

Chapter 2

How it works

**Children need roots and wings.
Roots to know where they come from, and
wings to give them the freedom to explore and grow.**

Our roots

Our roots, which are in the history of our people, have contributed towards the conceptual understandings which inform our work. On the one hand the terrible sadness and grief associated with slavery, exile, forced removals, the imposed migrant labour system, poverty and marginalization and on the other the pride in our history, the deep sense of values and dignity associated with the noble sacrifices and the struggle for change. We embrace the concept of ubuntu in our work as a keystone of South Africa's transformational agenda and we continue to learn from the people we are working with, from community development theory and practice, lessons from other projects, early childhood development theory and practice and our own experience over the years.

Umtu, ngumtu, abantu

People are people through other people

The ELRU FCM programme has its roots in ubuntu and the human rights approach to programming which encourages us to build on existing local knowledge and resources to promote resilience amongst children and their caregivers. Ubuntu, based on traditional African values, is about tolerance, sharing and mutual cooperation and it lies at the heart of our democracy.



The human rights approach also encourages us to incorporate issues such as inclusion, justice and equality and active participation and to promote the active participation of parents and caregivers in identifying local and culturally appropriate solutions. Some of these ideas are spelled out in more detail in the course of this account.

Respect for diversity and building indigenous knowledge

The FCM programme works within a child rights framework which incorporates respect for diversity and the needs of all children, including those with disabilities, special needs, HIV and AIDS, orphans, displaced children and refugees.

The motivator's task is to work closely with and affirm the personal and cultural resources of the primary caregiver, who may be a grandmother, mother, grandfather, father, foster parent, aunt, uncle or older sibling, and to support the caregiver using resources that are available from inside and outside the house and suitable for the child's developmental stage.

"We encourage the caregivers to recognise the educational value of traditional games, songs and dances which everybody knows and loves. And even the baby loves to join in!"

Motivator report

Our vision

Children's rights are enshrined in the South African Constitution (Section 28) and our vision is to put flesh on those rights and make them meaningful to the many vulnerable children and their primary caregivers who remain outside of formal ECD service provision.

To achieve this aim we work together in a participatory and affirming way to strengthen resilience and to learn from one another and from the situations that arise. Problem-solving requires constant re-assessment of actions at all levels of this programme (management, facilitators, motivators and caregivers) in order to deal with difficulties as they arise and identify new and useful learnings.

Resilience

Resilience¹ is a central theme in our work and runs as a strong thread through the ELRU Masithethe series of handbooks (refer page 37 and 38). Children and their families face many crises in the course of their lives and so we focus on strengthening resilience in both the child and his/her primary caregiver.

1. Grotberg E. Bernard van Leer Foundation 1995

To achieve these goals we begin with the Family and Community Motivators (motivators). We encourage the motivators to look at their own experience and to identify resilience within themselves as an important step towards being able to promote resilience in the primary caregivers and the children.

Resilience is a universal capacity which allows a person, a group or community to face up to and to prevent, minimise or overcome the damaging effects of adversity. No one escapes adversity but the resilient person can turn trauma into triumph instead of being overwhelmed.

We can all benefit from outside help but it's our inner strengths that count. Love, trust and hope strengthen the human spirit and gives us the faith to keep on going.

There are three aspects of resilience that we aim to strengthen through the FCM programme: : I HAVE, I AM, and I CAN:

I have

- *People around me I trust and who love me, no matter what*
- *People who set limits for me so I know when to stop before there is danger or trouble*
- *People who show me how to do things right by the way they do things*
- *People who want me to learn to do things on my own*
- *People who help me when I am sick, in danger or need to learn*

I am

- *A person people can like and love*
- *Glad to do nice things for others and show my concern*
- *Respectful of myself and others*
- *Willing to be responsible for what I do*
- *Sure things will be all right*

I can

- *Talk to others about things that frighten or bother me*
- *Find ways to solve problems that I face*
- *Control myself when I feel like doing something not right or dangerous*
- *Figure out when it is a good time to talk to someone or to take action*
- *Find someone to help me when I need it*

The child may not have all these features, but one is not enough. A child may be loved (I have) but if he or she has no inner strength (I am) or social and interpersonal skills (I can) and has no one to help her (I have) then the child will struggle to meet life's challenges.

The motivator and the primary caregiver may be struggling with their own feelings of helplessness and depression. By identifying resilient behaviours within themselves they become free to help other adults and children.

The FCM Programme

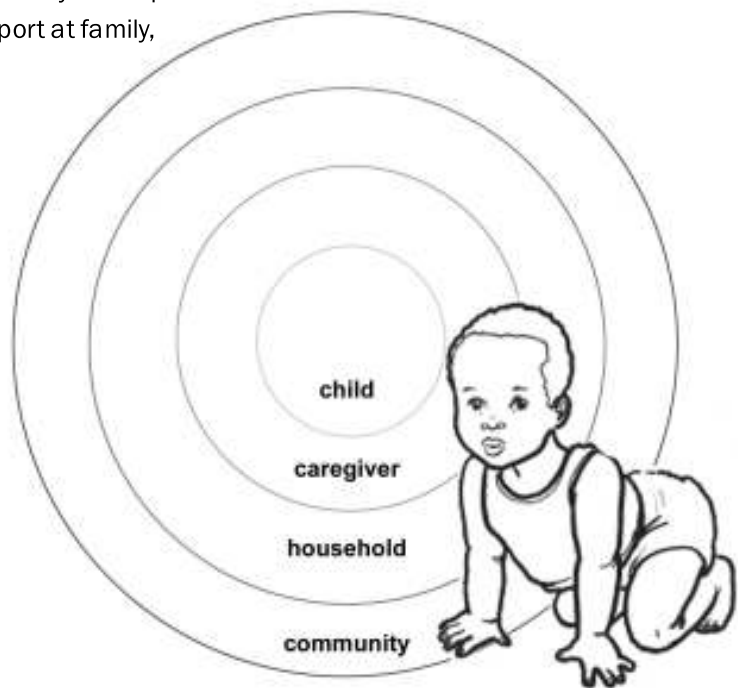
The Family and Community Motivator (FCM) programme works in communities characterised by unemployment, poverty, illness, crime and violence and reaches out to vulnerable children and their families.

“All the children, in fact everyone in this community is vulnerable. The poverty is widespread. There is a lack of jobs, people – especially women and children, but men also – are dying from HIV and AIDS and there is a lot of substance abuse which leads to domestic violence and child abuse.”

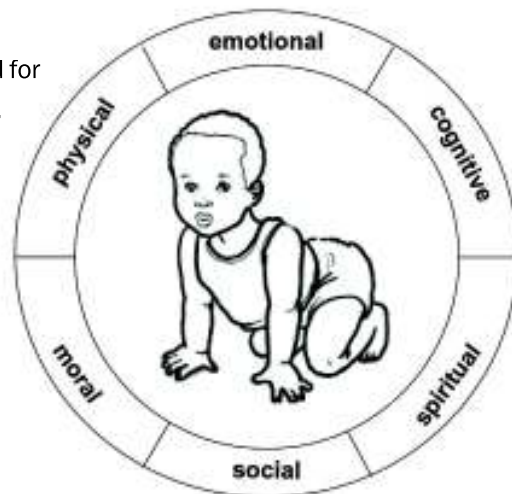
FCM coordinator

Building circles of support

The FCM programme uses a rights-based approach to put children at the centre of community development. It also aims to build circles of support at family, household and community level.



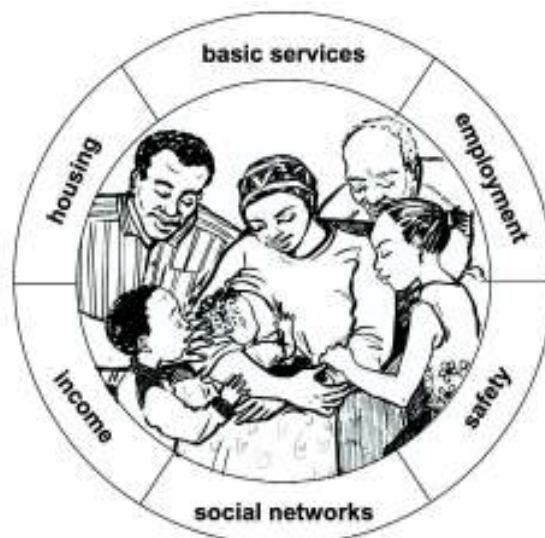
The first circle focuses on the child and stresses the need for an integrated approach to children’s emotional, cognitive, spiritual, social, moral and physical development.



The second circle focuses on strengthening the capacity of parents and primary caregivers, so that they can provide children with emotional warmth, stimulation, safety, guidance, stability and basic care.



The third circle focuses on strengthening support networks and building household resilience so that primary caregivers are able to access basic services, and economic opportunities.



FCM programme objectives

The FCM programme objectives are situated within the child rights and democratic framework and the programme aims to:

- Raise awareness around children's rights.
- Support the growth and development of vulnerable children from birth to nine years by increasing access to government services such as child support grants, with a key focus on the under sixes in home and family settings.
- Enhance the knowledge and skills of caregivers regarding the developmental needs of children by building on their existing beliefs and child-raising practices.
- Support women and men in their role as primary caregivers and encourage men to play an active role in the lives of young children.
- Promote the inclusion of children with disabilities, chronic illnesses, HIV and AIDS and displaced or refugee children.
- Use a rights-based approach to address the power inequalities between men and women which leave women vulnerable, sick and dying.

Methods and approaches

These objectives require methods and approaches that:

- Locate the programme within a recognised and committed community-based consultative and management structure.
- Use a baseline survey to provide information about the child and primary caregiver needs for planning and programme design.
- Develop and implement a developmental learning programme, for the child and the caregiver, which clarifies the tasks of the primary caregivers and the tasks of the motivator, taking care to encourage resilience strategies.
- Develop a cadre of practitioners with knowledge and skills in ECD and community development who are the ECD Support and Development Workers (facilitators) and the Family and Community Motivators (motivators).
- Build capacity and sustainability at all levels by using appropriate methods and materials and linking to income-generating opportunities.
- Monitor, support and evaluate the progress of the work and integrate learnings from the reviews into the way forward.
- Manage conflict at all levels of the partnerships involved: community, NGOs, government and any other stakeholders.

“Everyone is regarded as an equal partner and we do this by making relevant information available at all stages of the programme through the agreed channels e.g. results of the baseline survey, availability of training programmes, job possibilities, what’s in the budget and who is benefiting, as open topics for discussion.”

FCM coordinator

“It is important to find ways to involve key stakeholders so that tensions around what’s in the budget and who is benefiting don’t undermine the programme.”

FCM coordinator

The FCM programme situates the child and family at the centre of development initiatives. The circles of support around the child include the primary caregiver, the family, the institutions at community level, government services including education, health and social development services, and other organisations. The motivator is a change agent. She/he² acts as a catalyst to make things work in order to improve the circumstances for vulnerable children and their caregivers.

The work of Family and Community Motivators

The focus is on the primary caregivers of children 0-9 years who are the duty bearers and the child’s first teachers. The motivators work with caregivers using an adult-centred developmental approach taking the needs of the caregivers as well as the needs of the children into account. They identify the kind of knowledge and skills parents and family members have and what information they need in order for them to support the healthy growth and development of the children in their care.

They build networks of support for families by developing links to government services and other needed resources. They support caregivers’ efforts to access the child support grants, emergency food parcels and income-generating opportunities. They provide psycho-social support for the caregivers’ own needs and they monitor changes in the caregivers’ attitudes and behaviour towards the children. In everything that she does, the motivator starts by building on the caregivers’ own beliefs and practices around child raising.

2. Motivators include men and women but ‘she’ is used because they are predominantly women.

Family and Community Motivators are ECD practitioners

The Family and Community Motivators are ECD practitioners. They work alongside other community development workers, health workers and ECD practitioners in centre-based programmes to extend service provision to vulnerable children and their families in the home setting.

Many children cannot access a preschool centre because there is no preschool centre nearby, because their parents are unemployed and cannot afford the fees, or because they are too young (under 3's) or too old (out of school children). In the case of the out of school children the motivator's task is to support the caregiver to get the child enrolled at school or referred in the case of a child with special needs.

The motivator's work includes reaching out to children and families at risk through the baseline survey, home visits, cluster workshops, playgroups and in different settings, toy libraries and clinic talks. Training programmes are offered for motivators and the facilitators, training in ECD for development workers and government officials, and a developmental programme enables parents and caregivers to support their children.

Existing enrichment, one-stop or ECD centres as resource centres and nodes of care and support in a particular area can be encouraged to support family outreach work.

In Bathlorus, Northern Cape, the A Re Direng programme gives children and their caregivers home visits and workshops. They also spend an hour twice a week at the local preschool centre where they benefit from educational toys, stories and music sessions.

A Re Direng programme, Kuruman

Elements of the FCM approach

Elements of the FCM approach which create the framework include the baseline survey, home visits, tools, toy libraries, cluster workshops, playgroups, workshops for health workers and government officials, clinic talks, income generation, out of school children and networking.



Baseline survey

The baseline survey is the main tool for gathering information about the needs of the children and their caregivers in a particular area. Questionnaires are developed and the interviews are conducted during the home visits.

Information from the baseline data survey³ provides us with useful information about some of the realities facing caregivers and children. Their needs and concerns help shape the programme design. This information is also shared with the stakeholders at a consultative workshop.

3. ELRU provides examples of baseline survey forms on request.

Home visits

Motivators visit homes and interact directly with the primary caregiver who in turn interacts with the child or children.



Vulnerable families are identified by the clinic or a local community structure or through the ward councillor or the chief. The motivators are provided with a list of homes to visit. The first home visit is important and needs to be handled with sensitivity. No one is forced to join the programme, but on the other hand it is up to the motivator to encourage the caregiver to join. Building trust with the caregivers, and maintaining confidentiality at all times, is vital. How to conduct the first home visit is practised as part of the training programme which includes how to observe and how to assess the needs without taking notes during the visit. The home visit form and child profile forms are filled out later and discussed in the meeting with her facilitator.

The child profile form⁴ is filled in for each child who is in the home with the focus on the child from birth to six years. Information about out of school children up to nine years is also included. The form covers the child or children's identifying details and key health⁵ and documentation information. The form also provides for notes on observation of the caregiver/child interaction, an indication of the state of the home environment (cleanliness, if anyone is seriously ill, signs of nutritious food, things for children to play with) and recommendations for action. This builds up in subsequent visits.

The reporting form for subsequent visits has a column each for follow-up on previous discussion, progress made, new issues for discussion with the caregiver, actions required and so on. During the visits the caregivers are encouraged to play an active role in addressing the needs of the children and their own needs, as these are closely linked.

Masibambane ISLP report

4. See Appendix 1

5. Each child is entitled to a copy of The Road to Health which is issued by the local clinic

Frequency and duration

Home visits usually take anything from two to three hours once a week or once a fortnight or once a month.

The number and duration of visits also depends on factors such as distance between the homes, extent of the problems in the household, transport and funding realities.

The facilitation skills and the methods included in the motivator training programme play out in the home visits.

Purpose

The home visits focus on:

- Supporting the primary caregivers to access the required documents in order to get child support grants and pensions.
- Checking if there is a Road to Health card for each child which includes critical information about immunisations and the child's health and nutritional status.
- Identifying family practices that can impact positively or negatively on the child's learning and development.
- Providing activities suitable for the child's developmental stage using simple materials and home made toys and books.
- Talking about the relationships among family members and how this affects the child.
- Raising the discussion about HIV and AIDS in order to promote awareness and provide information about counselling and treatment.
- Including all children, including those who are disabled, those suffering developmental delays, abused and neglected children.
- Assessing health, hygienic and safety features in the home and in the immediate environment.

"The fence was broken and three children were hurt playing in the road."

Motivator report

“The home visits are important for noting the circumstances and needs of each of the families that she visits. The motivator records her observations and this enables her to develop a plan and work out a strategy for supporting each primary caregiver in her duties around the child’s developmental needs. She highlights what has to be done, by whom, where and how (for example: transport or arranging a lift) and works out the time frame. Emergency situations, which we call ‘red alert’ situations, are flagged for closer attention. Examples of these could be: no food in the cupboard, sick child, no support grant etc.”

FCM coordinator interview

“In each caregiver file you will find the household (HH) register (which provides information about the caregiver and other adults in the household), the child profile form, the home visit forms and the child progress reports. These forms help us to track the child’s history and progress for the period that she/he is in the programme.”

Facilitator interview

What do caregivers say about home visits?

“I was afraid. I thought she (the motivator) was coming to report on me.”

“When I opened my door to the motivator I opened up a new day for myself and my children.”

“They want to find out how we are taking care of the children. They want us to know how to play with the children. They show us what to look for to see if the child is growing and developing. They demonstrate activities that we can do to detect whether our children can hear. They tell us about the stages of child development, things that we used to take for granted. I used to talk nice to my child (ndimteketsa). I did not know how important (it is) that my child learn my voice.”

Tools

Toy kits and the *Masithethe* series of handbooks are the basic tools for home visits. Toy kits contain a selection of bought and improvised educational toys and books, crayons and scissors. Local shops contribute to toy kits and the toy kit carry bag. Toy kits include toys suitable for different developmental stages and patterns for making toys are also included. Toy making is included in the cluster workshop programme of activities.

Toy libraries are an important resource. Municipalities are increasingly becoming aware of the importance of toy libraries. In this picture, the toy library is based in a converted shipping container. ALLSA⁶ provides assistance with cataloguing and developing a toy lending system in some areas. The toy kits carried by the motivators on their home visits can be exchanged at the toy libraries.



6. ALLSA Association of Lending Libraries South Africa

The role of men



Men can be selected as motivators and they provide important role models for fathers and other men to learn about the responsibilities of being involved with very young children.

The role of men in the lives of children was raised. There was silence from some of the motivators. Then Jonathan spoke out passionately. "I find it impossible to facilitate something I don't believe in personally," he said. "In my culture men do not have a role to play with small children!" This led to a heated discussion and no consensus was reached at this stage.

However, the role of men emerged as a key theme which was addressed again and again at different times and in different ways using the action/reflection approach. Different people added their perspective and ideas and slowly the climate changed as Jonathan and others worked with their concerns and in their own words and with their own ideas began to tackle the issue of men in the lives of children.

"Mthunzi reported that he had observed a one-year-old boy who lives in his house. He had found this child quite demanding and noisy and tried mostly to ignore him. He felt that all the responsibility lay with the mother. However, after the discussion about how children learn and grow, he watched the child. He noticed how observant the child was. How he watched what was going on and made gestures with his arms and his body in order to participate. He reached out to the child who immediately responded warmly, with excitement, making gurgling noises! He felt the child was learning a number of things such as communication (although he could not yet speak) and interacting with an adult in an acceptable way (no whining or crying!)"



FCM interviews ⁷

When asked if he would like to stay in the room and join the home visit, one man said, "I am glad. I thought this was only for women!"

FCM coordinator

Cluster workshops

These are open workshops and anyone is welcome to attend. Ten or more primary caregivers make up a cluster and in some places they meet under a shady tree or in a member's home. These workshops are held monthly or quarterly depending on distance in some areas and budget constraints in others.



The workshops provide caregivers with the chance to get to know one another, to share ideas and concerns and to build a support system. At the same time children can play together and socialise in an organised way. Sharing childcare in this way also provides an opportunity for income-generating activities.

The facilitator usually provides an input on some issue, using materials such as health information leaflets, the *Masithethe* books and COUNT (early maths and science activities) where that is available. *Masithethe* guides the motivator to become a good facilitator, to listen to people carefully before imposing ideas and they provide information and introduce activities for children in the home setting.

The workshops don't just plan, they also make improvised toys and books and they include songs, games and stories.

“Setting the scene for the cluster workshop includes making the room where we will be meeting to look and feel interesting and welcoming, even if we are meeting in a shack, a hut and many times there is no venue and we meet under a tree! I always find a place to put my posters, I make a place for displays of books and toys including some examples of improvised toys and books and the caregivers assist us to provide activities for the children.

I think it’s very important to be ready to greet the people, greetings are very important in our culture and it shows that you are interested and glad that the person has come and that the person has made the time. I like name tags for adults and for the children, because I find that the adults don’t always know each other and it helps them to overcome the shyness and the same goes for the children. Anyway a name is an important thing – it shows you are someone!

I always start with some songs or game or activity that includes the children and that gets everyone talking and being together and then when we start, I first ask the caregivers to think back to the game and tell me what they learned. It is always amazing to me what people say because out of their own experience they will describe how they feel as a person, and that is where we start!”

Facilitator interview

Playgroups

Playgroups run alongside the cluster workshops or they are run as small informal groups of children and their caregivers. The children can play with educational toys and books, enjoy games, songs and stories and learn social skills, such as sharing and cooperation. Many of the toys, books and materials used by the playgroups are improvised and made at the cluster toy making workshops.

Caregivers share playgroup duties and take turns to free one another for household tasks such as fetching water, subsistence and income-generating activities.

“The motivators and facilitators try to get donations of toys, suitable children’s books, paper and crayons from business, faith-based and other organisations and sometimes individuals in their areas. The libraries sometimes donate very old books that they are writing off and we use the pictures to make our own story books! However, the further away they are from the cities or business centres, the more difficult this becomes and the lack of educational materials really hampers the work in many places.”

ELRU trainer

Clinic talks

Women waiting in the clinic queue are an important and very interested audience for information about how children grow and develop. The ELRU parent leaflets and the *Masithethe* series are used by motivators to provide basic information about key messages in early childhood development.

Income generating projects

A number of income generating projects have grown out of the FCM programme as a result of the links established. Some have received start-up funds (food gardens and beadwork). Others have benefited from donations.

- Four families in a cluster started a small bakery project using a 'Dutch oven' made out of clay in a hole in the ground (8 members)
- Five clusters started a large food garden (34 members)
- One sewing group plus a food garden (6 members)
- Three clusters making clothes softener (30 members)
- Poultry farming (8 members)
- Candle making and jam (15 members)
- Beadwork (20 members)

"Yes, we have had some success with getting some income-generating projects established as you can see by this list, but we need to find other organisations who can help the caregivers with good designs for their products, quality standards and marketing."

FCM coordinator



Links to networks of people, government departments and organisations and to the services they offer are important to the FCM programme.

The facilitators and motivators seek out interested and committed people in order to access resources. The stakeholder list can include the local ward councillor or chief, representatives from the municipality, the district council, the Department of Health (particularly the matron and nurses at local clinics), the Department of Social Development, Home Affairs, Education, the HIV and AIDS Council, the ECD Forum and any other organisations that can provide help and support.

“Masikhule established a stakeholder rating system in order to assess the commitment and influence of individuals.”

Masikhule report

HIV and AIDS

Motivators and facilitators have received HIV and AIDS training and the *Masithethe* book *My Family and HIV AIDS* assists the motivators to address the topic in discussion with parents and caregivers.

In Mthatha the *Nomakhaya* (motivators) are closely aligned with the clinics with regard to immunisations, HIV and AIDS, TB and, in some instances, the start-up and maintenance of community gardens.

“I rely on the Nomakhaya to bring the people in. I call them my arms and legs, they play a very important role in encouraging people to come for VCT. Some have even trained to become VCT workers and the training they received as Nomakhaya assists them a lot with this work.”

Interview with the Matron, Mbekweni Clinic

Primary school, out of school and transition

The motivators assist caregivers of out of school children to get children back into school. They help access the required documents, they approach schools with the caregivers to enrol or re-enrol. They encourage caregivers not to hold the child back from school for financial reasons (free schools policy) or household tasks such as attending to cattle and attending to younger children. Children infected and affected by HIV and AIDS are identified and support systems are developing with the home based carers linked to the clinics.

“We keep a list of the numbers of children we have enrolled, and it was about 54 last year! The teachers like the FCM programme and they tell us the children come well prepared for school – they know their names, colours and numbers and they listen well and they can get things done.”

Facilitator report

Some outcomes of the FCM programme

The FCM trainer⁸ had this to say:

“When children enter the FCM programme they are very often sick or disabled and there are many problems, no food, no birth registration document, no child support grant, the grandmother has no pension. The poverty that we hit when we started this programme was very terrible, even for us who come from these areas ourselves. The hunger ... there were children who could not stand on their feet, but after we came in and made the links to support services such as emergency feeding, medical services, the same children can walk and talk! Now the caregivers are understanding the things they can do with the child at home to be the child’s first teacher!”

Expected outputs for the FCM programme include:

- Improved community awareness of children’s rights.
- Increased numbers of children and caregivers who have been birth registered, have ID’s, the child health card, child support grants, emergency food parcels, pensions for grandmothers and other government grants.
- Increased numbers of caregivers with access to HIV and AIDS information and services to prevent mother to child transmission.
- Improved rate of referrals for children with special needs.
- Improved rates of child safety and protection from abuse.
- Increased primary school enrolment for out of school children.
- Training programme for the motivators and facilitators developed and implemented if necessary.
- Jobs created according to budget allocation.
- Primary caregivers’ attitudes and behaviour towards children reflect positive change.
- Primary caregivers’ implement a developmental programme for the child/ children in their care.
- Tools such as baseline survey, checklists, forms, reporting formats, developed.
- Evaluation reports capture progress, process, methods and challenges.

8. Interviews, Masikhule FCM programme 2006

Discovering the disabled child

When the Nomakhaya first visited my home I used to run away and hide behind that unfinished house and took both my child and this handicapped child. The child used to ask me why are we running and I used to put her hand on her mouth so that she doesn't make noise. I was hiding because I was shamed of this house and don't want people to know how we live here. I see the sun comes and it goes down, how we survive here I really can't tell. The Nomakhaya she never got tired and she kept on coming and she is very understanding, she really gave me courage to do things with my child and together we are thinking of a solution."

This family was assisted to get a care dependency grant.

Addressing developmental delays

A joined the group when he was 3 months old. He was looking as a normal child but the caregiver noticed that he had a big head. When the child was growing up he was having a delay in the process of development as he was left behind with other children who were born in the same year and the following year. The motivator referred him to the Health Centre and then to the hospital where he attended physiotherapy. The facilitator and the motivator have worked tirelessly to support this child. Now he can walk and he talks fluently.

Preventing child abuse and neglect

"In cases of abuse we contact the social worker. In many instances we (facilitators and motivators) do the work ourselves. We take the people to what they must do (to access documents) or where they must be (to submit documents). B joined the programme when she was 8 years. The motivator was introduced by the neighbour who was afraid of this father situation in the family. The child was left at home alone during the day. The mother was a drinker. The motivator called the social worker who assessed the situation. The child was registered for a disability grant and enrolled for education at a special school. She was also given a wheelchair and nappies."