

Acknowledgements

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SECTION 1

1. An overview of the Foundation for Community Work (FCW)

The organisation was launched on 16 December 1974 as a welfare organization for the local community on the Cape Flats. At the time the organisation was known as the “Western Cape Welfare Organisation for Coloureds” (Weswoc) and registered with the Department of Coloured Affairs. During 1977 the organization appointed a committee to explore the possibilities of name changes and in 1978, under the Directorship of Dr Adam Small the organisation become known as the Western Cape Foundation for Community Work.

As an organisation with a welfare focus on the local community other charitable organisations and churches shifted their responsibility onto the “new” organisation, and a number of projects affiliated to the organisation for sustainability purposes. By 1978, the organisation had 7 projects with an ECD thrust. The needs of working mothers and the need to provide care for disadvantaged and neglected children then became a key focus of the organisation (Fredericks, 2006, 73).

“FCW cares for children at a time when personality is formed for the whole of life. Our philosophical approach is to deliver preventative services that involve the “whole” child within a particular community... The parents are seen as important partners in the education of their children and their home an extension of the educare centre. Are the children not our future?” Adam Small, 1980 (as cited in Fredericks, 2006, 111).

At the end of 1979 8 ECD centres were affiliated to FCW and by 1993 more than 35 centre-based ECD projects had been affiliated to FCW. Currently FCW remains the custodian of 9 buildings purpose-built for ECD (Fredericks, 2006, 113). As an organisation FCW worked hard at developing the capacity of communities to administer and manage their projects independently. Part of the weaning process during the 1990’s were also to encourage ECD centres to become part of their local Reconstruction and Development Programme (RDP) structures. However, financial constraints, poor ownership, committee and management structures, lack of parental support and poor parental involvement impacted on the growth and development of the centres, and there was agreement that the centres were important community assets that should be held in safekeeping (Fredericks, 2006).

From 1998 the organisation shifted its focus from centre-based ECD provision towards children outside of preschools which gave rise to the Family in Focus programme. FCW realised that the increasing poverty and growing unemployment made it difficult for parents to afford the services offered by preschools. Within this context the Foundation for Community Work through its Family in Focus Programme embarked on a programme of community and family outreach work in order to identify and support young children in households where families were struggling. The organisation realised that many families and individuals often felt so overwhelmed by their socio-economic environments, and that they often lacked the personal resources and the energy for childcare. Consequently, out of desperation they neglect, abuse, or even abandon their children.

Through the Family in Focus Programme the organisation came to realise that family life in the townships and informal settlements are characterised by many stresses, especially in communities battling with socio-economic issues such as poverty, high unemployment, violence and crime. Problems are much more complex and economic and social support structures seem to be less effective. The HIV/AIDS pandemic has added to the stresses within families and communities. South Africa is one of the countries with the highest number of children living with HIV/AIDS, with an estimated 80 000 infected children between the ages of 0 and 14 (NPA, 2001). The HIV/AIDS pandemic has also created a situation where more and more children are orphaned and left to care for households and siblings, thereby assuming adult responsibilities before they are ready to do so. Out of desperation for survival many myths, for example, that having sex with young children and virgins will cure AIDS have surfaced. All these stresses on family life and communities create a situation where children are becoming increasingly at risk and vulnerable to a complex combination of social and economic conditions. These complex and inter-related conditions therefore demand interventions that place the communities in the driving seat of multi-faceted interventions.

Therefore it became critical for the FCW to work harder at strengthening the capacities of families and communities directly to care for, develop, stimulate and protect their own children better. We also realised that many parents are not willingly or intentionally neglecting or preventing their children from accessing the care, development and stimulation offered by conventional preschools, but are more often paralysed by their lack of resources.

These developing insights and lessons learnt therefore became the basis of the Family in Focus Programme that aims to combine a range of childcare

interventions into an integrated set of strategies and tools for community action that will make communities more caring, safer and aware of the development needs of young children.

2. Describing the context of South Africa's children

In South Africa there are about 16.3 million children, and 6.5 million are under the age of 6 years, living in poor and under resourced rural communities (Robinson and Biersteker, 1997). The first South African supplementary report on the UN Convention on the Rights of the Child (May 1999) described the context of South African children as a “racially divided, traumatised, dehumanised, and child welfare negligent society”. The following facts describe this reality.

Health Status:

- The infant mortality rate (IMR) was 45 per 1000 in 1998.
- Of the 1.2 million children born annually in South Africa, 85 000 die before their 5th birthday (U5MR).
- Only 63% of one-year olds have complete immunisation cover and only 56% of children have a Road to Health card.
- 36% of all child deaths are due to treatable conditions – diarrhoeal diseases (25%) and acute respiratory infections (11%).
- 23% of children under 5 are stunted due to long term malnutrition.
- 32% of African households are dependent on river water and 16% have no toilet facilities at all.

Welfare Status:

- 20% of children do not live with their mothers.
- Only 49% of children have birth certificates (which have implications for accessing welfare grants).
- 40% of households are dependent on a social pension.
- 39% of households are headed by women.
- Since 1997 on average 35 000 cases of child abuse are investigated, and rape is the most prevalent crime.

Education:

- Only 1 in 10 pre-school aged children are in ECD programmes.
- An estimated 1.6 million children of school going age are out of school.
- Average teacher-pupil ratios are 1:45
- Teenage pregnancy is the major reason why girls leave school (1 in 8 girls are forced out of the education system as a result of pregnancy).

The AIDS Epidemic:

South Africa has the fastest growing HIV/AIDS epidemic in the world, with more people infected than in any other country, with the exception of India. In South Africa, it is projected that AIDS will account for a 100% increase in child mortality – from an anticipated 48 per 100 000 births without AIDS to almost 100 per 100 000 births in the year 2010. In the 1999 Progress of Nations Report, South Africa was one of seven countries with a more than 400% increase in the number of children orphaned by HIV/AIDS between 1994 – 1997. The report estimates that by 2015 when the epidemic should have reached its peak, orphans will comprise 12% of the population.

3. Understanding the role of the family

Given the challenges faced by children it is important to understand children in the context of their families. Like every social institution, the family is a dynamic institution. Families, irrespective of where in the world we look, continually adapt to changes in the social, economic, political and material circumstances. According to Richter et al (2003) the term family is not easy to define. However, the family can be defined as “a group of people who are related to each other through marriage, blood, birth or adoption”. This working definition accommodates both lateral and vertical relationships in that families may be complex or multi-generational and simple or nuclear in nature. These two broad types can include configurations such as a core nuclear family, with other lateral relatives such as grandparents and brothers and sisters, and classic nuclear families consisting of one or more parents and children, a marital couple, single parents with children, re-constituted families with step-parents and step-children, gay and lesbian families etc. According to Bateman (1996) families have become so diverse that she argues that “What people regard as their family is their family and this is the reality we, as service providers, must deal with”.

According to Goode (1964) family groups share the following characteristics:

- Families are intimate and interdependent,
- Families are relatively stable over time,
- Families have an identity that separates them from other groups by boundaries related to the family group,
- Family members perform supportive tasks associated with the family.

According to Goode as quoted in Richter et al (2003) family tasks involve moral, social, material and economic functions such as:

- Income generation, resource acquisition and distribution,
- The socialisation and education of children to share family values as well as broader social values,
- The control of social and sexual behaviour, including the restraint of aggression, anti-social behaviour and the infringement of taboos,
- The maintenance of family morale and identity
- The acquisition of new family members through procreation or adoption,
- The launch of young people into social roles beyond the family,
- The care of dependent family members, including children, older persons, and sick and disabled family members.

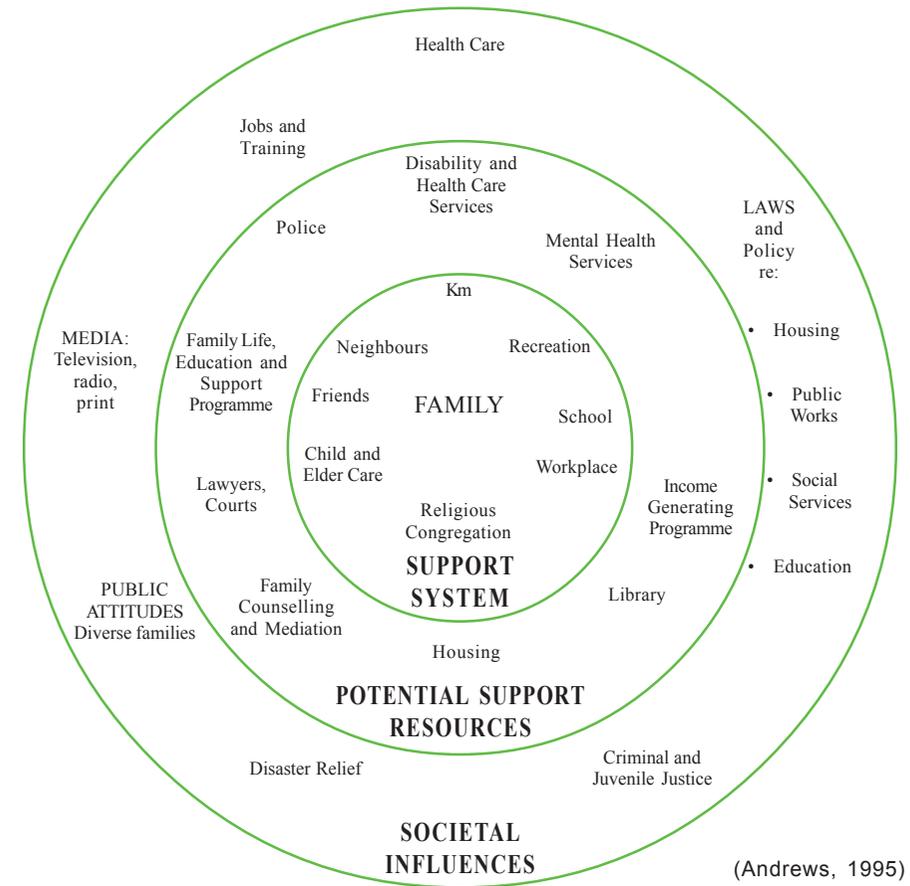
4. The social function of families

According to Richter et al (2003) families are the primary source of individual development and they constitute the building blocks of communities. They link under a common identity young and old members, men and women, providers and dependents. According to Richter et al (2003) this conviction goes back to the Confucian adage that “The strength of the nation derives from the integrity of the home”.

Disney, Bateman & Sneddon (1996) also argues that family relationships is the most important sources of social support, and remains the main element of members’ social and material support throughout their lives. In this regard Eastman (1989) acknowledges that strong and stable families provide the optimum framework for children’s well being and the foundation for becoming responsible adults. Eastman (1989) reasons that values and behaviours such as honesty, patience, perseverance, care and consideration etc are acquired during children’s development, and maintained and reinforced through experiences in the family group. According to Richter et al (2003) functional families also serve to control the behaviour of errant members, and provide care for dependent and vulnerable members. In most societies these functions are performed by the family with some degree of state intervention.

From the above it is clear that the family unit plays a critical role in society, and that the state and service providers cannot design intervention strategies around care and support for children, aged and disabled, school retention, substance abuse and crime without due consideration to family life.

The Family in Community An Ecological Perspective



SECTION 2

2.1. Research Supporting Family Based Early Childhood Development Programmes

The value of early childhood development programmes for young children is now generally accepted. Research conducted by Schweinhart et al. (1993, as cited in Stevens, 1997), found that participation in early education had potential positive long term effects. In their study, adults who were involved in ECD programmes as children had lower arrest rates, were more likely to be employed, married and have their own houses, as compared to those who were not in ECD programmes.

There are differing views regarding home-based ECD services. According to Bailey et al (1988, as cited in Wayman, Lynch & Hanson, 1991), a major rationale for home-based intervention is that it provides the opportunity for families to be more involved in their children's ECD. The situation in South Africa is that the vast majority of black children are not exposed to ECD programmes. This may be due to financial constraints or to an absence of programmes in many communities. It is argued that home-based programmes fill that gap and aims to ensure that children are afforded the same opportunity to reach their potential as those children fortunate to attend ECD programmes.

In the ECD sector, programmes are classified as "centre-based" when it operates from a building such as preschool centres, crèches and nursery schools. "Home-based" programmes are those programmes where the home environment is used to support primary caregivers, parents and family members directly with the care, stimulation and development of the young children. The Family in Focus programme is such a home-based programme that works directly with parents of young children.

According to Atmore (1998) (as cited in September, 2001), the home-based vs centre-based programmes debate is one that should be guided by the interests of the children and their families. Ultimately, both should form part of a range of services provided to the community. Advocating one is not in the best interest of families and children. Where the caregivers of children (three to six years) are working, then centre-based provision would be better suited. According to Atmore where caregivers were unemployed and children were younger, a home-based programme would be ideal. It would create a more intimate environment and the child ratio would be more suitable. Home-based provision is also perceived to be less costly when compared to centre-based programmes (Atmore, 1998).

There are various home-based intervention models locally and internationally that support outreach programmes for the development of young children who do not have access to ECD service provision. The following studies are cited in September (2001):

Bekman (1990) conducted multipurpose action research in Turkey to study the existing centre-based early childhood education system on the overall development of the child. It compared children from three different contexts; educational preschool; custodial preschool and home care, a home intervention program.

Lombard (1988) conducted an evaluation of 14 home-based preschool programmes in six OMEP (Organisation Mondiale pour l'Education Préscolaire) countries during 1985.

In four of the programmes the primary focus were the parents of the children. Five of the home-based programmes dealt with families of children between the ages of 3-6, and two were primarily for five year olds. Four of these were rural programmes which existed because children were too far from centre-based programmes. In a similar study Biersteker (1997) compared the following South African home-based programmes: Foundation for Community Work's Family in Focus Programme, the Kaho Ya Malapa programme of Hippy in the Free State, TREE's Clinic programme in Kwa Zulu Natal and the Learning for All Care Clubs/Barefoot ECD workers in Gauteng.

2.2. Key findings on Home-based ECD programmes:

Home-based programmes are varied, but it has been shown that there are many similarities. Although the target group may be parents or children or in some cases both, the outcomes are similar. There is also a ripple effect. Where parents are targeted specifically, benefits do not only apply to them. The findings of the research indicate that the children and other family members also benefit as a result of the intervention. All the programmes had a positive impact on the lives of children.

- The major strength of the home-based ECD programmes is that it increases the involvement of parents in the development of their children.
- It caters for children who would otherwise not have been in ECD programmes.
- It makes use of paraprofessional staff, and this ensures that the running costs of programmes are lower than that of centre-based programmes.

- The ratio between children and home visitors are low and this permits individualised attention.
- Feedback from parents to home visitors and vice versa can be immediate.
- Various members of the household can participate in the learning sessions.
- Help can be individualised and tailored to the needs of the parent or child concerned.
- Contact between home visitor and parent can be arranged at the parent's convenience. (Myers, World Bank Study, 1987)

2.3. Early Childhood Development Policy

The Education White Paper 5 on ECD (2001) refers to ECD as a comprehensive approach to policies and programmes for children from birth to nine years with the active participation of their parents and caregivers. In this regard ECD is defined as an umbrella term that applies to the process by which children from birth to about 9 years grow and thrive, physically, mentally, emotionally, spiritually, morally and socially.

The government's response to the ECD challenges are highlighted in the following policies: The White Paper for Social Welfare (1996) prioritises the provision of social development services to children under 5 years, and targets the intersecting needs of women and children.

The Education White Paper 1 on Education and Training (1996) and the Interim Policy on ECD of the DED (1996) focuses on the Reception Year (Grade R) for 5 year olds and a range of strategies for systematising the reception year.

According to the Education White Paper (2001) approximately 40% of young children in South Africa grow up in conditions of abject poverty and neglect. Therefore the needs of younger children (0 – 4 years) require an integrated approach and intersectoral collaboration. In this regard the National Department of Social Development designed the National Integrated Plan for ECD whose vision is to create an environment and opportunities where all children have access to a range of safe, accessible and high quality ECD programmes that include a developmentally appropriate curriculum, well trained staff, and services that supports their health, nutrition and social well being in an environment that respects and supports diversity. This plan identifies:

Vulnerable children as: orphans, children with disabilities and incurable disease, Children affected and infected by HIV/AIDS, children from dysfunctional

families, children in child headed households, and children from poor households and communities.

ECD practitioners as professionals with a career ladder and ongoing development opportunities.

All families as the first and main providers of early childhood care and stimulation with access to affordable high quality ECD programmes where they can participate in the education and care of their children, and

Communities are accountable for the ECD programmes offered to their children.

(National Integrated Plan for ECD in SA, 2005)

The strategy underlines the importance of families and caregivers as the primary teachers of young children. In order to ensure that the 75% of young children who are not currently benefiting from existing ECD service provision therefore requires an approach that takes learning opportunities for young children into their homes. It is therefore important that the home environment should be made conducive for the care, stimulation and development of young children.

ECD programmes in poor communities where there are limited or no services, should strive to create awareness about the importance of ECD and the role that parents and the broader community play in the development and future of young children. When people's consciousness and understanding have been raised it makes it easier for them to support intervention strategies that benefit the community. Support for caregivers and families as the primary building blocks of communities and neighbourhoods will ensure positive spin offs for children.

When the majority of young children live in poverty stricken rural communities where there are limited or no ECD facilities and resources, a new breed of ECD practitioner is required to become the foot soldiers of early childhood development in their communities. These foot soldiers or Home Visitors as defined in the Family in Focus Programme should be tasked with the responsibility to take learning opportunities into the homes of families with young children. They should be walking the streets visiting homes, and moving from farm to farm in rural communities.

The future of young children requires drastic action if we want to combat the downward spiral of young children in poor communities.

SECTION 3

3.1 Describing the Family in Focus Programme

The Family in Focus Programme is an early childhood development (ECD) programme which focuses on the needs of pre-school age children and their families living in environments characterised by poverty, unemployment, crime and violence. The focus is on the family as the primary source of care for young children.



Parenting Programme	Home Visiting Programme	Community Ownership
<p>Family in Focus operates from the premise that parents are the first and best teachers of their own children.</p> <p>Parent workshops and meetings are used to build support and social networks for parents.</p> <p>Parent workshops enable parents to provide age-appropriate activities that facilitate the holistic development of their children.</p>	<p>Home-visiting entails trained Home Visitors meeting with parents individually in their homes or with groups of parents and their children daily to facilitate stimulating, age-appropriate activities with their children. Resources found in and around the home are used.</p> <p>Home visits are closely monitored by CDW's.</p>	<p>Each FIF Project start as a joint effort between the community and FCW in response to local needs.</p> <p>The aim is for each community to take ownership of the process and outcomes of the FIF Project.</p> <p>Through a process of community consultation stakeholders are encouraged to form a coalition or committee.</p> <p>Each FIF Project Committee are supported in a process to develop the capacity to manage their project independently.</p>

3.2. The aim of the programme is

- To serve as a strategy for ECD intervention in impoverished communities.
- To assist primary caregivers and women in particular, to form groups in order to support each other, and to access resources in support of their children.
- To create a cadre of cost-effective ECD workers who provide support to the child's primary caregiver and other family members.

3.3. How does the programme works

- The Family in Focus Programme is based on a partnership approach with local communities.
- In consultation with the community, people are identified to be trained as home visitors
- Each home visitor is responsible to work with 5 - 10 families per day.
- The home visitor will spend at least 2 hours with a family or a cluster of families at a time.
- Experienced home visitors are expected to reach at least 45 children every week.
- Caregivers are also expected to participate in a parenting workshop facilitated by the home visitors or outside facilitators on topics that focus on particular needs of the parents.
- In each area/community the team of home visitors are supported by a Project Co-ordinator.
- The Project Co-ordinator is responsible for anchoring the project in the community, networking with local stakeholders, and liaising between the committee and the community.
- Each community project will have its own committee consisting of community stakeholders to whom the Project Co-ordinator and Home Visitors will be accountable.

3.4. What the Home Visitors do

- Work as catalyst in bringing together resources and services (health, nutrition, early stimulation etc) in order to benefit young children and their families.
- Develops supportive relationships with primary caregivers through visiting them in their homes.
- Shares information with families on child maintenance, birth registration, immunization, child abuse, stimulation and development.
- Does appropriate referrals.

3.5. How Home Visitors Support Families

Think about what families need:

- *Social support* – social relationships, attachments people can depend upon throughout life. Friends, positive connections among people who care for one another. People who help each other solve problems and celebrate accomplishments.
- *Money* – Secure, predictable income/social security.
- *Health Care* – Resources to help family members maintain good health and nutrition as well as assistance when someone is physically or mentally ill.
- *Shelter* – Accommodation with working utilities, free from physical hazards.
- *Material Resources* – Food, Clothing. Books and educational supplies.
- *Care for dependent family members* – Day care and partial care for children, people with disabilities as well as elderly family members.
- *Knowledge and Skill about positive family life* – Effective ways of communication, parenting, problem-solving, family planning. Knowing how to get help when the family needs it.
- *Esteem, Cultural Identity* – Pride in one's identity. Freedom from discrimination and persecution based on race, ethnicity, religion, sex or abilities.
- *Time* – Time to be together.
- *Safety* – Protection from harm at home and in the community.
- *Freedom from alcohol and other drug dependence.*

(Andrews, 1995)

3.6. Family Strengthening Principles

The following principles guide the Family in Focus Programme:

- Families as a whole, rather than individuals are the target of intervention whenever possible.
- Interventions should build on family strengths rather than emphasise family deficits.
- Families must be active in decision-making that affects them.
- Interventions are provided in ways that are responsive to culture, gender, age, and abilities of families.
- Families have the right to receive care and support as close to home as possible.
- Interventions should tap the talents and wisdom of elders.

(Andrews, 1995)



SECTION 4

Case Studies and Stories

4.1. Incubating community organisations

During the 1990's FCW initiated a number of Family in Focus projects on the Cape Flats to support the development of young children who were outside of ECD service provision. FIF projects in the communities of Atlantis, Bokmakierie, Mitchell's Plain Khayelitsha and Kleinvllei operated with two to three Home Visitors who served in a voluntary capacity. With the support of the Bernard van Leer Foundation and the Lotteries, funding was secured to pay the Home Visitors a small monthly stipend of about R500. This served as an incentive to keep the Home Visitors and Project Co-ordinators in the programmes.

Each FIF Project was managed by a local committee consisting of mostly parents who were involved in the programmes. In order to develop the capacity of the committees to become effective in their management of the projects they were involved in a series of governance training programmes facilitated by partners such as SCAT, Connections and Faranani. Unfortunately the projects regularly suffered setbacks when committee members resigned or simply stayed away. Despite the challenges of constant resignations amongst committee members and the lack of skills and experience amongst the local communities to manage their projects effectively, ongoing capacity building in the projects and long-term partnerships with service providers was required to ensure a process of skills transference.

This was a slow process that involved FCW field workers having to facilitate committee meetings, demonstrating meeting procedures and the importance of record keeping and minutes. Some projects have managed to grow under extremely difficult and trying circumstances and others unfortunately had to close down. As an organisation the Foundation for Community Work is proud to have served as an incubator where emerging community projects were nurtured to become independent and autonomous organisations.

The Bokmakierie, Mitchell's Plain and Kleinvllei FIF Projects have received the NPO registration and are operating as legal entities and managed independently from FCW. Through a memorandum of understanding FCW continue to provide support and training to the projects, and quarterly meetings helps to keep FCW and the new partners informed of developments in the field.

4.2. Klapmuts Family in Focus Programme

Step 1: Engaging the community in a consultative process

On 1 June 2005 the FIF Programme was introduced to the community at a stakeholders meeting that was convened by the district office of the Department of Social Development in Paarl. At this meeting the stakeholders from welfare, education, health, police services and faith based organisations welcomed the idea of a programme that will provide ECD opportunities for young children from the area. The stakeholders were also tasked with the responsibility to identify suitable people to be trained in the programme.

On 26 July 2005 the Consultative Forum held a selection meeting with 14 women from the area that were interested. The first training session started on 8 August, and this was also the first time that the women were part of a training programme.

Step 2: Conducting a Baseline Survey

The purpose of the survey was firstly to provide the Home Visitors with practical experience of how to do a survey, develop their communication and interviewing skills and to provide them with an opportunity to look at their community from a different vantage point. Secondly, the survey provided questions that required answers for the Home Visitors. The survey used 100 questionnaires which were completed in October 2005. The Home Visitors identified 212 children of which 98 were under 6 years. What was significant about the survey was that there was one preschool in the community and only 24 households made use of the centre. The rest of the parents could not afford the service and took care of their children at home.

Step 3: Training and Contracting

Between August and November 2005 a 4 week training programme was conducted with the Home Visitors and at the end of the training only 6 people successfully completed the programme. They were formally contracted to the programme and paid a monthly stipend of R800.

Safe Home Mothers: In partnership with the Paarl district office of the Department of Social Development the programme also made provision for 3 additional employment opportunities for local women to be trained as Safe Home Mothers

that will serve as emergency placements for destitute children. The impact of the Home Visitors and Safe Home Mothers was immediately felt in the community. Between November 2005 and March 2007 not a single case of child abuse were reported at the Klappmuts Police station.

Step 4: Transition from a Consultative Forum to a Committee

During the period March – August 2006 monthly meetings took place with the Consultative Forum to keep them informed of the developments and progress in the programme. On 30 November 2007 the Klappmuts FIF Committee was formally elected to oversee the operations and functions of the FIF Programme. The committee was assisted in the development of a constitution, opening of a banking account as well as their application for NPO registration.

The committee is directly responsible for managing the team of Home Visitors who report to a local Co-ordinator. The committee is also responsible for disciplinary action and for future appointments of new Home Visitors.

Showing Integration

The most important achievement of the FIF programme in Klappmuts was the ability of the team to mobilise the community into understanding the importance of ECD and getting families to participate. Currently the programme has an outreach to 385 families and 435 children. The local school can only accommodate 50 Grade R learners and the FIF Programme are supporting 83 children who will be going to Grade 1 in 2009. The support and co-operation between the FIF team and the school is very good and the Home Visitors are advised on the preparation of the children. The principal, Mr. Frans, also informed the parents that the school will not accept children for Grade R if they were not part of the FIF Programme.

The Home Visitors are also working alongside the community health workers who are supported by the Hospice. As a result the children in households where there are TB and Aids patients are also receiving meals. With the support of the local feeding scheme provision is also made to provide all the children in the programme with daily sandwiches.

With the help of a psychology intern the parents formed their own support groups and the local area social worker are regularly called on for professional intervention.

The impact of the Home Visitors and Safe Home Mothers in the FIF Programme resulted in an immediate drop in child abuse cases reported at the local police station.



4.3. Oudtshoorn Family in Focus Programme

The Consultative Phase

On invitation from the Department of Social Development the Foundation for Community Work presented the Family in Focus programme to the local District Office on 6 December 2005. This was followed up by a visit from the District Officials to Cape Town to observe the FIF projects on 8 February 2006. The discussions and observation reflected how the programmes operated and how communities ultimately take responsibility. This was followed up by a series of meetings with the local ECD stakeholders between March and April 2006. Although the local ECD Forum members accepted that this programme can support young children who do not have access to ECD services, they were resistant to having the programme in their area fearing that it will undermine their services. It took some time for the Forum members to warm to the idea of a different approach to support the development of young children. At the outset FCW agreed that the Forum will be kept informed of developments and that they will be involved in the reports and feedback to the local district office.

Over the past 3 years the ECD Forum has developed a close working relationship with the FIF programme and has become very supportive of the Home Visitors in the district. The Klein Karoo Resource Centre, the only ECD service provider in the Southern Cape was also very supportive and availed their venue for meetings and training of the Home Visitors.

Implementation Phase

From April 2006 to July 2008 a total of 50 Home Visitors were trained in the programme. The first intake had 26 people and only 21 completed the training. This group of Home Visitors worked in the communities and settlements around Oudtshoorn and as far as De Rust. The second group of 15 Home Visitors were from the areas of Uniondale and Haarlem which are about 150 km out of Oudtshoorn. The third group of 21 Home Visitors that were trained this year come from the Ladismith and Calitzdorp area. The programme experienced some drop-outs and as a result we could include replacements in the third training programme.

The programme has an outreach to more than 1600 families and over 1700 young children.

Areas	No of Children	No of Families	No of children going to Grade R – 2009
Oudtshoorn	812	735	251
Uniondale	407	344	28
Ladismith	537	591	146
Total	1756	1670	425

The caregivers of 425 children are being supported with the preparation of their children for Grade R and the transition to formal school.



Transition to Community Ownership Phase

Through a process of ongoing community and stakeholder consultation local organisation in the education and welfare sectors have thrown their support

behind the programme. In this respect organisation such as Badisa, Child Welfare and ACVV who have a longstanding presence in rural communities are also supporting the programme through direct support to the Home Visitors who require lifts and transport to farms and outlying homesteads.

The stakeholders were supported with the development of an operational framework for the programme and what their roles and responsibilities should be. A formal committee consisting of ECD Forum members, DSD officials and community stakeholders were nominated to serve in an interim capacity under the banner of the Oudtshoorn FIF Movement. The organisation has been supported with the NPO registration, and the working committee meets on a monthly basis with FCW. All the parties are working towards the first AGM of the Oudtshoorn FIF Movement in March 2009.

Challenges encountered by Home Visitors

- Vastness and remoteness of the areas (great distances between farms and communities).
- Lack of basic services (e.g. electricity, sanitation).
- Lack of public transport to hospital, clinics, schools and shops.
- Inadequate dwellings (dilapidated farm houses).
- High levels of substance abuse, especially alcohol abuse amongst women.
- Child abuse
- All pay – parents neglect their children on this day and abuse the grant.
- The absence of social work support services in some areas.

4.4. FIF Programme on Farms in Paarl

Consultative Phase:

The ECD on farms programme started in January 2006 after an initial survey by the Department of Social Services and Poverty Alleviation found that young children living on farms had limited or no access to ECD services. The purpose of embarking on a process of broad community consultation was to introduce the programme and to seek the buy-in of local farmers and other stakeholders. Because the programme was specifically designed to support young children living on farms, it was important to reach and inform farmers as an important stakeholder group. This was however a very slow process and meeting farmers were hampered by a range of unforeseen circumstances.

Between January and March 2006 it was almost impossible to meet with farmers

due to the busy harvesting period that was further hampered by severe electricity cuts and power failures that forced farmers to work long hours to combat potential losses.

Meetings with stakeholders such as the NG Church, Women on Farms, ACVV, Hospice and the Rural Development Network was very positive and they accepted the programme as a developmental programme that was not only focussing on ECD, but also addressing the problem of poverty and job creation.

The Baseline study:

By June 2006 we managed to complete a baseline study that involved 30 farms that was identified by the stakeholders that we met with.

Some of the key findings are:

Decreasing numbers of families on farms:

- Farmers are determined to control the growth of families living on their farms.
- Farmers are not allowing new families to live on their land.
- Farmers are using labour brokers to provide contract workers to work on the farms.
- All the people living on farms are expected to work on the land in order to continue to stay on the farms.
- Young people who find alternative employment are not allowed to live with their families on farms.

Care of young children:

Of the 30 farms that we visited only 5 farms made provision for the care of young children. On these 5 farms the farmer identified 1 person to take responsibility for the care and supervision of the children while the rest of the workers were working on the land. On most farms this person had no ECD training.

Children of school going age on farms indicated that schools were too far and that they did not have school clothes. These children were left unsupervised and spent time on their own.

Living Conditions:

On most of the farms families were living in accommodation that lacked basic services, and families made use of fire and gas for cooking. On one farm 8 families were sharing a barn that had no privacy.

It was established that farmers were destroying the living spaces of workers who left their employ in order to prevent others from settling in.

The biggest problem is the widespread abuse of alcohol amongst farm workers and the resulting abuse and domestic violence reported to the police.

Implementation Phase:

The first group of 16 Home Visitors were trained between 10 July and 10 November 2006 and had an initial outreach to 35 farms where 216 children were supported. This group of Home Visitors are working on farms in the Drakenstein area. The second group of Home Visitors from Wellington were trained between April and September 2007, and they were working on 36 farms where 141 children were supported.

A third group of Home Visitors that will be working on farms in the Franschoek area is currently in process.

Because parents are working on farms the best times for Home Visitors to meet with them are over weekends. However, effective parenting workshops are not always conducive because of the old habit of weekend drinking and disorderly behaviour. Bi-monthly workshops are scheduled for groups of parents from surrounding farms on Saturday mornings. On some farms farmers have made halls and work sheds available for these workshops, and parents are looking forward to the sessions.

Challenges to establish a formal Committee:

The experiences of working on farms in a consultative manner where other service providers are recognised and informed of developments are acceptable for most organisations. However, the request to assist in formal partnerships and supporting the idea of capacitating local communities are more difficult. Most organisations are citing time constraints and their own organisation's needs first. The experiences of the Cape Flats FIF Projects where beneficiaries were tasked with the responsibilities of developing committees were hampered by the lack of capacity and the ability to govern effectively. Therefore other options for local ownership are being explored. In this regard we are considering working arrangements with ECD centres in Paarl and Wellington where the Home Visitors working on farms could be attached to the centres as their outreach component. In this regard we hope that a different aspect of integration will emerge.



4.5. Stories from Home Visitors in the FIF Programmes

Jeanette Nkala – Home Visitor, Klapmuts:

“I am a Home Visitor in the FIF Programme in Klapmuts, a rural community in the Paarl district. Before joining this programme I never looked forward to a new day. I never made decisions and my marriage was in turmoil. I accepted my life like this. I did not even have dreams for my children. When I joined the FIF Programme during 2005 my life changed dramatically. I realised that it had to start with myself. I needed to change how I did and said things. It took time, but it was worthwhile. Now I am a stronger women and a better mother. The training that I participated in provided me with the opportunity to implement things in my own life first and even my marriage improved.

It is not always easy to work with parents in the community. I know that there are many parents like myself, and I know that I can now support them and make a difference”.

Ursula Malan – Home Visitor, Klapmuts:

During October 2004 I assisted with a community survey conducted by the Paarl District office. A year later I made myself available to join the FIF Programme. I volunteered for all the opportunities and actively participated in the Women on Farms programme as well. I believed that I was fairly empowered. My experience of the FIF training programme was that it empowered me further and prepared me for challenges in my community. An example that is still vivid in my memory was when I lost a parent as a result of HIV/AIDS. She had three children and her baby was only 5 months old. I had to support them and help

them through this difficult process. It was difficult, but with support from the Co-ordinator it became easy.

Working with parents and their children changed my outlook. With the support of the local Councillor and the school principal I am supporting 4 – 5 year old children who should be in a formal Grade R class. With the support of the parents we are preparing the children for school next year. I even facilitated a workshop on domestic violence with the parents and feel good about the difference that I am making.”

Nombuyiselo Posile – Home Visitor, Oudtshoorn:

“My name is Nombuyiselo Posile and I live in Oudtshoorn, Bongulethu . I am a volunteer for Bambanani Against Crime and also for Social Services. One of the social workers phoned me and told me about FIF, so I thought its volunteering again. I went to hear what it was all about. When we got there we were told about the FIF programme, they said that they needed people with patience because we were going to work with children. We have to protect our children and everyone agreed. I haven’t been working since 1995 and was very excited when I got the job in 2006.

Barbara, Pinky and I started an aftercare programme, where we helped the children by giving them food but we didn’t get any training for it. We didn’t have enough knowledge about children that’s why we didn’t go forward with the work. The FIF Programme taught us how to take care of children. The FIF Programme made me a real new mother in my house. First there wasn’t much love in my house, I was always angry because of poverty, always shouting at my children and I didn’t believe children had rights.

The programme changed my life, I am a good mother to my children, I talk to them, give advice when they have problems and they come talk to me freely.

At first when we met, blacks were sitting together and coloured people were sitting together. We were told we must all sit together and help each other when there are problems, we did that so afterwards there was no more racism in the group. This work helped me a lot because I couldn’t talk to people I was a very shy person and that has totally changed”.

Nomonde Sangoni – Home Visitor, Oudtshoorn:

“My name is Nomonde Sangoni, I live at 26 Khanya Street Bongulethu, Oudtshoorn. I stay with my mother, my two sisters and their children. The first

time I heard about this work, I was in the bus from town, and Nombuyiselo invited me to attend a workshop with them. She came to fetch me the Monday morning, I was scared because I did not know what was going to happen there. We came there and everyone was there already, then we started by introducing ourselves. They taught us about communication. We continued with the workshop, I found it interesting the way they talked about the work they are doing. I told myself it is a good programme for the community, because we have many poor people in our communities, and children who are not at school and just walking around in the location. I love children and don't like it when they get hurt or when they are being mistreated. They told us at the workshop that we must be the supporters (helpers) for the families. I didn't know by listening to someone that you are actually helping that person.

The FIF Programme helped me to know these things because many people in our communities need help. The only thing I don't like about this work is how you must talk to people because I'm not a talkative person, but I told myself that I want this job so I have to learn to talk because I'm a community worker.

I was so scared on my first day in the field I thought how am I going to talk with the people, the way I must explain things to them. Will they want to listen to me because I'm still young and I don't have children of my own, the people will ask me if I have children I'll say no then they'll tell me how can I tell them about children if I don't even have any children, that's what I was afraid of. But I went into the community, introduced myself, and explained to them what I am doing,

I remember visiting a parent but she didn't want to speak to me. The following day we went to her but she was hiding away from us, jumped the fence and told the people they must say she's not there. We still kept on visiting her because we wanted to help.

Other parents are so thankful for the FIF programme because they can see how the programme is helping them. Through the way they are living, some people's husbands are drinking, so they hope FIF can change them by the way they treat their wives and children when they drunk. Some parents don't care about their children you see children walking in the streets, they don't know what they are looking for, playing with dirt. FIF taught us how to make handmade toys, it was not easy because I'm not used to working with my hands but I tried to do a few so that I can show children afterwards. I enjoyed making the toys with the children and the children liked the attention.

What I learnt about children is that they need to be loved. Ever since the

parents attended the parenting workshops they realised how important it is to take care of their children, play with them, sending them to school. We sometimes walk with them when they go register their children, to show how much we care about their children".

4.6. Stories from young people who were in the programme:

Abigail Winn – Atlantis FIF

Abigail Winn, 20 years old, lives in Kingfisher Park in Atlantis. 14 Years ago she was one of the first group of children who participated in the Family in Focus programme when it was introduced in the community.



She described the programme as one of the best things for her when she was young. She remembers that all the children would meet at Auntie Essie or Mums as she was affectionately known's house. She also remembered that when her mother was at home she would come and observe what the children were doing. She related how the mornings would start with singing and storytelling, and that she could

not wait for the "teacher" to open up her big bag that she carried all the toys and games in.

According to her every time the bag was opened it was like Christmas. For a short period all the toys and games belonged to the children. She even remembered how some of the boys were trying to keep things back, and how Auntie Essie would collect each and every item. Her recollection of the programme was that there were times when they would work with crayons, make patterns with paint and work with clay. However she mostly enjoyed the opportunities to play with puzzles.

At the end of last year Abigail matriculated, and proudly stated that she never repeated any standards. She described herself as an above average learner at primary school, but that her high school experience was more average because the work was more difficult. According to Abigail the children who were part of the FIF programme with her "did not do drugs or dropped out of school".

Zainab Marlie – Bokmakierie FIF

Zainab Marlie, 18 years old, matriculated in 2007 with a fantastic pass mark which she describes as a great achievement for her. She refers to herself as a product of the Family in Focus Programme. She was in the Home visiting programme during 2004 and 2005 and this is what prepared her for primary school.



“My achievement is as a result of the involvement of my parents. My mother was the Home Visitor and she supported me throughout my school career. In the FIF Programme parent involvement is a core focus of the programme.

“This programme has made a big impact on my life and this year I have devoted myself to community work. As a young person I am serving as a leader of the Youth Movement, secretary of the Seniors Club and Committee member of the local FIF Programme in Bokmakierie. Throughout my high school years I was closely involved with the FIF Programme and I am trying to give back to the community what I gained.

“From personal experience I want to share that coming from a home visiting programme in a poor area, I could hold my own against children who came from formal preschools.

“My message to parents is to make an effort to become involved in their children’s lives and to take time to listen to what their children are saying and asking. We can make a difference if we start with our own children.”

What it takes to become a Home Visitor – A Children’s Activist

- **Make a personal commitment.** Decide that you can do **something** to affect the future of children and families in South Africa. Never assume that someone else is doing something about the problems.
- **Have a clear mission and vision.** Know what you hope to accomplish – a better life for children, families and society.
- **Become informed.** Know the facts about young children’s needs and how families can be supported in the development of their children. Connect with organisations that offer training to develop your own skills.
- **Respect and value diversity.** Forget the notion of a “model” family. No family is perfect. Treat all families with respect and help them to recognise their abilities.
- **Join others who are committed.** Connect with existing groups that share your goals. Become a member of your local ECD Forum.
- **Stay involved.** Find things to do that feels right for you. Devise ways to be sure that what you do really make a difference. There are no quick fixes, but persistence is the key to success.
- **Celebrate progress.** Stay informed about the facts. Rejoice when you notice positive change. Spread the word about how families and children have grown stronger. Tell stories about what you and others have done to help.
- **Offer thanks** to people who have helped and community leaders who have supported your efforts.

(Andrews, 1995)

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