

A Case Study

Care for Caregivers

A psychosocial support model for
Child and Youth Care Workers serving
Orphans and Vulnerable Children in South Africa

A program implemented by the
National Association of Child Care Workers



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October, 2009



Financial Support provided by USAID under contract No. GHS-I-00-07-00002-00 under Task Order No. GHS-I-03-07-00002-00, Enhancing Strategic Information in South Africa, Swaziland, and Lesotho is implemented by John Snow, Inc. in collaboration with Tulane University School of Public Health and Tropical Medicine. The views expressed in this document do not necessarily reflect those of USAID.

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Cover Photo: Isibindi Child and Youth Care Workers with Persona Dolls in Ndondo Square, Eastern Cape, South Africa: Nomfundo Lekwana, Sister Rosina Kanawanga, Nolitha Vena, Linda Tofile, Nokwanda Lucia Nkala, Mosakhele Tayise, Xoliswa Tixana, Nocawe Luwaca, Lindelwa Mdyeshawa, Noqibile Phillip Pholo, Feziwe Mvumvu, Nontombi Sondlo, and Tobeka Tsembesi. Photo by Sun Yu

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ACKNOWLEDGMENTS

We thank the National Association of Child Care Workers Durban and Cape Town staff for their time and significant contributions to this case study. The following individuals took time from their busy schedules to provide a wealth of information about NACCW's history, Isibindi and the Care for Caregivers model through key informant interviews: Deputy Director, Zeni Thumbadoo; Training Manger, Kathy Scott; Psychologists Lesley Clark and Linzi Fredman; Senior Mentors, Makhosi Ndlovu and Seeng Mamabolo; Isibindi Mentors, Lulamile Yedwa and Thembi Ndlovu; Program Coordinators, Nancy Khuzwayo, Heidi Schmidt & Monica Vega, and Sister Raphaela. Specific thanks go to the child and youth care workers who participated in focus group discussions at the following Isibindi sites: Nseleni, Mtubatuba, Ilinge and Ndondo Square. We are also grateful for the coordination and support provided by NACCW staff: Zuleka Ebrahim, Jessica Manuel, and Standiwe Ndlazi. Additionally, the authors would like to thank Lindsey Bach for her valuable editorial assistance, and everyone who gave photographic consent. Lastly, we thank United States Agency for International Development in South Africa, particularly Anita Sampson, for providing the financial support that made this case study possible.

ACRONYMS

ART	Antiretroviral Treatment
C4C	Care for Caregivers
CBO	Community Based Organization
CYCW	Child and Youth Care Worker
DoSD	Department of Social Development
ESI	Enhancing Strategic Information
FBO	Faith-Based Organization
FET	Further Education Training
HIV and AIDS	Human Immunodeficiency Virus, Acquired Immune Deficiency Syndrome
NACCW	National Association of Child Care Workers
NGO	Non-Governmental Organization
OVC	Orphans and Vulnerable Children
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV and AIDS
USAID	United States Agency for International Development

EXECUTIVE SUMMARY

South Africa is home to an estimated 5.7 million people living with HIV, more than any other country in the world (UNAIDS, 2008; CIA World Factbook, 2009). At least 4 million South African children are HIV positive, have a parent who is positive, or have lost a parent to HIV and AIDS (Proudlock, Dutschke, Jamieson, Monson, & Smith, 2008). These orphans and vulnerable children (OVC) are at disproportionate risk for illness, food insecurity, psychological distress, stigmatization, abuse and neglect. This case study is part of a larger effort to document and increase understanding of the various approaches for supporting children affected by HIV and AIDS in South Africa and around the world.

The National Association of Child Care Workers (NACCCW) implements the *Isibindi* program at 65 sites throughout South Africa, directing support to OVC and their families through a developmental child and youth care work response. The program partners with local organizations, recruiting and training a network of child and youth care workers (CYCWs) who conduct regular home visits to beneficiaries and oversee activities at Safe Parks and community gardens. CYCWs assist families with grant applications and school fee waivers, provide lifespace counseling and household conflict mediation, educate beneficiaries and their caregivers about basic health and nutrition, and provide referrals to local medical and social services. By June 2009, Isibindi CYCWs had served more than 20,000 OVC.

While CYCWs report high levels of job satisfaction, the position is a demanding one. Workers deal with long hours and considerable stress and are subject to many of the same challenges and concerns as Isibindi beneficiaries. Believing that offering enhanced psychosocial support to CYCWs would prove critical to the program's success, in 2007 NACCCW facilitated the development of an innovative model called *Care for Caregivers* (C4C). The model brings clinical psychologists directly to CYCWs for a six month program of professional psychosocial support through individual and group counseling. As of June 2009, 318 CYCWs at 23 Isibindi sites had taken part in the C4C program.

This case study offers a detailed examination of the C4C model. Information gathering took place in March and April 2009 at NACCCW headquarters and selected program sites in Eastern Cape and Kwa-Zulu Natal. Identified strengths of the C4C program include implementation by clinically skilled persons external to the community, attention to reducing the stigma of mental health issues and HIV and AIDS, and a focus on improving team dynamics. Going forward, the program will need to increase funding, support scale-up, and implement more formal monitoring and evaluation systems. Specific priorities include building relationships between CYCWs and program leadership, incorporating gender focus into the program, and more effectively supporting the post-program continuation of C4C-type activities at sites. Finding ways to extend the psychosocial support model to beneficiaries would also be advantageous.

INTRODUCTION

Globally, more than 15 million children are living with the loss of one or both parents to AIDS (UNICEF, UNAIDS, & PEPFAR, 2006). Many also live in households with chronically ill parents. Sub-Saharan Africa is home to approximately 80% of the world's OVC (Monasch & Boerma, 2004). In South Africa alone, around 5.7 million people were living with HIV at the end of 2007, including 280,000 children under the age of 15 (UNAIDS, 2008). Of 2.5 million South African children orphaned by all causes, an estimated 1.4 million had lost one or both parents to AIDS (UNICEF, UNAIDS, & PEPFAR, 2006).

While a significant and growing number of resources are dedicated to programs addressing the needs of OVC, efforts to document these programs are lacking. More information on effective strategies for service delivery is necessary to improve programs and support the expansion of successful approaches. To address this knowledge gap, the US Agency for International Development (USAID) in South Africa commissioned a series of case studies of local OVC programs. This document, one in the series, is focused on a "program within a program," a unique model of psychosocial care for CYCWs serving OVC.

The model, called C4C, is implemented by NACCW in South Africa as part of its Isibindi program. Isibindi partners are local organizations in communities across South Africa. NACCW helps to identify and train a local network of CYCWs who serve as frontline care providers for OVC and their families. C4C is a structured 6 month program that brings professional psychologists to CYCWs in the communities where they live and work, offering counseling and support that is focused, practical and responsive to individual and team needs.

"The implementation of this C4C model as an adjunct to the Isibindi program of NACCW has underscored the efficacy of a model where caring for carers is both the attitude and practice within the structure of an organization," - C4C Psychologist

C4C was piloted in 2007 in response to the overwhelming psychological needs of CYCWs. It aims to improve the emotional and psychosocial capacity of CYCWs for their own benefit and so that they may better serve OVC and their families. This report documents the C4C model and describes the experiences and perceptions of C4C participants and psychologists. Contextual information on CYCW recruitment, training, and standard roles and responsibilities is also included. The case study aims to identify lessons learned during the implementation of the C4C approach, and to guide OVC programming both in South Africa and elsewhere.

This case study and report are part of the Enhancing Strategic Information project (ESI), a five year USAID-funded initiative that began in July 2008 with activities

in South Africa, Swaziland, and Lesotho. ESI supports the availability of useful, high quality health systems information throughout the region that contributes to sustainable policy planning and programmatic decision-making. The Tulane University School of Public Health and Tropical Medicine works under subcontract with John Snow, Inc. to conduct ESI activities in South Africa that will serve to establish a stronger evidence base for OVC programming.

METHODOLOGY

Information gathering for this report occurred over a three-week period in March and April 2009 at NACCW headquarters offices in Durban and Cape Town and at four Isibindi project sites: Nseleni and Mtubatuba in Kwa-Zulu Natal, and Ilinge and Ndondo Square in Eastern Cape. Activities included review of program documents, key informant interviews with program staff, focus group discussions among CYCWs, and direct observation of program activities.

Focal Sites



Above: The community of Ndondo Square, Eastern Cape.

Below: The community of Nseleni, Kwa-Zulu Natal.

NACCW selected focal sites with established C4C programs and strong anecdotal evidence of impact. The four sites range in size; Ndondo Square has only 10,000 inhabitants while Mtubatuba has nearly five times as many. The study sites in Kwa-Zulu Natal consist principally of informal peri-urban settlements; those in Eastern Cape are largely rural. Residents in all sites are highly affected by the HIV and AIDS epidemic. Estimates from 2006 suggest that nearly 40% of adults ages 15 to 49 in Kwa-Zulu Natal are HIV-positive, and approximately 23% of children living there are orphans (UNAIDS, 2008). In Eastern Cape, an estimated 29% of adults are HIV positive and 25% of children are orphans (Statistics South Africa, 2006). They are also impacted by dire poverty, with 72% and 61% of people in Eastern Cape and Kwa-Zulu Natal respectively living below the poverty line (UNAIDS, 2008).

At each of the focal sites, there are from 11 to 16 CYCWs supporting a range of 78 to 257 OVC households. These sites initiated the C4C model in 2007 or 2008, one to two years following the start of the Isibindi program at each. The two sites within Eastern Cape were where the C4C model was initially piloted. Table 1 on the next page provides an overview of the Isibindi program at these focal locations.



Table 1. Overview of Isibindi Program at Case Study Focal Sites							
Province	Focal Site	Partner Organization	Year Isibindi Initiated	# CYCW	# OVC Served	# HH Served	Year C4C Initiated
Kwa-Zulu Natal	Nseleni	Thandukuphila	2005	13	581	194	2008
	Mtubatuba	Ithembaesizwe	2006	11	234	78	2008
Eastern Cape	Ilinge	Ilinge Children's Project	2006	16	652	217	2007
	Ndondo Square	Holy Cross Covenant	2005	13	771	257	2007

Activities

Documents reviewed for this case study included the NACCW website, pamphlets, informational handouts, the 2008 Annual Report, 2009 Country Operational Plan, staffing and implementation charts, and CYCW recruitment and training materials. Resources specific to C4C also underwent review. These included a briefing document on the theory, principles and components of the model, and written reports prepared by the program's psychologists documenting individual and group counseling processes. Unless otherwise stated, program statistics in this report were valid as of June 2009.

Twelve key informant interviews were conducted in English by a trained interviewer using a semi-structured interview guide. Interviewees at the NACCW Durban and Cape Town offices included the project's Deputy Director, Training Manager, two Senior Mentors, two Isibindi Mentors, and two C4C Psychologists. In addition, two Project Coordinators in Illinge and one each at Nseleni and Mtubatuba were interviewed. Interviews with C4C psychologists lasted up to two hours; those with other staff averaged one hour in duration.

All CYCWs at the selected sites were invited to participate in focus groups. Five groups were ultimately conducted; two in Illinge due to the large number of CYCWs there, and one each in Nseleni, Mtubatuba and Ndondo Square. The groups were moderated in English by a trained facilitator using a focus group guide developed for the study. The average discussion included 10 participants and lasted just over one hour. Ninety-two percent of participants were female. Interviews and focus group discussions were recorded and transcribed for use in the preparation of this report.

Direct observation of Isibindi activities took place over four days from 1 to 3 hours each day with the assistance of program staff at each of the focal sites. Observers accompanied CYCW on four home visits to beneficiaries and observed project activities at Safe Parks and community food gardens. All activities conducted as part of this case study included the use of standard forms and procedures for informed consent, and the authors' use of photographs contained within the report was authorized in writing by those whose likenesses appear.

For more information

Templates for the interview and focus group guides used in this case study are available within the Case Study Development Resource Guides available at <http://www.sph.tulane.edu/IHD/publications/OVCresources.htm> or upon request from ovcteam@tulane.edu.

ROLE OF THE CYCW

The C4C model is a “program within a program,” and its value can only be fully comprehended when coupled with a detailed understanding of CYCWs’ responsibilities as part of the Isibindi program. Because CYCWs fulfill a complex and dynamic set of duties, interacting with beneficiary families, NACCW, and the partner organizations that employ them, this section describes the role of the CYCW within those frameworks. It also details the various services CYCW provide to beneficiary families.

NACCW and the Isibindi Program

“The NACCW is an independent, non-profit organization which provides the professional training and infrastructure to promote healthy child and youth development and to improve standards of care and treatment for troubled children and youth at risk in family, community and residential group care settings.”

(NACCW Mission Statement, 2009)

Since its inception in 1975, NACCW has provided specialized, professional training in child and youth care in South Africa. In 2005, in response to the overwhelming need for care and support services for OVC in communities across South Africa, NACCW developed an approach called *Isibindi*, “Creating Circles of Care.” The approach aims “to create safe and caring communities for OVC and their families through a developmental child and youth care work response.” This objective is primarily achieved through partnerships with local community organizations, who receive technical guidance, mentorship, and financial support to implement the Isibindi model.

CYCWs are at the heart of Isibindi. They are recruited locally and hired as full-time employees of the partner organization, tasked to identify and support OVC within their community. NACCW provides CYCWs with salary support as well as an intensive two-year accredited training in child and youth care. CYCWs develop beneficiary lists, identifying children and their families who are affected and/or infected by the HIV and AIDS. They seek assistance with identifying beneficiaries from community stakeholders at schools, clinics, and churches, or from social workers and other local leaders. Occasionally, beneficiaries self-refer to the program.

CYCWs will often work with a beneficiary household for approximately two years based on a developmental assessment. They provide services to beneficiary families during home visits, through referrals, and by staffing program facilities such as Safe Parks and community gardens. Support includes assistance with grant applications and securing necessary documentation, lay counseling and

household conflict mediation, medical monitoring and health education, and referrals for local health and social services. CYCWs also continue to provide guidance to OVC and their families who have graduated from the program (see box below for information on Disengagement and Aftercare).

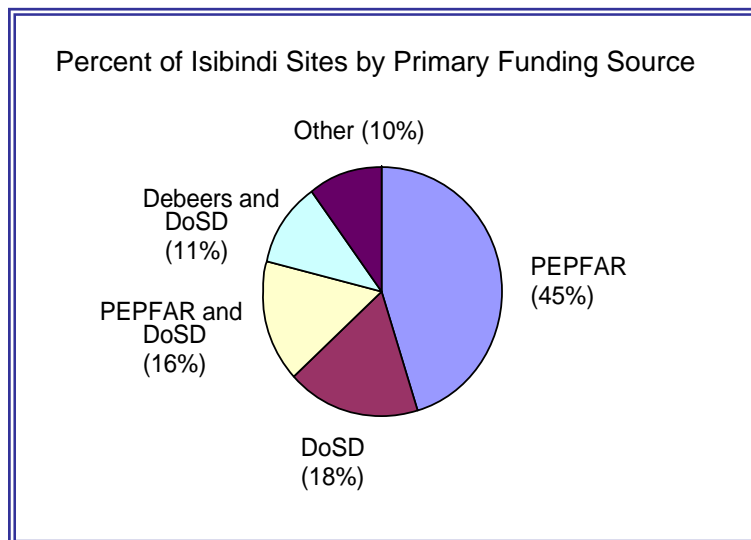
Disengagement and Aftercare

Isibindi aims to build the capacity of children and families so that they can eventually transition out of the program. For children to be disengaged, they must have a reliable guardian, be enrolled in school, and have their rights respected in their household. Other criteria include economic stability and demonstrated budgeting skills.

CYCWs assess the living situation of beneficiaries to determine when their circumstances are stable enough for them to transition to aftercare. If disengagement is considered, a conference is held between the beneficiary family and CYCW, with the Isibindi Mentor also in attendance. The family is provided with information on available resources. Commonly, a small party is held and good luck cards distributed as celebratory gestures.

Aftercare participants are still monitored and supported. Typical aftercare services provided to Isibindi graduates include occasional home visits (e.g. every three months), school visits, and referrals for psychological services and social work. If available locally, children and youth are also invited to continue participating in Safe Park activities.

Funding for Isibindi is principally provided by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) and Department of Social Development (DoSD). PEPFAR funds support nearly half of the sites through a subcontract with PACT South Africa. In addition to providing NACCW with direct funding for Isibindi sites, DoSD finances training



programs for CYCWs. UNICEF also provides technical and financial support for training. Additional program funds come from a partnership between DeBeers Consolidated Mines and Jewelers for Children and DoSD, and other donors including Starfish, Mondi, Momentum Fund, and Vodacom Foundation.

By June 2009, Isibindi had been implemented in collaboration with 49 partner organizations at 60 sites across 8 provinces, with 667 CYCWs serving more than approximately 35,000 children in 11,666 households. From October 2007 to September 2008, each Isibindi CYCW assisted an average of 66 children from as many as 22 households. See Table 2 on the next page for detailed information on partner organizations, Isibindi sites, and the number of CYCWs and beneficiary households.

Table 2. NACCW Partner Organizations				
Partner Organizations by Province	# Sites	# CYCWs	# OVC	Households per CYCW
Eastern Cape				
East London Children's Home	1	12	188	4
Holy Cross Covenant	1	13	1682	32
Anglican Diocese of Grahamstown	3	40	1196	8
KWT CYCC	1	21	869	10
Mata EDA	1	18	424	6
Siyakhana Youth Outreach & Educational Program	1	13	70	1
Holmelikusasa Community Project	2	26	673	7
Lusikisiki Child Abuse Resource Centre	1	10	16	1
Gauteng				
HABSR	1	13	357	7
Johannesburg Anglian Board for Social Responsibility	1	10	70	2
Kwa Zulu Natal				
Zwelisha Well Being Center	1	15	375	7
Durban Children's Home	1	15	857	14
Kwahlongwa CBO Network	1	13	247	5
Impendle Drop In Center	1	10	139	4
Ithembalesizwe Drop In Center	1	11	590	13
Khanyiselani Dev. Trust	1	20	489	6
Nakekela Social Development	1	14	306	6
Philani Drop In Center	2	30	1264	11
Sicelimpilo Drop In Center	1	13	601	12
Sinozwelo Drop In Center	1	10	85	2
IkhayaIthemba Community Care Centre	1	10	60	2
Sinqobile Drop In Center	1	13	238	5
Siyanakekela Project	1	14	440	8
Thandukuphila CBO	1	16	274	4
ThembaIethu Community Based Organisation	1	12	635	13
Ubumbano Drop In Center	1	12	428	17
Ubuntu Abande Drop In Center	1	11	121	9
Ubombo Drop In Center	1	80	318	6
Sbonokuhle Tribal Authority	1	13	170	3
Amantungwana Noah CC	1	12	278	5
Zamimphilo Drop In Centre	1	20	1264	15

Table 2. NACCW Partner Organizations (continued)				
Partner Organizations by Province	# Sites	# CYCWs	# OVC	Households per CYCW
Limpopo				
TCPDA	3	42	885	21
Mpumalanga				
Asiphilenikahle Home Based Care	1	14	506	9
Christian Social Council	1	16	659	10
Roman Catholic Church	1	12	257	5
Maranatha Mission	1	13	164	3
Uzwelo Children's Home	1	18	84	5
Sizabantwana Children Benefit Organization	1	12	202	4
Nkomazi Development Partnership	2	26	261	3
HABSR	1	10	85	2
North West				
Bakwena Ba Mogopa Home Based Care	1	13	193	4
Tsibogang Christian Action Group	1	11	434	10
Northern Cape				
ACVV	2	25	794	8
Kimberley Child Welfare South Africa	4	34	179	6
Western Cape				
James House	1	11	534	12
MFESANE	1	8	294	9
Catholic Welfare & Development Youth	1	10	86	2
Groenberg Secondary School	1	13	138	3
Free State				
Child Welfare Bloemfontein Childline Free State	1	13	NA	NA
Total	60	841	20479	361

CYCW Service Provision

The CYCW position is full-time requiring at least eight hours a day, five days a week, but often demands longer hours and work on weekends and holidays. This section details the major components of services CYCWs provide.

Family Development Plan: Within the first few weeks of involvement, CYCWs conduct a detailed household needs assessment. Two months after engagement, a Family Development Plan is in place, based on the initial needs assessment. It is developed in English, but also translated in the family's home language. This plan outlines what is considered necessary for the child and family to function independently, and the family receives a copy. This file is kept confidential and reviewed on a quarterly basis by the child care team at NACCW. CYCWs work with the family to help achieve these goals. They also document every interaction with and action taken on behalf of the family using monitoring forms designed to record the various types of support provided.

Home Visits: Home visits are the primary mechanism for providing services to beneficiaries. On average, beneficiaries are visited at home for a minimum of 8 to 10 times per month by a CYCW, but this is based on the family's needs assessment. Child headed households are visited more frequently. A home visit may last three hours or more, not including travel.

CYCWs may help the family with basic household chores and educate about general hygiene, gardening, health, nutrition, and household care. They demonstrate first aid techniques and discuss HIV prevention. During the visits, CYCWs find natural ways to integrate discussions concerning caregiving and parenting skills, child protection, and future planning. They may offer lifespace counseling and memory work, or engage family members in participatory decision-making and conflict resolution. Other common activities include homework assistance and creating family recipe books. CYCWs also provide help with succession planning and developing a parent's will.

Since 2007, at 45 sites, CYCWs also have a specialized focus on people living with HIV and AIDS (PLWHA), striving to preserve families by prolonging the lives of PLWHA guardians. CYCWs at these sites are specially trained in this "Prevention in Orphanhood program," offering families with PLWHA specific healthcare information during home visits, emphasizing access to antiretroviral treatment (ART), medication adherence and palliative care.



A CYCW visits the home of Nomfundo, a mother of five children in Ndondo Square.

Linkages to Community Resources: To support economic security, CYCWs ensure families are informed of grants for which they may be eligible and help them acquire identity documents needed to apply. They refer children and their families to social workers at DoSD, assist families with completing their social services applications, and accompany guardians on visits to social workers. Upon receipt of a grant, CYCWs help the family manage its funds to ensure sustenance and coverage of basic needs. Occasional in-kind donations also enable CYCWs to supply beneficiary households with tangible resources such as food parcels, clothes, and school supplies.

CYCWs make families aware of additional community resources, providing referrals for physical, mental health, and other social services, including those offered through NACCW. CYCWs visit schools to negotiate school fee exemptions for children and assist with school enrollment. When guardians are unavailable, they accompany children in need to health clinics for care that is fully subsidized by the Department of Health. They assist in medication monitoring, obtaining clinic cards for routine healthcare, ensure up-to-date immunization of all household members, and make certain follow-up appointments are kept. They encourage guardians to get tested for HIV and provide referrals to help PLWHA access ART and other clinical services. They also help to link beneficiaries to specialized programs offered by NACCW (see the box below).

Specialized Programs offered through NACCW

Child Protection Program: CYCWs help identify children who have suffered sexual and/or physical abuse. They report these cases to NACCW, who maintains a formal child protection registry. Further, CYCWs link children in need with the Child Protection Program, piloted in 2007 with support from NACCW and in collaboration with Childline, Durban Children's Society, and DoSD. Child survivors of abuse typically receive four individual and group counseling sessions. Between October 2007 and September 2008, 83 children at 23 sites took part in this specialized counseling.

Young Women's Empowerment Program: This initiative, formerly known as the Girl Child Program, was piloted in 2007. The program aims to provide young female Isibindi beneficiaries with skills and opportunities for gender awareness, career planning and professional development. Application to the program is competitive and selection criteria include: completion of Grade 12 and young women must be a child heading a household. CYCWs make families aware of this opportunity, nominate applicants, and help interested candidates prepare applications. By September 2008, 49 young women from 22 sites had participated in the five-day training and received bursaries to pursue additional coursework in micro-financing, micro-enterprise, income generation or paramedic training.

Life Center Program: From October 2007 to September 2008, two Isibindi sites provided teenagers who serve as heads of households with a structured capacity-building program. The program sessions included discussions, videos, guest speakers, and activities related to coping with grief, nutritious cooking, HIV and AIDS prevention, teenage pregnancy, child protection, and stigma and discrimination. These sessions are facilitated by CYCWs.

Safe Parks: At 24 Isibindi sites, CYCWs facilitate the implementation of Safe Parks, designated areas providing supervised recreational activities for children. Typically, the land is donated and NACCW furnishes play structures, art supplies, and children's books, as well as toy libraries with board games, puzzles, building blocks, and dolls. The Parks are open to all community children Monday through Friday from 14:00 to 17:00 and Saturdays from 11:00 to 15:00. Activities include sports, free play, arts and crafts, indigenous games, dance, song, storytelling, discussion groups, and homework supervision. During school breaks or other holidays, Safe Parks host special events and facilitate transport for children who live far away. In 2009, three Safe Park sites also introduced Early Childhood Development programs to address the needs of the three to five year old children.



Art projects displayed at Ndondo Square Safe Park.

At each site, one CYCW serves as the Safe Park Coordinator responsible for maintaining a schedule of rotating CYCW supervision at the park, with each CYCW working as many as 40 hours a week. At least 4 CYCWs supervise the Safe Park on each three to four hour shift. The Coordinator is also tasked with completing an attendance register, composing a daily Safe Park narrative report with the CYCW team, submitting monthly Safe Park reports to NACCW, maintaining an inventory of equipment, and fulfilling any additional monitoring and reporting requirements.

Food Gardens: At Safe Parks in selected Isibindi sites, CYCWs have engaged community members including children in developing and maintaining community food gardens. CYCWs distribute food produced from the garden to families in dire need. CYCWs also helped to develop 18,702 home food gardens between October 2007 and September 2008. NACCW provides equipment for communal use including hoes, spades and forks and helps procure seeds from the Department of Agriculture, or links families to other organizations for the purchase of seeds at a discounted rate



Isibindi Food Garen located next to a Safe Park in Ndondo Square, Eastern Cape.



A CYCW cares for a child beneficiary with disabilities in Ilinge.

Disability Services: Thirty-six Isibindi sites have a CYCW serving as Disability Coordinator. The Coordinator conducts assessments and provides support to disabled children in the community, assisting with disability grant applications, referrals for physiotherapy, and coordinating the acquisition of customized devices and specialized therapeutic services. From October 2007 to September 2008, 312 children benefited from the program, receiving supplemental services including visits from a physiotherapist contracted by NACCW. Over this period, 64 children were provided with customized wheel chairs and other mobility and positioning devices.

For More Information on Isibindi

A case study of the Isibindi King Williams Town program conducted by Khulisa Management Services with financial support from USAID South Africa is available from:

<http://www.sph.tulane.edu/IHD/publications/OVCcasestudies.htm>
or upon request to ovcteam@tulane.edu

CYCW ENGAGEMENT & SUPPORT

Isibindi's success hinges on the quality and dedication of the CYCW and volunteer workforce, and the program has established extensive processes for identifying, selecting, and training these crucial personnel. This section describes the standard mechanisms for recruiting and empowering CYCWs to care for OVC.

Recruitment

At each Isibindi site, local community members are recruited either as full-time employed CYCWs or program volunteers. The process that precedes CYCW selection is conducted in phases including an application review, initial interviews, training and performance appraisal, and final interviews. This process is initiated with a community orientation meeting designed to introduce the Isibindi model to stakeholders and others. Subsequently, advertisements for CYCW positions are disseminated in the community (see Appendix 1).

Interested applicants submit a *curriculum vitae*. Applicants must have completed grade 10 or higher, demonstrate basic competency in English, and obtain a recommendation from a respected community member. Applications are closely reviewed by Isibindi Mentors, Program Coordinators, community leaders, policemen, and others; many of whom also comprise the interview panel. Up to 25 applicants are selected for first-round panel interviews with key Isibindi staff and community members. NACCW provides suggested interview questions covering themes aligned with CYCW core competencies: care, management, activity programming, and conducting needs assessments. The box at right shows sample interview questions.

The interview panel considers applicants' management and programming skills, interpersonal qualities, and available support systems. The panel also looks for candidates with the flexibility to work during evenings and weekends, if necessary. They consider a candidate's degree of tolerance of religious and cultural diversity and level of honesty, respectfulness, and self-awareness. Potential CYCWs are assessed on their ability to work

Sample Interview Questions

- ❖ **Care:** *How would you show care/compassion/sympathy to a young person?*
- ❖ **Management:** *What would you do if a young person does not listen to you or obey you?*
- ❖ **Activity Programming:** *How do you think your talents/skills/hobbies will assist you in your work with children and youth who are affected and/or infected by HIV and AIDS?*
- ❖ **Assessment:** *What dangers are there for children and youth who are orphaned by HIV and AIDS?*
- ❖ **General:** *Will your family support you in this job, as there will be many demands on you and your personal time?*

independently and as part of a team. Interviewers rank candidates on criteria referred to as the “6 P’s,” Personality, Passion, Pattern, Potential, Profile, and Placement. Appendix 1 contains complete interview guidelines.

The 25 short-listed candidates then complete 30 hours of uncompensated training on modules entitled “What is Child and Youth Care?” and “Child and Youth Rights.” During the training, trainers assess the candidates’ behavior, attitude, and interaction with fellow candidates and training staff.

Upon completion of the modules, a second round of interviews is held. Applications, interviews, and training performance are all considered in the final selection of 13 individuals to whom CYCW positions are offered. The remaining 12 are provided the opportunity to participate as part-time unpaid Volunteers.

Training & Support

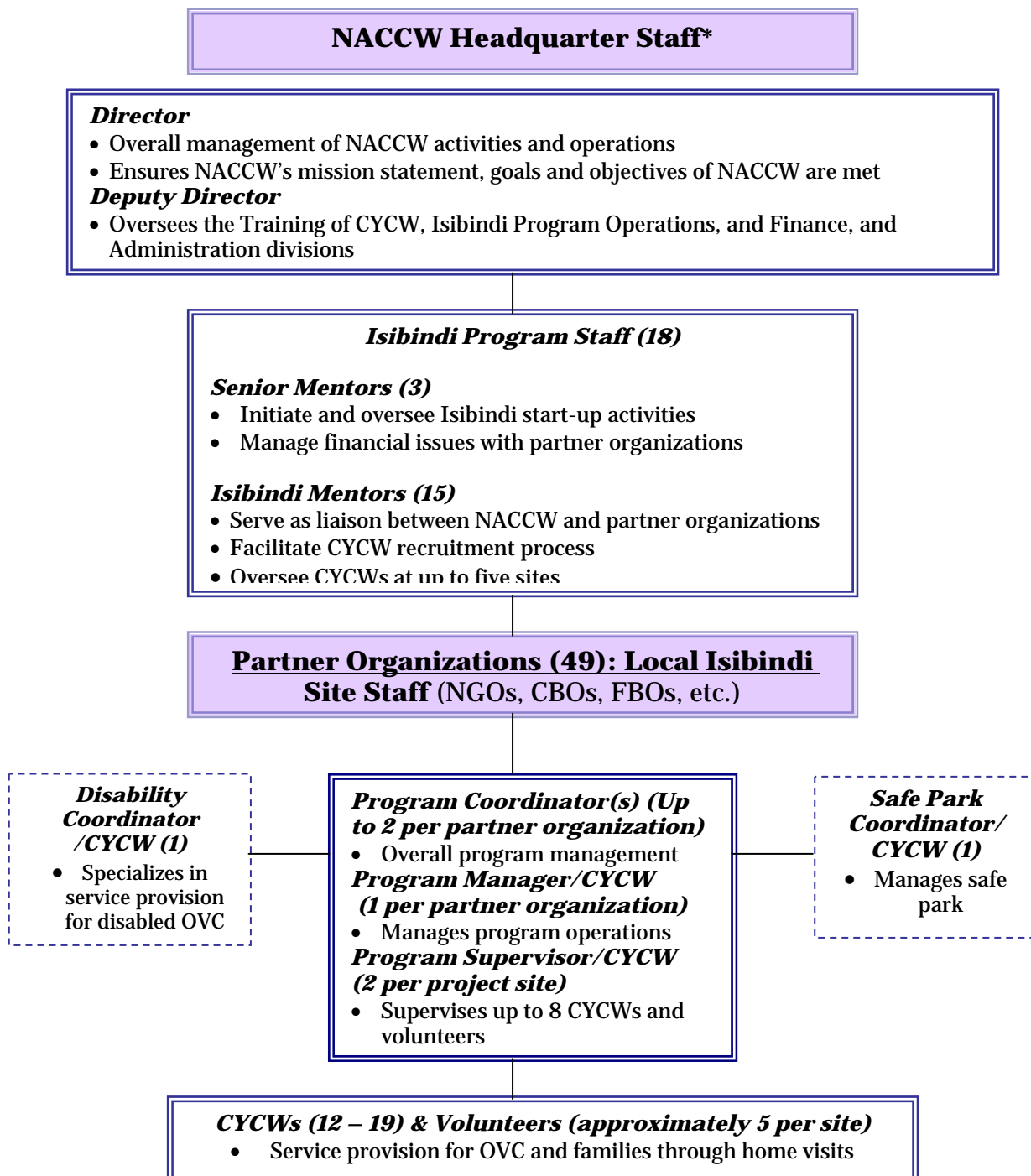
NACCCW provides employment and professional growth opportunities to the local community members who are selected to serve as CYCWs. This section details the, supervision, training and compensation that they receive.

Mentoring and Supervision

NACCCW employs 17 Mentors and 4 Senior Mentors to manage and oversee Isibindi activities at local sites. Senior Mentors support approximately 5 Mentors each and are responsible for Isibindi start-up activities at new sites, CYCW recruitment, and financial monitoring of partner organizations, while assisting the NACCCW Director and Deputy Director with reporting and other administrative duties. Each Mentor is responsible for up to five sites. Typically, Mentors conduct site visits once or twice a month, depending on the individual needs of the site. They meet as a team with CYCWs, provide individual case consultations to address issues facing CYCWs and the families they serve, and accompany CYCWs on home visits as needed.

Generally, the staffing and support structure between Isibindi sites is similar and includes up to two Program Coordinators, a Program Manager, and two Program Supervisors. A staff member from the partner organization is assigned as the Isibindi Program Coordinator, and is tasked with financial management, progress reporting, and team management. Program Managers and Program Supervisors oversee CYCWs and Volunteers, but also function as CYCWs themselves. Each Supervisor is responsible for a team of CYCWs, six on average, and meets with them regularly to oversee reporting requirements and service delivery. In addition, some sites have a Disability and/or Safe Park Coordinator, a CYCW who also manages these specialized programs. Figure 1 on the next page depicts the staffing and support structure within NACCCW and at each Isibindi site.

Figure 1. NACCW Isibindi Staff Structure



* NACCW Headquarters also includes support from the National Executive Committee consisting of one National Chairperson, 11 Regional Executive Committee Members, and about 3,500 Members. Other key NACCW Headquarter Staff include: 11 administrators and five finance staff members responsible for Isibindi program administration and financial responsibilities; seven training staff that develop and update the Isibindi Training curriculum and assess CYCW competency on assignments; as well as consultants such as two C4C psychologists and one physiotherapist.

Core Training

CYCWs and Volunteers participate in a 14-module training plus two electives accredited as Further Education Training (FET) by the South African Qualifications Authority (see box at right). The training aligns with the National Qualifications Frameworks and focuses on core competencies for working with children and youth. The training covers the fundamentals of child and youth care work, personal development strategies for effective service delivery, and communication skills for working with at-risk children and youth. Training also addresses other fundamental competencies such as numeracy and literacy. Electives for CYCWs include topics such as first aid, HIV and AIDS, and recognition and prior learning. Electives for Leadership staff include managing substance abuse and budget monitoring. All training is conducted in English to further build the professional skills of CYCWs. Further details on training content, duration and learning objectives can be found in Appendix 2.

Each training module ranges from 6 to 30 hours in duration. Typically, completion of all fourteen modules takes two years, but can take up to three years. Throughout training, CYCWs continue their work, visiting and supporting identified beneficiaries. They receive a FET certificate in child and youth care upon completion of the curriculum.

The training is coordinated and developed by NACCW's Training Division, including the National Training Manager and six staff members. Training is principally conducted by trainers from NACCW, though external trainers are engaged for specialized topics, such as the Grief Work Training Program. All internal trainers have undergone the full Isibindi training, been certified, and successfully completed a UNICEF-supported training of trainers course.

CYCW Core Training Modules

- 1) Demonstrate a basic understanding of the fundamentals of CYCW
- 2) Apply basic communication skills in interactions with children and youth at risk
- 3) Promote and uphold the rights of children and youth
- 4) Demonstrate basic caring skills for children and youth at risk
- 5) Apply personal development strategies and skills to enhance effective service delivery in child and youth development
- 6) Work as part of a team, under supervision, with children and youth at risk
- 7) Demonstrate knowledge of lifespan development theories for application in child and youth care work
- 8) Demonstrate knowledge of the developmental approach to therapeutic work with children and youth at risk
- 9) Observe, record and report as an auxiliary CYCW in a child and youth care work context
- 10) Demonstrate knowledge of programming and activities in CYCW
- 11) Demonstrate basic interpersonal skills with children and youth at risk and their families
- 12) Describe the use of relationships for developmental and therapeutic ends in CYCW
- 13) Apply behavior management and support techniques in routine CYCW context, and
- 14) Participate in a developmental assessment

Training utilizes interactive tools and resources, including sample case studies. Participants are also required to complete four assignments throughout the two-year training period designed to gauge their mastery of the material and challenge them to critically reflect upon their newly acquired skills. Assignments consist of short essays on topics including cultural diversity, interacting with youth at risk and their families, problem solving and conflict management. For each essay, CYCWs draw upon their interactions with at least three beneficiary families. Example topics include differences between the CYCW's culture and that of the families they serve, actions the CYCW took to adjust his/her own behavior, and how the CYCW incorporated the child's needs in problem solving processes. These written assignments aim to enhance the workers' skill development and build their confidence as child and youth care professionals.

CYCWs receive a Learner's Guide, Learner's Assessment Guide and a Logbook for each training module. The Learner's Guide follows the curriculum and is used during training sessions. The Learner's Assessment Guide contains the four knowledge assessment assignments. The Logbook is used as a place to complete the assignments and record the trainee's interactions with beneficiaries. Assignments are submitted to Supervisors on a monthly basis for initial review, and then sent to NACCW Headquarters for formal assessment. CYCWs continue their work while the assignments are under review and typically receive feedback within three months of submission. In some cases, CYCWs are asked to redo assignments to ensure proficiency. Assessment results are entered into a database in the NACCW Cape Town office.

Additional Specialized Training

NACCW also offers Specialized Training to Isibindi staff serving in key leadership roles. The Program Manager and Program Supervisor at each Isibindi site participate in trainings on consultative supervision, restorative conferencing, professional assault response training, and other topics. The adjacent box on provides an overview of the training topics offered to Isibindi Program Managers and Supervisors.

Further, sites with a Safe Park and/or Disability Coordinator receive additional training related to these activities. For instance, a five-day training for Safe Park Coordinators, provided with facilitators from the Toy Library Association, addresses activity development,

**Specialized Accredited Training
Topics for All Leadership
CYCWs**

- ❖ Core Concepts in CYC
- ❖ Introduction to Behavior Management
- ❖ Life Skills
- ❖ Introduction to Sexual Abuse Management
- ❖ HIV and AIDS – Education, Care, Policy in CYC
- ❖ Professional Assault Response Training
- ❖ Consultative Supervision
- ❖ Restorative Conferencing
- ❖ Foundations in CYC
- ❖ Higher Qualification in Child Care
- ❖ Qualification in Community and CYC
- ❖ Creativity Training
- ❖ Training on the Minimum Standards for the CYC System
- ❖ Training of Trainers
- ❖ Basic Qualification in Child Care
- ❖ Basic Qualification in Secure Care

strategies for engaging children in constructive play, and the effective use of toys. Disability Coordinators also take part in a five-day training that includes sessions from a physiotherapist, occupational therapist, and a disabled artist from the Foot and Mouth Association.

CYCWs may also take part in additional training opportunities through the Prevention of Orphanhood program. The Big Shoes Foundation supported a four-day training for 327 CYCWs from 21 sites during 2007/2008 in HIV testing, ART, Prevention of Mother to Child Transmission , and other specialized services for people living with HIV and AIDS.

Selected female CYCWs have also had the opportunity to participate in a five-day training by gender specialists from NACCW concerning Young Women's Empowerment. Topics included gender-based violence, women's rights, leadership, and protection awareness. Between October 2007 and September 2008, 57 female CYCWs from 22 Isibindi sites completed the training.

Lastly, many CYCWs benefit from attendance at the biennial National Child and Youth Care Conference. The conference includes three days of workshops led by respected national leaders from DoSD and South African universities, as well as CYCWs. In addition to skills development, the conference affords CYCWs the opportunity to network with other Isibindi staff from around the country. Approximately 220 CYCWs attended the 17th annual conference held in July 2009.

Compensation

CYCWs receive monetary stipends that vary depending on the level of their position. Most CYCWs receive R1000 per month. Those in leadership positions, receive R1200per month. Incentives such as Isibindi t-shirts and hats are also provided to all CYCWs. At 17 of Isibindi sites, CYCWs are provided with bicycles to assist them with work-related travel. The distribution of bicycles began in 2007 at longstanding program sites. Compensation for volunteers is limited to accredited training.

Isibindi Pride

Doing child and youth care work confers status and pride, as this song written by Isibindi CYCWs demonstrates:

My Mother was a Kitchen Girl

*My mother was a kitchen girl,
My father was a garden boy,
That's why I'm a child care worker.*

*Those days I was suffering,
That's why I'm a child care worker.*

*Today I want to help the children who are
suffering.*

I am glad that I'm a child care worker.

CYCWs also have many opportunities for professional development and for upward mobility within the Isibindi program and NACCW. CYCWs exhibiting exceptional leadership skills may be promoted to serve as Program Managers, Program Supervisors, and if applicable, Disability or Safe Park Coordinators. In some cases, CYCWs have also been hired as Mentors within the NACCW organization.

CARE FOR CAREGIVERS

“Caring for Carers helps us handle the challenges we encounter in our work as well as in our personal life.” – Female CYCW

While the Isibindi program emphasizes skill development and service provision to effectively care for OVC households, NACCW’s leadership team has recognized the need to provide CYCWs with psychosocial support to enhance their own well-being and performance as care providers. In 2007, NACCW contracted an experienced clinical psychologist, Ms. Lesley Clark, to develop the C4C model. Ms. Clark envisioned a model of focused psychosocial support that would:

- ❖ Provide CYCWs an opportunity for self-reflection, to process personal issues, and build their capacity to emotionally support themselves and each other
- ❖ Focus on the group process and work through team issues
- ❖ Enhance CYCWs’ ability to better serve Isibindi beneficiaries

The C4C model consists of group and individual counseling sessions facilitated by a clinical psychologist once per month over a six month period. The program strives to enhance team dynamics among CYCWs, prevent burn-out, promote stress reduction, and help workers resolve their own personal crises. In turn, it is expected to enhance the support CYCWs offer to beneficiaries. See Figure 2 on page 24 for a conceptual model of the Isibindi program and C4C approach, including major program activities and anticipated outcomes.

In addition to Ms. Clark’s pioneering support, the program has benefited from the stalwart contributions of a second participating psychologist, Ms. Linzi Fredman. Both are skilled clinical psychologists from South Africa who have extensive experience working with children, women, and marginalized groups.

Each psychologist is assigned to work individually with identified sites for six months and devotes a full day each month to providing C4C counseling services at each. Sessions are primarily conducted in English; however, CYCWs are encouraged to speak in their native languages if other participants translate for the psychologist.

The C4C model is designed to not only provide immediate psychosocial support to CYCWs, but to help promote sustained systems of ongoing assistance. C4C psychologists provide recommendations to NACCW to promote continued well-being. Isibindi Mentors as well as CYCWs have also been engaged to continue C4C type activities at project sites.

C4C was piloted in 2007 at four Isibindi sites. Together the psychologists have worked to bring this innovative model to more than 300 CYCWs working in programs implemented by 17 partner organizations at 23 sites. Site selection has been based on practical factors such as geographic location as well as sites' identified needs. Teams facing crises or major changes have been prioritized for C4C implementation; the first site to establish a C4C program had recently dealt with the dismissal for misconduct of several CYCWs. Table 3 displays the sites that have received the C4C program by partner organization and province.

The following sections describe the guiding principles of C4C and key components of the counseling sessions and program follow-up. The model, however, is meant to be flexible and responsive; activities and discussion topics vary between sites according to individual needs.

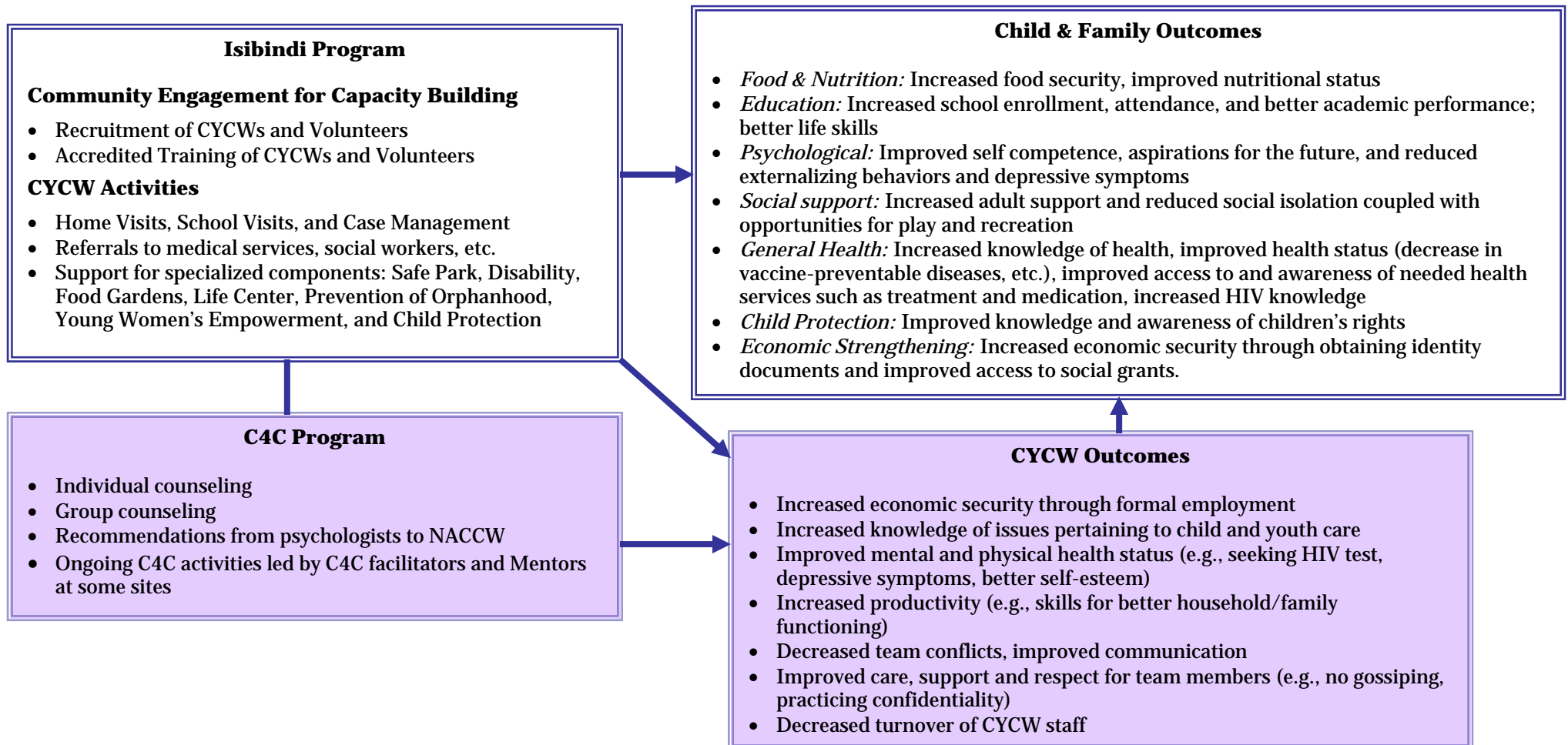
Table 3. Sites Implementing C4C by NACCW Partner Organization	
Partner Organizations by Province	# Isibindi Sites
Eastern Cape	
Holy Cross Covenant	1
Ilinge Children's Project	3
KWT CYCC	1
Gauteng	
HABSR	2
Kwa Zulu Natal	
Durban Children's Home	1
Ithembalesizwe Drop In Center	1
Thandukuphila CBO	1
Siyanakekela Development Project	1
Limpopo	
TCPDA	3
Mpumalanga	
Asiphilenikahle Home Based Care	1
Christian Social Council	1
The Catholic Church	1
North West	
Tsibogang Christian Action Group	1
Northern Cape	
ACVV	2
Kimberley Child Welfare South Africa*	1
Western Cape	
James House	1
Kimberley Child Welfare South Africa	1
Total receiving C4C	23
*Only 1 of the 3 Isibindi sites at this locale had received the C4C program at the time of the case study.	

“The C4C program is a vital learning process, with the approach, attitude, and activities, continuously developing as we learn from the experiences at the sites.” - C4C Psychologist

Figure 2. Conceptual Framework: NACCW's Isibindi Program and C4C
Capacity building and support for OVC and those who serve them

NACCW's Isibindi model focuses on providing support to OVC affected and/or infected by HIV and AIDS by building the capacity of the local community. In June 2009, NACCW was supporting 49 partner organizations working in 60 project sites, with 841 CYCWs trained and 20,479 OVC served.

In 2007, NACCW recognized the need to provide psychological support to CYCWs due to the intensity of their roles and responsibilities and team dynamics, and thus developed the C4C model. As of June 2009, 23 Isibindi sites and 323 CYCWs had participated in C4C.



Program Principles

The C4C program is guided by the premise that CYCWs can benefit from ongoing emotional support both in their work with OVC and in coping with personal challenges. In resource-poor settings mental health and psychosocial care may be unfamiliar constructs, and C4C psychologists devote significant time during initial sessions to sensitization. The model is rooted in four basic principles as they pertain to the experiences of CYCWs: overexposure to stress and trauma, balance between empowerment and culture, self-reflection and the spirit of Ubuntu.

Overexposure to Stress and Trauma

“We have our own children and families, but we do not have time for them. We have our own personal problems, but we do not have time to take care of ourselves. We are caregivers for other people’s children, but what about our own? We struggle to satisfy everyone; it is very difficult.” – Female CYCW

CYCWs deal with difficult issues including sickness, death, grief, and poverty on a daily basis. At times, they may feel powerless and overwhelmed by the extreme emotional and material needs of the children and families they serve. CYCWs reside in the same communities as the children and families they serve and are essentially “on-call” 24 hours a day. They may struggle to distance themselves from beneficiaries and maintain a healthy balance between their work responsibilities and personal lives. They may also face resistance from the guardians of children in the program who see CYCW’s as intruding on private family matters. In attempting to address children’s needs, they experience other barriers in working with community stakeholders, such as social workers and teachers, who may not perceive them as qualified child advocates.

Problems common in beneficiaries’ communities, such as poverty, poor health, crime, and substance abuse, affect CYCWs as well. Some CYCWs are HIV positive; many others are facing the illness and loss of loved ones. C4C psychologists interviewed for this case study cited common themes among CYCWs of pain and grief from childhood, including abandonment and physical, emotional or verbal abuse by parents, especially fathers. C4C provides a forum to acknowledge and specifically focus on the myriad stressors facing CYCWs.

Balance Between Empowerment and Culture

C4C recognizes that the skills CYCWs acquire may challenge them to balance their newfound empowerment with established cultural ideas. CYCWs often experience significant personal conflicts in the patriarchal structure of their

homes and society. Female CYCWs may be forced to constantly adjust between leadership as a CYCW and a more submissive role in their households. Male CYCWs may experience ridicule from community members because they work in a female-dominated field focusing on caring for children. C4C counseling sessions address these conflicts of balance between CYCWs' empowerment and culture, illuminating the commonality of the experience and helping workers find effective ways of dealing with it.

Self-Reflection

“Before I help this person, I have to help myself, but I can’t,”

– Female CYCW

CYCWs are encouraged to engage in the kind of meaningful reflection that can help them understand the patterns and processes at work in their lives, improving self-esteem and empowering them to make positive changes. However, they do so with reassurance from the C4C psychologist that self-reflection can be an intimidating and frightening process, as painful recollections and anxiety about the future surface. The program responds with the support, empathy and understanding necessary to promote recovery.

Spirit of Ubuntu

In South African culture, the spirit of “Ubuntu” encompasses the interconnection of human beings. Ubuntu encapsulates the idea that the pain and suffering of one person, as well as joy and success, is essentially shared by all others. It also represents the generous human spirit, highlighting the premise that those who have more should share with those less fortunate. The “shadow of Ubuntu” manifests negative human behavior and destructive feelings: competition, envy, and jealousy. C4C considers Ubuntu as a platform to discuss and better understand both negative and positive emotions, to encourage self-reflection and build a constructive dynamic.

“Caring of Caregivers was introduced to rebuild the team of CYCWs; to restore harmony, unity, togetherness, forgiveness, and trust”

– Female CYCW

Group Counseling Sessions

C4C psychologists provide up to six group counseling sessions at a participating Isibindi project site, typically once a month, but bi-monthly in some cases. During group sessions, CYCWs are encouraged to discuss and explore issues affecting them as a team. Common issues addressed include trust, gossip, forgiveness, and conflicts among team members. Group sessions serve as a forum to improve communication, and encourage understanding, respect and support among team members. Key group activities applied to stimulate such discussions are described below.

Team-building Activities

“The psychologist encouraged the team to work together to become a stronger team. She also encouraged us to show care and respect to our fellow team members.” – Female CYCW

Name Game: The first session typically begins with a name game. This activity involves participants tossing a ball back and forth; those who catch it introduce themselves with their African name and explain its meaning and origin. Participants also share if they have alternative name by which they prefer to be known. This game serves as an ice-breaker and provides both the psychologist and team members with background on each CYCW.

Relationship Game: This activity is designed to stimulate discussion of relationship dynamics in a safe and constructive environment. A map is drawn with the names of all CYCWs, and participants are asked to draw lines from their name to the names of the two individuals with whom they feel most connected. As lines are drawn, the team discusses and considers the relationships and the consequences of isolation or exclusion. Participants also discuss ways in which relationships can be improved.

Little Tree: The “little tree” is a metaphor for the CYCW team where participants explore their individual and group responsibilities to strengthen the team/tree. The psychologist facilitates this activity by asking questions such as:

- ❖ What can we do to take care of this tree?
 - How will you water this tree?
 - What is the “manure”?

- ❖ What can you stop doing to help make this tree grow healthy?
 - Why do we do these things that may hinder the tree’s growth?

“Manure is what we do not like to deal with. It makes people angry or ashamed, but we must deal with it to help the tree grow strong. This activity helps CYCWs understand. As soon as we can talk about it, we can turn it into something positive and productive.”

- C4C Psychologist

CYCWs reflect upon their responsibility to keep the tree growing. If the activity reveals that gossiping is an issue, for instance, the psychologist asks participants to consider if they have ever gossiped. The team then discusses the reasons for this behavior, its consequences, and ways to stop it.

Discussion Pertaining to HIV and AIDS

In the fifth group session, the topic of HIV and AIDS is usually raised and CYCWs are asked to share whether or not they have been tested for HIV. This discussion promotes openness and stigma reduction pertaining to HIV and the group talks about how they can support team members living with HIV and AIDS. This session is often a catalyst for CYCWs to get tested. As needed, the psychologist helps CYCWs to further cope with HIV related issues in individual sessions.

Stress-reduction Techniques

CYCWs are also taught basic stress-reduction techniques such as meditation, neck massage, and the use of stress-balls. In addition, participants discuss the importance of exercise, diet and balanced nutrition.

Individual Counseling Sessions

CYCWs are offered a half-hour individual counseling session with the psychologist at each of the six visits. Some CYCWs capitalize on the opportunity to participate in one-on-one counseling from the psychologist's first visit, while others may not fully engage until the fifth or sixth visit.

These individual sessions go beyond group dynamics to provide CYCWs an opportunity to discuss personal issues and share their life stories and struggles. The psychologist focuses on helping individuals to understand and cope with their feelings and recover from any traumatic relationships or life events. The psychologist may begin by sharing observations from group sessions or by asking questions such as, "What can I help you with?" and "Is there anything you would like to talk about?" Beyond common counseling techniques, the psychologist may engage in strategies described below to encourage the client to open-up and reflect.

"The psychologist helped me process the emotional baggage I carried from my childhood. The psychologist enabled me to share my personal stories. These sessions helped build my confidence." – Female CYCW

Journal Writing

During the initial individual session, the psychologist often provides CYCWs with a journal. They are encouraged to record thoughts and feelings and to write about their past or hopes for the future. Some CYCWs choose to share journal entries with the psychologist. Journaling promotes self-reflection and healing, and provides an opportunity for CYCW to discover their inner-selves and process life events.

Letter Composition

The psychologist may also suggest that CYCWs engage in a letter-writing exercise to convey their thoughts and feelings towards someone in their life. For instance, the letter could be written to someone who has caused them grief, such as an abusive family member or a deceased loved one. They may also be encouraged to write a letter to more abstract figures in their lives such as God or their "inner-child," the young boy or girl they once were. After composing the letter, participants are encouraged to imagine the recipient's response and write a reply letter.

“We have learned that if we are angry at someone, we should write a letter to that person... My husband says, ‘Why don’t we fight anymore?’” – Female CYCW

Cultural Storytelling

The psychologist also helps CYCWs consider how to overcome and cope with the challenges in their lives. One way this is achieved is by asking the individual to share and reflect upon stories their elders told them when they were children about life lessons and how one deals with difficulties. The psychologist may also share stories from her culture. These storytelling activities aim to help integrate cultural elements into the individual recovery processes of each CYCW.

Follow-Up Activities

Due to funding constraints, most sites do not have further visits from the psychologist following the sixth session. Psychologists have provided a follow-up visit to only the four C4C pilot sites, each of which was visited once one year after the program. However, the strategies described below are in place to promote sustained support.

Recommendations to Program Leadership from Psychologists

The psychologists provide recommendations to NACCW pertaining to the individual well-being and group dynamics of CYCWs through reports and verbal consultations. They submit narrative reports to the NACCW Durban office after each session, describing activities conducted and group and individual interactions without identifying individuals by name. The report includes recommendations often pertaining to relationship issues between Isibindi leadership staff and CYCWs or to CYCW workload. NACCW maintains these confidential C4C reports in a binder organized by site at the NACCW Durban office, and encourages Mentors and other staff to review them. Isibindi Mentors may also periodically follow-up by phone with the psychologists to discuss progress and issues at particular sites.

The psychologists also attend periodic Mentor Workshops to provide feedback and recommendations based on the C4C experience. In addition, C4C psychologists often participate in the biennial National Child and Youth Care Conference and share recommendations on ways partner organizations can help support CYCWs.

Identification of CYCW as C4C Facilitators

During the final C4C session, the psychologist may nominate a CYCW or several to serve as C4C Facilitator(s), and in some cases motivated CYCWs volunteer. These individuals are selected as C4C Facilitators because the psychologist feels that he or she exhibits sufficient leadership skills, emotional maturity, and respect from the team to effectively facilitate group C4C sessions. They are tasked to continue to promote team building, stress reduction, and related activities among their team. They do so through hosting monthly events that provide CYCWs with an opportunity for fun, relaxation and team-building.

Two sites in particular offer examples of sustained C4C programs. C4C type activities have continued at Ndondo Square since 2007 under the volunteer leadership of four CYCWs. This committee has conducted monthly debriefing sessions among the CYCW team focusing on topics such as: gossip, forgiveness, love, confidentiality, hope, spirit of Ubuntu, self-awareness, stress and spiritual healing. Sessions have also included singing, dancing, Bible reading, and gift exchange. At another site, Illinge, Program coordinators raise funds to facilitate monthly social events to honor their CYCWs. Participants plan menus, distribute small gifts, dance, sing, and play games.

Continued Team Building from Mentors

Two Isibindi Mentors have been engaged to implement ongoing team-building activities among CYCWs. Based on recommendations from the psychologist, four sites (Nqutu, Thohoyandou, Kwaguga, and Nseleni) with a total of 76 CYCWs were selected to participate in a several day workshop away from their community where Mentors facilitated custom-designed intensive team-building programs. Activities focused on communication skills, self-awareness, team work, celebrating successes, discussing challenges, and included social activities. These sites were selected because of an identified need for further enhancement of group dynamics. Moreover, in December 2007, team-building activities were implemented at all Isibindi project sites to celebrate the end of the year.

LESSONS LEARNED

Participants reported that the C4C approach was both personally and professionally gratifying. Its areas of emphasis corresponded to areas of CYCW need, and facets of the approach, such as implementation by a highly skilled professional external to the community, proved highly successful. CYCWs found that the C4C program played an essential role in helping them bridge their personal and professional lives. C4C participants were able to resolve issues that they might otherwise have never recognized or expressed, and the personal improvement they experienced via the program can carry over to every aspect of their lives.

The program will however require additional resources and continued refinement in order to maintain momentum and enable expansion to all Isibindi sites. CYCWs who assume C4C Facilitator roles could benefit from more formal training and enhanced resources, and their peers and Mentors should be sensitized to the importance of the position. Several unmet needs of the C4C model, such as a gender-specific focus, were also identified. This section describes the programs strengths, challenges and gaps and offers potential solutions to provide necessary psychosocial care as the C4C model evolves.

Program Strengths and Innovations

Skill Development and Recovery

C4C offers a unique opportunity for CYCWs to share their personal stories with trusted professionals. Participants indicated that C4C helped resolve underlying emotional issues, process traumatic events in their personal lives through self-reflection, understand the importance of stress management, and build self-confidence to take appropriate action for self-improvement. The psychologists interviewed for this case study reported helping participants learn to balance personal and professional responsibilities as well as cope with pain and grief associated with abandonment, abuse, and family alcoholism. Both psychologists and Isibindi staff reported witnessing great progress and resiliency among participants, who echoed similar sentiments. The individual and group processes also built CYCWs' capacity to understand the mental health needs of beneficiaries. C4C participants reported teaching beneficiaries the techniques they had learned, such as journaling and letter writing.

*“I thought,
‘The psychologist
can never help me.’
When I cried, the
psychologist said
that it was okay and
that I must cry....
and I felt free.”*

– Female CYCW

“Some of CYCWs have blossomed and they have taken action to improve their own lives that they would not have done prior to C4C. They have reconnected with family members or distanced themselves from harmful relationships.” – Program Coordinator

Emphasis on Stigma Reduction

In resource poor settings, mental health is often neglected. Those with mental health concerns may be considered weak, and mental health needs may be viewed as unimportant relative to other needs. C4C sessions include discussions about recognizing and reducing the stigma that surrounds mental health. This emphasis has helped CYCWs to understand the importance of mental health needs in their own lives and the lives of those around them. After participating in the program, some CYCWs have even recommended members of their own families to seek professional psychological help and they also see the value of addressing these needs among the families they serve.

“We did not know what a psychologist was before. People in our community think that it is a waste of money to seek mental health; but it helped me a lot.”

– Female CYCW

Stigma reduction also extends to HIV and AIDS. Typically, during the fifth session, when C4C psychologists initiate discussions on HIV and AIDS and focus on the importance of getting tested, some CYCWs elect to share their HIV-positive status. Their candid contributions to the discussions helps to sensitise other participants to the issues PLWHA face, and likely enhances the support that other team members provide to affected and/or infected beneficiaries.

“My husband died of AIDS a decade ago, but I did not get tested for a long time. During C4C I realized that I should get tested for myself and for my daughter. I am HIV positive, but I am much happier now that I know my status.” - Female CYCW

Focus on Team Dynamic

Conflicts are inevitable in any group, often because of issues with leadership, difficult personalities, jealousy, and gossip. Crisis situations in the team and in the community can also negatively affect the group dynamic. The multiple stressors in CYCWs' work and personal lives intensify these challenges. C4C recognizes that Isibindi works best when the CYCWs function well as a team. The approach concentrates on building unity and addressing challenges to the group's successful functioning.

*"We are where we are
because of the group
counseling sessions.
It helped us unite
and restore trust with each
other and with the
community at large,"*

– Female CYCW

At Ndondo Square, C4C dealt with a serious situation where some CYCWs were dismissed for using beneficiaries' grant funds for their own purposes. This incident prompted community members to question the integrity of the program and of CYCWs as a group. C4C helped resolve these residual issues through group and individual counseling. During group sessions, the C4C psychologist emphasized the importance of CYCWs' positive actions and continued service to regain community trust. The group came together through role-playing, song, dance and open discussions on relevant issues such as forgiveness and learning from mistakes. Individual counseling sessions provided each CYCW an opportunity to understand the situation and to prepare appropriate responses to community members.

More common team challenges deal with personality conflicts, communication, trust, jealousy, and gossip. C4C addresses these issues in group discussions with the psychologist. At Nseleni, the C4C psychologist encouraged CYCWs to explore the reasons behind gossiping. CYCWs came to recognize the destructiveness of gossip and brainstormed ways to eliminate gossip from the groups' interactions. Self-reflection in individual sessions helped complement these group discussions.

Implementation by a Community Outsider with Clinical Skills

“Initially, I was skeptical of the psychologist. I thought, ‘Why does this stranger ask me this kind of thing?’ But eventually, I realized that she helped me grieve.” – Female CYCW

Many Isibindi sites are located in resource poor areas that lack professional mental health services. Accessing such services would require securing time off from work, transportation, and money. C4C eliminates these formidable obstacles by bringing psychosocial services directly to CYCWs at Isibindi sites. In addition, as C4C is an integrated part of their job, CYCWs feel free to allocate time to its activities.

Many CYCWs reported feeling uncertain at first about talking with the psychologists. Focus groups revealed that this early reluctance was surmounted in large part because the psychologists were not from the local community. Participants felt more comfortable sharing stories that involved other community members, knowing there was little chance the psychologist knew the individuals mentioned. They also felt less likely to be judged by someone unfamiliar with their reputations, families, or histories. Additionally, CYCWs appreciated the fact that the psychologists were not directly involved with the Isibindi program, so that C4C participants could openly participate without feeling like they may be jeopardizing their jobs.

“There are things that I’ve never shared with anyone, but here it just ends in the office with the psychologist. We want someone to listen to us. We know the psychologist will not share our stories with others.”

– Female CYCW

Program Challenges

Restricted Program Duration

C4C brings skilled psychologists to rural areas with limited mental health resources; however, the program is short-term. Due to funding constraints, C4C includes only six sessions with one of two C4C psychologists, making regular follow-up visits infeasible. One year after C4C implementation, four C4C pilot sites received a one-day follow-up visit by a psychologist to gauge the effect of this model. The psychologist reported that the program had made a lasting impression on the individuals and teams, but noted that new issues and challenges had developed.

Correspondingly, Program Coordinators, Mentors, and CYCWs expressed the need for additional sessions and follow-up visits from the psychologists. They emphasized that team dynamics shift frequently as new CYCWs are hired and promotions occur. For instance, as CYCWs adopt new leadership roles in positions where they may supervise former colleagues, tensions are introduced that can negatively affect the team dynamic. CYCWs also continue to face challenges from increasing workloads. Personal issues emerge as the HIV and AIDS epidemic grows and CYCWs cope with the illness and loss of loved ones, or with HIV infection themselves. Further, some CYCWs do not fully engage in the C4C process from its first session.

“After C4C, CYCWs are faced with more issues as they serve new beneficiaries. For instance, even a car must be serviced after 400 kilometers. So, if a car needs that kind of healing, then so do people. I think if the psychologists can return once or twice a year, the team would really benefit.”

– Mentor

“CYCWs reveal a lot of emotions with the psychologists. But, if the CYCW decides to get tested after the fourth session and then only opens up by the sixth session, then she is in need of more support.” - Senior Mentor

Program Scale - Up

At more than half of existing Isibindi sites, the C4C model has not been implemented. In addition, the opportunity to participate in C4C has never been extended to Isibindi volunteers. Volunteers face many of the same challenges as CYCWs, and may have additional concerns due to the more limited professional opportunities and economic insecurity their volunteer status confers. Their inclusion in C4C activities would surely be of great benefit to them and to the Isibindi program.

Reliance to date on only two psychologists, one of whom continues to maintain a clinical practice in addition to C4C responsibilities, has also inhibited the program's ability to scale up the model. A dearth of psychology professionals in many areas, especially rural ones, complicates the implementation of the model across Isibindi sites. The two psychologists who have sustained the program to date report traveling an average of 10 hours to each program site, and conducting as many as 14 individual counseling sessions with CYCWs in a single day. In addition to meeting the extraordinary time and travel demands the position poses, a C4C psychologist must possess extensive clinical experience gained in a variety of settings. Recruiting and financing suitable candidates remains a challenge.

Ongoing C4C Efforts by CYCWs

“When the psychologist left, she selected two people to continue C4C. I would like these two people trained to do this job at our site,” – Female CYCW

Several sites, like Ndondo Square, have attempted to sustain C4C activities by identifying a CYCW as a C4C facilitator upon program completion. However, this has not occurred at all C4C sites and where it has occurred, implementation has been challenging. Even at sites where a C4C facilitator has been identified, the role has not been clearly defined and the facilitator receives minimal guidance on program implementation. This new role also lacks credibility among other CYCWs and the senior Isibindi staff who may not perceive the facilitator as sufficiently qualified. Additionally, senior staff may not respond to the C4C facilitator’s recommendations because they do not feel they are credible. Further, C4C facilitators are not compensated for these additional responsibilities. One C4C psychologist interviewed for this report commented that CYCWs already have high workloads and it may be unrealistic to expect them to be C4C facilitators without a highly systematic course of counseling training as well as compensation.

Identifying and engaging a C4C facilitator earlier in the C4C process might ease some of these limitations. The additional time could present a valuable opportunity for the C4C psychologist to offer formal mentorship and officially introduce the facilitator to the team in his/her new leadership role. C4C facilitators could further receive specific guidelines for the role, as well as specialized training in psychological support that goes beyond the lifespan counseling CYCWs normally offer to beneficiaries. The facilitator could also maintain some connection with the psychologist for consultative purposes. Further, other stakeholders, including CYCWs and senior Isibindi staff, should be sensitized to the C4C facilitator’s role. Facilitators also could receive a salary increase, as Disability and Safe Park Coordinators do, in keeping with their new responsibilities.

“I don’t feel I can share my stories with them [CYCWs serving as C4C facilitators] as I did with the psychologist.” – Female CYCW

In addition, even at sites with C4C facilitators, respondents commented on how some therapeutic benefits are lacking. Respondents indicated that disclosure is hindered due to their intimate relationships with one another. While CYCWs, with proper training and support, may be able to engage in team-building and stress reduction activities, they may not be ideal candidates to address the residual or emerging mental health issues of their colleagues. Instead, perhaps

Mentors, who reside outside of the community where CYCWs live and work, could be empowered to provide this sustained support with training and consultation from the psychologists. Alternatively, NACCW can explore further linkages with additional external counseling services.

Lack of Formal Monitoring and Evaluation Plan

The C4C initiative lacks a formal system to monitor and evaluate its processes and outcomes. While the psychologists submit a report after each session, including recommendations, actions taken towards implementing these recommendations are not monitored. Implementing this type of system could ensure uptake and increase accountability.

In addition, the impact of the initiative on CYCWs has not been assessed. The C4C psychologists ask CYCWs for verbal feedback after sessions; however, a more rigorous assessment approach would help program staff and participants better understand the effectiveness of the model and could be used for program improvement and for soliciting continued funding. However, the program is a psychodynamic one whose effects, stemming from participants' deep and often, newfound engagement with unconscious processes, are not easily quantified. An assessment should include a range of methods to balance rigor and qualitative complexity.

One suggested type of participatory monitoring asks the C4C psychologist and CYCWs to brainstorm a list of group goals during the first group session. CYCWs can also develop personal goals during individual sessions with the C4C psychologist. Identifying goals at the start of the C4C process can begin to clarify the purpose of the program and inspire CYCWs to become more invested in the process. Because the C4C program may be CYCWs' first substantive experience with applied psychology, the psychologists can encourage participants to repeatedly redefine what they hope to gain. Thus, in addition to considering progress toward their early and later goals, participants may be able to identify benefits from the goal-setting process itself. These goals and obtainment of them could be documented.

Program planners might also consider pre and post surveys among participants to document changes in knowledge, perceptions, practices and their mental and social well-being. These processes could be complemented with intermittent in-depth interviews among stakeholders to learn more about the model's strengths and limitations.

Unmet Needs

Relationship-Building with Isibindi Leadership

Focus group discussions and interviews with C4C psychologists demonstrate the need to enhance relationships between CYCWs and senior Isibindi staff. Unresolved issues remain pertaining to CYCWs' promotion to program leadership roles. Colleagues who were not promoted may feel confused and neglected for not being selected, and jealous and resentful of those who were. Moreover, CYCWs promoted to leadership roles often feel isolated from the rest of their team. CYCWs may have high expectations of promoted individuals without understanding the implications of their new roles. Those promoted to leadership positions may also have unreasonably high expectations of themselves. The C4C psychologists could facilitate additional group sessions between Mentors and CYCWs as well as Program Coordinators and CYCWs to discuss the specific issues they face, ease these transitions and reduce team tensions.

Other findings also highlight the importance of engaging senior Isibindi site staff and NACCW headquarter staff in C4C activities. CYCWs may view the leadership team as a separate and/or threatening entity. A CYCW may not feel comfortable confronting the Program Manager or Program Supervisor when issues arise because of fears that their job security is at risk. Some CYCWs noted problems with their Mentor and Program Coordinator, feeling that they lack understanding of the work CYCWs perform. Correspondingly, senior staff may feel that CYCWs do not understand the importance of responding to donor priorities. Facilitated dialogue between these groups could improve mutual understanding of role-specific issues and concerns.

In addition to the need for relationship-building between Isibindi leadership and CYCWs, more formal channels for communication between the psychologists and those serving in other program roles should be established. One C4C psychologist who addressed a gathering of Program coordinators in 2007 and 2008 recommended that program psychologists take part in these meetings annually. Psychologists have also recently conducted Mentor retreats, and such activities could continue on regular intervals to facilitate open communication with Mentors as well as provide them the opportunity for psychological support. As C4C is designed to reinforce the broader goals of the Isibindi program, this kind of dialogue among stakeholders is essential to ensuring that the approach stays coordinated and effective.

Gender-Specific Focus

Child and youth care work is a female-dominated field, and roughly 90% of CYCWs are female. C4C sessions include both male and female CYCWs and although they share similar issues, they also face gender-specific challenges that have been insufficiently addressed in C4C programming to date.

Focus group discussions revealed that male CYCWs encounter different challenges than female CYCWs. They are often stigmatized for undertaking a child-caring role which conflicts with traditional ideas of masculinity. Community members may further assume they have romantic intentions with beneficiaries. Male CYCWs also feel at times unjustifiably persecuted by female beneficiaries and colleagues who may associate male CYCWs with their negative experiences of men as perpetrators. They further are not always comfortable addressing issues facing female beneficiaries, such as reproductive health, unintended pregnancy, unsafe abortions, and rape and do not feel they can openly discuss such topics with their female colleagues. Male CYCWs also have personal challenges that they are not comfortable discussing in front of female colleagues, such as emotional struggles with the women in their lives.

Female CYCWs also have unique challenges. They normally play multiple caregiver roles: sister, mother, grandmother, and CYCW. Trying to fulfill these responsibilities simultaneously can be overwhelming, and the inability to “do everything” leads CYCWs to experience feelings of inadequacy and low self-esteem. Additionally, female CYCWs may be professionally empowered at work, but forced to assume a submissive role in the home. Husbands and partners often can't understand why confidentiality precludes CYCWs from discussing their work, and may feel threatened if their wives are not dependent on them for economic security. Female CYCWs also feel disrespected by other local stakeholders with whom they depend on to service beneficiaries, such as local authorities and other community members. They too at times feel uncomfortable discussing such issues in front of male colleagues, concerned they will appear vulnerable or weak.

Gender-specific counseling sessions could be particularly valuable. In gender-mixed sessions, incorporating discussions that specifically address gender issues may reveal previously unknown challenges and emphasize experiences that are common to both male and female CYCWs. In addition, some sessions could be limited to each gender. In this case, male CYCWs working across a province could be convened for male-specific C4C sessions. A gender focus may ultimately better address individual needs and enhance support systems, enabling female CYCWs to better support male CYCWs on their team and vice versa.

Psychological Support for Isibindi Beneficiaries

Professional psychological support services are scarce in the areas where Isibindi has been implemented. While CYCWs are able to provide beneficiaries with lifespace counseling during home visits, and may be successfully trained to implement some C4C-type activities with their peers and beneficiaries, they lack the skills necessary to provide higher level psychological support. C4C brought the importance of mental health to the forefront, and participant CYCWs want to be effective at bringing these essential services to the families they support. Other stakeholders, including NACCW staff, also recognize beneficiaries' need for professional mental health services. The need for mental health care is especially acute among OVC guardians, notably grandparents and youth who serve as heads of households.

Variations on the C4C model, with specific sessions for guardians, could greatly improve community capacity to care for OVC. However, the C4C psychologists may not be suitable facilitators for sessions with guardians due to language and cultural barriers. Instead, CYCWs, whose pre-established relationships with beneficiaries afford them an intimate understanding of the challenges they face, may be better equipped to fill this role. Select CYCWs could receive advanced training in facilitating group counseling sessions among guardians. Other CYCWs, in turn, could refer their beneficiaries in need to these designated CYCWs for such counseling.

“The psychologist shared something with us – and we need her to train us.”

– Female CYCW

THE WAY FORWARD

C4C is a flexible and continuously evolving approach to meeting the needs of CYCWs and improving Isibindi services. NACCW plans to support the C4C program's expansion and work to sustain it. As financial and human resources permit, NACCW will implement the model at all Isibindi sites, and begin including Isibindi Volunteers in C4C activities. Program staff is considering enlisting the services of students in Master's level psychology programs, particularly those preparing to complete a practicum, in order to expand C4C implementation. They will also engage in dialogue with other local counseling organizations to help identify professionals interested in becoming involved.



Ilunge CYCWs on their way to conduct home visits to beneficiaries' homes.

While CYCWs are successfully leading post-program C4C activities at select sites, NACCW recognizes that this approach is not feasible everywhere; they are considering training selected Mentors to assume the Facilitator role. They are also working to establish C4C Coordinators to lead continuing activities program-wide and help formalize the roles of C4C Facilitators. NACCW also plans to incorporate key elements of the C4C model into its Mentor training and Mentors have been identified to develop and lead team building activities at selected Isibindi sites. NACCW also envisions an internal C4C unit within NACCW's organizational structure. They continue to explore and find innovative ways to ensure not only care for OVC, but for those who deliver such care.

"It's the sustainability issue, but it's also an issue of synergy between all of the different elements...we need to string the pearls together and understand how they connect with each other so we don't lose any of the impact of what they are doing. How does the Mentorship pick up? How does a team pick up on C4C? How does the teambuilding pick up? How can we make this an on-going reality?"

- Program Staff

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Appendix 1 Isibindi CYCW Recruitment Documents

NACCW's CYCW recruitment documents include CYCW advertisement with the job description, selection criteria and interview guide, and general interview guidelines for interviewers such as the six guidelines for assessment.

ISIBINDI PROJECT – CREATING CIRCLES OF CARE

APPLICATION FOR TRAINING AND VOLUNTEER SERVICE

The (**name of implementing organization**) in partnership with the National Association of Child Care Workers (NACCW) invites interested people from the community of (**community/ies where the Isibindi Project will be replicated**) to apply for training and volunteer service in the Isibindi project.

Requirements and condition:

- Selected volunteers will have to undergo training in FET Certificate in Child and Youth Care Work.
- Candidates must submit a CV.

Criteria:

- Grade 10 -12
- Community involvement – written recommendation from a community member of good standing.
- Competency in English.
- Strong family and other support systems to allow flexible work during evening and weekends.
- Recommended qualities: Honesty, creativity and self-awareness.

Responsibilities:

- Early identification of vulnerable children and families infected and affected by HIV and AIDS.
- Responding to the needs of child headed households.
- Supporting children and families.
- Networking with relevant Departments/structures and resources.
- Providing information and education.

Clearly mark application: "Isibindi Project"

Send application to:

For further information contact:

Telephone no: _____

Date: _____

Closing date: _____

CRITERIA FOR THE SELECTION OF POTENTIAL COMMUNITY BASED CHILD AND YOUTH CARE WORKERS INTERVIEW GUIDE

- ❖ Previous community involvement with a positive recommendation from community members of good standing.
- ❖ Strong family and other support systems to allow for flexible work during evening weekends.
- ❖ Ability to network support when needed.
- ❖ Age: 30 – 35 years +. Assess maturity carefully.
- ❖ Education: Competency in English and grade 10 – 12.
- ❖ Ability to understand diversity comprehensively and non-judgmentally (cultural practices, religions, meals preparation etc.)
- ❖ Personal cultural roots.
- ❖ Honest: has a reputation of being impeccable about stealing/lying.
- ❖ Authenticity: comes across to people as genuine and real.
- ❖ Self-awareness: aware of personal strengths and weakness.
- ❖ Openness to change, development, growth and learning.
- ❖ Creative – is able to think of many different things to do in different ways, and has many solutions to one problem.
- ❖ Capacity to take careful risks and work independently.
- ❖ Good communication and listening skills.
- ❖ Self-confidence and assertive
 - working in teams
 - work alone
- ❖ Accountable
 - supervises
 - needy – individual
 - teamwork
- ❖ Respectful, sensitive, empathetic, healthy, flexible, has initiative.

GUIDELINES FOR THE INTERVIEWING OF POTENTIAL COMMUNITY BASED CHILD AND YOUTH CARE WORKERS

The following are a range of possible questions to ask those who are being interviewed and cover the themes of care, management, assessment and activity programming – the core competencies required in child and youth care work. These competencies will need to be understood in the context of community child and youth care work and work with affected/infected children and youth who are victims of AIDS. So, there are many questions assessing attitudes and values.

- Ask as many questions as is required to get a greater sense of the interviewee's capacity in any particular area.
- Make up more relevant questions linked to the theme/community if required.
- Ask open ended questions and present scenarios for them to comment on.
- Do not overwhelm the interviewee. Using simple language and ask questions clearly and in a friendly warm manner.
- Ask questions relevant to practical details that will require the special commitment from child and youth care workers. E.g. evening/weekend work, shift work, long hours of work, family support etc.
- The questions below are just some examples to facilitate the interviews. If possible a child and youth care worker should be part of the panel. The interviewing panel must share in the asking of questions. Prepare for this before hand and assist each other if clarity is required. All on the panel must make notes where necessary for the discussion afterwards.
- Remember to assess for both **capacity** and **potential** of those interviewed in the areas of knowledge, skills and self-awareness. Potential can be developed if there is a willingness to learn.

INTRODUCTORY QUESTIONS

1. Tell us about yourself and why you have applied for this job?
2. What do you know about child and youth care work?
3. What work have you done previously in the community?
4. Have you been previously employed? If yes ask for details and references.
5. What do you think about people who are affected by AIDS?
6. Why do you think they have become victims of AIDS?
7. Do you think it is safe to work with people who are HIV positive?
8. What is the community's attitude to victims of AIDS?
9. Do you agree with this attitude?
10. Have you ever been involved with HIV and AIDS work?

Ask any other educational background details or gather any other information that seem relevant at this time.

CARE

1. What do you think care in child and youth care work means?
2. If you had to take care of the physical needs of a child what would you do?
3. How would you show care/compassion/sympathy to a young person?
4. How would you show a 16 year old girl who is HIV positive that you care for her?
5. How would you show care to a 5 year old who has just been orphaned?

MANAGEMENT

1. What kinds of behaviour do you think would be presented by a youth who is affected by AIDS?
2. How would you manage/handle any of the behaviours you have mentioned?
3. What would you do?
4. Which of the behaviours mentioned would upset you personally the most? Why? How would you cope with it personally?
5. What would you do if a young person swears you?
6. What would you do if a young person doesn't listen to you/obey you?
7. What would you do if a young 17 year old girl is angry and sitting alone in her room?
8. What kinds of things do children do that makes you angry? What triggers your anger?
9. When you are angry, how do you cope with the situation? With yourself?
10. Do you think that physical punishment is helpful disciplining children?
11. Do you hit/smack your own children?
12. In managing behaviours of young people what skills do you feel you need to learn?

ACTIVITY PROGRAMMING

1. What kinds of activities are you good at /comfortable doing?
2. Why do you think it is important to do things **with** young people?
3. What games do you like to play?
4. What are other things you like to do (hobbies)?
5. How do you think your talents/skills/hobbies will assist you in your work with children and youth who are affected and infected by AIDS?

ASSESSMENT

1. What do you think about children growing up alone without adults to support them? (i.e. in child headed households)
2. What dangers are there for children and youth who are AIDS orphans?
3. What dangers exist in our community for young people who are HIV positive?
4. What could be done to reduce the dangers for children affected/infected by AIDS?
5. Why would it be important to observe the children we work with?
6. What are things that are important to look for? Why?

GENERAL

1. What do you think you need to know to be a child and youth care worker?
2. What are your personal plans to develop in the field of child and youth care?
3. Will you be available for further training?
4. Do you think that it would be important to have someone supervise or guide you in your work?
5. Do you think that writing reports of your work will be helpful? If so, why?
6. How would you deal with issues around confidentiality in your community?
7. What would you do if an uncle in the family you are working with asks for the name of the person who infected his niece? What would you say to him?
8. Will you be able to adhere to a code of confidentiality? [Explain the implications]
9. Have you ever worked with other people – in church groups, youth clubs, volunteer groups?
10. What were the challenges/difficulties you had in working with other people?

11. Do you enjoy working with others? Why? What are the strengths you personally bring into teamwork?
12. Will your family support you in this job as there will be many demands on you and your personal time?
13. Who in your family is the most supportive?
14. How will your children be cared for when you are at work? Will your partner accept you working nights/shifts etc?
15. What, if any are your health issues that need to be considered in relation to this job?
16. Are you able to walk distances regularly, do you require regular medical attention etc?
17. Do you have any questions you would like to ask the interviewing team?

CONCLUSION

1. Discuss your expectations/information about your prog/salaries/Conditions of service/time-frames for getting back to them.
2. Have a brief discussion after every interview and a full discussion after all interviews comparing notes and assessments. Refer to the “6 P’s” below:

Guidelines for Assessment	Description
Personality	Gauge whether his/her personality is driving, influencing, supporting or calculating
Passion	What motivates him/her – results, relationships, money, recognition, affirmation, impact or security
Pattern	Patterns in his/her successes and failures, whether they work best individually or on a team
Potential	What they might accomplish given the right direction, motivation, coaching and leadership
Profile	Gauge whether they might fit the culture of the program
Placement	Measure where they fit – which team will both benefit from them and add value to them

PREPARED BY THE NACCW: MAY 2002

Appendix 2 Isibindi Training Details

Isibindi Training Curriculum

The table below illustrates all 14 training modules, learning outcomes and duration of training. Upon successful completion of this training, CYCWs will receive a FET Certificate in CYC.

Module	Learning Outcomes	Duration of Training
1. Demonstrate a basic understanding of the fundamentals of Child and Youth Care Work	<ul style="list-style-type: none"> Describe and explain key concepts in CYC Describe and explain the self development responsibilities of CYC Describe and explain the basic philosophical, ethical and legal framework for CYCW Describe and explain the concept of programming within a CYCW context 	24 hours of training 10 Credits Level 3
2. Apply basic communication skills in interactions with children and youth at risk	<ul style="list-style-type: none"> Demonstrate understanding the role of verbal and non-verbal communication in interactions Adapt communication to specific interactive contexts Provide information and/or feedback to significant stakeholders in a CYC context Initiate and effect disengagement of working relationships with child and youth at risk 	24 hours of training 5 credits Level 3
3. Promote and uphold the rights of children and youth	<ul style="list-style-type: none"> Describe “childhood” in terms of a basic knowledge of human development, needs and diversity Demonstrate understanding of child rights for own work context Identify the implications of child rights for own practice, and apply these under supervision 	6 hours of training 4 Credits Level 3
4. Demonstrate basic caring skills for children and youth at risk	<ul style="list-style-type: none"> Demonstrate understanding of key aspects of developmental and therapeutic care Demonstrate understanding of developmental needs at a physical, social and emotional care level Apply basic health care knowledge to children and youth within their ecological context Display cultural competence throughout care 	15 hours of training 5 Credits Level 4
5. Apply personal development strategies and skills to enhance effective service delivery in child and youth development	<ul style="list-style-type: none"> Describe self awareness and reflect on own practice Identify, access and use resources and support to assist in self development Develop and implement a self development plan 	15 hours of training 5 Credits Level 4
6. Work as part of a team, under supervision, with children and youth at risk.	<ul style="list-style-type: none"> Contribute to effective functioning of a CYCW team Demonstrate understanding of multi-disciplinary team work Contribute to effective delivery in a multi-disciplinary team Describe the ethical considerations for working in a team in a CYC context 	12 hours of training 5 Credits Level 4

7. Demonstrate knowledge of lifespan development theories for application in child and youth care work	<ul style="list-style-type: none"> • Demonstrate an understanding of the key features of mainstream lifespan theories • Describe and explain the significance of lifespan development theories for CYCW • Discuss the application of development theories within a Southern African context 	15 hours of training 5 Credits Level 5
8. Demonstrate knowledge of the developmental approach to therapeutic work with children and youth at risk	<ul style="list-style-type: none"> • Describe and explain the underlying philosophy of a developmental approach to therapeutic work with young persons at risk • Demonstrate an understanding of the essential approach to learning in the developmental approach to therapeutic work with young persons at risk • Describe and explain the developmental approach to therapeutic work within a multi-disciplinary team context 	15 hours of training 5 Credits Level 4
9. Observe, record and report as an auxiliary CYCW in a CYCW context	<ul style="list-style-type: none"> • Demonstrate an understanding of observation, recording and reporting in CYCW • Observe behavior within a selected assessment framework • Record observations as part of a developmental assessment • Report observations and interpretations 	15 hours of training 5 Credits Level 4
10. Demonstrate knowledge of programming and activities in CYCW	<ul style="list-style-type: none"> • Describe the purpose of programming in a CYC context • Describe the key features of programs in CYC context • Identify resources for CYC programs • Review and report on programs 	15 hours of training 5 Credits Level 4
11. Demonstrate basic interpersonal skills with children and youth at risk and their families	<ul style="list-style-type: none"> • Critically evaluate own performance in interactions with child and youth • Demonstrate understanding of cultural diversity • Use interpersonal skills to establish and maintain relationships with children and youth at risk and their families. • Identify and facilitate problem resolution in interpersonal contexts in the life space of the child 	30 hours of training 12 Credits Level 4
12. Describe the use of relationships for developmental and therapeutic ends in CYCW	<ul style="list-style-type: none"> • Describe the role of relationships in CYCW • Describe key elements in building and maintaining therapeutic relationships • Describe the use of interpersonal skills to establish and maintain relationships • Describe the process of engagement and disengagement of working relationships with children and youth 	18 hours of training 8 Credits Level 4
13. Apply behavior management and support techniques in routine CYCW context	<ul style="list-style-type: none"> • Demonstrate an understanding of the concept “behavior” in a CYCW context • Discuss discipline and punishment in relation to young person’s at risk • Identify and describe behavior management strategies and techniques • Respond to behavior in routine CYCW contexts 	30 hours of training 10 credits Level 4
14. Participate in a developmental assessment	<ul style="list-style-type: none"> • Describe and explain approaches to assessment in CYCW • Demonstrate understanding of the role of participation in an assessment process • Contribute to the implementation of a developmental plan 	18 hours of training 8 Credits Level 4

Isibindi Electives

Module	Learning Outcome	Duration of Training
Provide primary emergency care/first aid as an advanced first responder	<ul style="list-style-type: none"> Describe first aid equipment and explain basic application Assess the accident scene, report and make safe Prioritize the casualties and treat 	32 hours of training 2 credits Level 3
Provide information about HIV and AIDS and treatment options in community care and support situations	<ul style="list-style-type: none"> Describe the rights of people who are infected and affected by HIV and AIDS Explain to clients the importance of knowing their HIV status and the implications of taking a test for HIV Explain ways to reduce the transmission of HIV from a pregnant HIV positive woman to her child Explain post-exposure prophylaxis Explain early treatment for opportunistic infections Discuss access to ART and the advantages and disadvantages of taking this treatment 	40 hours of training 6 credits Level 3
Recognition of Prior Learning	<ul style="list-style-type: none"> N/A 	N/A

<http://pcqs.saqa.org.za/showQualification.php?id=60209>

Isibindi Specialized Training Curriculum

The table below provides descriptions, duration, and if applicable, prerequisites of each specialized training topic. These training modules are offered only to select CYCWs and/or leadership positions.

Specialized Training Topic	Description	Duration/ Prerequisites (if applicable)
Core Concepts in CYC	<ul style="list-style-type: none"> The goal of this training is to give a foundation on CYC Key knowledge and skill areas as CYCW Emphasis on self-awareness Other topics: Rights of the Child, Framework of Services and Principles of the Development Approach, Behavior Management and Conflict Cycle 	Four, three-hour sessions
Introduction to Behavior Management	<ul style="list-style-type: none"> Aims to stimulate understanding in their role as managing behavior of youth Differences between punishment and discipline, how to deal with anger and counter-aggression Designing professional interventions to assist youth to take responsibility for own behavior 	Six, three-hour sessions
Life Skills	<ul style="list-style-type: none"> Taught skills to facilitate Life Skills program in own organizations Upon completion of course, participants can purchase Life Skills Manual to implement Topics: Communication, Feelings and Relationships, Adolescence and Sexuality, Resisting Negative Peer Pressure, Decision-Making, and Conflict Resolution 	Six, three-hour sessions
Introduction to the Management of Sexual Abuse	<ul style="list-style-type: none"> Recommended to attend this particular training as teams To better understand youth who have been sexually abused, gain knowledge about prevention of abuse, ways to engage in healing process for both survivors and perpetrators Personal values, beliefs, experiences will be challenged and examined 	Four, three-hour sessions
HIV and AIDS – Education, Care and Policy in CYC	<ul style="list-style-type: none"> Training specifically for CYCWs in residential settings Ways to work with youth in context of HIV and AIDS epidemic Reflection on prejudices, fears, beliefs regarding HIV and AIDS Provides guidance for effective, safe and professional CYC practice 	Six, three-hour sessions
Professional Assault Response Training	<ul style="list-style-type: none"> To train CYCW to work skillfully and competently in situations of high energy and aggression Techniques and skills in managing challenging behavior of youth Taught physical maneuvers to ensure non-injurious interventions in situations of physical aggression 	Two days, limited to 20 participants at one time, training must be facilitated by a licensed trainer on NACCW register

Consultative Supervision	<ul style="list-style-type: none"> • Equip participants with fundamental CYCW skills such as the ethics, values and principles of supervision and teaching component in supervision • Focus on self-awareness, development of supervisor and supervisee, supervisory relationship • Opportunities to practice skills • Complete practical assignment at the end of training 	<p>Prerequisites:</p> <ul style="list-style-type: none"> > On-line experience in CYC field for at least 3 years > Currently working in senior position in organization > Respected in the field of child care > Known to work professionally > Have CYC qualification <p>Eight three-hour sessions</p>
Restorative Conferencing	<ul style="list-style-type: none"> • Introduce philosophy and practice of restorative justice with reference to restorative conferencing • Describe indigenous and spiritual roots of restorative work, list various restorative practices, describe the process of restorative conferencing and facilitate restorative conference • Equip participants to run restorative conferences in own work environments 	Six three-hour sessions, three days
Foundations in CYC	<ul style="list-style-type: none"> • For CYCW, support service staff and community members who are caring for children and who are educationally disadvantaged • Aims to build confidence of this group by giving them an understanding of core CYC concepts • Develops skills in both reading and writing literacy, promotes culture of learning and development • Experiential learned and aims to reclaim indigenous CYC practices and stories • Each session focuses on a theme such as: Children At Risk, Strengths, Families, Culture, Care and Routine, Holistic Development, Self-Awareness, CYCWs, Life Space Work, Relationships, Separation, Developmental Care, Group Care, Behavior Management, Assessment, Programming 	<p>Two modules</p> <p>Each module consists of eight, three-hour sessions over four days</p> <p>Each session focuses on a theme.</p>
Higher Qualification in Child Care	<ul style="list-style-type: none"> • Development of reading and writing skills • Aims to help develop skills and confidence of CYCWs to engage in further studying in the field • Improved writing skills opportunities for CYCWs who do not wish to pursue tertiary studies • Four modules, each module focusing on a different child care concept – professionalism, team work, life space work, and family work. • Participants are required to complete a written assignment at the end of each module 	Four modules, each module consists of eight, three-hour sessions
Qualification in Community and CYC	<ul style="list-style-type: none"> • To develop trained community CYCWs to work effectively with children and families made vulnerable by HIV and AIDS and other factors • Twelve modules each contributing to the development of a sound CYC foundation 	Twelve modules, each module consists of five, eight-hour sessions, five days

Creativity Training	<ul style="list-style-type: none"> • Creative methods are used to explore four values of Circle of courage • This course complements four modules of BQCC course and creatively exposes participants to art, music, movement, drama, games, storytelling, and nature as creative tools to work with youth • Provides participants with personal experience of mastery, belonging, independence and generosity 	<p>Four, three-hour training sessions</p> <p>Two days or four mornings</p>
Training on the Minimum Standards for the CYC System	<ul style="list-style-type: none"> • Training for all 21 minimum standards for residential care is offered to teams from residential programs including: manager, social worker, senior CYCW and CYCWs • Five to six teams are trained together • This training is applicable to children's homes, secure care programs, places of safety, street shelters and youth rehabilitation centers – any residential program 	<p>Four hour sessions with time allowed in between for the training of the full team and writing up procedures for minimum standards</p>
Training of Trainers	<ul style="list-style-type: none"> • Participants must apply in writing to the National Coordinator and submit a CV detailing their CYC qualifications and experience • Training is offered to paid-up, professionally registered members of NACCW • Covers principles of adult education 	<p>Participants must be selected by NACCW</p> <p>Pre-requisites: On-line experience in child care field</p>
Basic Qualification in Child Care	<ul style="list-style-type: none"> • Based on the Circle of Courage model which is widely used in South African CYC services • Based on the policy, principles and minimum standards required within the transformation of the CYC system • This course is divided into four modules: Belonging, Attachment and Relationships, Mastery and Competence, Independence and Empowerment, Generosity and Spirit of Ubuntu 	<p>Eight, three-hour sessions for eight weeks or four days</p>
Basic Qualification in Secure Care	<ul style="list-style-type: none"> • To provide basic training for participants working with severely troubled youth within the context of a secure care facility • Theory and experiential training • Five-module training: Fundamentals of Secure Care (6 sessions), Secure Care Practice (10 sessions), Professional Assault Response Training (18 hours), Reclaiming Environment (8 sessions), Special Issues (4 sessions) 	<p>Five modules with varying lengths in the description box</p>

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