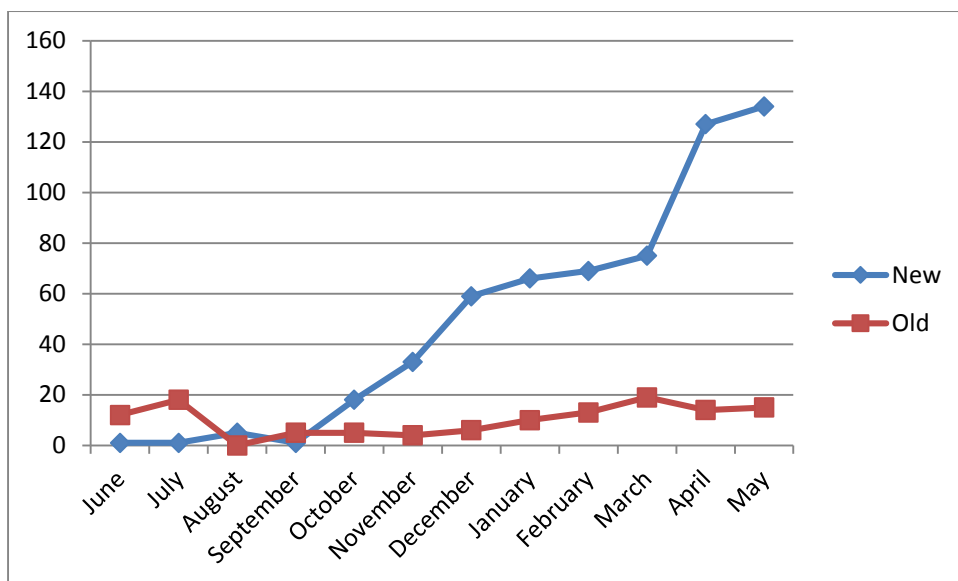


Figure 9: Total number of children with disabilities served by unqualified CYCWs at old (186) versus new sites (871), June 2013-May 2014 (Monthly Activity sample).

CONCLUSIONS AND RECOMMENDATIONS

There were two significant time points in the provision of Isibindi services for children – one around 2007 where new services were introduced over and above the basic set of skills, and the other when the roll-out started. The basic training covers the foundational skills needed in child care work and those which are required by the national accreditation. The newer services were developed in response to the situations that CYCWs often had to respond to in the field (children with disabilities, children who were abused), or to the needs of adolescents in disrupted families or communities (such as educational support to encourage them to continue with their schooling, or life skills encouraging healthy living). Limited resource investment in these special programmes may be contributing to a less robust pattern of service delivery at new sites as the expansion continues.

The main findings from analyses of the databases were that in 2013 and 2014 there was a major increase nationally in the services being offered to children in disadvantaged areas, and more children were reached. However, there were notable differences between qualified and unqualified learners, and especially those within new and old sites. The NACCW Monthly Database shows that the trainees in the old sites managed to provide more services during the early months of the roll-out at the start of the roll-out than the trainees from the new sites, even though they were fewer in number than the trainees in new sites. As a group, the unqualified CYCWs in the new sites were proportionately less active on two of the three major indicators available from the databases: Grants and Home Visits. Proportionately fewer of them were recording these kinds of activities by the end of the time frame investigated, and they were providing services to fewer children on average. This suggests the need for greater investment in support to learner CYCWs in new versus older sites. Where possible, the learners in new areas need to be given special support – such as that provided by partner organisations with high organizational capacity, and more care during the introductory road shows prior to the site being selected and community meetings are being held to gain community support and closer links with community stakeholders.

Research Question 3: What aspects of mentorship promote quality service delivery to children, and do mentorship needs change as sites become more established?

CYCWs may themselves have experienced similar problems as their beneficiaries, and need to be assisted by the mentor in integrating their personal and work experiences. The rollout requires increased numbers of Mentors and Mentor Supervisors. The national survey indicated that two thirds of CYCWs had, in their time working for the programme, been assigned to one or two mentors, but nine CYCWs had worked with eight different mentors apiece. The potential effects of this turnaround on service delivery are uncertain. The majority of CYCWs, 69%, reported working with their current mentor for under a year – but this time period ranged to up to ten years. Seventy-five percent of CYCWs reported that they meet with their mentor alone at least once a month; 90% meet with their mentor at least once a month in a group with other CYCWs. In the national survey both CYCWs from old (80.1% CYCWs) and new (70.8%) sites reported that the mentor’s advice influences their day-to-day work. Of the CYCWs from the old sites (86.5%) and from the new sites (83.3%) felt very comfortable asking their mentor for help. CYCWs also reported being treated with respect by the mentor (81.6% CYCWs from old sites) and 87.7% CYCWs from new sites. Mentorship is an ongoing process and although their needs may change since new sites require much assistance in the early stages as they are introduced to their varied tasks, CYCWs require ongoing support at both old and new sites in their complex and disparate roles.

Result 8: The mentors on-site supportive consultation and in-service trainings play a key role in assisting the CYCWs in the course of their practical duties.

Mentorship focused on the CYCW group while also allowing for individual support. During a monthly five day site visit, the mentor provides consultative supervision to the team of CYCWs as a group, so that all the CYCWs learn from the problems raised by the other CYCWs. During the mentor’s monthly visit, they also do individual meetings and assessments with CYCWs. He/she will check the CYCWs’ activities for the previous three weeks, do consultative supervision (giving guidance to the group) and online supervision (home visits) both of which are described by mentor interviewees:

MENTOR: “The mentor spends five days [a month] with each project where she assists and role models for the CYCWs how to engage with families, and helps them understand about “life space,” “in the moment,” and “what do I do when I come across a crisis”?...on the last day the mentor meets with the team to give feedback ...”

MENTOR SUPERVISOR: “... what makes a good mentor is someone who knows how to think on their toes, how to troubleshoot...to give support, to be there for child and youth care workers, so that they (in turn) can be there for the children, so that the children can grow from there...”

Mentors translate the theoretical knowledge from the training into practical activities for the CYCWs in a process termed “in-service” training. Providing regular in-service training helps to ensure that the CYCWs can implement what they have learned and improve their skills and result in better quality services for children.

TRAINER: "When they are done with the module, there's also in-service training...there are different sessions that will tell you that now we are focussing on children's rights, now we are focussing on the self-esteem of the child and youth care worker....there's mentorship after the training for each and every session that they have done."

The importance of this support was echoed by CYCW focus group participants:

CYCW: "Yes our mentor is helping us a lot with many things. If we face challenges...we call the mentor. He is always there for us, to help us."

CYCW: "I think we are getting a lot of support from our mentor because when she is here she will ask us do we have any challenges, what challenges do we have in our families? Then she would help us on that and then she would go and do the whole visit with the child and youth carers and she even goes to the safe park, so we feel very supported when she is around, because she doesn't tell us that we should do this, she does it with us".

Result 9. Team Building from mentors weld the CYCWs, Implementing Partners and local stakeholders into a site-level team capable of providing a comprehensive service to children.

Mentors are organised in a hierarchy which provides supervision and support in the field and for their administrative duties. With the expansion of the number of sites the model has been extended to include Mentor Supervisors who work with Mentors to ensure the quality of service delivery to children.

MENTOR SUPERVISOR: "My role is to give support to a group of mentors...to assist them in terms of administration, report writing, helping with the editing, helping with site assessments – just to make sure that their sites are running smoothly..."

From the team, the mentor selects, with the assistance of the implementing partner, potential leaders amongst the CYCWs. The positions differ per province but may comprise a project manager, team leader and manager, and usually two supervisors, who provide the CYCWs with support in the absence of the mentor. The mentors work to build a cohesive team that can effectively solve each other's problems.

SENIOR MENTOR: "Team building - You start from the beginning when you do the orientation. Actually [even before that] you emphasize: "This is our first stakeholders' meeting, when we move we have to move together. Understand that we are building a team here."

SENIOR MENTOR: "The first thing is that Isibindi is a model, so everything is standardized and we have guidelines in place. So you cannot work in isolation as a mentor. So you have to understand that team spirit - that same level of functioning and same expectations of you by the organization."

Sites' success depends on a coordinated effort with the Implementing Partners, the Department of Social Development (DSD), and other service providers; mentors help to coordinate this support. The mentor encourages the CYCWs to work as a team, and to involve the Implementing Partner, who has

also signed a contract with DSD to whom they report regularly. The extent of support from the Implementing Partner for the CYCWs varies across the different sites.

MENTOR: “We would speak with the partner; we would also bring in the partnering organisation to come into the meeting to listen to the CYCWs..”

Result 10: New sites depend more on the mentorship support

On the whole, the older sites that we visited appeared able to offer a more comprehensive service. Two sites in particular which were decades old, and predated Isibindi, impressed us with the way in which they were able to leverage their organisational strength to provide a working environment in which new CYCWs were quickly able to become effective agents for change. The financial systems for administering funds were sound, the buildings were able to house the training sessions comfortably and the institutional traditions of service and community connections were quickly transferred to new team members.

In contrast, the newer sites often struggled to identify and secure adequate training venues and Safe Park spaces, and the Implementing Partners experienced problems common to those whose implementation experience is more limited.

The new CYCWs relied heavily on the advice and support they were receiving from their mentors and trainers. They had none of the advantages of ready-made connections to local stake-holders and a visible presence in the community. However, the Isibindi model has managed to build effective teams within a short space of time in some very difficult environments. CYCWs reported more self-confidence and taking pride in their successes.

TEAM LEADER: “What keeps us going, I think, is that this thing is into to us now - we love this work. We started very slowly at a slow pace. The more they train us, the more you develop that thing of loving this job. It gets to you – it makes you wake up in the morning to go and help other people. It is a privilege, something you will always remember – when you help families, 2 or 3 a day, you feel proud, and that keeps us going.”

MENTOR: “I have seen the difference, I have seen the difference in people – they have changed for the better. Isibindi has brought back hope, because when we started it was like ‘I have been in this job for seven years nothing is going to change’....When Isibindi came all of a sudden there is a new breath of air most of the things just changed. People just changed. Personally they are now looking forward - saying ok when I finish the Isibindi certificate I can register at university. It is fantastic because it’s also feedback saying ‘you know what, I am feeling more motivated’ – that is what we also want, the development.”

In the national survey both CYCWs from old and new sites (81% and 71% respectively) reported that the mentor’s advice influences their day-to-day work. Nearly all of the CYCWs from the old sites (87%) and from the new sites (83%) felt very comfortable asking their mentor for help. The majority of CYCWs also reported being treated with respect by the mentor (82% CYCWs from old sites and 88% CYCWs from new sites). Mentorship is an ongoing process and although their needs may change since new sites require much assistance in the early stages as they are introduced to their varied tasks, CYCWs require ongoing support at both old and new sites in their complex and disparate roles.

CONCLUSIONS AND RECOMMENDATIONS

The Isibindi model considers that the best people to provide a service for young children in disadvantaged communities are those who are located close to them and who share many of their experiences, but implementing such a model also requires careful attention to capacity building through training and ongoing support. The mentor has a critical role in the Isibindi programme as the external face of Isibindi, and his/her relationship with the implementing partner and service providers can strengthen the CYCWs' programme delivery. The mentor's monthly visit aims to promote a harmonious working relationship between the CYCWs, implementing partner and service providers. In addition, the mentor provides in-service training reinforcing the training received by CYCWs. The mentor also role models what is expected of CYCWs and monitors their performance. The Isibindi model has managed to build effective teams within a short space of time in some very difficult environments. CYCWs reported more self-confidence and taking pride in their successes. Mentorship is an ongoing process, adapting to the challenges faced by CYCWs in a dynamic programme environment. At both old and new sites CYCWs highlighted the importance of the mentor and the data confirms the mentor as an integral part of the Isibindi model.

Research question 4: How can quality of services be delineated or otherwise defined so as to meaningfully identify high versus low quality service provision?

Several critical factors affecting quality service provision were identified, including: the quality of mentorship, CYCW level of training, implementing partner resources, external service provider support, and CYCW job satisfaction (which is influenced by factors such as psychological support and remuneration). Other factors that delineate the quality of service provision may include the number of different services offered by a site, which is often linked to the amount of training and resources provided. Table 7 below presents the reported self-efficacy for delivery of key services among the nationally representative CYCW survey respondents. These data show that most CYCWs felt confident about enrolling a child in school, obtaining a social grant and a birth certificate (over 88%) and getting food assistance and arranging a visit from a social worker (82%). Fewer felt confident about obtaining basic medical care and HIV medication, or a school uniform (70-75%). Over two thirds (67.6%) would be able to help a child get an HIV test but less than half could assist with a wheelchair (42.4%).

Table 7: CYCWs' Self-efficacy (%) for the delivery of key services (national survey), n=1158

Item	Definitely		Maybe		Definitely not		Missing	
	n	%	n	%	n	%	n	%
Can you look at a child's Road to Health card and know which immunizations that child is missing?	865	74.7	203	17.5	63	5.4	27	2.3
Would you be able to help a child get:								
Basic medical care	868	74.7	63	5.4	24	2.1	203	17.5
An HIV test	783	67.6	192	16.6	91	7.9	92	7.9
HIV medication	851	73.5	108	9.3	103	8.9	96	8.3
A visit from a social worker	949	82.0	84	7.3	63	5.4	62	5.4
A wheelchair	491	42.4	292	25.2	239	20.6	136	11.7
A birth certificate	1021	88.2	55	4.8	41	3.5	41	3.5
Enrolled in school	1043	90.1	31	2.7	30	2.6	54	4.7
A school uniform	843	72.8	189	16.3	61	5.3	65	5.6
Food assistance	950	82.0	122	10.5	44	3.8	42	3.6
A social grant	1024	88.4	52	4.5	39	3.4	43	3.7

Scale Properties: Mean=27.58, Median=29, Alpha=0.8194

Result 11. Mentors' supportive capacity and monitoring appear directly related to CYCWs' ability to deliver services that meet children's needs.

The mentor has an important role in ensuring the quality of the service provision. The mentor checks that each CYCW is working with the required complement of children, and that progress is being made in terms of the planned time frames and outcomes. The mentor also visits families with the CYCWs and can evaluate the quality of service being provided. Mentor supervisors also help to provide an additional quality check to ensure children have access to needed services. Most mentors were previously CYCWs and have many years of experience. This assists them to support and motivate the CYCWs.

MENTOR: "My role as a mentor is to support the child and youth care workers and to give guidance to them and also to make sure that the quality services are being delivered to the families and also to make sure that the team function (is) smooth and that they do whatever they need to do."

MENTOR SUPERVISOR: "My role basically is to give support to a group of mentors to assist them in terms of technical support with their administration, report writing, helping with the editing, helping with site assessments – just to make sure that their sites are running smoothly... and they are meeting the required standard, and also to assist them with data analysis - to pick the red flag cases, so that we can do proper follow ups."

Both NACCW and DSD require that CYCWs report monthly and quarterly on the number of children being reached, and through their detailed reports, CYCWs document the services that they have provided, and the progress made for each child is reviewed monthly by the mentor. Mentors also rely on the data from the monitoring databases to identify trends in service delivery reach. The quality and quantity of programme activities are monitored through a range of indicators, including:

- a) Number of children that have benefitted from the CYCW's interventions.
- b) Strategies used by CYCWs in advocating for children's rights in communities.
- c) Number of grants obtained for children (eg. Foster care, Child Support, Disability)
- d) Children's school attendance rates
- e) Safe Park programmes for children daily and in the holidays.
- f) Number of children assisted with homework at home and in safe parks.
- g) Number of children participating in Safe Park activities during term and at weekends and holidays.
- h) Nutrition status of children who receive regular meals at home/school.
- i) HIV testing rates among mothers and children, and ARV adherence monitoring

The monitoring database is being used by NACCW head office to provide feedback to the mentors and through them, the CYCWs. This feedback process is being further developed (pers. Comm. Nicia de Nobrega). There is also a monitoring system in place to ensure that the CYCW's reports are followed up by their supervisors, project managers and mentors.

However, the quality of service provision is likely to be influenced by several factors including the context. The older Isibindi sites have had time to raise funds to develop their facilities and improve their resources, and this can have a positive influence since the site is then able to offer additional services, for example study programmes prior to exams, and indoor or outdoor holiday activities. Another factor influencing the service to children in several provinces is the status of their parents, since South Africa has attracted many refugees/economic migrants who are not South African citizens and whose children do not have South African ID documents. The mentor helps build and strengthen linkages between the programme's CYCWs and DSD, SASSA, other government agencies and external service providers, helping to ensure that children's priority needs are met.

Result 12. The CYCW training is of a high quality, positively associated with self-efficacy for service delivery, and new CYCWs can now qualify in a shorter period of time.

Survey results confirm the importance of training for effective service delivery; those who were fully qualified had statistically higher self-efficacy for service delivery than those still in training (Fully trained mean=28.02, not fully trained mean=26.93, $p < 0.0001$) CYCWs had a high opinion of the training and there was clear evidence from their descriptions of their cases that the lessons learned in the training were being converted into action. The restructuring of the Isibindi training programme has enabled CYCWs to complete their training over a period of two years and thus to qualify more rapidly. This has enabled many more recently trained CYCW to provide effective service delivery of the Isibindi programme. The 28% of CYCWs in the survey who had been employed prior to 2013 would have undertaken the "old" training whereas the new CYCWs participated in the expedited version, and many were able to qualify earlier. As shown in Figures 4, 5, and 6 within Research Question 2, the new CYCWs were able to provide services very soon after they had completed the first cluster of training modules.

In all of the sites visited there were efforts to improve the quality of the programme by providing CYCWs with additional training as described previously, and developing other services as indicated in Table 8, below.

Table 8: NACCW Monitoring report results, 2014

From the 2014 NACCW monitoring and evaluation report, 78 639 orphans and vulnerable children 18 years and under were reached. Children reached through the Safe Parks totalled 25 323 in and were serviced on average 33 times each during the year. Psychosocial support was offered to 39 935 children; educational support to 29 545; social assistance to 12 881; health services to 8 348; and service referrals to 3209. CYCWs also identified and assisted 41 272 abused children.

Other activities (numbers not known)

Initiation of Early Childhood Development activities in households and involving family members.

Youth empowerment programmes for disadvantaged communities.

Children participating in Adolescent Development Programmes.

Number of disabled children receiving education and the required care

Number of disabled children receiving wheelchairs

Result 13. Limited organizational and financial capacity at implementing partner organizations affects the quality of service that the CYCWs are able to provide.

The implementing partner has a critical role to play in the success of the programme, and some constraints were evident. Less experienced or established partners may not always have the human and organizational resources to support the CYCWs adequately and consistently. At sites with an established and well-funded partner the CYCWs were able to use the partner's resources. This included computers, telephones, fax machines, photocopying machines and sufficient space for their office. If forms submitted by the CYCW to a government department were mislaid, the CYCW could print these out and fax them to the relevant department. Partner organisations with vehicles were also able to assist CYCWs by transporting equipment to the Safe Park, and extending their outreach to needy families. Support for organizational development among partners has the potential to increase the quality of Isibindi service delivery.

Stakeholders also perceived the expansion as precipitating funding bottlenecks. While some success stories were noted, many CYCWs gave examples of how funding constraints had negatively affected service delivery.

MENTOR: "Here in this province they cut the budget badly...[previously] NACCW gave money to partner organizations...on a monthly basis organizations were submitting liquidity plans to NACCW, and NACCW was providing what was to be spent in that month on a monthly basis".

PROJECT PARTNER: "This year they have cut down everything...people used to get food parcels, school uniforms, all such things."

SOCIAL WORKER: "For instance, even if they refer cases to us social workers we only have 1 car for 15 social workers, so I can only have a car once or twice in a month so I'll have a pile of cases to visit. So it's a bit of a challenge, and even for them at Isibindi. They have 1 car but they don't have fuel or anywhere to claim, so that they can use the car."

In spite of these constraints, it seems that basic services can be established very quickly once the CYCWs have completed some of the modules, probably the first cluster, and when advice and

support starts to flow from trainers and mentors. At a later stage special programmes may be developed. This depends on the availability of the specialised training, the prior experience of the team members, the number of staff available, and the existence of supplemental supports such as external agencies for referral. Service delivery also depends on the quality and efficiency of the Implementing Partner and the DSD consultant. It should also be borne in mind that in areas where the level of poverty and need is extreme, corresponding constraints on service delivery may arise from limited transport and the dearth of other facilities. Partner organizations may consider which factors will facilitate the development of their own projects, in order to ascertain what steps should be taken.

Result 14. Support at all levels of government departments and others in the social and health service sector dealing with children is crucial to the quality of the service provision that CYCWs are able to give.

The figure below shows CYCWs’ perceptions of the support that they receive from the Department of Social Development and other service providers, according to the national survey. The percentage of respondents who reported that they had “good” or “very good” relationships with service providers by type varied from 50% to 96%. The evaluation brought into sharp focus the intersectoral nature of child care and development and the need for service providers to work together to achieve high quality service provision.

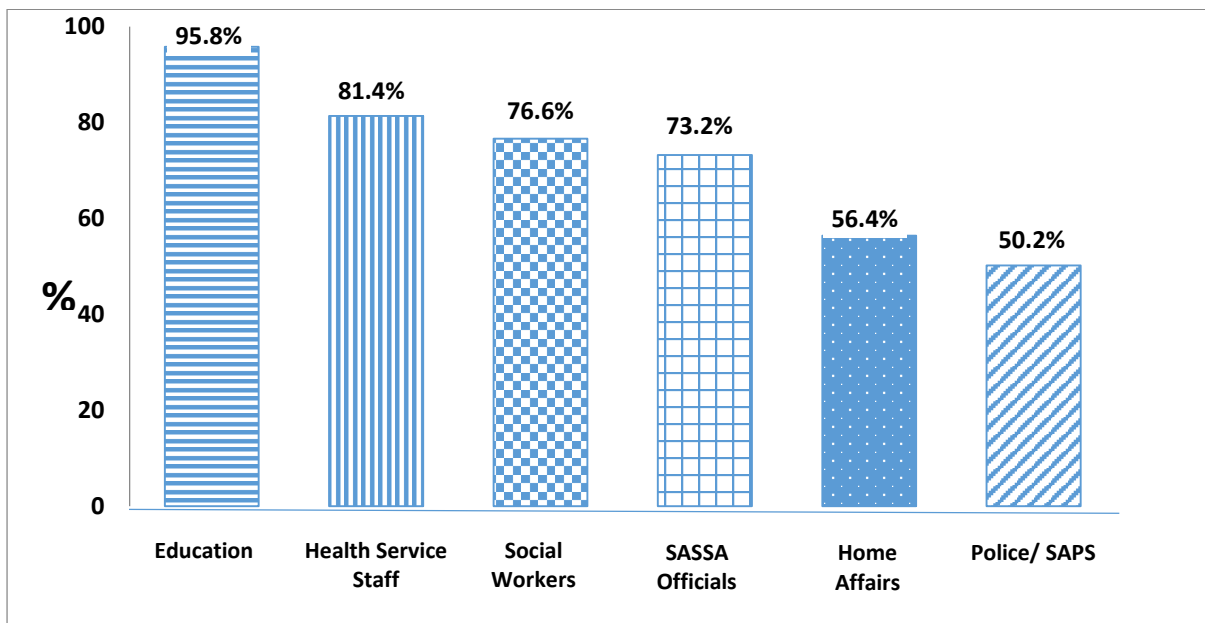


Figure 10. Proportion of CYCWs who report having good or very good relations with service providers, by service provider type (N=1158, Survey)

Good relations with a service provider may also promote collaboration, increasing met need for services among Isibindi beneficiaries. In one province a newly qualified social worker was allocated to each Isibindi site to be the Project Co-ordinator, but this was not the norm elsewhere. In the national survey 80% of CYCWs reported that they had referred a child or family to a social worker within the past month. Nearly all CYCWs (96%) reported good or very good relations with teachers and principals, 81% with health professionals, 77% with social workers, 73% with SASSA officials, 56% with Home Affairs and 50% with the police/SAPS.

In the month prior to the survey CYCWs each made on average of 10 visits to the Department of Home Affairs and the police, 20 visits to clinics and 30 visits to SASSA offices. In one of the provinces, a team leader explained this strategy for forging good relations: he visits each service provider to inform them about Isibindi, and to explain what assistance the CYCWs require. Interviews with CYCWs and other staff highlighted some of the successes and challenges faced:

PROVINCIAL CO-ORDINATOR: “The child and youth care workers - we expect them to identify the orphans and vulnerable children and do a lay person’s assessments but they cannot do the therapy.”

SOCIAL WORKER: “I’ve worked with Isibindi for 2 years now... The care workers refer the cases to us and we take the children if they are in need of protection.”

PROJECT CO-ORDINATOR: “When we referred cases [to the social workers] they took a long time to attend them because of the shortage of staff...we had a meeting with the head of the social workers and then she promised that she’ll give us a social worker who will be responsible for Isibindi cases.”

CYCW: “Yes we do call the police sometime but they will sometimes come and pick the person up, but later on that day you will see the person back again.”

CYCW: “... according to the Department of Education a child can only be 2 years older than the grade. So we’ve got children who are still at home and they need to go to school, but they can’t...”

Result 15. Caring for CYCWs’ psychological well-being not only supports their own mental health, but also improves service delivery for children.

CYCW: “Some of the problems that we face in the field are the same problems that we faced as children because we are coming from these backgrounds, and some of us have no parents.”

CYCWs are committed to the care of children. More than half of respondents in the national CYCW survey indicated that their primary motivation for becoming a CYCW was to help children, and a third indicated that they wanted to help their community (see Figure 10).

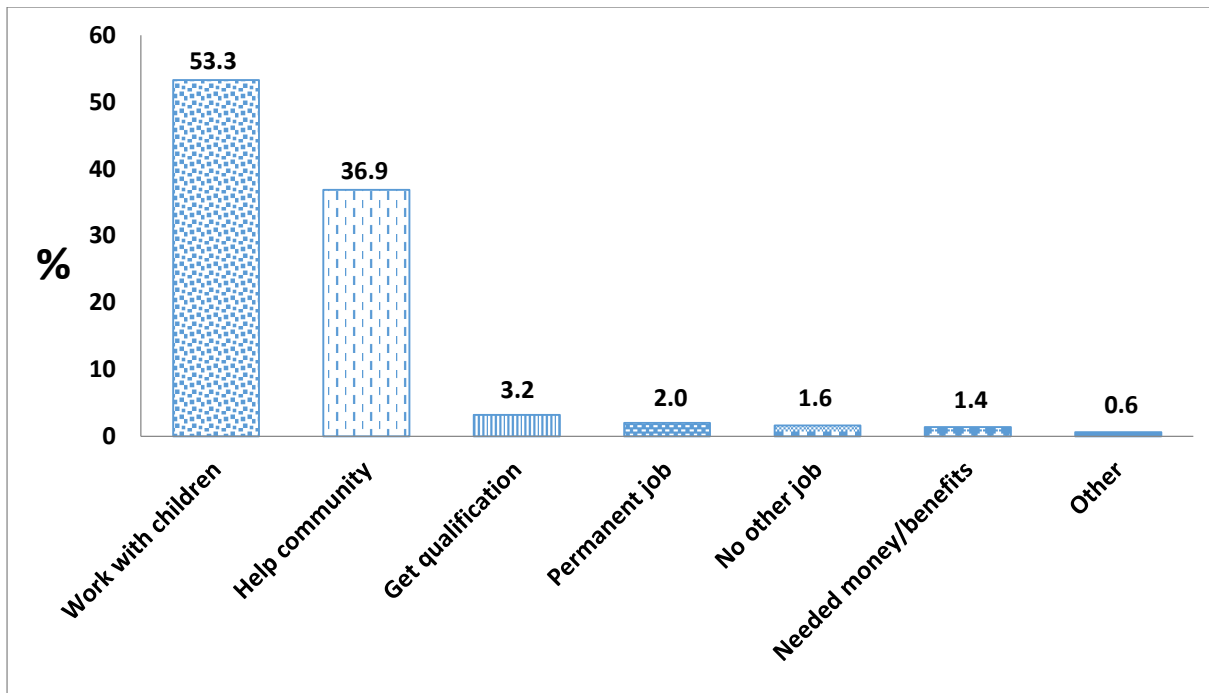


Figure 11. CYCWs’ self-reported primary reason for becoming a care worker, n=1158 (national survey)

CYCW: “... the child would tell you that I don’t go to school because I don’t have shoes and then what do you do as the child and youth care worker? You are unable to help.”

In spite of their commitment, CYCWs reported a series of emotional stressors that could impact the quality of their work. They may feel helpless to attend to families’ problems at times, feel their own safety is threatened and feel emotionally burdened by their work. In the national survey, over half of the CYCWs, n=608 (53%) reported they had “ever felt threatened or unsafe while doing [their] job.” While half (51%) of CYCWs felt their workload was ok or manageable, 39% reported feeling that their workload was too high. As displayed in Table 9, many also frequently experience a number of feelings that may contribute to burn-out. For instance in the focus group discussions a number of CYCWs complained that they worked very long hours, and started early in the morning; nearly half of the survey respondents reported that they “often” felt that they worked harder than they should.

As reported in Table 9 below almost half the CYCWs felt that they were often working harder than they should and three quarters reported that the work tires them emotionally at times. Over half (56-57%) sometimes felt frustrated by the work and that the work was too difficult for them. Over a third (35%) sometimes felt that they cannot do the work.

Table 9: CYCWs' Burnout Scale (national survey), n=1158

Item	Missing		Often		Sometimes		Rarely	
	n	%	n	%	n	%	n	%
My work tires me emotionally	40	3.5	180	15.6	864	74.7	73	6.3
Working with people all day is difficult	48	4.2	171	14.8	808	69.8	131	11.3
I feel like my work is too difficult for me	55	4.8	114	9.8	646	55.8	343	29.6
I feel frustrated by my work	38	3.3	105	9.1	665	57.4	350	30.2
I feel I have to work harder than I should at my job	41	3.5	554	47.8	464	40.1	99	8.6
It stresses me very much to work so closely with people.	47	4.1	114	9.8	533	46	464	40.1
At work I feel like I can't do this work	48	4.2	159	13.7	410	35.4	541	46.7

Measures adapted with permission using the personal accomplishment and emotional exhaustion/burnout subscales of an instrument called the MBI (<http://www.mindgarden.com/117-maslach-burnout-inventory>).

Scale Properties: Mean=13.968, Median= 14 Alpha=0.729

MENTOR: “The mentor will try and give support because you know a mentor does three things when s/he has a supervision (session) with a CYCW: The first thing is checking their admin work, they report writing everything and filing all those things. The second one is support, and when we talk of support, we talk support professionally “what am I doing to assist you professionally? How am I supporting you to grow personally? So when you talk of support it has two facets.

For instance when you start supervision you will ask a person: “Hi, how are you and how is your family doing – is your little kid okay because last time you said he got a flu?” So it means you can connect with the person on a personal level, so you are not just a manager ...but a person can really feel like this person cares about me. And once you can create such a platform wherein a person feels that this person cares, the bottom line is "this person cares about me". That is how we support them and they are able to also disclose personal stuff that they tried to hide and shift away for a long time.”

The “Caring for Carers” or C4C intervention focus arose to address the many emotional difficulties faced by CYCWs. The Isibindi programme initiated visits by a clinical psychologist who met with the CYCWs individually and subsequently as a team. Forty-four percent of CYCWs in the national survey indicated that they had received this kind of support. CYCW teams at each Isibindi project site thereafter established their own C4C programmes which meet monthly Findings demonstrate the positive potential of this support service: CYCWs who reported having received psychological support had statistically higher scores for service self-efficacy (received support mean=28.26, did not receive support mean=27.02, $p < 0.0001$). Addressing the personal needs of the CYCWs further contributes to their understanding of their own circumstances and that of the children with whom they work.

CYCW: “I never knew how much in pain I was because I pushed those things behind and said, okay - I am a grown up now. I cannot keep crying over that. But then I realized that I needed to talk about it – I needed to experience and to reflect on the pain so that I can be able to move on.”

Result 16. The quality of the Isibindi programme is put at risk when stipends and expenses are not provided.

MENTOR: “When learners have not been paid and they are coming for training, you feel very bad because you want them to work with passion yet they are not motivated.”

Training CYCWs is expensive, therefore attrition is costly for the programme. Stakeholders reported in interviews that the lack of regular payment of the stipends causes discontent. This was a point of contention in many provinces, and reported by trainers, mentors and CYCWs. In addition, only slightly more than half of the CYCWs in the national survey indicated that they were paid on time for the last month that they worked.

TRAINER: “The 13 learners told me that it is eight months since they last received the stipend.”

Problems with stipends and other payments have a negative effect on morale and may promote turnover in the CYCW workforce.

The survey found that for the previous month 36% of CYCWs had not received their payment on time and that 16% had not been paid at all. Stipends/salaries differed regionally with 29% of CYCWs reportedly receiving between >R1600 and R1700 monthly, 19% receiving- >R1000-R1500, 11% receiving >R1600-R1700, 9% receiving >R2000-R3000, and very small percentages receiving more than that. Only about a third of CYCWs reported that in a typical month, they are able to put any of the money they earn as CYCWs into savings. Nearly half of CYCWs surveyed indicated that they had used their own money to help clients. Irregular payment schedules and low stipends may also have a negative influence on CYCWs’ willingness to continue in their positions; 15 % of respondents checked “yes” when asked if in the next 12 months they through they would be seeking alternative employment and a further 37% answered “maybe.”

CYCWs often accompany families in order to provide on-site assistance at clinics, hospital, DSD, SASSA, Home Affairs, SAPS or other locations. However, one of the current constraints for the CYCWs is the lack of transport money provided. A further constraint is the lack of funds to make cell phone calls and some CYCWs report using their own limited financial resources for these tasks.

CONCLUSIONS AND RECOMMENDATIONS

Many different factors influence the CYCW’s delivery of services, but the five critical factors identified were the quality of mentorship, the level of training preparation among CYCWs, the presence of an implementing partner with resources to contribute, the level of service provider support, and working environment factors that contribute to CYCW job satisfaction.

1. *Enthusiastic, hard-working, capable mentor.* In most sites CYCWs were trying hard to provide a comprehensive service despite occasional gaps in their formal training. Their success was often driven by the enthusiasm of their mentors.
2. *Well Trained CYCWs.* Service provision by CYCWs improved as they became more informed, competent and confident, and had a better understanding of children's development (see Figures 4, 5, and 6). CYCWs also need to have the skills to address children's needs and as the self-efficacy table indicates although CYCWs felt competent to undertake specific tasks, more attention is needed in respect of the issues concerning which they had less self-efficacy.
3. *Implementing Partner with Resources.* If the implementing partner could assist with transport, food parcels, or funding, CYCWs could reach more children and meet more of their needs. If the facilities included administrative support, phone, fax and computers, CYCWs could communicate more easily and regularly with service providers.
4. *Service Provider Support.* The CYCWs need to have a good working relationship with the Service providers from Departments of Health, Home Affairs, and Social Development and the South African Police Services and Ward Councillors.
5. *Working environment that promotes job satisfaction.* The CYCWs are supported by their team and their mentors both personally and professionally and they are aware of the successful change they are initiating in their communities. Yet their morale is compromised by the emotional strains they face and inconsistent remuneration. Efforts to address these issues promotes job satisfaction, resulting in improved service quality and CYCW retention.

Research Question 5: What community or structural changes result from Isibindi?

Isibindi is achieving structural change by expanding the social service workforce, bringing attention to the rights of children, promoting change in communities and modelling intersectoral collaboration. The programme is innovative in its use of young people from local communities as CYCWs, helping to reduce unemployment and build a trained workforce with transferable skills.

Result 17. An expanded workforce is now available to address children's rights.

Nearly two thirds of the CYCWs (64%) in the national survey did not have paid work before joining Isibindi – and only 17% had paid full-time work. The selection and training of CYCWs has increased the number of auxiliary child and youth care workers in all nine of South Africa's provinces.

MENTOR SUPERVISOR: "I know at one point I was sitting at home and not getting a job...child and youth care workers are also getting educated. There's that child who would be served, so it has its own effect, somebody somewhere is also getting touched through this."

MENTOR SUPERVISOR: "(In this province) we've been able to reach a huge number of children who are at risk and in need - our national and our provincial statistics speak for themselves that we have managed to reach those children ... So now we're spreading all throughout the Province."

Result 18. Isibindi is able to increase emphasis and access to education.

MENTOR: “[The schools] really like Isibindi to be part of their activities especially when it comes to educational programmes...you will see the principal happy because “you are doing a wonderful job because these children, we do not see them in their homes, but we only see them here.”

As stated in the Isibindi report on the Monitoring and Evaluation data in the first year of the roll-out, CYCWs encouraged children who were out of school to attend, and the monitoring figures show that 14% of children who were previously not attending, now did so (Isibindi Report, May 2014).

MENTOR: “It was our prerogative as Isibindi to go to those schools, to mobilize the community, to see that their kids stay in school. Even if they have issues as a community with the municipality, but it is the right of the child to get education.”

The strong focus of the CYCWs on getting children to stay in school and study was widely reported in interviews for this evaluation. CYCWs encouraged children to attend school, checked the children’s attendance and also assisted them with their homework. A special programme focussing on Early Childhood Development was also implemented in some communities, the Adolescent Development Program is being integrated into schools, and CYCWs also advocate for academic inclusion of children with disabilities.

CYCW: “There is this special programme in Isibindi called Adolescent Development Programme (ADP). Teachers are saying ‘my class needs that session.’ They are operating now in three primary schools...so (we) have almost 10 to 12 CYCWs implementing ADP in schools on several days.”

CYCW: “Yes we encourage the inclusive education especially for those who have cerebral palsy...we go to schools and advocate for them to the teachers.”

The database analysis supports the conclusion that the programme has a strong influence on school-related outcomes. In 2014, 29 545 children benefitted from educational support. The same year, of 1703 matric candidates from 236 Isibindi projects, 74% passed (pass rate per province 50-97%), and 25% received a pass allowing them to apply to do a university degree (DSD/Isibindi. 2015).

Result 19. CYCWs are effectively promoting positive change at the family and societal level.

MENTOR: “They are taking responsibility - we say the child is not (only) for his or her parents, but is the child of the community.”

A wide range of respondents provided examples to substantiate their comments that the CYCWs, trainers and mentors are achieving change in their communities. Children in need are reportedly receiving grants and are more food secure, fewer children are dropping out of school, and disabled children are receiving services. Several respondents indicated that increased awareness of child abuse, and the knowledge that something is being done, may contribute to a reduction in this crime.

SENIOR MENTOR: “So this is one of the changes we are seeing in the community...the awareness...you cannot abuse a child, people will find out. This child is getting treatment;

this child is coming out of trauma and lives a normal life again. So we think we are winning as Isibindi.

MENTOR SUPERVISOR: “When we engage with families we have to build relationships with neighbours. When we use this tool of “circle of courage” identifying and assessing this family we also look at relationship with neighbours. If the children have a problem they can go to the neighbour and ask for help, and the neighbour will call the CYCW.”

MENTOR: “Children’s needs (are) able to be met through child and youth care workers’ support and assisting families with budgeting. Those (children) who are malnourished (are) being referred to the clinic, as are those who have defaulted on ARV medication. Parents are being given treatment literacy and children (are) being reinstated and receiving their ARVs...”

Result 20. The Isibindi programme is promoting intersectoral collaboration within the community.

CYCWs’ intersectoral advocacy has meant that many children have received the social grants to which they were entitled. The CYCWs emphasize schooling, assisting with registering children for school and ensuring that they attend, and motivate for disabled children’s right to inclusive education. They work to create linkages to care for children living with HIV, and to help those in need of protection from abuse. The Safe Parks are also open to all children, increasing the programme’s outreach and enhancing its profile in the community.

CYCW: “We get the children who don’t have food and we refer them to Social Workers to get food parcels, and we get the children that don’t attend schools and we advise those children to go to school and attend, and we ask the FETs to give bursaries...”

SENIOR MENTOR: “With the clinic the things are working well, they are communicating with the disability coordinator on issues – the disability coordinator is able to call the clinic or the hospital.”

CYCW: “The activity that Isibindi is bringing to the community is really helping our children a lot, because mostly of the Safe Park. The children they know after school, they know where to go...”

CONCLUSIONS AND RECOMMENDATIONS

From our interviews and discussions across 18 Isibindi sites, analysis of information from the programme’s databases, and the national CYCW survey it was evident that the Isibindi model is appropriately targeted at a highly vulnerable population. The training and mentorship underpin a fully realized model of community and home-based community development. Children in need are identified and connected to essential services in very disadvantaged communities by a paraprofessional workforce whose strength lies in its dedication, preparation, and practice. The training of locally recruited CYCWs who can then serve their communities has been an important step in entrenching the Isibindi programme, including during the expansion. Mentorship also serves to ensure that service delivery quality stays high. CYCWs work as a team alongside their mentor,

mentor supervisor and others to effectively address the problems encountered in the course of their work in a constructive way, improving children's lives and their own capacity for service provision.

However, uncertain resource supply and other support provision may negatively affect workforce cohesion and retention. Careful attention must also be paid to the preconditions for effective training and supportive supervision, such as sufficient organizational capacity among partners, expanded funding for special programmes, adequate facilities for training, ongoing review of training materials and protocols, a proactive response to care workers' emotional needs, and functional programme monitoring systems. The quality of supplemental public service provision in South Africa is variable, and this may also affect the service that CYCWs are able to offer. Intersectoral collaboration is essential to the Isibindi model, and more should be done to foster linkages between the programme and its partners. CYCWs are forging these bonds every day, connecting families with essential services and changing community norms about children's rights. This work underlies the model's efforts to change the lives of South African children for the better, and is reflected in the positive change already evident. Ongoing and expanded support will help accomplish even more.

REFERENCES

- Becker BE & Luthar SS (2010). Social-Emotional Factors Affecting Achievement Outcomes Among Disadvantaged Students: Closing the Achievement Gap. *Educational Psychologist*, 37 (4), 197-214. DOI: 10.1207/S15326985EP3704_1
- Benson PL, Leffert N, Scales PC, Blyth DA (2012). Beyond the “village” Rhetoric: Creating Healthy Communities for Children and Adolescents. *Applied Developmental Science*, 16:1, 3-23. DOI: 10.1080/10888691.2012.642771.
- Bilukha O, Hahn RA, Crosby A, Fullilove MT, Liberman A, Moscicki E, Snyder S, Tuma F, Corso P, Schofield A, Briss PA (2005) The Effectiveness of Early Childhood Home Visitation in Preventing Violence A Systematic Review. *Am J Prev Med*, 28 (2 Supp 1):11-39.
- Bronfenbrenner, U. (1979). *The ecology of human development: Experiments in nature and design* Cambridge, MA: Harvard University Press.
- Bronfenbrenner U. Ecological systems theory (1992).In: R. Vasta, editor. *Six theories of child development*. London: Kingsley; pp. 187–249.
- Chhagan M, Mellins CA, Kauchali S, Craib MH, Taylor M, Kvalsvig JD, Davidson LL (2013). Mental health disorders among caregivers of preschool children in the Asenze study in KwaZulu-Natal, South Africa. *J Mat Child Health*. DOI 10.1007/s10995-013-1254-5.
- Creswell, JW (2009). *Research design: Quantitative, qualitative and mixed methods approaches*. (3rd ed.). Los Angeles: Sage.
- DSD (2011). Department of Social Development. Integrated Services Delivery Model. Accessed 12 November 2014 from: www.socdev.gov.za
- DSD (2014). The Isibindi Model. Introducing Community Child and Youth Care Workers. USAID, NACCW, Department of Social Development.
- Durlak JA, Weissberg RP, Pachan M (2010). A meta-analysis of after-school programs that seek to promote personal and social skills in children and adolescents. *Am J Community Psychol*, 45:294-309.
- Ebersohn L et al., (2014). Imbeleko & Social Connectedness. Nelson Mandela Children’s Fund.
- Global Fund (2014). Community Strengthening Systems. Accessed 8/8/2014. <http://www.theglobalfund.org/en/com/>
- Hall K, Woolard I, Lake L & Smith C (eds) (2012). *South African Child Gauge 2012*. Cape Town: Children’s Institute, University of Cape Town.
- Hall, K. (2012, April). *Income and Social Grants Children living in poverty*. Accessed 12 November 2014 from Children Count: <http://www.childrencount.ci.org.za/indicator.php?id=2&indicator=14>.
- Howard K.S. Brooks-Gunn J (2009). The role of home-visiting programs in preventing child abuse and neglect. *The Future of Children/Center for the Future of Children, The David and Lucile Packard Foundation*, 19(2):119–146. [[PubMed](#)]

HSRC (2014). South African National HIV Prevalence, Incidence, and Behavioural Survey, 2012. Human Sciences Research Council.

Isibindi Theory of Change (2014). RFP. Isibindi Formative Evaluation. Accessed 12/06/2014. http://hvc-tulane.org/home/hvctulan/public_html/wp-content/uploads/2014/05/NACCW-Evaluation-TOR.pdf.

Isibindi (2014) Isibindi roll out – Year 1 Monitoring and Evaluation Report, April 2013 – March 2014.

Kahne J, Nagaoka J, Brown A, O'Brien J, Quinn T, Thiede K (2001). Assessing after-school programs as contexts for youth development. *Youth and Society*, 24(4):421-446.

Kohen DE, Leventhal T, Dahinten VS, McIntosh CN (2008). Neighborhood Disadvantage: Pathways of Effects for Young Children. *Child Development*, 79(1), 156-169.

Khulisa Management Services (2008). OVC Programmes in South Africa funded by the US President's Emergency Plan for AIDS Relief. Summary Report for 32 case studies.

Kvalsvig JD, Taylor M and Wamukuo J (2008). Analysis of provider costs of care for orphans and vulnerable children. Report to UNICEF and the Department of Social Development.

Labadarios D, et al., (2013). The South African National Health and Nutrition Examination Survey,

Meintjes, H., & Hall, K. (2013.) *Demography of South Africa's Children*. Child Gauge, University of Cape Town.

Metselaar J, Knort EJ, Van den Bergh PM (2005). Relational Child and Youth Care, ISSN t705625X Volume 20 Number 2, 38-46.

Moss K (2015). U.S. and Foreign NGO Engagement in U.S. Global Health Efforts, Global Health Policy, Kaiser Family Foundation.

Mutangadura G & Mukurazita D (1999). A review of household and community responses to the HIV/AIDs epidemic in the rural areas of sub-Saharan Africa. UNAIDS Best Practice Collection, UNAIDS/99.39E.

NACCW Website (2014). Isibindi. <http://www.naccw.org.za/isibindi-circles-of-care>. Accessed 12 November 2014.

PEPFAR (2012). *Guidance for orphans and vulnerable children programming*. 2012. pp. 1–89. <http://www.pepfar.gov/documents/organization/195702.pdf>

Pillay S & Twala N (2008) Isibindi King Williams Town, a case study. Khulisa Management Services.

Reynolds AJ, Temple JA, Robertson DL, Mann EA (2001). Long –term effects of an Early Childhood Intervention on Educational Achievement and Juvenile Arrest, 15 year follow up of Low-income Children in Public Schools. *JAMA*, 285, 2339-2346.

SAQA (n.d) South African Qualifications Authority. Accessed 08/05/2015, www.saqa.org.za

Statistics South Africa (2014). Poverty Trends in South Africa: An examination of absolute poverty between 2006 and 2011. Pretoria: Statistics South Africa

Super CM & Harkness S (1994). The developmental niche. In W. J. Lonner & R. Malpass (Eds.), *Psychology and Culture* (pp. 95-99). Needham Heights, MA: Allyn & Bacon.

Thurman T, Kidman R, Taylor T (2014). Does investment in home visitors lead to better psychological health for HIV-affected families? Results from a quasi-experimental evaluation in South Africa. *AIDS Care*, 26(Suppl. 1):S2–S10. doi: 10.1080/09540121.2014.906555. [[PMC free article](#)] [[PubMed](#)] [[Cross Ref](#)]

Thurman T, Kidman R, Taylor T, Chiroro P (2013). *Isibindi: A longitudinal evaluation of selected sites in KwaZulu-Natal*. New Orleans, LA: Tulane University.

Thurman T, R, Yu S, and Taylor T. M. (2009). *Care for Caregivers: A Psychosocial Support Model for Child and Youth Care Workers Supporting Orphans and Vulnerable Children in South Africa*. Tulane University School of Public Health and Tropical Medicine.
<http://www.sph.tulane.edu/IHD/publications/2009%20SA%2002.pdf>

Tobin J, Wu D, Davidson D (1989). *Preschool in three cultures Japan, China and United States*. New Haven: Yale University Press.

USAID (2013). *Child and Youth Care Workers in South Africa*. Technical Brief No.5.

USAID SOUTH AFRICA (n.d). *Social Welfare Workforce. Strengthening for OVC*. Accessed 12 November 2014 from <https://www.k4health.org/toolkits/hrh/social-welfare-and-ovc>

Visser M, Zungu N, Ndala-Magoro N (2015). *Isibindi, creating circles of care for orphans and vulnerable children in South Africa. Post programme outcomes*. *AIDS Care* 2015, Mar 17, 1-6, Epub.

Vorster HH, Badham JB. & Venter CS (2013). An Introduction to the Revised Food-Based Dietary Guidelines for South Africa, *S A J Clin Nutr*, 26 (3 Supp): S5-S12.

World Bank (2014). *South Africa economic update: fiscal policy and redistribution in an unequal society*.