



**REPORT**

# **IMPLEMENTING FAMILY CARE IN AFRICA CONFERENCE**

**10 – 12 JUNE 2015**

*Emperor's Palace Conference Centre,  
Johannesburg, South Africa*



*Special Thanks to our Conference Funders:*

Läkarmissionen 



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**Monica Woodhouse**  
**Conference Chair**



**Billiance Chondwe**  
**TAWO**

## DAY ONE: WEDNESDAY 10 JUNE 2015

### ***THEME: What is the best care option for children?***

#### **1. WELCOME AND OPENING**

***Bep van Sloten / Monica Woodhouse / Billance Chondwe***

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##### **Bep van Sloten:**

It is indeed an honour to facilitate this long-awaited conference. Having worked with children for many years in different African countries, there are many personal connections to this event.

The aim is to make this a highly interactive event and to do a lot of group work that promotes linkages. This is a safe space for discussion and sharing. There will also be volunteers who go around with cards and marker pens so that anyone at any time can record a question or comment which will be shared or put up on the wall. This ensures that all the creative thinking is taken into account and not lost or overlooked.

##### **Monica Woodhouse:**

Welcome to the south of Africa, SOUTH AFRICA! What a privilege it is to have you all here, from so many countries, wow. We will get to see how many countries are represented here a little later. What a beautiful scene of bright colours, happy smiling faces, warm bodies (I hope) in this cold that I can see from here.

We are multi-national, multi-cultural, multi-faith, Mighty Tolerant and Mighty Winners, our life space is taken up with children. We are obsessed with children, their well-being, care and safety.

Please can we all understand that this is not a formal, stiff and starchy conference in any way. We want to all enjoy learning, together in an informal environment.

Implementing Family Care is what we will be talking about; what is the best care option for children, how do we implement family care, how do we ensure that children are protected in family care in the communities.

#### ***Video Clip – I am an African child.***

Children are funny and special and priceless. We as adults have the real privilege of shaping children's lives. The dolls placed in this room are there to remind us that we are here for an about children. They are a visual reminder of the African child who is multi-coloured, vulnerable and at risk. Many of us control that situation and need to consider how we are taking up that important responsibility.

These dolls are not for trafficking or for abduction, they are here to remind us that we are here for children, about children. Let's remember when we get too serious or intellectual, it's really all about the child and if a child doesn't understand it, we've gone too deep.

Who knows doing something worthwhile takes effort, time, perseverance and capacity. There have been a group of persevering and capacity people behind the scenes. This conference was planned to have been held in 2014 during the "International Year of the Family" and 5 years after the First International Conference on Family Based Care in Africa held in Kenya in 2009. However, with all the wonderfully skilled documents on children, their well-being and participation, good policies and laws, there are still many asking, "HOW DO WE REALLY DO IT EFFECTIVELY?". How do we implement family care? Families can be heaven on earth or hell on earth and we all get to work with both kinds.

We have not just been challenged by finances, xenophobia, organizational jealousy and visas but we need to apologize for the spate of xenophobic attacks on our brothers and sisters in Africa which we strongly condemn but the challenge that faces us today with all that we have to see and hear is the attitude of INDIFFERENCE which is a disease that has eaten away at mankind. But by you being at the conference you are saying you do care.

The amount of children in residential or institutional care in Africa is very difficult to trace and identify as many places are not registered which also leaves the children open for abuse. In South Africa there are 21 000 children in registered children's homes.

We've been very selective in the presenters as all the implementers of family care systems are all able to replicate their programmes in other areas or teach us how to think about those things. Change is never easy to embrace but here at this conference we will be discussing many things that might be different to what you have believed, but I would ask you to listen, really listen, don't always be quick to speak. Try to understand, that way we will all go further.

"Families are messy, families are fun, families are creative, families are strong and God created children to be born into families."

We have tried to create a conference where you will not be sitting around a table. Everyone is important here because you all come with something that someone else needs and so we've created space for collaboration, discussion and networking with a theme of Implementing Family Care "for children" in Africa. There is so much to learn from each other and together we will not just be a little spark here or there with some embers dying, but together we will make a raging, burning fire that will bring change to Africa. If we all stand together.

We must keep challenging ourselves about "We are the change", "We are the children" and "We can make a difference". BELIEVE IT.

Thank you to our sponsors, Läkarmissionen and Wereldkinderen, for believing in linking and learning and putting money into this conference. Eva and company, please extend our deepest gratitude to Läkarmissionen for believing in family care enough to put your money into it. In Margot's absence (her aging mother is ailing, so Margot was not able to be here) from Wereldkinderen, thank you, thank you for standing with us in this. We are really humbled and grateful.

To our MC and facilitator Bep van Sloten and dialogue expert Dr Rama Naidu, thank you. They have come to serve us here at the conference; they will help us to have fun, to learn, to connect, to listen and maybe shake our world a little. We are really so grateful for your expertise that you bring to us and your amazing hearts. Words are inadequate to express the depth of gratitude and also at a personal cost of time and commitment in preparation.

Then to the speakers who have come at a great personal cost, giving their time, sharing their expertise, at no extra charge, all have done this for the cause they believe in. We really appreciate you coming, thank you.

To the organizing committee - the behind the scenes people - many were there hands on at the beginning but as the challenges got more and more and the real work set in, you know who are and wow, we have come this far and you all made it happen. You all need a big hand of applause for pulling this together.

The volunteers, videographer, so many are making this a good conference, you know who you are. The teams from various organizations that have assisted with visas, letters, phone calls, and emails, all beyond your call of duty to ensure those that were serious about coming were assisted and you always did it with a smile. THANK YOU.

The delegates, this conference wouldn't have been possible if you were not here. Funding yourselves to be here, I can't tell you the crazy dreams I've had about coming to the conference and I was the only one sitting here, could you imagine, what a nightmare. But I know we will all go from here richer and fuller.

Thank you to God who is the source of life, who created the idea of families and has challenged us all to fight for children to be in real families, who sets the lonely in families, our deepest gratitude goes to our Father God for providing us this opportunity to learn more about it.

WELCOME. Relax, enjoy, network and connect. If you want to go fast, go alone but if you want to go far, go together. African Proverb. Thank you, ladies and gentlemen.

### **Billance Chondwe (TAWO):**

It is a joy to welcome everyone to this wonderful occasion to talk about family care in Africa. We believe as TAWO that it is time to promote the idea that every child has the right to be in a healthy and caring family. In this event there will be the opportunity to become more connected so as to make a global and continental impact to see children in healthy and loving families. God has brought us together to connect around this important work.

### **Hotel Security Briefing (Emperor's Palace):**

A warm welcome was extended to all present by Emperors Palace Conference Centre. It was explained that the personnel are always available to assist. There are CCTV cameras in the room and possessions are safe at all times. The assembly points in case of emergency were clearly demarcated and would be in this instance the entrance and loading bay. In cases of emergency there would be trained personnel present to assist. There is a 24-hour clinic on site and trained paramedics are available.

## **2. OPENING ADDRESS: ALTERNATIVE CARE – WHAT IS BEST FOR THE VULNERABLE CHILD'S DEVELOPMENT?**

### ***Dr Tamsen Rochat***

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Dr Tamsen Rochat is a Clinical Psychologist and Associate professor in the School of Public Health at the University of KwaZulu-Natal. She is based at the (Welcome Trust funded) Africa Centre for Health and Population Studies in northern KwaZulu-Natal. Tamsen has a PhD in psychology from Stellenbosch University and prior to joining the Africa Centre, she was employed by the Human Sciences Research Council. Prior to her research career, Tamsen worked as a clinical psychologist for several years in the Department of Health. She has experience working directly with vulnerable families and children in hospitals, schools, drop in centres and home based care environments. In recognition of her clinical work with children and families, in 2005/6 she was the first African to be awarded a prestigious Zero to Three Leaders for the 21<sup>st</sup> Century fellowship. Tamsen's expertise are in children's development and mental health in the context of adversity. Her current programme of work at the Africa Centre in South Africa includes both epidemiological and intervention research, the latter focuses on strengthening family's capacity to care to children. She is well established in her field, is a C rated NRF researcher, and has over 25 peer review publications, many in high impact factor journals, and has published in the area of international and domestic adoption and foster care in South Africa.



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There are many kinds of adoptions being done but the gap between needs and possibilities continues to widen. In the South African context in the period 2005-2006, an evaluation of children's homes was undertaken as well as a study for the Department of Social Development about adoptions and fostering. There has been a shift away from institutions and towards placing children in families. A model was developed with a focus on HIV-positive mothers. The context for alternative care must be examined through the lens of what is best for the child and the child's optimal development.

It is difficult to establish the number of children who are outside of family care at any one time. This has challenges for both policy making and budgets and the data is lacking. In 2004, USAID suggested that 150

million children were in need of care world-wide. A small percentage were in institutions. In Sub-Saharan Africa there are 12 million children categorised as orphans but more than 80% report having one parent.

The provision of institutional care as it is presently understood dates back to the 1940s. The negative impacts on children in institutional care began to be explored. Research strongly suggests that positive interventions into quality of care in institutions has a positive influence on development outcomes. More recently, the widespread orphanages in Romania provided strong case studies on the importance of children in institutional care needing strong interventions.

There are, however, also concerns about familial care as well as concerns in relation to the impact on internationally adopted children, and informal fostering in Africa. Recent studies show that in some cases, good quality institutions are better for children than informal fostering, where nutrition and health may be compromised, particularly in situations of poverty or social challenges. The main finding is that the quality of care being provided will influence outcomes for the child. The study focused on children aged 6 to 15 and revealed that for older children, institutionalisation could have benefits. However, deprivation at early age has great negative impacts for younger children but less so for older children. The trajectories that are established in the first five years of life are most influential and care at that stage will have a strong influence.

The research that came out of the Bucharest Early Intervention Project (BEIP) conducted in Romania in the 1990s provides an important resource. This was a randomised study of 136 children with a comparison of children never institutionalised. Regular assessments were conducted at six-monthly intervals. Currently 12th year assessments are under way.

The main aspects of child development that are affected by institutionalisation are physical development of the brain and links to IQ and cognition; executive functions such as inhibition, decision-making and disinhibition; emotional regulation and social/emotional perception.

The BEIP research indicates that early deprivation and institutionalisation negatively impacts on all three aspects negatively and to a significant degree. Early positive interventions can significantly improve outcomes for the foster care intervention group, depending on timing of such interventions. The long-term impacts are yet to be fully determined.

A key finding was that institutionalisation impairs the ability to read facial emotional cues which is a critical life skill. Impact on psychiatric disorders was between 22% and 53%. There has been extensive research undertaken in the past two decades on psychological and psychiatric disorders. There is a particular concern in relation to reactive attachment disorder in that it inhibits judgement and capacity to stay safe, and in South Africa is a key concern in the context of the HIV burden and resulting orphans.

There is an important timing effect in that fostering before the age of 24 months provides a much increased chance of recovery. It is thus clear that the first years of life are critical and the sooner that children can leave an institution the better their chances. Those in institutions do not do as well as those with good quality of foster care. This does not imply that every institution is bad, and in some cases the institution can be the best available option for a particular child.

In Africa there is insufficient research on the age cohort 6 – 12 years which is a critical developmental period, providing the foundation for adolescent development. This age group is also broadly viewed as being less appealing than younger children and yet it is a critical period of development where children will benefit significantly from family care.

In attempting to properly identify and deal with the challenges, the following need to be considered:

- Children struggle in institutions because there are many children in a limited space, inconsistency of care, and poor career prospects for care-workers who are often only paid a stipend.
- Where parents are absent the caregivers will require strong support.

- All things are not equal in Africa. Donors invest in institutions but are not sufficiently involved in ensuring quality of care. The environment should resemble a family structure. Many children benefit from being in an institution when compared to the available family options. Children are often placed in an institution because their lives are in danger. Places of safety must be warm and family-like.
- There are in Africa natural sensitivities towards children in most communities. What is required is better research on how African families and communities care for children informally.

The child in an institution would be most helped by:

- Placement in a foster home. The evidence shows that a child begins to catch up on development as soon as he/she is placed in a home environment, especially in the first two years of life.
- Length of exposure to the institution is a critical factor. Investment that will improve policy and practice so as to promote foster care and adoptions and reduce delays would be the most critical improvement. It is difficult to get children out of institutions in South Africa. The most disadvantaged children in South Africa are abandoned African babies.
- It is grossly unfair for the government structures to continue to impose politically correct views on international or cross-racial adoptions which effectively deny children the chance of a loving family.
- There is also a huge burden on the legal system. There must be recognition that black families in South Africa may no longer be able to absorb more children and the alternative cannot be to simply allow children to languish in an institution.

In seeking to enable family care in Africa, it must be taken into account that leaving children in unsupported families does not help the child and many psychiatric disorders are strongly related to the adversity experienced within families. One outcome is reactive attachment disorder which has been encountered in resource-poor settings such as Khayelitsha in South Africa. Boy children are especially vulnerable. Maternal sensitivity can be of help but cannot mitigate high levels of socio-economic challenge.

In the research undertaken by Rochat, Mokomane and Mitchell in 2015 for the Department of Social Development in South Africa, the main finding was that in South Africa so many families are willing to adopt and foster. Children in kin and non kin fostering, their care is undermined by the legal system, we need to enable social workers to become more aware. Seeing that strongly held prejudice in social workers, regarding cross racial adoption is seen as taboo and not African, single mothers should not adopt. We must look at the cultural influences that impede adoptions, and correct this thinking as the needs are greater than South Africa can cope with.

### **3. UNITED NATIONS GUIDELINES AND THE AFRICAN CHARTER ON THE RIGHTS OF THE CHILD**

#### ***Bep van Sloten***

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Bep van Sloten (1953) worked as a social worker and teacher at the school for child care workers. In 1980 her family became a foster family for short term placements and crisis intervention. In 1988 she started working as a policy advisor in the Association for Foster Families. From 2001 onwards she worked also internationally for the International Foster Care Organisation (IFCO) as policy advisor. Since 2008 she works as independent consultant and trainer and carries out projects for organisations like UNICEF, USAID, EU, Save the Children and many other NGOs worldwide. In Africa she contributed to several projects with regards to standards and guidelines for residential child care facilities, foster care and child care legislation. She is a member of the advisory committee of Better Care Network, coordinated the Dutch branch of the Better Care Network for many years and advised on the development of the Guidelines for the Alternative Care for Children and the Handbook through involvement in the discussions of the working group of the NGO Committee on the Rights of the Child in Geneva. She developed a special methodology to listen to and speak with children who are not growing up with their parents about traumatic experiences. This method called My Backpack ([www.mybackpack.nl](http://www.mybackpack.nl)) is trained and implemented in different countries in Europe. Bep is mother of three married children and grandmother of four.



The care of children in general has many deficiencies around the world. It is important to note that it is easier to bring up a child properly rather than try to repair an adult. There are a number of international treaties and guidelines that must inform the work being done, in particular the United Nations Charter on the Rights of the Child (UNCRC) and the African Charter on the Rights and Welfare of the Child (ACRWC).

The African Charter (ACRWC) is binding on all countries via the African Union. It states that every child under age 18 has the right to live in a family environment. It further states that children are unique and precious and must occupy a privileged position. The UNCRC is not as specific. Therefore the African Charter can be considered as being more progressive as it states that family life is a right and not merely a recommendation. However, despite good protocols many children still do not have access to a family environment.

There is an expectation that all stakeholders including donors must conform to the requirements of the African Union. The underlying African approach is that there should not be orphans and every African child will belong in a family. This has, however, shifted somewhat over time.

The main reasons for institutionalisation include poverty within families, poor education options, especially for girls, exclusion of children with disabilities, and cultural stigma. Children with disabilities are often kept hidden within a community even though they should be supported to play an active role in the community but in practice this does not often happen. Children with disabilities often remain in institutions and are hard to place in foster care or adoption. There is also the challenge of children being released from care at age 18 when they have not been prepared to manage in the world.

The African Charter states parents should care for their children – unless it is in the best interests of the child to be elsewhere. In such a case, State parties shall provide the child with another family member. Parents may require the support of kinship care and family. The main objective is to preserve families and avoid parental separations.

The main considerations in seeking to place children in institutions include whether kinship support is available, the suitability of the alternative care being proposed, and quality of care. It is often the case that people take in children but do not provide an acceptable quality of care. This has a more detrimental impact on the child than being in a proper institution.

Guidelines for alternative care state that a parentless child must be in a suitable institution that is as close as possible to the African based family environment. Placement must be for a specific reason. Even the informal foster care approach is usually preferable to the institutionalised approach. There has also been a recent shift towards stronger community integration in Europe. It is recommended that donors should also consider providing funding support for more African approaches.

Children also have the responsibility to participate in the family, serve their community with their skills, and preserve African unity. It is important to note that the guidelines clearly state that care should not end at age 18. This has been a real challenge. Child care never ends, so young people who have turned 18 should continue to receive some form of guidance and support. Every young person should have people who support them unconditionally. In Kenya, for example, young people who have been in care become mentors to others when they turn 18. Government approaches and policy must change as well as organisations that cut off care at age 18. In summary, children should ideally have forever families, family strengthening and family-based alternative care.

There must be a shift from discussing plans for Orphans and Vulnerable Children (OVC) in Africa and move towards planning for resilience in children and young people and provide the needed support for all those growing up in challenging situations. Cutting off support at age 18 must also be reviewed. Every young person must have a significant adult to give ongoing support. It is better to work together to raise resilient children rather than having to repair a damaged adult.

#### 4. PANEL: VOICES FROM THE PAST

*Facilitated by Bep van Sloten*

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❖ **Sne Shangase: South Africa**

She lives in St Michaels, Shelly Beach. She works as a waitress part time and at her church the other part time and starting June she will be focusing on further her studies at UNISA. She likes happy colours and summer time, singing out loud to random music and laughing.



❖ **Samora Asere: Kenya**

At the age of 7 he was taken to an institution where he spent 10 years of his childhood. He felt alone and abandoned and became bitter after exiting care. However, he managed to come out of that bitterness through personal development sessions offered by Kenya Society of Care leavers, he has been involved with KESCA. He is currently the vice-chairperson of Kenya Society of Care leavers. KESCA is the only organisation in Kenya striving to foreground issues of young people leaving residential care in Kenya. The organisation has been able to hold two conferences in partnership with other organisations and has been involved in development of policies and guidelines on children without parental care in Kenya.



❖ **Chaeli Mycroft: South Africa**

Chaeli Mycroft is a true young ability activist from South Africa. She is a proven and charismatic young change maker, with a major drive to advocate for the importance of the rights of children and youth with disabilities. Chaeli was born with cerebral palsy, through which the function of her arms and legs is limited. But where others see limitations, she sees possibilities; with her positive attitude, she is an inspiration to many people worldwide. At the age of 9, Chaeli, her friends and sister started a project to raise money for a motorised wheelchair for Chaeli. In just seven weeks they raised more than enough money, so Chaeli decided to help more disabled children. Her project turned into The Chaeli Campaign; a South African professional organisation that annually supports more than 3000 children with disabilities with equipment and physical therapy, and that promotes the rights, inclusion and acceptance of disabled children. Chaeli received international recognition for her commitment to the rights of children with disabilities in South Africa, when she was awarded the International Children's Peace Prize. Chaeli currently studies Social Sciences at the University of Cape Town. She is the first wheelchair user – who needs a personal assistant to live with her – living in residence on campus. She continues her unceasing work for children's and youth rights.



❖ **Sabrina Breytenbach: South Africa**

A child who was adopted.

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The intention is to share real-life experiences to the extent that the four participants feel comfortable to do so. How has the past contributed to who they are now? How can their experiences pose a challenge to all delegates?

**QUESTION: What was your greatest need as a child? Has that changed over time?**

**Chaeli:**

I had a good home, and felt privileged. I embraced my challenges and luckily I was around people who were positive, willing to find ways around my disabilities, and meet the challenges. I was taught that my disability did not make me different but special. That was the most important thing as a child, to be able to say that I am disabled but still capable and still me. That has not changed. My parents were my voice a lot in early years and now it is more me sending that message, as a student, and as a messenger and spokesperson for disability.

**Sne:**

I came from a family torn apart by physical abuse, went into care very young, and needed to belong and longed to belong, to have a sense of belonging and acceptance growing up as a child. This did not change in my teen years when I moved around a lot, and always needed to feel I was accepted. As Chaeli says, we want to be loved for who we are. It is still the case. When one is a foster child, one grows up in care with different children. I struggled with being boxed, since people think foster children are not normal, and society tends to be judgemental. I was not a quiet child, and did not fit the good orphan mould. I needed to know I am okay as the person I am. From the time I was taken from my original family I always wanted a family, even before going into foster care.

**Sabrina:**

The greatest need was love. I got love from a family, and I am so happy for that. I would never have got it from my real mom. I also got love from my grandmother, but yes it's a change.

**Samora:**

We must be allowed to be emotional sometimes because the path we have walked is hard. What should not be denied to any child passing through the care system is having a home filled with pictures. Memories are important, the walk of life the child has undergone, and all lives must have mementoes. Many children in care lack family and memories. We, as care leavers, go to institutions to ensure children have visual memories for themselves. That was my greatest lack in care. If you have a picture that tells a story you feel like you belong somewhere. Many children lack that. We now strive hard to ensure that they get this as part of what we do. It was hard to accept that my own parents did not want anything to do with me or my siblings. I was taken to care when aged 7 – this is the age where children need real love and support. For example, when your mom leaves home on an errand you ask her to bring you a treat back. Parents will work hard to provide this for their children. This is what I missed when in care.

***QUESTION: Who did you bond with when in care? Who are you now bonded with?*****Samora:**

It is hard at that age, because going into care is not welcoming and you do not feel you belong there. I had to fight to be okay, most staff are there not for passion but for a wage. They have no passion for the children. But even if someone has no passion, they should still do the best job they can for their wage. I was found on the streets neglected and taken to a government institution. From the start I would be bitter. When you ask me to bond, looking back I could only start to bond when I left the institution and met fellow care-leavers, as we had a common goal and shared past to remember. I also then helped fellow sisters and brothers to bond, where one needs to be available to a brother or sister, or concern yourself as a parent with them. Help them get what they didn't have when in care. It comes back to the word love. This is a strong word. But love in care is very lacking, where there are many children and few staff. There is also limited social worker capacity to give individual attention. Where must children get the love from?

**Sabrina:**

When do you bond? That is actually a good question, you bond with your mom and dad, with grandmother, uncles. I loved them. When we were little we played together. I bonded very much with my dogs, who gave me support when I was sad or sick. The family as well...if you are sad they give you a hug. They give you a hug and tell you everything will be okay.

**Chaeli:**

My older sister is very important in my life. She has only one sibling and nothing to compare with so she does not see me as not normal. My sister is always there for me. People who have a challenge really need that kind of sibling or support. But there must also be a balance in the family so that the person with the disability is not always the centre of attention. We have lifelong friends in our family, my disability is not an issue for them, it's just who I am to them. My parents tried to make a normal life and interact with other people and not be

overprotective. I was allowed to experience a range of people. We need outsiders in our lives so that we can moan about our family!

**Sne:**

I was raised with a large biological family, my granny was also my carer, my mom was very young, and then my granny died. My mom then cared for us, but she had HIV and had a baby girl. There was physical abuse and fights, I could not live with uncles, and went to the friends of my mother. As a 5 year old I was caring for my 5 month old sister. Social workers came when my mom passed away. I went to a shelter and a few months after that my baby sister died. I wanted to belong in a family. I spoke to the caregivers and they helped me get a foster mother – I lived with her for a few years until age 12. Then I wanted to locate an older brother. I had to ask the social workers many times to help me. I then went to try and find him myself. Social workers wanted to put me in a children's home, but the shelter Social worker helped me find my brother aged 14, living in a rural area. I was an urban child and did not want to live there. The solution was to live with my brother in the rural area and attend boarding school in an urban area. When talking about bonding, I bonded with my first foster mother, even if I did not live with her for a long time. We stayed in contact until she passed away. She was my family. I met her when much younger, and we had a very good relationship. Listening to Samora, I realise I am very blessed with the care I received, we bonded with our caregivers and had a sense of family with our "aunties" at the shelter, they stayed aunties for many children in need. They are still interested in our lives and many have known me since I was a young child and still talk to me today.

**QUESTION: What would you have changed as a child if you could change only one thing?**

**Chaeli:**

I would not have met the people I have and done what I did if I were not disabled. I wondered why it had happened and felt I did not deserve it but mostly I would not change anything. My disability is important to me but it doesn't define me.

**Sne:**

I would change everything. I would have come from a regular family with a mom and dad and siblings all alive. There would be no HIV. It would be a stable family and I would have been in school and not moved around so much. But now I wouldn't change anything. Everything I have gone through and known has made me who I am. I have extreme love for children, and especially those in care, I work with children, I am a highly compassionate person, and learned all of that from my experiences. I have a high degree of empathy with struggling children. It has all made me a stronger person. So I would change everything and nothing.

**Samora:**

In Kenya caregivers are normally bitter and complaining but I would say if someone did their job well they would not be complaining. Most of us are moved around from home to home, family to family, with little time to settle and have a personal life. Young people need to think about what they want to do with their future, but they don't have guidance or mentoring a lot. There are many big challenges for children. By the time you reach 18 you have to move out into the wide world. There is no real childhood in care. We are the wards of our own government. You come up with your own rules and follow them, and fight to survive in the world which is cruel. I know people go through struggles, and I am not saying we should always complain, but yet we should complain so that people begin to do their jobs properly. Caregivers in Kenya are not keen to stay in touch with young people they have been responsible for. Many caregivers just do not show love. Care givers do not talk to the children. I would prefer that those people do not work with children in care or at least help them to find a loving family to take them in, even though for some that is not possible. We must unite and show the world the realities, stop the stereotyping and expose what is going on in relation to Kenyan institutions. There is a sense that you are failure from the start if you don't have a parent. This is not necessary for caregivers to say to children, since their role should be to build me up, not break me down. Teach me how I will pay rent when out of this place, and do not undermine me. Stop stereotyping children who have not had control over their fates.

**Sabrina:**

I would not change a thing, I am happy where I am now.

**Questions (Q) and Comments (C) from Audience and Panellists**

- a) **Q:** It seems Sabrina is adopted, at what age was this? It was good to hear you are happy and it seems adoption is the key. If we can increase adoptions that would address the problem. If the grandmother being referred to the biological grandmother or the adoptive grandmother?

**Sabrina:** Adoption is a good thing, if you love the child. It changes their whole life. Sometimes a child may get angry if you tell them they are adopted, but you changed their life and gave them a second chance, and the child will always thank you. My grandmother is the mother of my adoptive mother.

- b) **Q:** To all the panel, what is the best age to tell a child she or he is adopted?

**Sabrina:** It depends on the child, don't tell them when they are very young, perhaps in their early teens. But sometimes it is not a given to tell them they are adopted.

**Sne:** I am not adopted so I don't know but I have seen children raised only with facts, telling them the truth from as young as possible – I think it is best for a child to know from young that they are adopted, as long as they have a family and know they are loved. If you don't tell them when young, then when do you tell them? All children want to know their birth story so would you like from the start? The truth is always best, and they will learn to trust you.

**Sabrina:** That does seem preferable, as they might feel unsure if they do not have their own memories. It will break down trust if they are only told as teenagers and breaking trust with a teenager is never good. I actually agree with Sne.

**Chaeli:** My parents were very honest with me regarding my disability and what people were saying, therefore honesty is always a better approach. The key is to accept who you are.

- c) **C:** My view is that cultures are different, so interventions will also be different. The main reason why we are here to talk about these things is because of dysfunctional societies. Let us work to improve cultural practices as well. Something is better than nothing. When I look at how I grew up in the community, I went from place to place, yet the African approach is to have extended family and care for one another but for me and my siblings this was not the case. As a child I wished there was an institution to take me as this would have been better than being in my community. We were sent to five different foster mothers. The point is that experiences are always different and the experiences across Africa are different. The main thing is to learn to accept people the way they are and be honest with the children they care for.

**Sne:** we must not think all care centres are bad. In my case it saved my life, and this is the case of many children. Care centres are not bad, but while the preference is to have a good family, care centres save a lot of children. It can often save a life, but it must be good care but not for a lifetime.

**Samora:** Regarding adoption, engage the child, tell the child early on that you are not the biological parent, but be clear about the boundaries and keeping them safe. Working in Kenyan institutions, children are often told at a late age and this is traumatic. The period 10 to 14 is probably more difficult because the child must also need to accept themselves. I am not saying care is bad, but let care be the last solution when placing a child. I was in care with my siblings and the basics were provided but the fundamental need for my well-being was to know I was loved and special. This is the need for individualised attention. In future we should aim to have children who say that when they were in care they felt loved, as it must be about more than just providing the basics of shelter, food, clothes and a roof over their heads.

**Chaeli:** One of the big issues we have is that policies are very focused on output and numbers and less on quality. In the disability sector we learned that organisations do not have policies that are quality focused and child centred. That is where we must start. Better policies will ensure there is more room for uniqueness in every child. The focus should be more on individual cases and care rather than mass production of children in care.

- d) **Q:** To Sabrina, was there a time when you wanted to find your biological family and ask why you had been adopted? Sne highlighted the importance of the role of social workers in obtaining clarity for children. Yet you had to find your brother with little support. You were ignored. What is your attitude now towards social workers and help for children?

**Sne:** There are different kind of social workers, and sometimes social workers and caregivers just view children in need as mass production, but not as individuals. When a child runs away from a foster family that child is seen as naughty and must go into a home. This was my experience and I felt my needs were not being taken seriously. Many social workers are negative towards children. Many children experience adult disapproval. There are also, however, many wonderful social workers who have real dedication. This could be related to social worker burn-out.

**Tamsen Rochat:** A key development question is that the origins of the problem must be understood. The experience with HIV indicates that children begin to understand critical information from age seven. We advocate family strengthening to promote honest communication with children and strengthen them to deal better with the challenges. Children thrive in an environment where they are comfortable and there is no stigma, therefore honesty and balance are advised. However, keep in mind that families cannot be expected to do things they do not feel comfortable with since that will also have poor outcomes for the children. A critical point is to discuss whether a lower standard of care is acceptable at least as an option. The day we begin to think that the minimum standard of care is good enough for any child, then our cause is lost. We must always aim for the best standards. It is also important that a group can create a space for parents to have a good institution-like experience and learn from that. We should never say that a child should be grateful for unresponsive care as this is not progressive thinking.

e) **Q:** It is not reasonable to state that all institutional care is all bad and must be avoided. It is not possible to avoid institutional care at this point. Can you tell us a good thing about institutional care from the panellists?

**Samora:** Institutions are not all bad, my experience was what I had, but the people working in those institutions need to have professional commitment and must be open to being corrected. My institution in Kenya provided education and shelter. Furthermore, an institution must not be a permanent option and children should not be denied a family. It is good to provide for the material needs but psychological and emotional needs are often overlooked. That is the challenge. Strive to meet the emotional needs.

**Sne:** My time in care was very positive and I had many good things from care, such as counselling and therapy which helped a lot. I am not angry and bitter and a victim exactly because I got counselling in care. I also developed lasting relationships in care. It was not at all a bad experience. I wished for family but I know if I had stayed with my own family I would not have the advantages I have now. Care did a whole lot for me and it saved my life.

f) **C:** We often speak about the real mother but in this room the real mother is the adopted mother, and we must make the distinction between birth mother and what constitutes a mother. This will be a progressive approach.

### ***Final comments from panellists***

#### **Samora:**

Is it right to judge an innocent child trying to live with the cards they have been dealt? By this I mean people in institutions who are not doing their job as caregivers. There is a child in an institution whether for two months or 18 years, and the people working there do not worry about where that child will go when they leave at age 18. We need to work to make things better and to ensure better transitions from age 18 out of institutions. Involve the child in the process as soon as possible.

#### **Sne:**

The challenge to all social workers and caregivers in any capacity is that they must try to think of every single child or case as an individual – this is one of the most important things. I am me. Secondly, it cannot be right not to involve a child in choices being made about their lives, but then suddenly expect them to make a life for themselves at age 18. They live in a rule-bound environment until 18 and then are on their own with no experience to draw on. They are being set up to fail.

#### **Sabrina:**

It is not helpful to judge people, for example my real mom. My mom gave me away because she wanted me to have a good life and she could not give me that. My dad had died and she knew she could not care for my

sister and me and gave us to our mom Sonia. She did this because she loved us. People should not always assume that a situation is negative.

### **Chaeli:**

It is important to acknowledge that children function within a system. We focus a lot on the child and what the child needs, but we must also think about the systemic needs, those providing the support and what they need, such as social workers. There are many people who need support, and we may be setting social workers up to fail. We need to look at the whole system and how to make systemic improvements. Also identify the specific support needed by the professionals and caregivers, and have better plans that focus on everybody because everyone needs everyone else.

## **5. COMMUNICATION DIALOGUE 1 – “CONVERSATIONS”**

*Facilitated by Dr Rama Naidu*

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Dr Rama Naidu is a Gestalt Organisational Development Practitioner with more than 20 years of experience both locally and internationally. He is an Associate of Footsteps International, and member of both the Africa OD network and the South African OD network. He has completed a two year transnational course in organisational development and is presently part of the I Gold International Gestalt OD Programme. Dr Naidu has a PhD in Social Geography from the University of KwaZulu-Natal and has been a fellow of Northwestern University in Chicago. He has been senior leadership roles for the past 30 years and brings his real life experience to his work. He has done work for the European Union, GIZ Oxfam, the African Union and many local organisations mainly in the field of community engagement, participatory processes and change management. In his present role as Executive Director and Master Facilitator at the Democracy Development Programme he has had the opportunity to pioneer new approaches to working with organisations and communities in ways that profoundly affect their ways of working and engaging more fully within their specific contexts. He is constantly researching and experimenting with new approaches and possibilities in order to increase impact and reach of organisations working within the development sector.



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We want to facilitate conversations for change and contribute to a positive story. The wisdom is already in the room as well as a wealth of experience. The challenge lies in how best to harness it. In the usual conference format people do not have sufficient opportunity to connect meaningfully.

Key Objectives include:

- Providing an active learning and sharing space – take responsibility for own learning and knowledge.
- Gather useful questions that can continue to engage this community – this provides the starting point for an ongoing conversation since it is costly to physically gather people but it is important to find ways to sustain the momentum from the event. Networking is a critical aspect.
- Discuss and agree on mechanisms for greater implementation of the African Charter in individual countries. Talks started in 1979 and it is now time to implement. What are the blockages to progressing the Charter to the benefit of all children?
- The process should be seen as an exploration – process and content cannot be separated. This is a powerful process and the individual contributions are always important.

Guiding Principles for Dialogue include:

- Listen to understand and learn – speak if you have something important to say. If not, listen.
- Be curious – when people share stories be interested and engaged. Many people are not given sufficient opportunity to have their voices heard.
- Try not to be too helpful, but rather ask good questions so that people can find their own answers. Nothing about us without us!
- Good questions are more important than answers. Allow people to find their own answers and/ or solutions.

- Mix with people you don't yet know. Consciously engage with those you are not familiar with. The magic of the wisdom comes from diversity.
- Avoid grand statements that you cannot own.
- Watch your airtime! Make sure that all voices are heard.
- Take responsibility for your own learning. You learn nothing new from your own voice. Time for reflection will avoid hasty judgements or assumptions. Have a spirit of enquiry to reach the real story. Speak when you have something of value to say and own what you saying without presuming to speak for others.

In groups of five, people were asked to discuss the following questions.

### **First Questions:**

- 1. Who are you and what do you do?**
- 2. What did you leave behind to be at this conference?**

### Feedback from delegates:

- This is a different setting to the usual conference and provides for more personal engagement and closeness and the start of new relationships, and it fosters networks.
- This has reminded me about my own bias. When we meet in groups we are often judgemental and form views about others but then get to know them better and realise how special everyone is. Most important is to be aware that we have a lot in common. At home we have many similarities and we all want to learn something new.
- Meeting with colleagues has been a good learning experience and we have realised despite where we come from that we have common goals on working with disadvantaged children. Even our assignments back home are similar – it is interesting to know about the other delegates' important activities at home and the jobs they have left to come to this conference which means we place a great value on this gathering.
- Our group comprised five people from four countries, with broad experiences. We discovered that we all work in different organisations including the government sector, and as FBOs we feel very enriched.
- We expected to learn from the formal speakers, but now I want to have dinner with my peers because I can learn so much from them.
- Group discussion here was important, we learned from different countries and European experiences.
- There is a variety of organisations including government and civil society, and it is critical to say that as much as we are all passionate, the challenge is that the dynamics are different. There is also different country legislation that deals specifically with families but little legislation that provides for the individual.
- I liked most the diversity of who we are and what we do. Businessman, government person, NGO person, church – but all with a shared passion and working to improve the lives of vulnerable children. More interesting is that as we talked, even though from different backgrounds, we connected and can strengthen each other. I just met someone from my own country now, and already we are connecting at a high level for our shared work.
- I have always been the go-to person, but today I could sit and learn. I love the passion and drive of everyone here; we have all left a lot to come and focus on children. Thank you.
- It is interesting and exciting to be listened to, all the group was listening to me and that made me feel good. When they spoke I had many questions but remembered the guidelines! We were also reminded about how to care for our own families first.

### ***Dr Rama Naidu:***

We have heard about connections, lessons, like “live bird or dead bird in your hand” that we heard this morning, when working in groups. Awareness of the rules was a positive thing. For some people this might be a first experience of being fully heard. This is worth practicing. These are the first steps to building valuable networks, connections and dialogues.

## Second Questions:

1. **Question: What is the crossroads you, in your organisation, face right now when it comes to the care of children in your country? Why are you here?**
2. **What do you want to leave with? (Use Cards as well)**

### Feedback from delegates:

- We need to change the system rather than address short term needs alone, and must challenge the root causes of the problems facing children. We therefore need to interact with policy development, but cannot do this as a single organisation but rather as a united voice for change. What can we do together rather than on our own?
- If there is limited collaboration then people may miss inputs from other people that can support the work being done by each organisation.
- Having a common issue or criteria to identify foster families is important. We are missing that. Some foster families are in a negative environment – so there needs to be common criteria that we all buy into and that can identify good foster families. Foster care also has its problems as do institutions, and can we dig deeper to improve them all.
- A thread in our group was the importance of building relationships, both intra- and inter-relationships. We have realised there is woundedness that must be addressed. There is also the importance of good systems but also a more people-driven approach so that the ownership also lies with the people.
- We must be deliberate and intentional and work towards prevention. One thing is that when working with people you think will help you, you may often deal with a corrupt system where you hope to get help from the authorities but this does not happen. How can the communities then be empowered to confront the issues.
- With four countries in this group, there are many vulnerable children, a range of stakeholders to support needy children, but competition for resources and a lot of duplication. In every country there should be a similar conference to lobby for family care and pooled resources at the national level.
- We realised that every day we tell ourselves we are doing good job, and this is true up to a point, but in relation to challenges on providing care, we realised that at this conference there is still very much to be learned to really care well for children.
- We look at ourselves as different institutions but we all have one shared goal, the interests of children. The laws of the land need to be changed so we need to lobby and advocate as civil society for better laws for children.
- We discussed family strengthening, socially and economically, and use of faith-based organisations to build confidence for children in institutions. We are interested in how the other countries deal with policies for foster families.
- With six countries there is a shared desire of families that want to do foster care and adoption while on the other hand there are children wanting families. The challenge is to address that gap that is often caused by culture and beliefs that mitigate against foster care. There are good policies but a lack of political will. The most important thing is to have the heart for this work. But there must be a balance between systems and compassion and heart.
- There were three countries with similar challenges, including how to get our government to focus on families and the importance of spiritual care. Furthermore, children may have parents but there are social ills and substance abuse and children are removed from the family. Families must be strengthened via government programmes. If a mother is raised without compassion and love she cannot give that to her own child. Children value most what they get from their parents. So instead of removing kids from parents, we should teach the parents how to parent better and love their children. We want to fix people but must heal before we fix.
- That is a critical difference, of fixing and not healing. It is easy to fix but hard to heal – healing takes greater effort. We should also be able to acknowledge that we are sometimes part of the problem.
- We had international input on a range of matters. Regarding social work that deals with serious behavioural problems in society, we identified challenges related to age – for example, where the South African Department of Education states that after age 15 they do not have to keep a child in school, but the Department of Social Development states that the child is in care until age 18, what happens in the

15 to 18 age gap for children in need. Scotland recently increased the care-leaving age to 21. This is highly commendable.

- Facilitator: It should not be seen as being malicious to work in silos, but rather we should focus more strongly on collaborating, advocacy and lobbying and coalitions will then become stronger. One hundred voices are hard to ignore, and this is a critical aspect of the work.
- Regarding foster care, in order to identify family care, we must establish fostering in communities, but the challenge in four countries is whether there should be payment for foster care, as in South Africa where there is a foster grant. When the allowance runs out the children are often abandoned. Some countries are investigating foster care without paying grants, drawing on faith-based organisations, but that might not be sustainable in the context of having to pay for education and health. What ultimately would constitute a safe foster care programme? We all have legal framework for practice of family care that draws on the United Nations guidelines and the African Union charter, but to what extent are national laws aligned to positively support family care?
- The policies development by governments are challenging us. There is a financial crisis. There is the necessity to increase impact in the field. We must find solutions. The first step is to find ways to be more cost-efficient. Then find ways to implement different care settings where possible. The guidelines should be improved to be more focused.
- On the intersection of issues, children are not born in a vacuum, and there is never a simple situation. The main challenge is the breakdown of family structures, not just absent fathers but also disconnects within homes – gender imbalances, also gay and lesbian families, so there is a growing challenge to equip families with effective parenting techniques.
- Two countries spoke about how to integrate children with disability back into society so that they can play a valued role. What is the mechanism to physically and practically strengthen families, especially rural families, through training and educating of young men who may often have lacked a male role model and have socially problematic behaviours? There are case studies of family training being done in rural communities with success.
- In general, the quantity and quality of interventions must be reviewed – there is a tendency to focus on the numbers but not on the impact.
- Many of the challenges relate to broken families and absent fathers, with divorce being a key problem as it divides families and has a serious negative impact on children. The role of partners and sustaining marriages must be strengthened.
- People come from a range of backgrounds and all hope to raise normal children, but there is a fine line between child discipline and child abuse, and a fine line between child training and child labour. Can one bring up normal children in institutions when government does not allow children to be physically disciplined as we do in our respective homes?
- Facilitator: there is ongoing tension between tough love and abuse of a child. There is no clear answer to that. It remains a dilemma for many that should be discussed more.
- On the issue of demarcations in terms of social work practice, there are tensions between NGOs in social development in relation to the policy versus practice. There are also concerns about human rights versus religion when raising children. In such a context of confusion families may not consider adoption.
- There is a tension between formal and informal care of children. Within the African Union guidelines, it is clear that there should be an empowering agenda to encourage informal care as a preventative measure. There is some confusion around the understanding of what is available. Informal caregivers should be registered and thereby made accountable to social welfare. Access to social welfare is the key consideration. However, we should not formalise the informal and over-regulate.
- Facilitator: We know the informal economy makes a strong contribution to the national economy but is often invisible and where regulated this often undermines the expansion of informal economic activity. There is a high level of wisdom in the room and a wealth of information. We often under-value our input into these spaces. We wait for others to tell us what to do but that is not going to happen here. We need to draw on our own wisdom to chart a way forward. We must realise the power is in our own hands and begin to mobilise. We tend to not see ourselves as part of the problem, but we are also not sufficiently part of the solution. We blame other things and don't take personal responsibility. We must ask if this is true, whether we are completely powerless. Little seems to have changed in many decades, and it often

all seems outside of our control. This is an uncomfortable space. We need to begin to move towards identifying what we can do to bring about needed change. Acknowledge ownership of the processes. The moment you own the space and challenge the status quo, you can start to do something about it. If government is corrupt, as people have mentioned, you can state that or you can do nothing. Acknowledge that government is corrupt and find other ways of doing things that will have some success.

### Third Questions:

1. **What is the story that you hear yourself saying over and over in your own country?**
2. **What have you done to contribute to the very thing that you complain about?**

### Feedback from delegates:

- There is a scarcity of resources, mismanagement by government departments and NGOs, competition between NGOs over scarce resources, and children becoming more vulnerable as they are more exposed to social media and technology. Our contribution as different countries to address at least one issue is that we have developed strategic plans to curb the problem of scarce resources.
- Facilitator: Speak only for your own organisation and make it personal. What will your organisation do and what does it identify as problems? When you make it personal you take ownership of it.
- One critical issues is that mothers deny the fathers of children access to the children. Children must have both parents present. We are educating others that children must have access to both parents even where the parents are separated. The parents have different but equally important roles to play.
- Providing institutional or other care to children should not be undertaken by those who only want a job and wage, but by those with a real passion for children. The work needs to be professionalised as a career path – there is a strong correlation between qualified caregiver and quality of service delivery to children. We have attended courses so as to train caregivers on the ground and promote quality care.
- We have all been complicit in some issues as individuals and in not addressing those issues. That is fundamental to social work – we must reflect on our work, not to blame but reflect, and learn lessons from the mistakes and do better. This was in relation to care-leaving and how children are prepared for this. Where things have gone wrong and reintegration has been needed, this should speak to us about the importance of unique tailored approaches. Some of our own practices have contributed to the problems we complain about.
- Facilitator: We all try things with good intentions, but first acknowledging the problem and our own role makes a bold statement about ownership. Are we contributing to the problems we complain about? This will contribute towards mobilisation of some kind of mitigating action. Take responsibility, not only when things go right but also when they go badly wrong. There are horror stories about what happens to children in Africa and if we remain silent then we are complicit in their suffering. The only answer is to shift the energy towards solutions.
- In discussing economics, the lack thereof and the pursuit thereof has led to family unit disintegration, and if we draw on our responses about resources, there is a danger in assuming that having more money will solve the problems. This is not correct. The real question is how we are using what we already have and whether we can use our resources better. This relates to the accuracy of whether we do not have enough money rather than saying we could work better with what we have.
- Every country will express challenges. Sweden, for example, complains that children now lack discipline and manners as they have had too much freedom. But parents also need training. The way I was brought up would not be for my children, who are being raised neither Swedish nor Kenyan. I did it my way and the two children have done well. I experienced a difficult childhood in Kenya. The challenges continue, such as child trafficking in Kenya or children in the streets in Uganda and Tanzania. But something has happened to send those children into the streets, whether abuse or violence or to help a family survive. We must first heal. We will leave here with new tools, and we must share a lot. It is about us as well as our children.
- Facilitator: We must work with the symptoms that manifest but must dig deeper to heal. That is what we must talk about; what are the causes of how the children get into bad situations in the first place.
- There is a common misconception that children have no voice and should be ignored. As a pastor I have contributed to this perception, at the family level where we make decisions on behalf of our children,

decisions which were best for us but not for the children. At the church level, in meetings we make key decisions that involve children but we don't speak to them. I contribute to this problem. I must take personal responsibility.

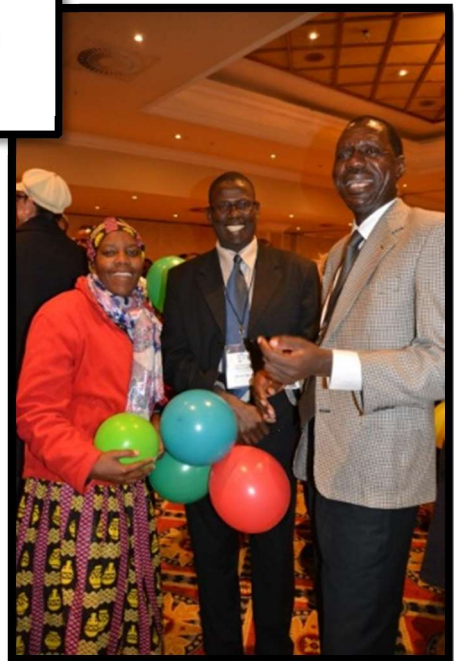
- Facilitator: In making such a public statement or promise in front of your peers is the most powerful thing you can do, because this group will hold you to account.
- We were a group of five countries, and we asked what governments are doing for children. People said what they have done, for example someone had trained people to make shoes, and should have brought them with to sell. In Senegal there are projects supporting children. Activist groups are being formed to engage government. There is a high level technical working group in Kenya around child rights. While we serve the children, we must not neglect to ask about the frameworks in our countries and align with the frameworks as there is a serious disconnect. Our countries all have frameworks but we continue to work our own way and there is often some conflict of interest. We also need to do what we do so well that our governments learn about it and approach us to take the work further.
- Where there are violations of the guidelines by organisations who are registered to look after children, they have misused resources intended for children, NGOs themselves must address these matters and not turn a blind eye. People may set up a non-profit organisation for the sole purpose of soliciting funds in the name of children, or make illegal claims on deceased estates to the detriment of children. Many organisations work on self-interest and steal funds. If we observe such abuse of resources and remain silent, then we are complicit. We cannot then blame government for not delivering. We should then rather operate within the existing processes.
- We were four countries and the three main issues were early marriage in Mozambique of girls aged 12 to 14, in Cape Verde, early sexual debut and absent fathers, and in Kenya the challenges faced by care-leavers. In Mozambique allies are networking to lobby for policy change and increase age of marriage and provide sensitisation programmes to strengthen families, and ensure alternative care for children.
- These are shared problems of early marriages, teenage pregnancy, child mothers, child labour, and children leaving foster care running away from the families. South Africa has many organisations working with children but co-ordination is inadequate. The community based approach works best. In Namibia, sex education is done with young girls as well as the families and stronger community engagement is promoted with child mothers so that community members can accept them and support them. On foster children running away from their foster families, work is being done with communities to encourage the foster families to fully commit to providing proper care to foster children.
- On collaboration between NGOs and government departments, governments should own the good programmes, otherwise doors will not open. As a rape survivor, I became a trainer of social workers and developed an innovative programme that expanded overseas such as to the Netherlands. It was not possible to know that thousands of people would be reached. We now have support networks, because any person you reach out to is someone who can be touched. We do good work anywhere and everywhere. I do more work outside of my own country than in it. I have created a training model for social workers to enable them to implement a transformation of families' programme that is self-sustainable, but it is not up to government to support, it is up to all of us.
- Where men are not available for their children, men still hold the greater power in most societies, and must be engaged in the parenting training to make them realise that we all need to work jointly for the children, keeping in mind the respective roles.
- Regarding the role of men, there has been a breakdown in Africa. In Burundi the destruction of the family brings trauma to children, and if we want to create a better world we must improve how we care for children and recognise that each one of us is not doing enough to help children. I can approach 10,000 women in Burundi as the national president of the Anglican Mother's Union. We tend to limit our focus and not think big. I acknowledge the need to change and find ways to begin to work more inclusively of all children.
- Facilitator: The 220 people in this room have the capacity to touch thousands of lives with huge impact. We need to better understand the extent of our power, the importance of our roles, and look at them differently.
- In all five countries in our group there were parents not equipped to raise children positively in a negative world. We went out of our way in our organisations to make a difference and share our positive knowledge

in relation to negative children in our areas of work. I grew up in a broken family and experienced teenage pregnancy, and also had a daughter who was pregnant as a teenager. There was sexual abuse in the family. I wrote a book about how to raise positive children in a negative world according to the word of God and the principles in the Bible.

*Video from Nick Vujicic*  
[www.livewithoutlimbs.com](http://www.livewithoutlimbs.com)



**DAY ONE  
ICE BREAKER**



## DAY TWO: THURSDAY 11 JUNE 2015

### *Theme: How do we implement family care?*

#### 6. REVIEW OF DAY ONE

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All the comment cards and flipcharts from Day One were displayed on boards which formed a Gallery Walk that all the delegates engaged with. People were asked to provide a single word that summarised for them the proceedings of Day One, and words included Listening; Connecting; Sharing; Family.

The coloured sticks in the conference bags were then explained. There were intended to be given to people with whom delegates connected in some way. The aim was to have many colours of sticks by the end of the conference and to have engaged with as many people as possible. It was hoped that these would not be superficial but would be meaningful connections that will be maintained.

The importance of developing good practice models and studies was also emphasised. This would strengthen many people and organisations to do things better for the children of Africa.

#### 7. FROM TEMPORARY SAFE CARE TO FAMILY

##### *Lydia Gordon, Give a Child a Family (South Africa)*

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Lydia Gordon is a qualified social worker with more than 20 years' experience in child, youth and family based care. Lydia is a strong and spirited leader, and inspires everyone she works with or meets in the communities that she serves. She is interested in helping people in recognizing their own strengths, and to ensure that children are safeguarded from harm. Lydia has been in various executive roles in both in NGO and Government sector. Her experiences include: Palliative Care in home based care, Probation work, Cognitive Behavioural Therapist for Drug Addiction, Death and Bereavement Counsellor, Trained Facilitator, Youth and Marriage Counsellor. She has foster care parent experience. Lydia is a trained foster care facilitator and has done various workshops on an international level. She has trained social service professionals in South Africa, Namibia, Ethiopia and Mozambique including the judiciary and government officials in Mozambique. Lydia has presented the Give a Child a Family Care Model at different platforms including CYC World Conference, Canada and ASSWA (Association of School of Social Work in Africa). Lydia believes that all parties involved best serve the best interest of the child and families.



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It is important to consider the child who comes into residential or temporary care and how they can one day leave that care and go into family care. Many children come from families that have been broken down through unfortunate circumstances. The tragic result is that many children grow up feeling disconnected and unwelcome in the world.

When we as professionals make decisions about the lives of children, the question that child must be allowed to pose and have answered is: Where will I go to grow? The organisation Give a Child a Family is a Child Protection Organisation established in 1988 with the aim of ensuring that every single child will have at least one person who loves them unconditionally. Just having one adult who truly cares will change a life. Give a Child a Family aims to support children in a quality and holistic manner that promotes the rights of children, strengthens their voice, and builds them up to go into the world and prosper, out there.

Therapy is a critical intervention in building children up, as they often feel they have no value. Children entering the facility are assessed comprehensively, and social workers assigned to children on a longer term basis. Information is shared honestly with the child since the lack of honest information engenders insecurity and fear.

Material needs are immediately taken care of in most places of care but may overlook emotional and psychological needs. Therapy is critical for children to reveal their real concerns and emotional needs. Children must be helped through a period of loss. For example, if they have to leave their pet dog behind, this is as crucial a loss as the death of a family member. In African culture children are not included in funerals, yet this is a missed opportunity to go through a process of loss with them.

Every child has a risk assessment done on entrance, and an individual development plan is developed by a dedicated Multi-Disciplinary Team. Even if a child is in residence for a long time, they will usually be cared for by only two different people. They thus have the stability of consistent adult care. The caregivers cannot replace the mother or father but provide stability.

Health care is holistic and includes provision for those with disabilities. The child is placed back with their original family if safe to do so. However, if not possible to be placed back with their family, a foster family is identified from the Give a Child a Family Foster Parents bank who have been screened and trained, and supervised visits take place to ensure a smooth transition from the safe house to a family. The families are engaged from first foster placement and their visits are encouraged.

Foster care support services actively recruit families who are screened and trained – this is a critical process that can take up a whole year. The main question to ask is whether one would put one's own child into the foster family. If not, then it cannot be good enough for the foster child who must be placed. The training of foster parents is compulsory. Foster care results in extra parenting demands and support is needed for those parents to cope well. Matching is key. When there is a match the foster family meets the social worker to discuss the matter but without involving the child as yet. There is a trial period before the court process. The aim is for children to have lasting relationships even when they exit the foster care programme.

After-care includes support groups and there is development training. Where the process of fostering is done well and families are supported, then the child has the opportunity to grow and everyone involved will benefit. We work in the life space of children and we must be fully present. The critical objective is to have children in secure families where they belong.

All standard child protection principles apply and are upheld consistently. Child protection is everyone's daily business that should be on our minds all the time. Family strengthening and social worker support are important in preparing children to go back to their community. The family strengthening programme aims to promote positive parenting based on the principles of the African Charter.

### **Questions (Q) and Comments (C) from Audience**

a) **C:** Further research is needed into how protection helps children in care. The role of social workers must be examined since they often focus on the numbers or on placing a child at all costs, rather than focusing on the best interests of the specific child. The South African Children's Act also requires the participation of the child as a starting point.

b) **Q:** Social workers also require critical support as the work is challenging and there is often burn-out. What is the plan for this?

**Lydia:** The social worker forum meets quarterly and people interact as individuals. It is emphasised that every social worker must have at least one person they can speak to at all times and debriefings are done regularly. Working in rural areas as well is challenging. There are many cases of child abuse, including sexual abuse, that come into the residential facilities and the social workers must have support. Trauma specialists are also involved.

c) **C:** If potential foster families are extensively screened, then it would make sense that the extended family of a child that they are already looking after should also be screened, otherwise there are different levels of care being provided.

**Lydia:** The family strengthening programme does this. The child is not there by choice, and might want to stay with a teacher, for example, rather than a biological aunt. Wherever a child is taken on there must be

support provided, whatever type of foster family it is, it is key to engage those families. Child protection is about prevention and response. Therefore early intervention programmes are needed to prevent children needing to be in safe care.

- d) **Q:** The quality of care is good but to what extent can it be scaled up as a model or extensive training provided so as to expand the reach?

**Lydia:** Residential facilities are a last resort. The main part of the programme is undertaken via safe care parents. This is done proactively and capacity building programmes are undertaken to promote de-institutionalisation. Our principle view is that children do not belong in institutions but in families. There is a bank of suitable families including holiday families and parents so that every child has the opportunity to spend time in a family. Holiday placements provide a good stepping stone for some children. Capacity building of organisations is critical and we have worked in six countries. The programme of Give a Child a Family is a model and philosophy that is upscalable.

## 8. FROM INSTITUTION TO FAMILY

### **Sylvia Beukes, Children of Promise Ministries (Namibia)**

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As the co-founder and executive director of Children and Promise Ministries Namibia (CoPMN), Mrs Sylvia Beukes is considered by many to be the leading advocate for family based care in Namibia. Believing strongly in the need for a different approach to raising children, she established CoPMN in 2003 which has been growing in scope and maturity since. The organisation currently has: Namibian foster families with many children, a registered ministry school and pre-primary Montessori learning centre, programmes for skills and life training for vulnerable women, and a ministry to children and women at a municipal dump site. Mrs Beukes also led the process of rolling out the Minimum Standards for Residential Child Care Facilities in Namibia. In doing so, she and her team were responsible for visiting every known RCCF in Namibia to educate their leadership on the roll out of the Minimum Standards, and report on their general findings and recommendations to the MGECCW. Mrs Beukes is happily married to Mr Richard Beukes, who has also been instrumental in the growth of CoPMN. She is the proud mother of a multitude of children, including her children Darryl, Franci, Cathlo; and a grandmother to two wonderful boys, Corwin and Calum George. Mrs Beukes is an ordained pastor and is trained provider of psycho-social therapy and counselling.



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The aim is to transform the lives of orphaned and fatherless children through the promises of God. Unsuitable decisions taken by poorly trained or committed social workers can change a child's life negatively in a moment. Children all too often have no-one to speak for them. Schools and places of safety tended to provide a warehousing model for children in care. Yet the family is an institution set up by God so a fresh process was started which proactively identified foster care families. Many children are not wanted, such as OVC, for example, because of stigma. The foster care service provider model was not widely accepted in Namibia until recently. Extensive work was needed to sensitise people about the importance of foster care. The assumption was made by the organisation that middle class people would be keen to take on extra children but this was misplaced. Those willing to support foster children were those with the least resources. The project then had to be reviewed and the current model works to provide housing, furnish to a proper standard and then do screening and placement. Many donors were not keen to provide for foster children but rather wanted them in institutions.

The approach is to foster the entire family and a highly comprehensive approach is needed which was not widely understood. So much support of all kinds was needed. The parents first had to be healed. We trusted our Maker and went forward. The healing continues but all are better off than we were fifteen years ago and we continue to progress.

Training of foster parents was the first step. It is a calling and not a job. Some of the early parents are now teachers themselves. We opened our own primary school for special needs children who would not cope in the mainstream school system. There was no distinction made between biological children and foster children. Equality of treatment is a key principle. The schools are Montessori schools as this espouses child-centred

education. There is also a mobile school for the children living at the dumpsite, and now the adults join them. Food security is a critical factor. The care model is kinship care which allows for different kinds of foster care.

Children must live in a stable home with positive family support. No child must be overlooked. Individualised support is needed that only family life can provide. We provide lifelong foster care which is really just the same as normal family life.

The main challenge is identifying enough families who are prepared to make a commitment. There are also cultural barriers. Screening must be done carefully to ensure that children are not expected to take on domestic responsibilities, for example, but must be in the family as equals. There are not enough social workers, government remains keen on institutions, and government grants are insufficient. However, with commitment these challenges can be overcome.

There is no perfect family. All families have challenges so a start must be made for every child and the work continued with parents and families to provide healing to the children. This is an ongoing process. Fifteen years on the commitment remains that every child is a product of God, no matter the circumstances of their birth and every one is a unique and precious being.

### **Questions (Q) and Comments (C) from Audience**

- a) **Q:** In the average African community where children must do domestic chores, how can there be a balance so as to avoid making a foster child a domestic worker? The family is prepared for a foster placement, but how is the child prepared?

**Sylvia:** There is a huge difference between being a domestic worker and being a child in a family who must do chores because everyone is doing chores. In my own home all must do their part. In some cultures, if you take a child from outside your immediate family that child is exploited because the view is that the child must pay for being taken in and this is not a principled view. Children must also know their rights and responsibilities. Regarding the preparation of the child, this is extensive but there can never be too much preparation.

- b) **Q:** Why would there be some children who cannot be placed in a family?

**Sylvia:** Where children experience sexual abuse from a young age, for example, they may become abusive themselves, and in such a case could not go into a family with vulnerable children. We would then work extensively with the child over time. That would be one of the main reasons.

- c) Where a foster family is capable, but believe they do not need the grant, and you encourage it to be invested for the child, how successful is that and what is the perception of the foster family to that? At Social Development in South Africa there was a debate where the foster family was very opposed to investing on behalf of the foster child.

**Sylvia:** Our organisation provides the support needed, not the government. We rent or buy houses, and pay the living costs, so the R200 is extra. We also pay for the education of all the children in the house, both biological and foster children. We want to enable the family to continue to foster children.

- d) **C:** We are keen to learn about successful models. This model focuses on strengthening families, but these are broken families and require a huge investment. Is the model sustainable and replicable? Regarding hard-to-place children, this is concerning because every child should be possible to place, it may just take longer and require more healing. This speaks to the need for stronger interventions. Specialised families could be identified who will be open to accepting more challenging children.

**Sylvia:** This is done, with the view that a child might not be placeable now but this will change in time. Children are supported ongoing. The pilot programme can easily be replicated. It takes time to build a strong family but the key is to make it sustainable. It all comes down to having a passion and commitment to children.

- e) **Q:** It is a blessing to be here and hear about this work. How are discipline issues handled in the foster families and how are the families prepared with regard to disciplining children?

**Sylvia:** Most of us come from a background of physical discipline which is in truth not discipline but abuse. We must adapt. We must make children understand that no matter what children do we will love them and

when they realise this they tend to then stop pushing the boundaries. Whatever the circumstances there cannot be physical discipline. That challenge must be addressed very early on in the relationship and there are mechanisms and tools to do this.

- f) **C:** There is extensive information needed in Africa about the difference between discipline and abuse of children. I work with children on the streets and some of them are sexual offenders from the age of six. We should be teaching all children protective behaviours and in particular foster children before placing them in families. It is easy for us to say we will monitor a placement but when we visit the family all will seem well and when we leave there is no way for us to know for sure what is happening. People may smile on a home visit, but often when they smile there is something going wrong when I turn my back.

**Sylvia:** At the time of placement we must ensure the readiness of that child. There are special families that will take on a particular child. We must ensure we have those to call on. Those who are up to the challenge are also available to foster children with a disability. There will, however, still be times when a child cannot be placed.

- g) **Q:** Mistakes can be made so how far would the process go with a potential family before deciding the person is not capable of loving?

**Sylvia:** We have indeed lost families who had their own agenda because of the money involved. If I cannot trust you with the money I give you how can I trust you with a child?

- h) **Q:** The foster families are given a lot, but do they learn to sustain themselves and eventually make their own money?

**Sylvia:** Education and skills training is provided and people become teachers, seamstresses, artisans, cleaners or whatever they are comfortable with and want to do well at. We develop their God-given potential as much as we can and already have successes where the families are becoming independent. One cannot expect a foster family to be perfect, support is needed.

- i) **Q:** What kind of support is provided to a foster care family other than material support, and also to the child? On kinship care – relatives must care for other relatives but what rights does the family and child have within that family?

**Sylvia:** Children who are old enough to be consulted will tell you where they want to be. Involve children as much as possible. Do not do first what is comfortable for you or the family. Whenever a child's voice can be heard, that is the most important.

## 9. ALTERNATIVE CARE IN UGANDA

### **Tracy Kyagulanyi, Child's i Foundation (Uganda)**

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Tracy is the Executive Director of Child's i Foundation in Uganda. Tracy holds two Masters Degrees programs-first, an MSc in Social Development and Sustainable Livelihoods at Reading University, followed by an MSc in Social Work at Southampton University in UK. Tracy worked with children within child protection, fostering and adoption in different local authorities including Slough Borough Council for 7 years in the UK before relocating to Uganda in 2013 to work with Child's i Foundation. Under Tracy's one and a half year leadership, Child's i Foundation has continued to run programmes that facilitate and enable abandoned children to be safely placed in families, and advocate for policy change around care practices that prioritise family based care. CiF runs a transitional Babies home (Malaika Babies Home), a Tracing and Resettlement, Fostering and Adoption programmes, and most significantly Ugandans Adopt, a multimedia campaign to create awareness and recruit Ugandan families to adopt children, which has resulted in over 45 families adopting and waiting list of others. This inspired a government initiative 'Strong Beginnings: A Family for all Children' project that aims to promote family based care for children without appropriate care in Uganda in line with existing legal and policy framework.



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The aim of all our conversations is to achieve the best outcomes for all children. The legal infrastructure is in place in Africa, primarily the African Charter, but all countries have legal infrastructure that emphasises the best interests of the child and the importance of family. Child's i Foundation aims to put all children in families as far as possible. It promotes family based care for children and temporary care for very young children. The aim is to develop a model that is replicable and scalable. It is important to share learnings with others on how

to ensure sustainable models that continue over time. There is a connection to government work as civil society sees a need in Uganda but the work with children remains a government mandate. It is therefore key to work with government structures including to promote the alternative care approach.

Language remains a critical aspect of placement for children, as well as cultural influences. The child's identity must be upheld. Prevention includes family strengthening and prevention programmes, such as for young girls in Kampala where there is a high level of teenage pregnancy. Many children are abandoned through no choice of their own so linkages and support are crucial to keep mothers and babies together. Where possible the young girl's family is traced. Networks are also useful to prevent separation of families.

The Malaika Baby Home runs a short-term foster care emergency programme for abandoned babies, but the aim is that babies do not stay longer than six months but move to a foster home. The developmental impact of babies in an institution is very concerning. This is a critical concern. The average stay is five months. Children are prepared for permanency and all activity is done with the aim of ensuring that infants can learn to develop relationships with caregivers and transfer learning when in a family. One carer has not more than four babies in her care and every baby has their own main caregiver. The babies cannot be a tourist attraction. This determines success with a permanent family later. The model is recognised by government and used for promotion of baby homes. The model and case study has also influenced the development of government regulations.

Children are assessed and then placed in short term foster care so as to move out of the institution quickly. Children require one-on-one care wherever possible. There is a need to identify more suitable community caregivers to take on children in need. There is a dedicated team around each child that is permanently sustained where possible.

There are 50,000 children in 800 orphanages in Uganda, yet 80% of these children have families. Fewer than 50 of the 800 orphanages are licensed, most are illegal or should not exist. In 1996 there were only 35 orphanages and in 20 years there are now more than 800. Almost 95% of orphanage funding comes from western donors, yet in the Western countries themselves there are hardly any children in orphanages, so it is of huge concern that there is 100% Western funding for orphanages in Africa.

Legislation is in place at the international level. Situational analysis indicates that institutions are the worst possible option for a child, yet children remain in poor situations where they are cared for by an inadequate work force. There are few regulations enforced and there is no care for unique children with special needs. This situation cannot be allowed to continue.

The Alternative Care Framework from the Ugandan government prescribes family placement as the first option, including for abandoned children. Inter-country adoptions are one option but must be carefully managed. There is lack of capacity in government to address children's needs and not enough social workers. Child's i Foundation runs a project called Strong Beginnings, aimed at preparing children in accordance with the legal and policy framework that exists. This was piloted with other organisations and is now moving to 20 child care facilities and two government departments. Child's i Foundation works in a consortium that includes academic, government and civil society participation. The main aims are to reduce separation, improve care practices in facilities, strengthen the alternative care system and government oversight, develop cost effective best practice models, and build an evidence base for improved programming.

Clear improvements are being seen from all stakeholders. A recent study indicates that 50% of existing homes in Uganda should close because of quality issues. Hearts and minds must change and people must be willing to change for the good of the children. The people working there would not put their own children in those institutions.

It is costly to keep children in institutions. The church also funds institutional care and that funding could easily translate into family support via the church so that children can move into foster homes. We hope the church

and the layperson will meet. A pilot will soon commence in Gaba Community Church to encourage families to open up their home to a child.

### **Questions (Q) and Comments (C) from Audience**

- a) **Q:** Clarify issues of attachment. Social workers monitoring supervision. How deep should their relationship go with the foster child/family?

**Tracy:** The issue of attachment is one that needs careful attention to as it inevitably defines/contributes significantly to the kind of the relationships and sense of self security that a child will grow into. So pre-placement bonding is well planned and facilitated. Depending on the needs of the child, this could vary from 10 days and more. The child is thus placed when they have already formed some relationship with the foster carer/adopter.

Monitoring visits by social workers can of course become a distraction of continuation of attachment formation. However when done carefully, such as consistently by the allocated child's social worker, regularly and not erratically, then the child can start to view the social worker as a regular visitor and someone they know. Our social workers are experienced and are aware of attachment issues so they maintain safe spaces and interact with children in placement and their carers with this in mind.

- b) **Q:** How do you prevent conflicts between biological and foster families?

**Tracy:** We encourage contact between children in long term foster care and short term foster care with their biological family as appropriate. Children in fostering to adopt situations have no known biological family. However, the venue of contact depends very much on how comfortable both biological and foster carer are. We usually encourage contact to take place outside of the foster home in a neutral child friendly environment if it is assessed that the parent may present a risk to the child or carer such as risk of child snatching or if the parent is not in agreement with the child being in foster carer.

- c) **Q:** What happens to all the orphans if the orphanages are closed?

**Tracy:** The National Alternative Care Framework provides for specialised residential care for such children whose needs cannot be met in an alternative family care arrangement. This is in recognition that some children do need a residential setting. However, residential care is a last resort according to the Continuum of Care in the National Alternative Care Framework recognising that family based care options are preferred for all children and residential care should only be considered only after family based alternatives have been exhausted. It is noted that even for some children with emotional and/or physical challenges or disabilities, a family setting usually enables them to live a much better more fulfilled life than a residential setting.

And of course, Uganda is still far from being 'orphanage free'. However there are far more orphanages than is required and some are doing more harm than good to the children as they are run in the worst forms according to baseline surveys into child care institutions done in 2014. Currently, the drive is to see that the orphanages or children's homes that are running meets the national guidelines as stipulated in The Children's (Approved Homes) Regulation 2013. If efforts and investment is made to promote family based care, eventually there will not be a need for Orphanages as a solution to Uganda's orphans.

- d) **Q:** The rate at which children are being brought to the residential homes is definitely higher than the rate of finding foster families. Most of these children's homes have been there for many years and have invested a lot. What are the practical steps of closing down these institutions that have invested so much? Is it possible to completely do away with residential homes?

**Tracy:** It is true that finding families for abandoned children is a very hard; time consuming and costly undertaking but one that is worth doing. In Uganda's situation, however, it is not true that all children brought into residential homes need to be there. There are indications (Baseline Survey 2014 under Strong Beginnings Project funded by Terre des Hommes Netherlands) that majority of them have known biological families and are only in institutional care for education or other factors that 'pull' them into the residential homes. The issue is that most residential homes brought in these children to keep until the children are either adults or start to demonstrate challenging behaviour that the institution cannot manage, and at that point the child is sent away back to their community. If residential homes can improve their gate-keeping practices so that only children in need of emergency protection and care are admitted, and prioritise family

tracing and resettlement, the same institution can provide care for many more children with the same resources currently being invested in keeping children 'forever'.

Of Course majority of orphanages or children's homes were set up with good intentions- to rescue vulnerable children some of whom are orphans. Some of them have invested significantly into these institutions and it would of course seem unfair to even think of them closing. However we now know that institutional care is damaging to children and in the long run the well intentions end up hurting children. In my view the intentions can still remain active but the way of achieving these intentions can change. So funders can think of new ways of 'rescuing' children such as by investing in community/household prevention and protection mechanisms to help the families to keep their children; investing in education and health provision so that alternative families/ foster carers can meet the needs of children now and in the future; investment in family centres which would reach many more children in the community. So the investment does not change but the strategy does with best long term outcomes for the children and society.

- e) **Q:** From the UN Guidelines it is clear the primary government responsibility is for the regulatory framework governing care providers; registration, authorisation and monitoring. I would like to hear more about government taking this responsibility and advocacy to press government to do so?

**Tracy:** The Government of Uganda's Ministry of Gender Labour and Social Development is the line Ministry responsible for children's affairs. It is implementing the government's National Alternative Care Framework which provides a step by step guide on how we can respond to and provide care to vulnerable children found to be without appropriate family care. The Ministry is working with various civil society organisations through donor funded projects such as the 'Strong Beginnings a Family for All Children' project funded by Terre des Hommes Netherlands. Through this project, the government is creating community sensitisation about institutional care, setting systems to improve regulation of child care institutions, undertaking regulatory monitoring and assessment of Children's Homes and taking action on failing ones, sharing best practices in alternative care provision and, building an evidence base and skills building to support policy and programming around alternative care. This project has established a National Alternative Care Implementation Unit within the Ministry to oversee and govern care providers and care provision in the country; developed a National Curriculum on Alternative Care to support the government's drive for workforce development to support its alternative care reform initiatives.

The Children (Approved Homes) Rules 2013 is the guiding document for Children's Homes and Orphanages. This document has not been widely utilised by both Children's Homes/Orphanages and the Probation and Social Welfare Officers as required. There have been gaps in its application in that in some instances some Homes have not been aware of its existence or Probation Officers have not assessed the Homes as stipulated in the Rule. The Ministry has embarked on a process to ensure that every known Children's Home/Orphanage has one; that probation officers are undertaking their responsibilities as prescribed in this Rule and that Guidance is developed to improve use of this Rule. A draft National Deinstitutionalisation Strategic Framework for Children Living in Children's Homes is being developed and this document will cover comprehensively the government's strategy to improve its regulatory role governing care providers. As part of this process, the Ministry has tasked itself to fast track registration and renewal of registration of Children's Homes and Orphanages and to ensure all known Homes are assessed.

The National Child Protection Working Group which is formed of most child rights organisations and partners is taking great leadership in advocating for government led rather than civil society-led approach in deinstitutionalisation. To that effect, it has formulated an Alternative Care Committee/task force to advocate for this and work collaboratively with structures within Ministry of Gender Labour and Social Development on matters of care provision.

- f) **C:** Yes, there are orphanages in the UK and the US. Recent statistics (within the last 5 years) had over 15% of US orphans in orphanages and just over 10% of UK orphans in orphanages. These orphanages are largely funded by private sector (mostly faith-based). My brother-in-law and another friend worked at orphanages who tried to create a family environment for the children.

- g) **C:** The number of institutional children in the US and UK have gone down over the last 100 years with the rise of foster care and adoption.
- h) **C:** The concept of orphanages was brought to Africa long ago by well-meaning westerners who had the same solution back home. There is not this concept of “one solution for European children, a different one for African children”. Please understand that the history of the situation is more nuanced than that.

## 10. PANEL: THE ROLE OF POLICY, GOVERNMENT AND FUNDERS IN FAMILY CARE

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### ❖ **Eva Björkander: Sweden**

Programme Manager at Läkarmissionen, Sweden, donor organisation and partner with Give a Child a Family in South Africa. Eva holds more than 15 years of experience within the donor sector. In her position at Läkarmissionen she has visited and been the contact person for many of the organisation’s NGO partners around the world. With an interest for children combined with development studies and psychology, she is now engaged in issues related to social care within the organisation. Prior to her current position she was responsible for the organisation’s humanitarian aid.



### ❖ **Marjan Stoffers: The Netherlands**

Marjan Stoffers has over 25 years of experience in working in different development and human rights NGOs in the Netherlands. Currently she holds the position of Head of Programmes of Mensen met een Missie. She has an education in international law. In March 2015 she became the chairperson of Stichting Vrienden of Give a Child a Family in the Netherlands, a voluntary position. Marjan is married and is the mother of two daughters. As a volunteer she also accompanies a 12 year old boy who does not have Dutch as his mother-tongue in doing his schoolwork.



### ❖ **Musa Mbere: South Africa**

Mrs Musa Mbere graduated with a Masters in Social Work from the Western Michigan University in Michigan USA in 1982 and took the position of Social Worker and Head of Social Services Unit of the Crispus Attuck Day Care Centre Dorchester in Boston, Massachusetts for that next four years. She moved back to South Africa in 1994 where she filled the position of Executive Director of Gauteng’s Association for Planned Parenthood. She started her career at the Department of Social Development in 2001, as the Director of Administration and Finance in the Poverty Relief Programme and quickly moved on to become the Director of the Children division on all programmes on children including ECD, from 2003 until 2009 and then became the Director of Child Protection until 2015, where she currently holds the position of Chief Director of ECD.

### ❖ **Bakala Wambani: Kenya**

Bakala Wambani is a social worker. He received his BA degree from University of Nairobi in 1989. He is an Assistant Director Children’s Department, Ministry of Labour, Social, Security and Services. He has been working with children and families from 1990 to 2015; in the field/communities, statutory institutions (GOK) and at the adoption desk and administration Nairobi. In the field he counselled families on their parental roles, prosecutions in law courts concerning custody, maintenance of children, children reunification with their parents and committals to rehabilitation schools. At the institutions, he counselled children undergoing rehabilitation and their return to families. Currently he is finalising his MA thesis titled CHALLENGES ADOPTIVE PARENTS FACE IN THE COUNTY OF NAIROBI at Kenyatta University. He resides in Kajjido North Subcounty, Kajjido County, Kenya, with his wife, daughter and son, both students.



**QUESTION: How is government supporting transition from institution to family care?**

#### **Wambani:**

In Kenya people have many challenges; for example, parents are separating and need mediation or counselling. The first step is thus to strengthen families for the benefit of children through counselling and interventions. The judiciary in Kenya has a family division which aims to strengthen family. It is also important

to advocate for children to be in family or community where they were born. The implementation of cash transfers for families living below the line is being considered so as to assist children and the pilots have worked well. Of the 45 million people in Kenya, 2.6 million are children needing care. There is much support from UNICEF and other donors as well as government support. The aim is to support families to care for their children better.

**Mbere:**

In South Africa, the South African Government's National Development Plan informs all work being undertaken up to 2030 including child protection requirements. The Department of Social Development has a families unit which aims to promote family life, and strengthen families. Child protection is a key focus. The aim is for children to remain in families or communities with an institution as the last option. Local adoptions are promoted so that children have a sense of identity and community and where their culture is being observed. Inter-cultural adoptions are the last option.

Foster care is widespread in South Africa because of the HIV epidemic, and kinship care is promoted, although the potential carers must be assessed to preserve the child's safety. Social workers must supervise placements and renew a placement every two years. With family placements there can be long term placement to age 18 with regular monitoring. However, there is a concern that social workers find it difficult to promote adoption as there is no grant attached, but with foster care people do receive a foster care grant.

Child-headed households are given special support via a number of government departments and local NGOs. National associations oversee the work being done with child-headed households. Siblings are not usually separated into foster care but stay in their home with additional support that is largely community based.

**Marjan:**

Supporters in Europe do provide money but also mobilise within their networks and societies to support and provide international solidarity, in this case for children in Africa at risk. It is important for us that local organisations work with children in respectful and appropriate ways. It takes a village to raise a child and this is as true in Germany or Sweden as anywhere else. In any country in the world this must apply. That is our message.

**Eva:**

Läkarmissionen has been working from Sweden since 1958. Donors realise that results are not sufficiently sustainable and outcomes could be better. There is great interest amongst donors in identifying good models that can be shared and supported. Work of Läkarmissionen is done in forty countries. We are thus well placed to draw on international experience. We are the spider in a web that can cross-pollinate. Such a conference is thus important to us, to link and learn from each other.

**Marjan:**

There are linkages to other private initiatives. People went to Uganda and saw a need that they wanted to help to meet, while not being well informed about the best way to do this. In the Netherlands recently a round table was organised on similar issues as these, with around sixty organisations. Some difficult and frank discussions took place. The role of government was discussed which is often seen as a difficult partner, yet government is important since it holds the national mandate. National governments also have many competing challenges especially in relation to resources at local level, as well as issues of corruption and lack of professionalism in Africa. Our approach was advocacy – bilateral Western donors back away from advocacy and are not keen to support it and people therefore often move away from advocating for needed change.

**Questions (Q) and Comments (C) from Audience and Panellists**

- a) **Bep:** There are accusations that government is doing nothing, but in this meeting we have heard that the South African and Kenyan governments are doing a lot. It is the donors that promote the orphanages. Is government able to respond and provide enough resources?

**Mbere:** In South Africa it is not possible to provide enough, although this is relative. The idea that a child moves between facilities is not acceptable.

**Wambani:** In Kenya, global adoption and local adoption societies get support to encourage local families to adopt children. Statutory state-run children's rescue centres are funded by government for safe custody in relation to legal matters or family placements.

**Marjan:** At the round table held in the Netherlands, the small donors acknowledged that children's homes are seen as small business initiatives and that the interest is to make money rather than keep children safe. We were highly critical of this. This makes our work more difficult since we want children in families, but this makes it more difficult to do properly. Yet ways must be found to retain the support base, keeping in mind that many people start a children's home with passion and are reluctant to change it. Governments must dialogue with all others to promote and ensure that children are kept safe and appropriately cared for. It is the hope that this conference can take such a dialogue further.

- b) **Bep:** These are all African programmes supported by foreign money, so how can communities be called upon to engage with foreign donors and begin to shift their views about the best approach for children in Africa?

**Wambani:** In Kenya the policy is the starting point. UNICEF provides funding to work to share information across Kenya to promote quality family care.

**Mbere:** In South Africa, USAID provides funding to strengthen care and protection for OVC – including legislation, policy, and human resource improvement, collaboration with partners, and M&E and research. This also draws on international best practice. Non-profit organisations are registered with the Department of Social Development although this is more a fundraising mechanism than a quality assurance tool.

- c) **Q:** Advocacy is intangible and hard to fund. We want to speak about the missing voice and advocate for children with disability through spokespersons like Chaeli since we know that 80% of children living with disability are raised by single mothers. Even where we know that children have special needs there is a tendency to focus on the mainstream issues and overlook children living with disabilities. This is a challenge to both governments and organisations. We believe that inclusion cannot be learned but must be lived. How many Child Welfare Departments are you working with directly, and if you are not seeing them, where are they, how can they be identified, and how can families be strengthened to support them, since families often hide their disabled children. We are all disabled in some way, and the issue is the way society responds to impairment. That means all of us. We must bring differently abled children into the mainstream discussion and proactively support this, rather than disability being seen as a peripheral issue.

**Wambani:** In Kenya there is legislation that promotes government procurement from youth, women and children living with disabilities. There is also a children's national assembly to raise youth issues so young people are involved with any government decision.

**Mbere:** In South Africa the children's parliament is located under the auspices of social development, and the deputy minister of social development is sight-disabled, so these matters are close to her heart. In the new policy on Early Childhood Development, the situation of children living with disabilities is uppermost to ensure inclusion, although we know implementation is a challenge in all areas that involve children. HIV facilities are being improved and will also accommodate children living with disabilities. Training of practitioners will be undertaken to enable them to support the children and their families and also train the caregivers who work with the children. Children are agents for change. Work is already being done in a multi-stakeholder forum that advocates for people living with disabilities, and it is still possible to make input into the ECD policy. ECD dialogues have contributed to commitments to take care of mothers from conception through birth including nutrition and a full package of support with the well-being of the child in mind.

- d) **Bep:** To what extent do the donors themselves have a focus on children living with disabilities? Do they insist on their inclusion in all the programmes they fund?

**Eva:** In Sweden they are included in all programmes and there is also work being done on policy for social care to improve the situation and ensure a special focus on children living with disabilities. Children with HIV have also been placed with families, and the principle is that there are no differences with children. All are entitled to the same care.

- e) **Q:** In South Africa there has been a change of policy, and grants for people living with disability have been reduced or sometimes stopped. There is a need for information to be shared about how government can

support families to foster and adopt more children and the extent to which this might be linked to grants or financial incentives.

**Mbere:** On the incentives for adoption, the revised Children's Act specifies that grants can be added for a family where a child is adopted. It took ten years to develop the Children's Act and it is comprehensive – government must provide financial support to keep children in families. Regarding the loss of funding for organisations, the Minister has expressed a concern that the funding is not achieving impact, and a review is under way. This review will include a stronger commitment to addressing issues related to mental health and learning disabilities. There has already been an expansion of programmes within the national department to take on these matters.

- f) **C:** The main challenge relates to co-ordination. There are many donors, but in-country donor co-ordination presents a challenge. Support is implemented in silos. This makes it difficult for any country to know who is getting what. This also links to the roles of government and civil society that may become blurred. It is important for those who implement the work to know about what is being funded and for what purpose. Priorities have been discussed as being imposed from the top down but there should be a way to discuss priorities from the bottom up. Donors have a mandate that they are expecting organisations to comply with but it may be preferable to do a bottom-up approach in relation to long term funding, especially for child care which is a life-long commitment. Children are also often excluded from short-term funding proposals. Children's rights need to become embedded as a priority in every government action. Children are often overlooked by government departments because they do not vote.

**Eva:**

A critical aspect of children's projects is to conduct risk analysis – what will happen when funding is no longer available, or when other challenges arise? Are donors supporting work that could be detrimental to children? A project should not commence if it cannot show a positive long-term outcome for the child. It is important to acknowledge that donors are indeed part of the problem, and have caused problems in Africa. Money represents power and donors must be sensitive to this. Therefore it is important that donors should be sensitive in the way they work and how they treat others when they hold the power. A high degree of respect is needed right down to ground level. Donors have an important responsibility to fully understand the realities of communities and not impose their own agenda.

**Marjan:**

These are indeed concerns. In working with a number of Dutch funding NGOs, dialogue is critical to programme success, whatever the focus. There must be a positive context for the work. Give a Child a Family provided a mandate for us to speak on their behalf on specific matters, and to spread the message that children belong in families. As supporters we remain accountable to all stakeholders as well as GCF. In Kenya, support is being provided for mothers, and teachers are being trained to work with children with special needs and will receive a stipend. Government has also set up a toll-free line for support to be provided.

**Mbere:**

In South Africa there is a high level of political will to support children, including a newly established inter-ministerial committee on Violence against Women and Children which includes Early Childhood Development, since these matters are a priority for the national interest.

**Bep – Final Comment:**

We acknowledge that all governments are doing their best to address the many challenges, and hope that the commitments being made to children will be honoured to the full. Donors from abroad are needed but it seems clear that they must be better co-ordinated and more strategic in how and what they support. Longer grant periods are also important. All of us should advocate for change. Our appreciation is also due to the donors who have supported this event and brought so much value to all of us.

## 11. PANEL: THE ROLE OF ALL FAITH-BASED ORGANIZATIONS IN FAMILY CARE

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### ❖ **Sonia Persson: Mozambique**

Sonia was born in Mozambique and after Mozambique's independency her family immigrated to Portugal. After high school she studied three years in Mount Hope, a Private Bible School in Lisbon where she graduated with a diploma in Theology and Christian Education. Sonia then started on her training in Sweden to fulfil her dream of working with young children and becoming a Primary teacher. Later she completed also a degree of Bachelor of Science with a Major in Child and Youth Education and Care. In Sweden she has worked as a teacher and as a Director of a Christian Pre-school in Sweden. In May 2011, Sonia and her family moved to Mozambique to work with Interact, a Swedish organisation. For Interact she worked as Educational Consultant for different Faith Based Organisations that are dedicated to Early Childhood Education and develop OVC (orphans and vulnerable children) programmes. She strongly believe that the church should be a place where children feel safe. As a theologian, teacher and mother she has dedicated herself to teach that the family is in the heart of God and children should grow up in families and not in institutions. She is now attending a Master Programme in Education and Child and Youth studies with focus on Child's Rights. Sonia is a mother of four children, 3 boys and one girl and the family now live in Sweden.



### ❖ **Robert Botha: South Africa**

Robert is at present a Director of the James Social and Ethical Consultancy (Pty) Ltd and is the founder of the James 1:27 Trust, a social enterprise, located at the Innovation Hub in Pretoria. Robert has been a career diplomat with 18 years' experience in international relations. Robert has served as a South African diplomat to Mauritius and France. Robert has worked in both bilateral and multilateral relations and has for several years served as a diplomatic trainer at the Department of International Relations and Cooperation's Diplomatic Academy. Robert completed undergraduate studies at Rhodes University and has a Master of Arts in the subject Social Behaviour Studies in HIV and AIDS at the University of South Africa (UNISA). Robert is at present, through the James 1:27 Trust, busy building at the Innovation Hub in Pretoria, a Management System for Orphans and Vulnerable Children. Robert has also just recently completed a certificate programme in social entrepreneurship at the Gordon Institute for Business Studies (GIBS). Robert and his wife, Gail, have also served as associate pastors at Hatfield Christian Church. In terms of life purpose, Robert is committed to social justice through the development of an integrated approach to promoting innovation, entrepreneurship and enterprise development.



### ❖ **David Henessey: United States of America**

Director of Global Movements, Christian Alliance for Orphans (CAFO), is dedicated to serving and equipping orphan care movement leaders around the world. Prior to his role, David served as Executive Director for YouthReach International, an orphan mentoring ministry serving in Eastern Europe. In this position, he pioneered an orphan mentoring programme using indigenous volunteers, encouraged US and international churches to support orphan care efforts, and streamlined operations for the ministry. David left his professional career in 2005 to bring his business knowledge to international ministry. His wife, Lisa, and five girls have been very supportive of this move, and have personally served in Russia and Ukraine for six summers, ultimately adopting one of the girls from Russia. Their family is deeply involved in orphan ministry within their local church and community. David believes that combining passion for orphan care with a focus on ministry excellence creates profound impact for the fatherless. It is with this conviction that he desires to inspire, equip and connect faith based leaders globally to empower the local church to care for local orphans in every nation.



### ❖ **Tracy Kyaqulanyi: Uganda**

Tracy is the Executive Director of Child's i Foundation in Uganda. Tracy holds two Masters Degrees programs-first, an MSc in Social Development and Sustainable Livelihoods at Reading University, followed by an MSc in Social Work at Southampton University in UK. Tracy worked with children within child protection, fostering and adoption in different local authorities including Slough Borough Council for 7 years in the UK before relocating to Uganda in 2013 to work with Child's i Foundation. Under Tracy's one and a half year leadership, Child's i Foundation has continued to run programmes that facilitate and enable abandoned children to be safely placed in families, and advocate for policy change around care practices that prioritise family based care. CiF runs a transitional Babies home (Malaika Babies Home), a Tracing and Resettlement, Fostering and Adoption programmes, and most significantly Ugandans Adopt, a multimedia campaign to create awareness and recruit Ugandan families to adopt children, which has resulted in over 45 families adopting and waiting list of others. This inspired a government initiative 'Strong Beginnings: A Family for all Children' project that aims to promote family based care for children without appropriate care in Uganda in line with existing legal and policy framework.



## **Panellist Introductions**

### **Robert:**

We must refer to James 1 – the heart of the conversation is that the church is about preaching the good news, which is that the kingdom of God is near, and will encompass righteousness, shalom, joy. People must walk in justice, which cannot be separated from righteousness. This has a broad application across all faiths. But it cannot happen where there is a lack of justice. This provides the context for what we want to share. Jesus started his public ministry and shared justice with the poor and the marginalised. Those who have been given the most have the greatest responsibility to be a good servant.

### **David:**

In examining the role of the church, the church is the only representative structure in every country which has the mandate to care for each other. God is calling the church to rise up – this is being seen around the world, and there is also evidence in our local annual campaign to promote fostering and adoption. There is support for all those who care for children and this is being seen more strongly also in Africa. Africa has many thousands of churches so these are a critical vehicle for change. Our group is linked to 180 Christian organisations who work with adoption and fostering.

### **Sonia:**

In Mozambique the view is that the family comes from God – the idea is all-encompassing and not related geographically. The family was the first institution. Jesus himself was child-centred. We talk about children as being the future but overlook them in the present. The missionaries brought institutions such as orphanages to Africa, so if we have started this thing we have the responsibility to bring change and make it work. The church must acknowledge that mistakes have been made, and must now fight to make amends and make things right.

### **Tracy:**

This relates not only to the Scriptures, but to the fact that it is a family-friendly institution upholds family and where children are welcome. In Uganda, we saw that 80% of child care institutions are funded by Christian organisations. We should look at what the church or any faith-based organisation has to offer us. Many people attend services and between them they have many resources and skills that can be drawn on. The church is a very rich network. We must work together to develop solutions. It is therefore a key partner. Unlike donors, the church takes as its starting point the human need – it's a lasting and sustainable solution. It will be possible to offer much more with the church as a critical partner.

### ***QUESTION: What is the role of the church in supporting and recruiting families to foster and how to support them?***

### **Tracy:**

Our pilot model draws on the church at the centre of the programme with child care institutions and family as the triangle, so the church has a key role. It sees families often and can provide references for families. It also has a support role to play as its interactions are regular and funds are raised weekly. Certain giving can be dedicated to orphans, for example. Spiritual support can be provided via cell groups. Church has most of the answers and the potential to provide support.

### **David:**

God calls himself father to the fathers, and the church has the mandate to care for orphans. It also has the resources, although the greatest need is not money, but to have caring adults to rise up and embrace orphans. For example, in a congregation a member has a new baby and everyone clusters around and congratulates the family and offers support. We want to see the same thing happening when a church family adopts or fosters a child. The church itself must welcome that child into the broader family. Mentoring is already available. It is a key asset to have a local church to surround families; this is its role, to support its community and all its families.

**Sonia:**

In Mozambique the idea has been embraced that we must impact the world with hope; that is our business and we must be active. There are many demands, there are also many widows, or single parents where the fathers are working elsewhere, often in South Africa. Churches should have a mother's group to provide support. There are many children in our churches, and the church must take care of orphans and find a social worker and make them do what is required. The social workers are themselves more encouraged and motivated when asked to assist a community that cares. We must work with church leadership to promote and expand on what they do. There are so many children in need in Mozambique, including children with disabilities. Some people have been in institutions for 30 years, since childhood. The churches play a critical role in any community, to promote blended or merged families. What made me the person I am was my church. Family is more than just a mother and father. The church must become the family to many.

***QUESTION: What are the most critical shifting perceptions with regard to the church?*****David:**

Churches are many different things. NGOs that have a faith-based connection often have best practice models to support children legally and appropriately. We must partner with those NGOs to ensure that the best options possible are being provided. We should operate always as professionals.

**Tracy:**

Churches are a critical partnership. Our responsibility as an NGO is to ensure that assessment of family is compliant with regulations. We have visited institutions that had a faith connection but were not compliant at all with the child care legislation. For example, children were compelled to fast all day for religious reasons which is incompatible with the international child safety protocols. The church can provide consistency and sustainability while keeping in mind the specific needs of children. It is of course acknowledged that there must be stability for fostering and adoption.

**Robert:**

There is a high degree of consensus that children should be cared for in families, that there should be holistic care, and community development is needed which must be asset-based, so that families and communities are strengthened to support all children. The problems must be accurately identified and then solutions developed. Why are we failing to provide care at a scalable level to every child in need of such care? This remains the critical question. We are seeing global shifts from the information society into the dream society. The global village that we presently occupy will change radically. We are already interconnected and are progressing towards virtual families. Is it possible to build extended families virtually? What are the risks around power and regulations? Such challenge also provide us with a fresh opportunity to develop an holistic model of the dream village, based on fresh ideas and responses, that will allow for adequate provision for all children, with the child at the centre.

**Questions (Q) and Comments (C) from Audience and Panellists**

- a) **C:** It is not clear that children are the priority for the church, since if this were the case then things would be organised very differently.
- b) **Q:** We all agree on the importance of having children in families. What is needed is a common definition of what the family comprises and how it looks. As faith-based organisations our interpretations might be different. For example, can it be unmarried people, same-sex couples, and inter-racial couples? That will influence where and what we try to do. There must be a definition of family as a starting point.  
**Robert:** The relevance lies not in what is a family but how to sustain the placement. We have worked with child-headed and broken families, and the Biblical model of family is relational. It is easy to become overwhelmed by the hugeness of the need, so it is important to focus on how to meet the needs of children by effectively mobilising resources in society.

**Sonia:** In Mozambique there are many single mothers, and many households headed by grandmothers. They are all seen as family. The idea is that a child should be with at least one adult who is committed to that child and that the child knows they fully belong there.

**Tracy:** In Uganda we placed over 50 children in adopted families, and our definition is that any adult aged 21 or older with stability and consistency to be there for that child forever can be the family. The aim is for the child to build relationships and to grow happily and find a sense of belonging with that person.

**David:** In relation to a continuum of care for a child, the ideal is a mom and dad, as there are unique offerings from each, but it is acknowledged that the ideal is not always possible. The church does see children as a priority, and are beginning to rise up and care for children in need. There is a positive shift that can be seen. This might not have been the case previously but it is the case now. The most important aspect of care is relationships.

- c) **Q:** Faith-based organisations of all kinds do a lot of good. It provides a broad platform to promote family care for children. This includes all faiths. However, to what extent are those adherents willing to accept a child from another faith? God has given the church to the whole world, yet churches are often exclusive and will only foster a child from the same faith. What about another child that is in serious need?

**David:** When a child comes into the world they have not yet decided where to place their faith. Any true Christian would take any child in need into their home. The expectation is that a true Christian will honour the child and their choice of faith.

**Tracy:** In Uganda there are many different backgrounds. It poses a difficult question. We are child-focused with the child's best interests but what does that mean in practice? If a child is Muslim and the only willing family is Christian, there will be negotiations between the organisation and the family. It is important that children do not feel isolated where they are. There should also be no stigma. We encourage families that when a child is young to identify opportunities for the child to relate without faith and then make a choice when old enough.

- d) **Bep – Final Comment:** The Netherlands is highly multi-cultural, and families from all backgrounds are recruited to match the children. Religion forms a strong part of any identify and cannot be overlooked, so we proactively look for the required family. This is also a task that churches can undertake. We all want to see a world without orphans, and see every child in a family.

## 12. COMMUNICATION DIALOGUE 2 – “FOURTEEN QUESTIONS”

*Facilitated by Dr Rama Naidu*

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The delegates broke into fourteen groups, and in each group there was one sheet of newsprint with one question on it. This was surrounded by sheets of newsprint to write on that each person could add comments. Each group could spend ten minutes at each station to discuss the question they found there. The fourteen groups moved around in a clockwise direction. At each station there was a host to assist the process. When the music played, the groups had to move.

The aim was to allow everyone to contribute to each theme or question by moving around between the groups. Each person could add what they do not see on the sheet. They could raise questions, share ideas, offer possibilities and options, and learn from each other. It was important to not rush to solutions but to focus on the questions. The host of that group would link the contributions of each of the fourteen groups.

### **The fourteen questions were:**

1. What if we could reform institutions into a place of family care? What would we do differently?
2. What if we wanted to prepare families for integrating another child? What would we do differently?
3. What if we wanted to prepare the child to move into a family? What would we do differently?
4. What should government be doing differently in support of family care?
5. What should faith based families be doing differently in support of family care?
6. What should donors be doing differently in support of family care?
7. What capacity do we need to do our work in support of our children?
8. What can we do differently in the work that we do to make a greater impact?

9. How can we sustain our work in the face of scarce financial resources and the increasing need for our work?
10. How can we better support families/communities to prevent loss (death of parent, removal of child from family into care, absence of paternity opportunity - work stress, absence of parental skills) of parental care in Africa?
11. How can we take better care of ourselves within this sector?
12. Social Workers are key to any successful child care programme – what can we do differently? Challenges & possibilities.
13. Care Givers are key to any successful child care programme – what can we do differently? Challenges & possibilities.
14. We work in silos. How can we change it?

**QUESTION: How was the process experienced?**

- An incredible amount of information came from the groups.
- We enjoyed the exercises but were frustrated when music came on and we had to move before we were finished.
- We were able to discuss as a group, but lots came from other groups that I would like to know about. We overflow with information, and hope the organisers will help us to get all this information to take back home.
- I expect a book from all these resources sent to us!! Thank you!
- We are enjoying it all and are rich in information and thank you for this.
- This was a university, I felt I should be hired after this.
- I am high on these fumes of knowledge.

These questions will be discussed and dialogued after the conference via Internet, so the conversation will keep going post conference.

**Dr Rama Naidu:** It has been a long day and there has been a lot going, both externally and internally. We must process what happened here today in the fourteen different conversations. In three hours everyone explored fourteen themes around their work. Reflect on this and the impact on your work back home and what will be different when you leave here. You must have seen where you can do things differently, or seen a good idea, or a case study. This can be shared via a small poster tomorrow. This is your process and your learning and all we have done is to provide a platform for active learning. You will leave with tools to shift the way you work. Do not over-process the information, but simply take what will work for you.

***You must lend an ear today because we are the leaders of tomorrow!***

The voices of all children need to be heard more clearly. All our work is to support the notion of the wonder and the gift that children bring to our world.



## DAY THREE: FRIDAY 12 JUNE 2015

### ***Theme: How do we keep children safe in the community (in families)?***

#### **An African Story of Family (African Proverb)**

Somewhere in Africa, an old man and his grandchildren were gathered around the fire. "Grandfather, how strong is family?" asked one of the little ones. "Let me show you how strong, my child", said Grandfather. He picked up a stick lying nearby and asked one of the children to break it in half. The stick broke in two easily.

The old man reached for more sticks and tied them in a bundle. "Who wants to try and break the sticks now?" he asked. The children all tried but no-one was able to break the bundle of sticks. "Well, children", said Grandfather, "that is how strong a family is when they stick together."

### **13. CHILD PROTECTIVE BEHAVIOUR WORKSHOP**

***Hilda O'Callaghan***

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Hilda O'Callaghan holds qualifications in Psychology and Criminology and her Master's Degree in Training and Development with the research component in Emotional Intelligence. Hilda is a qualified Emotional Intelligence and Communication Trainer, a Marriage and Relationship Educator and Dispute Resolution Mediator who has facilitated learning for the past 25 years in Sydney, Brisbane, Melbourne and Perth and also in South Africa. For the past 15 years she has been involved in Protective Behaviours in Australia and serves as a member of the Board of Management. She brought Protective Behaviours to South Africa four years ago. Over these four years she has trained more than 500 Social Workers, Psychologists and Teachers, to take Protective Behaviours to their clients, in particular to children. The number of children reached with the skills of Protective Behaviours are in excess of 50,000. Feedback from trained facilitators has been so overwhelmingly positive that she will be bringing the Train the Trainer in Protective Behaviours to South Africa this year.



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Keeping children safe is everyone's business. Previously, what happened in the family stayed in the family. There was a culture of silence that victimised children. Today it is different, and it is everyone's business. We must all speak out and work together for this good cause.

The history of Protective Behaviours had its start in 1985 in Australia. The protective behaviours programme started in Melbourne as part of their crime prevention strategy and in 2010 was highlighted in Western Australia when the state school system adopted it. All children must be trained to safeguard themselves against predators, whoever those predators may be. This programme is already in primary schools in Western Australia and makes it compulsory for every child above age three to be taught a child protection curriculum. Small children do not know they can say no and need to be taught this. The goal for every country is that every pre-school child will have the chance to learn how to protect themselves from predators. We teach home and road safety but we omit to teach children about personal safety.

There are three core concepts to protective behaviours: early warning signs, safety and networks. The programme is twofold – it will provide the skills to identify to children when they are unsafe, then give them strategies and words to stay safe. There are many kinds of abuse. Sexual offences are different in the sense that they are premeditated, where a perpetrator looks around and identifies a target. These predators are among us. A grooming process begins and is done in a deceitful manner. Many perpetrators do not believe that what they have done is wrong, and often up to a court appearance they claim innocence. It is important for us to paedophile-proof our children drawing on a living and life skills programme. It is critical that we encourage children to disclose. Prevention is also a key component. How can we measure something that has not yet happened? We can because paedophiles have told us what they look for in their victims so we can make our children look less attractive to them. A critical component is the ability to force a child keep a secret. So if we teach our children to speak out and not keep a secret we remove the power of the perpetrator.

## ***We all have the right to feel safe at all times***

Every child has the right to feel safe at all times. One in four girls is molested, as well as boys, although it is believed that there is under-reporting in relation to boys. Many people in this room work with large groups of children, and the estimate is that a quarter of them are at risk. Many children do not believe they have this right and their self-esteem has been undermined. Not one single person can be excluded from having rights. Yet the average paedophile will molest 500 children in their lifetime.

The language most people use with children is not appropriate or helpful and does not instil an understanding of self and rights. It is key to speak the language of protective behaviours. The message to every child is that they are included in protection no matter what their circumstances. Animal props are useful to explain to younger children that the day they were born they had rights, simply because they breathe. Some rights are earned like driving a car, but the right to be safe comes with birth.

Children are encouraged to identify when they feel safe and how this makes them feel. It is easier to say what makes people feel unsafe, but it is important to promote positive language use around safety.

Children must be taught to be comfortable with all kinds of feelings and a dialogue must be ongoing in our world about the acceptability of feelings. We often send out the message to children that their feelings are not important to the adults in their lives. We therefore need to reach children to interpret and own their own feelings. No-one can be allowed to counter or negate a child's feelings. Mechanisms are instilled to help children learn about their feelings and the importance they have.

The body responds to stress in different ways. The work of Elizabeth Scott in 2009 is an important resource. Children tend to tune in well to their bodies, and instincts inform what the body does or the way it reacts. The body usually reacts correctly but children are taught over time to disregard their instincts. There are clear physical responses such as heart, blood pressure, sharper senses, preparing for fight or flight. This is a global human response. The clear message therefore is to listen to your body. The body has instinctive reactions that are beyond control. The programme teaches children about involuntary physical early warning signs of danger. Children easily and instinctively learn this. Even very young children can place stickers on a body part of an outline to explain where they are feeling early warning signs. This helps them to verbalise what they feel. The wish for everyone is that we can all become more aware of early warning signs. Children can also draw early warning signs even when they are too young to write.

The main difference between protective behaviours of other programmes is the difference between external warning and internal warning. In South Africa where many children live in homes that are barred yet where they still feel unsafe, external signs are not helpful. The difference between being safe and feeling safe is critical. Even in this room with all these good security people, some people may feel unsafe because of prior experiences. We want to focus on the feeling of safe or unsafe as being internalised.

Feeling safe can also relate to regular activities like an older brother pushing a younger sibling to do something dangerous. The response would be the same in relation to sexual molestation. Every individual's body has the same response to suspected danger. The difference is choice, control and time. This also provides young children with a common language that they can use to express when they are in danger. But in this programme the teachers say the early warning signs must be shared, as this provides to children a mechanism of communicating in an objective and neutral way when they are in situations of danger. This makes it easier for children and victims of abuse to disclose their situation and provides an accessible entry point for disclosure that can be followed by professional referral.

Every person has the right to decide about what makes them feel safe or unsafe and relates to individual risk appetite. What is important is to have a choice in how much risk or danger the individual wants to experience. This relates to the child always having personal choice. Safety equates to choice, and control, and time limit. Children are raised to not oppose adults. The degrees are feelings of safe – fun to feel scared – risking on

purpose (chasing the outcome) – and unsafe. It is important to always have the element of choice in the equation. Examples of a child with no choice could relate to school bullying, or being forced to protect a friend who has done wrong.

***We can talk with someone about anything, no matter what it is***

Paedophiles usually abuse a child for around five years. This is a long time to keep a secret. Children must know that they must tell someone about this. This message must be repeated regularly. There has been a real shift in recent years, where children are starting to speak out as never before. Justice is being done more and more. Children are assisted to develop their own network of supportive persons. Very often older siblings protect their younger siblings by accepting the continued abuse within a family. We teach children that the accepted network may not be the best one for them, as it could involve the abuser. Keep in mind that a range of five people is needed from different areas for a good network. The first one can be from the home. The other four must meet specific requirements that are external to the family, such as extended family, a teacher, a neighbour, a grandparent, even in another country. Those who are supporting children need to think creatively about how they would help them to disclose. Adults working with children should be mandatory reporters who are legally obliged to disclose even the suspicion of abuse.

Children are taught the difference between safe and unsafe secrets. Paedophiles very commonly use the word secret so the same language must be used and differentiated for the child. Safe secrets reveal choice about who tells and knows. Unsafe secrets are the reverse, where usually only one person knows the secret. Even if actual abuse stops, people suffer all their lives. After World War II many children were sent to Australia and were terribly abused in all ways. They are now in their 50s and 60s and still struggle to deal with their lives that were destroyed. It took half a century for them to disclose and the secret was allowed to continue. There are rumblings in the streets that we will no longer tolerate the abuse of our children and things are changing. We will strengthen and enskill our children to oppose this, and give them words to speak. It is critical that children understand that if only one person knows the secret then it is always a bad secret. An unsafe secret must be reported in Australia, irrespective of the truth or substance.

Children are encouraged to develop their own networks. We teach them it is healthy to talk about feelings. We must accept that children are best placed to decide who their own trusted people are, and that adults have no right to tell children who they should trust. Children themselves will have early warning signs that must be trusted and that ability should not be undermined. This is the key aspect for all children to keep them safe.

A child help line is a critical tool that all children must have access to. Every child needs their own network of people to speak to. A network review needs to be done regularly so that everyone is appropriate at that moment in time since things can change. Teachers in Perth do network updates with children. They also teach children that they might have to ask more than once to get the help needed but that it is important to continue to ask someone in the network until they are heard. Many children have disclosed but were not heard the first time and sometimes this results in suicide. Children must know that even if one person doesn't listen they must continue.

The use of appropriate language is critical to disclosure. Children need to know the correct terminology for their bodies so that they can accurately communicate abuse. Cultural differences have an impact in this regard. Many people will not use the word vagina but could be told to use private parts. Many court cases are lost and the perpetrator gets off because children cannot properly explain what happened to them. We must take responsibility for our children clearly knowing body parts. If you don't want to teach your child as this is hard in some cultures then at least use it for yourself. In most countries a few generations back no-one referred to private parts in public. This has changed a great deal. The research clearly shows that paedophiles will not approach children who know about their body parts because this is a clear sign that the child is informed about these matters.

However, it is important to teach children to differentiate between appropriate public and private behaviour and clothing and to make any education age appropriate. Whatever the age, the proper terminology must be used to avoid confusion. Also emphasise that the mouth is a body part that is a private organ, since sex abuse often starts with oral abuse. Teaching about personal space is necessary. With regard to assertiveness, children must be empowered to speak for themselves if they do not feel comfortable with an adult or indeed anyone. Constant reinforcement is critical.

This programme is different from other programmes because it internalises safe and unsafe in children, whereas often children are taught about the dangers of external world, which tends to instil fear of the world, whereas we teach personal confidence and internalising one's own safety. The whole body is private. Even a high five can only be done with permission.

Adults tend to try and define safe and unsafe, but in fact this is not possible to do accurately and therefore we teach children to identify for themselves what is safe and unsafe. In South Africa the programme has trained 543 teachers and social workers and 50,000 children. There is a groundswell of change in favour of children.

#### 14. PANEL: INFORMAL CHILD PROTECTION

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❖ ***Riekie van den Berg, South Africa***

Riekie's life is a testimony of her calling and passion to make a difference in children's lives. Growing up as one of seven, having five of her own and eight grandchildren (she also counts the 3,110 children who have been adopted from 1990 to 2013 through her Adoptive Private Practice) as part of the family life she strongly believes in. But it is the ONE or the ten or the thousands in the communities who are still deprived from real family care that keeps her heart and faith going to help establish projects and programmes which will secure safe and protected family care for all children who are still dreaming about their better tomorrow. Riekie's Private Practice, Abba Adoptions, became the national adoption programme in South Africa of the AFM Welfare Council in 2011. Riekie founded Africa Cares for Life which acts as a network for pregnancy centers across Africa. Having a huge pioneering heart and always led by the One who called her, she also founded SA Cares for Life in 1993 and contributed in establishing various ground level programmes which are touching and changing many thousands of children's lives in various communities and projects.



❖ ***Craig Wilkinson, South Africa***

Craig is the author of "DAD – The Power and Beauty of Authentic Fatherhood" (available at major bookstores and on Amazon at <http://bit.ly/DADBook>). He has a passion for the restoration of men to true masculinity and authentic fatherhood and spoke on the topic of manhood at the 2014 TEDx event in Cape Town. An experienced speaker and facilitator, Craig talks with passion and authority on a variety of topics. Craig founded and runs "Father A Nation" (FAN), an NPO which restores and equips men to be great fathers. He believes that the role of men has become confused and the definition of masculinity has become distorted, but if we can heal men we can heal the world. Craig has worked extensively in the non-profit sector in the areas of experiential education, socio-economic development and the development of men and fathers, as well as a consultant to the corporate sector in training, strategy and human resource development. Craig lives in Cape Town, South Africa with his wife and two children, Luke (21) and Blythe (18).



❖ **Grace Mwangi, Kenya**

Grace's goal in life is to improve the quality of life and well-being of individuals with special focus on families, young people and children who are vulnerable because of social pressures like poverty, cut throat economic competition or broken families. She started out as a pioneer Social Worker in Tumaini Kwa Watoto (Children of Hope – UK) and rose up the ranks to Operations Director. She also sat on the Board of Directors until the year 2013. In over 16 years that she has been in social work, she has been involved in the rescue and reintegration of over 200 children who were once living on the streets back to their families and in her quest to see children grow in a secure environment, she has resettled whole families who were living in the slums to better housing conditions. She has had the privilege of meeting some of her children who had since settled and started families of their own. She has also inspired others to foster vulnerable children as part of her efforts to improve the well-being of children. She has also coordinated interventions in marginalised communities in Kenya. Member of the Alternative Care guidelines Technical working group (that came up with guidelines for the Alternative Family Care of Children in Kenya). Member of the Government Secretariat mandated to look into the framework of child adoptions in Kenya.



❖ **Stella Mbugua, Kenya**

Stella Ndugire Mbugua is Programmes Coordinator (Partnerships, Engagement & Communications) at Parenting in Africa Network (PAN) Secretariat, located in Nairobi, Kenya. Stella is a family focused Communications and Advocacy Specialist with over 11 years of experience. Since 2010, she has been part of a dynamic team coordinating parenting and behaviour modification network of organisations, parents, caregivers, front line practitioners working with children to better play their roles in strengthening family relationships (East, Central and Southern Africa) whether in rural, peri-urban or urban settings. Previously, and for seven years, Stella worked with diverse and multi-cultural teams in upholding the rights of women and girls in marginalised settings, encouraging women to be decision makers in all the home and other decision making platforms in Kenya and the Horn of Africa region. Stella has been married for seven years to her best friend, James Mbugua, and is a mother to a two year old son.



**Riekie:**

The project began in response to a need. A woman was HIV-positive and pregnant, with a poor life prognosis. The child also contracted HIV. The child and mother received treatment and were trained in how to stay healthy. The mother returned to her community outside Pretoria and began to share the information with others. This would provide hope to others. It started with the mother visiting three families in need who were provided with support. The main need was food. This expanded to other families and other women were empowered. This was the start of a cluster care project that became a practical and positive community intervention where the community itself was in charge. Training was done and the work expanded to more families, and the youth needs were then recognised. The concept evolved of a Life House that would provide multi-purpose care. The house of the leading mother in a cluster was painted red so that everyone knew where they could go to be safe. There are now ten Life Houses that are known to all as a safe space. The community then provides the needed support. A German university was informed about the cluster concept and it is being adapted to promote drug rehabilitation.

An incident occurred in the community where an uncle was abusing his 11-year-old niece. The granny knew about the red Life House and told the child to run there for safety. The next day the uncle tried to find the girl. Neighbours spoke of seeing a man trying to get into the Red House but could not get past a certain point. He then beat up the granny in her house because of his anger. The man was angry that he could not abuse the child who was safe in the Red House. As Christians we believe in the power of prayer to keep children safe.

**Craig:**

Our children are our greatest gift in life and my aim is to be worthy of the love of my children and family. I had to ask if I was the father and man that my daughter saw in me. This was the start of a quest. I had the heart of my daughter in my hands and needed to know that I was worthy. Our work expanded into areas of poverty where there are many real needs. We found that the single biggest factor that impacts on poor households is the absence of a good man. The absence of men across Africa is contributing to serious social challenges. If

we can heal men we can heal the world. When my son turned 18, he wrote a touching letter thanking me for being his hero and this inspired me to write the book called Dad, in the hope that it can help others.

How can we protect our children? The most important thing any child needs is the protection of a father. Parenting has different aspects that are equally needed. God has created us to need both aspects of parents. The masculine soul needs adventure and excitement. The absence of fathers causes great damage to children. Why are they absent? There are two main reasons: Men are wounded; and men have been given a misguided notion of what manhood is. Men have responded to these wounds and lies by failing to use their strength and misusing their strength, abandoning children and showing aggression. They try to dominate and abuse to show strength. Men are designed to be dangerous but never to women, children and society, so when anyone does that we will oppose it. True masculinity is a powerful gift to humanity. The most important thing is to restore men to be real men and real dads. Heal the men and heal the nation.

### **Grace:**

Family strengthening as a preventative approach is needed. I am what I am because of my dad. Many African fathers talk about a harsh environment, but I was raised well, I was taught to love, and my father was central to that. A key question in working with children on the streets in Kenya is how they ended up there. We recognised the need to strengthen parents and families. A positive case study is that of a local maternity hospital that assists with many births. We need to make early interventions with parents so that no children are left on the streets. The strength of this programme is in the interactions with new and young mothers, and those still to give birth. Many were not mothered themselves when growing up and are thus not empowered to be parents themselves. This must be addressed. It also focuses on how to raise children even with scarce resources. There has been a reduction in the number of abandoned babies in that hospital. We need to shift the mind sets of the new mothers, and they can then pass on that same mind set when they go back to their communities. In that way we can help to develop a national community of better parents and more child-friendly communities. There is also an increase in fathers becoming more supportive. People are increasingly viewing children as a gift and not a burden. Keep in mind that some mothers are feeling alone, and just need one person to support them and help them to make it. We are hoping to make provision for better space to accommodate mothers who are completely alone. A further challenge is how to equip men to be better parents. I have faith that if the church in Africa rises up we can have a parenting revival on this continent – strengthen families, encourage parents, especially fathers.

### **Stella:**

The Parenting in Africa Network aims to mould behaviour from an early age, drawing on indigenous African parenting practices. Mama Obama was interviewed – she felt that the younger generation no longer involves the older generation in raising children and they can help a great deal. Parenting is no longer viewed as an important skill. We believe that early childhood education is critical. There are no regulations in Kenya about setting up early childhood centres, so many are privately owned and not well managed, which means the children are not well protected. There is no integrating of parent support for the ECD centres. This is a critical stage of child development and fathers need to be strongly included. However, there are positive changes and parents now contribute to the centres. We work with the local government administration using an inter-faith programme that includes Muslim, Catholic and other Christian churches. ECD management committees are set up to ensure quality and good governance. Referrals are made for families at risk.

Evidence-based research informs the programming. A key finding is that many believe teachers play a more important role than fathers do in raising children. The study drew on a range of cultures in Sub-Saharan Africa that identified traditional child care and provided strong examples. Puberty and sexuality customs and rituals have been lost that provide positive traditional practices and examples. For example, the practice of paying *lobola* has become highly commercialised but should really be viewed as token of thanks. In regional research in Kenya, Uganda, Ethiopia and Rwanda, 87% of the interviewees stated that the role of discipline lies with the father – yet many fathers are absent. There must be a total ban on corporal punishment. Positive parents do not need to use physical punishment. Kenya has implemented a complete ban on corporal punishment in all settings. But many people still embrace the old notion of spare the rod and spoil the child, therefore it is

important to work with FBOs and ensure better children protection. The Parenting in Africa Network (PAN) encourages parents to join associations and learn from each other to positively raise and protect children.

### **Questions (Q) and Comments (C) from Audience and Panellists**

- a) **C:** Half the families have absent fathers so if we implement the maintenance act from the time of the baby being born, if we implement the laws properly, once a man starts paying then he develops an emotional relationship, and will start to visit the child. Men quickly realise if they can get away with not paying maintenance. Some men may also encourage women to have an abortion because they do not want to pay maintenance.

**Craig:** Where society has strong values the law is not necessary, so forcing fathers to pay maintenance must be done from the beginning. However, we must also promote cultural change, so that men ethically commit to taking care of their children. In many countries, for example, it is considered shameful to drink and drive. It has to go beyond just being legislated. There should also be peer discipline. The way men perceive their responsibilities has to shift.

- b) **C:** Regarding children being safe or unsafe in foster families, there are also age and gender factors, and various definitions of family. When a child is placed in a foster family there must be assurance that the child is safe in that new environment. The family structure or profile must be checked to ensure the child is protected.

**Riekie:** Families are in clusters and all care is community based. What works well is that the families in a cluster evolve over time into a sub-community – for example, food parcels are shared equally, and the families discipline each other. If a child is at risk in one of the families then the cluster families come in to support. We can then call on social workers as needed.

- c) **Q:** In the project presented by Riekie, this is a form of informal coping, and there is pressure to regulate the informal. Does this happen here with the clusters and what would the risks be?

**Riekie:** There is no easy answer, as we struggle to get government representatives out there to see in practice what we are doing. We developed guidelines about cluster care – there is keen interest and we can draw on our own regulations. But when we asked communities to give the regulations to government to regulate, the communities said no because government will tell them how to live their lives in our own communities. They prefer that the clusters are administered in a very community-specific way. Government is interested and draws on our guidelines and in future there may be greater government control whether the people want that or not. In other countries, it is possible to take the basic concept and adapt to the local community. For example, this was transposed to Orissa in India with success.

**Grace:** In Kenya, the work being done in the maternity hospital has been shared with government officials and there are good outcomes. There is a clear need for more strong fathers, and there are many young men who don't understand their role as real men and real fathers. This kind of work is important to scale up.

**Stella:** There is a challenge in encouraging men to become involved, as we don't want to force them, and traditions and culture often exclude men. For example, men may want to be with their wife when she gives birth, but they are not allowed to do so in a hospital. We must also encourage women and society to find ways to positively include men and fight for their paternal rights. Regarding maintenance, maintenance should be a compulsory matter, but we find that if we force men to pay it tends to commoditise their role rather than promote an emotional connection.

- d) **Q:** Teachers identify teenage pregnancy as a critical challenge and can identify the number of pregnant girls, but who can say how many learners in a school are fathers? That indicates that fathers are immediately excluded. Many young fathers deny their involvement because of fear. Programmes are needed for these young people as well.

**Craig:** There is a massive challenge in relation to issues of manhood, since historically abusive behaviour was seen as being masculine, from the 1950s to the 1970s. This was followed by feminism which entailed a further shift where men are confused about what it means to be a man, and women are more empowered. Policy and practice is also emasculating men. For example, dealing with gender based violence focuses on empowering women, but if the men are ignored and emasculated they are more likely to behave badly. What is needed is to upgrade the concept of what it means to be a real man as the expectations are often

very low. People must be asked to make a public pledge to be a real man and a real father. Start a media movement on the seven principles of the real man and the twelve key fatherhood principles. The challenge is that people can make a pledge but if they are wounded inside they will not see it through. We must first heal our youth and our men. Make it cool to be a real man in the public space. Men feel inadequate because of the many demands made on them in life. Put mechanisms in place for healing to take place. Society is increasingly feminised because of single mothers, a lack of male teachers, and few male role models. Mobilise older men in particular to impart their wisdom and calm. Elephants provide a strong example of this. Some years back, young elephants were relocated to the Pilanesberg game reserve from the Kruger Park. There were no older elephants and the teenage elephants behaved badly, in some cases killing animals including rhinos. Two bull elephants were brought in and within a week the young elephants were behaving. We lack those bull elephants in our society.

**Stella:** An African example from Kenya is that it starts with women. Things can change for the better. When I became pregnant I knew what I wanted from my husband and I shared this. Speak to the men openly but kindly. I encouraged him to talk to my child in utero, since studies show that fathers involved from pregnancy will be more involved as a child grows up. We don't have to bash men, because we have special skills that we can draw on. Have a dialogue and be gentle. In the Maasai community in Kenya two years back there was an initiative in the local clinics that if the spouse comes with for an antenatal visit the couple is seen before all other patients. This provided a ritual acknowledgement of the father's importance that built men's esteem. Be creative about acknowledging the men.

**Riekie:** Of the ten Red Houses, one is led by a man. The need for more fathers to be present is increasing. Our male leader goes into the community to teach young men how to take on male responsibility.

e) **Q:** Institutions of learning are also badly affected by the lack of male role models. Is there research that can indicate how the absence of fathers or male role models negatively impacts the male child?

**Grace:** In Kenya, the biggest problem is that when men begin drinking, they neglect fatherly responsibility and this also impacts on domestic harmony. The father is no longer seen as the authority figure, and there is then a decline in male authority. This is affecting our whole society and nation. I do not know if men really understand the negative impact on children, so Craig's programme would be much needed in the community. As parents we need to learn how to equip the society so that young boys can be mentored to grow up to be good fathers and leaders in their society.

**Craig:** I don't think enough men are aware of the real impact of what they do, the negative behaviour is all they know. Our challenge is to break the cycle and bring healing to men.

**Riekie:** Paulina lived for eight years longer than doctors expected, because she had purpose and vision. No situation is ever hopeless. With God on our side we can do so much more. Paulina's child was adopted into a family that she chose and while she is HIV-positive she lives a healthy and happy life. With God all things are possible.

## 15. THE ROLE OF ECD IN FAMILY CARE

**Andre Viviers, UNICEF (South Africa)**

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Andries Viviers is Education Specialist specialising in Early Childhood Development at UNICEF in South Africa. Prior to this he was Senior Policy Specialist at UNICEF working on Child Rights governance and advocacy. He holds a Master's Degree in Social Work (with distinction) from the University of Pretoria and a post graduate certificate in Education Sector Reform from the World Bank Institute, Washington, DC. His research interests are in Early Childhood Development (governance and role of local government), Child Rights and Social Justice. He has 25 years' experience in Social Work and Development, mainly in Early Childhood Development, Basic Education, Child Care and Protection, Child Justice and Child Rights fields. He has academic credentials as an author, lecturer and examiner for master students. He has a deep interest in children's civil and political rights and freedoms. He is also an avid advocate for children's right to access to information and child participation. Andries is a member of the South African Human Rights Commission Joint Advisory Committee on Basic Education and Child Rights. He is a firm believer and promoter of the importance of investment in quality interventions for babies and young children. Andries is currently working on his DPhil through the University of Pretoria focussing on the role of local government in Early Childhood Development service delivery.



One-third of children are in Early Childhood Development (ECD) facilities of various kinds. In South Africa there is extensive document that informs the provision of ECD, including the Constitution as the foundation, the Children's Act, the White Paper which defines family in different ways and has a focus on diversity, the National Development Plan Vision 2030, and the draft national comprehensive ECD policy presently in development with families and parents at the heart of the policy.

The impact of poverty on young children cannot be under-estimated or ignored. One-quarter of children suffer from stunted growth so there is a direct correlation to poverty that contributes to a disadvantaged start in life. The difference between adult and child poverty is 20%, with more children being poor. There is also a widely shared view in Africa that parents are not capable of providing early childhood care and that this is best provided outside the home. You are considered a good parent if you can send your child elsewhere. The point is that children should not be sent away because the parents feel inadequate, but rather the parents should be supported to build confidence in their ability to raise their children rather than outsource their responsibilities.

Structural inequality remains a challenge in South Africa, where many people are trapped in a cycle of poverty and the related negative outcomes. A significant proactive impetus is needed to change this. The huge investment in ECD by government will help to mitigate the negative outcomes and break the cycle.

It is of grave concern that the physical punishment of children by parents is still legal in South Africa and has not been abolished. This is a critical factor. This was written out of bill revisions to the Children's Act and is a serious disappointment in that it indicates the lack of commitment by government to the meaningful protection of children. South African children are children of a lesser constitution. The constitution states that no adult can be violated but it would appear to be acceptable for children to be violated. Yet international commitments – to which South Africa has long been a signatory - do not allow for this. Children must be protected from violence in the family which is the same as domestic violence, where perpetrators beat their wives and say they love them. This is a pathology. South African society opposes violence against women but not against children. Violence against children continues to be societally accepted and indeed encouraged. In fact the Bible is being manipulated and misused.

The important messages to take forward are that parents must be supported to be good parents and provide early care for their children. ECD services should be readily accessible as support and resources. ECD should be diverse and respond to the actual needs in a community. All ECD is family-centred and there is a need to develop stronger links between family, community and ECD.

### **Questions (Q) and Comments (C) from Audience and Panellists**

- a) **C:** It is hoped that the South African government will promote family-centred programmes where many parents can be empowered rather than children going to ECD simply because the Social Development budget strongly supports ECD work. It is critical that parents must have more confidence in their parenting abilities.
- b) **C:** The South African government should bring ECD into the home since parents should know about child development. For example, do parents know that children masturbate from birth? This is shocking to parents. Government must teach parents about normal childhood development that includes sexual and cognitive development. Regarding corporal punishment, it was not known that this is still legal in South Africa. But it is still wrong. If you use any sort of corporal punishment you are teaching a child that violence is acceptable.
- c) **Q:** To what extent is the government working to develop positive laws and acts? On corporal punishment, the Bible does stipulate that parents should not spare the rod. If corporal punishment is made illegal I will not comply. I support discipline and include corporal punishment in that.

**Andre:** I cannot speak on behalf of the South African government but I know of processes under way. There is a need to support non centre-based programmes and it does happen but not to sufficient scale.

The Western Cape, Free State, Northern Cape and KwaZulu-Natal have good parenting programmes and the national department of social welfare has implemented a national parenting programme which is currently being reviewed. If Treasury decides on budget allocation this cannot be changed, so innovation is needed to do more. Government has shown commitment in revising policy to promote support to parents and families for better ECD outcomes. Chapter 6 of the Children's Act also provides a strong commitment to support for parents.

**Andre:** On corporal punishment, there is a high degree of political will to completely outlaw all forms of corporal punishment. At this stage there is extensive evidence that corporal punishment is harmful to children as well as a recognition at the international level that children deserve greater protection than adults via the constitution, and I don't agree with smacking a child because you don't agree with what they do, you would never do that to an adult.

## 16. PSYCHO-SOCIAL COMMUNITY SUPPORT

### ***Brighton Gwezera, Regional Psycho-Social Support Initiative (REPSSI), (South Africa)***

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A holder of a MA Research Psychology (UKZN) and BSc Honours in Psychology (UZ). His active passion for social development and provision of psycho-social support to vulnerable children dates back to 1998. He has a peer reviewed article for Vulnerable Children and Youth studies Journal. Article reviewed: Sex, drugs and young people: International perspectives. He won an ASC Scientific Committee sponsorship to present a paper at the European Conference for African Studies. Wrote an article published in the Chris CABA journal (Topic: The Impact of Psycho-social Support and disclosure on ARV Therapy). He has also made presentations at international and local conferences and forums. He has been with REPSSI for close to nine years. In this period, he has had the opportunity to serve in different positions. In his role as the Knowledge Development and Exchange Manager, he led and/or supported the development of a number of Psycho-social care and support material which include the Journey of Life (2<sup>nd</sup> edition), Introduction to Psycho-social Support, Psycho-social Mainstreaming Guidelines, The Client is the Expert (Solution Focused Counselling) and the PSS Advocacy training manual.



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REPSSI aims to strengthen families and communities to care for and protect their children in thirteen African countries. In different settings and a more challenging world, people tend to reduce focus to their own family and forget they are located in a wider community. The continuum of psychosocial care and support is needed to enhance emotional, spiritual and mental well-being of the person. There is also social connectedness, enhancing skills and knowledge, and influencing the quality of life of the individual and the social environment in which they are located. All of these are ongoing activities that are provided in a range of settings.

The effects of violence and abuse on children are being identified through new research and evidence. There is a strong focus on sexual abuse as well as the negative impact of violence on emotional and social well-being. Children who experience violence do not achieve their full potential, and a lack of protection and safety have serious negative outcomes. There may be evidence of antisocial behaviour and aggression in the society. Emotionally there are negative behaviours and failure to manage emotions and respect boundaries.

Key principles of psychosocial care and support are social inclusion, access to services, child participation (which is particularly important as children must be active participants who must be heard), and commitment from government. A resilient family or community will protect its children and not subject them to any form of violence. A child will know where they are safe and where they are valued as individuals. Psychosocial support contributes to healing for children, communities and families who have experienced violence and abuse. There are also links to developing coping strategies.

Community mobilisation is a tool that promotes greater awareness in communities of the needs of children, emphasising that everyone has a role to play. Mapping exercises can be done at a low cost and identify what is available to draw on. All it takes is individual commitment.

The Journey of Life tool is a multi-generational tool that can be used by anyone in the community to raise awareness of children issues. The journey of life also encompasses making the community safer. This is particularly useful for use in rural areas, and draws on visual aids rather than text.

Children must understand what violence, abuse and neglect is, since there are many different cultural definitions; for example, a husband may abuse his wife and call it love. Within their understanding beating up one's wife is love, but in the rational definition it is not, so it is important to have shared understandings of the terminology and what normal behaviours should encompass. The principle is that the laws and international conventions must be fully understood.

A mapping exercise is useful to establish what is needed to make a community safe and external input is valuable. This will inform the development of an Action Plan which must be owned by the community and as a minimum contain a stated intention of proposed changes. The role of the community in improving psychosocial well-being is important as this provides the setting for children to grow up well and make positive contributions in the future.

Building resilience in communities requires that they have access to responsive services that are action-oriented. Safety begins within the family so parenting skills, resilience and psychosocial support are all necessary. This also requires the involvement of community workers, schools, and community leaders. Strong community structures are needed to keep children safe in a proactive way. The challenge often lies in how to sustain community involvement and support for child protection.

### **Questions (Q) and Comments (C) from Audience and Panellists**

- a) **C:** A mapping exercise was done in a rural community in KwaZulu-Natal using the tool explained here. This worked well in a community that was feeling very disempowered. They had looked outside of themselves for assistance to solve their problems, until they began to realise that they themselves have power to develop solutions. Many children were being left unattended because people were away working, many children were left unattended and caregivers were not doing a good job. The need was clear and ECD centres were set up. The children were hungry so food gardens were established. Where communities are empowered support groups emerge organically and take ownership of child protection themselves.
- Gwezera:** When engaging the communities, the principle should be that communities not only experience challenges but also have all the capacity they need to address those challenges. They require support to identify and own the problems, and can then identify solutions themselves. External people often impose solutions that are not sustainable. The solutions must be located within the local culture. For example, family care has largely been funded by foreign donors who have pushed for institutional care, which was not the norm previously. The communities themselves would not choose a children's home but would rather assimilate children in need into their families.
- b) **C:** Sustainability is important. A project in Zambia has worked in a rural area for five years with single mothers and homeless children. The conversations included all those in need of support as well as local chiefs, where the local authorities were asked to support boarding houses. These are built in the local style and a single mother with her own children becomes the house mother and cares for homeless children who attend the local school. There are food gardens developed with community support. The project has worked very well and the communities themselves are taking it forward.
- c) **C:** When the communities themselves define the problem or challenge, as we in this conference have done, we can also then seek solutions. We therefore have a clear process to take back to our countries to implement. Ownership is key.
- d) **C:** Common definitions are needed of what community is. We should be able to identify support structures in the communities by posing the question of where a child would go for help if they need help. This is a critical question in relation to community support structures. There are grandmothers, children go to school and to church, and Faith Based Organisations are also a part of that. Support structures should be mapped

and information shared as a start. Each of these support aspects can have a defined role. For example, what can the teacher or the priest do? Include police and local government as well.

**Gwezera:** The REPSSI tools are very useful. We must continually grow ourselves while we work to support communities and children. When engaging the community we must talk about each individual processing their own journey of life, since even in later years, old traumas emerge from childhood – therefore we must better understand adult issues as well.

- e) **C:** Introspection is important. Allow different members of a community to introspect so that they better understand themselves before they can engage with how to protect children. We must first address our issues as adults before we can support others.
- f) **C:** Continued support to communities within a rolling action plan is critical, and we need to help them to host their action plan as needed. Ownership of the action plan is important.

## **17. COMMUNICATION DIALOGUE 3 – “COMMITMENTS”**

***Facilitated by Dr Rama Naidu***

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There has been extensive sharing of information, many new connections made, and rich information obtained from all those present. We now need to have a conversation about what came out of this experience. What has touched us or informed or empowered us? Commitments that are being made must now be shared, as this is the best way to ensure that a commitment is upheld. People must be held accountable by their peers. Grand statements are to be avoided as they make us feel powerless; we know we cannot change the world but we also know we can change the room we are in.

The process is to share with colleagues in a group of 5 at least 2 new insights or ideas that will be useful for your own work when you leave this room. Decide as an individual on one concrete thing that you will do differently when you return home, whether at the personal or professional level.

**The specific questions to be addressed are:**

- 1. What will you do back home?**
- 2. How will you do it?**
- 3. When will you do it?**
- 4. Who will keep you accountable?**

This will comprise your Take Away Commitment. In this room there are 34 countries represented by 220 key people with huge influence. This presents significant potential for change.

### ***Making Our Commitments***

- Safe families should be inclusive. First define what family is and consider first and foremost whether a person is capable of raising a child and is committed enough, regardless of how that person is organised, whether single, same sex relationship, or religion. Stability and love are the key. The child’s interests must be in the forefront. We will take this forward as friends of the GCF by sharing in our Netherlands community that raising children is best in a family situation of whatever kind, and we will explain clearly the diversity of families and that love and stability is the key thing. We are volunteers and are linked to networks, also international and will share on that platform. We will take the conversations further by the end of November. We count on the support of Bep van Sloten.
- I will share what I learned here. I also made many good contacts that I will draw on. Much good information has been shared that I will share in work meetings before end June.
- From Mozambique we are here as a team and will have a debriefing as a team and decide how to share it all. Then we will revise the community approach system to more strongly involve communities in all processes, three days after we return.

- We work with 64,000 children in 1200 ECD centres and the child protection work has been critical information. We will ensure that child protection education and frameworks are shared in all 1200 and draw on Hilda and others for practical processes. The team meeting in June is where we will share information and build this into programme objectives for the next two years.  
**Rama:** It is exceptional that 64,000 children will be touched. This speaks to the extent of our power and reach. We are not powerless.
- We want to raise the profile of issues to do with orphans. Firstly we will share the information at the highest level of government that I can access and identify a champion of orphan issues. I already have strong networks and contacts. I will start next week.
- The information will be shared soon with staff and at a national meeting in September and we will invite some speakers from this conference to Zambia to share and provide a platform for them. A media campaign that will identify guidelines and proper orphan treatment in the country will be developed. We also offer to host this conference in 2017 in Zambia.
- In Uganda we will promote more inclusion of men in our programmes around child protection and family care. We should also be more inclusive in foster care and adoptions and track how many men have adopted. We are part of the national alternative care task force working to see government-led deinstitutionalisation programme and strategy being developed and at the next meetings I will pose the question of whether we are inclusive enough in our approaches to deinstitutionalisation.
- This event has been enriching. In working with families, especially in aiming to see all children in families, I want to accelerate the deinstitutionalisation programme. I will speak to my former government department by end June and want also to advocate for the donor community to review investments and make a shift from institutions to supporting families. I will start that with the implementing partners group I established when I was in government at their next monthly meeting.
- In doing child protection in my church in Mozambique, I will train the leadership more, the answers must come from us in the country and from inside the churches to promote commitment to protect children. I am accountable to my colleagues here from different ministries, and we will support each other. The church must rise up and speak to government.

#### **Dr Rama Naidu:**

We are all responsible for writing the new story of child protection in Africa. We must within our communities and constituencies give meaning to the word empowerment which people must do for themselves. Yet over time our institutions, our clever models, and donor funds have removed people's power. We need to get back to the community based solutions. **What we need are champions to change the world.**

#### **Two TedX videos were shared:**

**Rita Pierson:** <https://www.youtube.com/watch?v=SFnMTHhKdkw>

**and**

**Adora Svitak:** <https://www.youtube.com/watch?v=V-bjOJzB7LY>

#### **Bep:**

We are all champions. Where the work can be so emotionally draining, we are not saviours but warriors. We believe in this work and if we touch one person's life that could be considered a huge thing. We could be talking to a future president or a child that will be lost. When we visit an institution or make a policy that must be in our minds. That potential is what we are looking for. We hope that all those present have been somewhat emotionally unsettled by what we have learned and experienced and that this will push the boundaries. There have been deep dialogues that are very powerful inasmuch as they intersect government, Non-Government Organisations, caregivers, families and Faith Based Organisations. We must engage with respect, curiosity,

understanding, and create a magic that we could never create alone. Community dialogue engenders respect and solutions that will move minds, hearts and spirits.

Thank you to all the amazing people and to Steven and Monica for providing this space. Keep the mission alive.

**Monica:**

We have been blown away by the process of engagement that Rama and his colleagues gifted to us. It was perfect for this conference and we are deeply grateful for what they have accomplished, and at no cost – a real gift for the life of family.

## **18. CONFERENCE STATEMENT**

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It was explained that in groups of 10 people, delegates should work together to develop a statement drawing on ten key words to be used as well as the Conference title: **Implementing Family Care in Africa**. They should then decide on a format to present their conference statement, whether song, dance or drama or indeed any other method. It was possible to add more words as long as the main words were included in the statement. The ten words were: **Capacity, Sustain, Child, Partner, Change, Policy, Support, Engage, Quality and Local**.

## **19. CONFERENCE STATEMENTS AND RECOMMENDATIONS**

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1. Our group believes this conference should recommend that implementing family care in Africa becomes a policy in supporting quality child care by engaging and building global capacity through partnerships that will sustain social change.
2. We commit to build capacity and engage with everything we do in accordance with the African Union Charter on the Rights and Welfare of the Child and all other movements and protocols.
3. We commit to working together to build capacity that will create sustainable and complete families with a father figure. We must focus on the needs of the child with the help of governments and of God.
4. We can heal the world. Local people are our partners in implementing quality family care in Africa. There is no other option. We must partner with local communities to sustain change.
5. The focus of control must move to communities and families. We should advocate for policy change to support local communities in implementing quality care for children in Africa. We must ensure that we actively engage and support local communities as our partners in implementing the appropriate policies.
6. We are all here as resources and we must work as a collective. We should establish a virtual and sustainable network to promote child and family care in Africa. Together we will implement quality family care across Africa.
7. We are building up the families in Africa, men come and help us, women come and help us. A commitment made in Sotho, French, Portuguese, Dutch, Spanish and Zulu. We are committed to implementing family care in Africa through engaging children and promoting sustainable partnerships.
8. We come together as a movement for change united to implement family care in Africa with the aim of strengthening the existing capacity, improving policies and practices for quality child-centred care by engaging with international, national and local partners to support children, families and communities.
9. We are a forum of stakeholders that come together to make sure every child is safe. A child might try to break out of the circle of protection but they cannot because all stakeholders are working together. All our children will be protected.

## 20. CLOSING REMARKS

***Bep van Sloten & Monica Woodhouse***

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### **Bep:**

It is clear to see how creative and committed this group is. The statement will be sent next week and can be shared in your networks and in all your countries.

It has been an empowering experience to be here and I am grateful to have been invited to facilitate. The words that come to mind are, amongst others, Engaging; Educational; Inspiring; Challenging; Amazing; Transformational; and Innovative.

Thanks is due to the organizing committee who put this excellent conference together through many challenges. This includes the volunteers. What has been achieved is exceptional. Appreciation is due to all those who have worked in the background to make this event such a success. Many challenges were encountered and overcome with dedication.

Our sound engineer has done dedicated work through long hours, as has the photographer. Conference Call did great work in organisation of the event and the hotel was highly flexible and supportive of some unusual requests. What is also important is that we thank each other. Everyone made a special contribution.

### ***Unison Song: The Greatest Love of All – George Benson***

### **Monica:**

This song epitomises what we stand for. Africa, it's our turn! We will no longer be the little brothers of the world in family care. Africa will bring change to family care.

Well, I need to look at you all and say thank you. So much energy, so much passion; this room is full of passionate people. I knew you were out there somewhere. 34 countries, 230 people, all advocating, hopefully, now for true family care.

Responding to needs of the families, asking 'how do we help EFFECTIVELY?'

- Preventative,
- Family strengthening – various methodologies used here ensuring children are safe in their own families, helping families to stay together, working things out, family conferencing, parenting skills training,
- Interventions,
- Child participation
- Temporary Safe Care for children for short few weeks or months,
- Support families emotionally,
- Continue walking with them until they can walk with others,
- Understanding the role of the fathers,
- Understanding the role of Faith Based Organisations,
- Child Protective Behaviours,
- Keeping children safe in communities,
- Helping young pregnant mothers care for their children better.

Thank you for coming, for making this the awesome conference that it has been, for the participation, for joining us on this journey, of finding out some of the 'How?' of Implementing Family Care in Africa.

- So who feels like they have a 'How?' from this conference?
- Who has learnt a little more about family care, families and children?
- Who knows a little more about the African Charter?
- Who knows more about what a child needs?

- Who knows more about what child participation needs?
- Who feels like they can go out with something that they can do differently than they did before?
- Who feels they can go out there and do this family care a little bit better than when they came?

Haven't the speakers been outstanding? Thank you to each one that has brought so much to this conference. We go with our cups overflowing.

Then Bep – what an incredible MC – knowledgeable, capable, very flexible and empowering. Thank you for bringing all this to the conference, thank you for just the amazing way that you held the speakers and panels together. THANK YOU!

Rama and Linda – wow, wow, wow! How you managed to get anything out of this energetic bunch of people... You got us to listen more than talk, everyone in this room is passionate, and you got us to LISTEN. Your skills and calmness gives us so much more to go back with. We have heard each other. Wasn't this just an amazing concept of listening and hearing people? THANK YOU!

The Conference Team – that started at about 25 people and by the end it was down to 7 passionate people, who just didn't give up. THANK YOU for persevering. Sylvi, Tanya, Billy, Elize, Steven – what Trojans. Thank you to each and every one for the diverse skills and abilities you brought to the planning, THANK YOU, THANK YOU!

Conference Call – this has been a different and challenging conference, but you have really been supportive and assisted wherever possible, visa issues, flights, etc. THANK YOU, Tania and team.

Emperors Palace – technical, logistics, food, housekeeping, etc. THANK YOU. We were all really comfortable and going back home a few kilos heavier.

The mic-ers, the volunteers, the group facilitators, THANK YOU for serving us all so willingly. The GCF team, the SA Cares team, you have all been great. The videographer is doing this at no cost. THANK YOU so much, we look forward to seeing it.

Thank you for not abducting or trafficking our babies.

Then again for the sponsors of this conference, Läkarmissionen and Wereldkinderen. THANK YOU for being here and experiencing for yourself the movement of family care and that this conference is going to make a difference in thousands of children's lives in Africa. Wereldkinderen, THANK YOU for helping us to link and learn. Wish you could have been in this room to feel and see the energy and passion, which a report can't always convey.

Follow the Website as we will set up a web platform for further discussion. We will also upload colour certificates for you to download.

***Unison Song: Lean on Me – Michael Bolton***

Go out there, make a difference, stay connected and let's build our nations by helping families to love and care, nurturing them and bringing stability. We can make a difference!

God bless and travel safe, wherever you're going.

***"It always seems impossible until it's done."  
Nelson Rolihlahla Mandela (1918-2013)***

## CONFERENCE COMMITTEE

### **GIVE A CHILD A FAMILY – Children in Secure Families**

GCF is a designated Child Protection Organisation and its services and programmes are encompassed in our Vision and Mission.

#### **GCF Mission ~**

- ❖ **Protect** children by placing their best interest at the centre of all GCF programmes.
- ❖ **Provide** communities and organisations with skills and competencies to ensure a nurturing and safe environment for children.
- ❖ **Promote** temporary safe care for orphaned and vulnerable children with a focus on family based care as alternative to long term institutionalisation.
- ❖ **Pursue** our commitment to be a quality service provider, capacity builder and mentor, innovator and agent of change.

Contact us: +27 (0) 39 317 2761 [www.gcf.org.za](http://www.gcf.org.za) [info@gcf.org.za](mailto:info@gcf.org.za)

Executive Director: Monica Woodhouse



### **BRAINBOOSTERS**

The BrainBooster dream is to reach at least one million of the just over six million children under the age of six living in South Africa during the next six years.

We believe it is critical to rethink learning and teaching in Early Childhood Development and to train existing and new teachers in methods that can show remarkable results in a short period of time. Existing methods in Early Childhood Development are failing the majority of children.

Contact us: +27 (0) 11 471 090 [www.brainboosters.co.za](http://www.brainboosters.co.za)

Business Development: Eddie Phillips



## **SA CARES FOR LIFE – Changing the destiny of children**

SA Cares for Life is a Child Protection Organisation that works to ensure that every child enjoys the love and care of a family. We work in the following areas:

- ❖ **Prevention:** Families in need are supported and equipped to care for children and improve parenting skills.
- ❖ **Intervention:** Direct work with vulnerable children in places of safety.
- ❖ **Specialized Care:** Building new families through foster care and adoption to ensure that children are loved and cared for.

Contact us: +27 (0)12 342 5720

[www.sacares.net](http://www.sacares.net)

[info@sacares.net](mailto:info@sacares.net)

Managing Director: Sylvi Bodemer



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## **TAWO – Together Africa Without Orphans**

TAWO is a network in Africa, rooted in Biblical principles. We are collaborating to see every child in Africa growing up in a healthy Christian family.

Our mission is to:

- ❖ Engage the church and build strategic partnership with churches across all dominations.
- ❖ Raise awareness about the state of orphans, foster care and adoption.
- ❖ Equip members to provide the best care for children at risk.
- ❖ Connect government, church and community to make a greater impact and see lasting solutions.
- ❖ Build partnerships and collaboration between NGOs with good practice models.

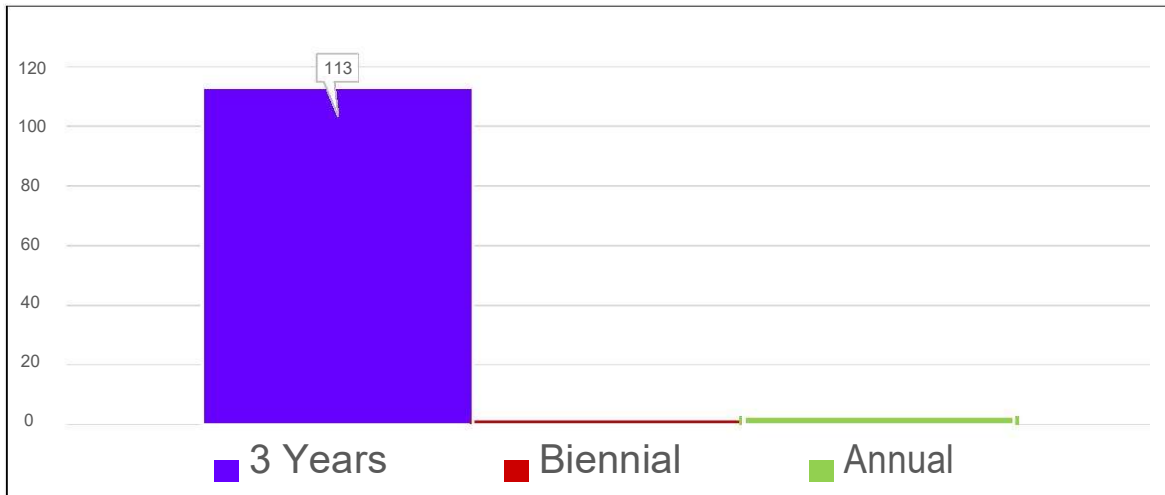
Contact us: [billiancechondwe@gmail.com](mailto:billiancechondwe@gmail.com)

Executive Director: Billiance Chondwe

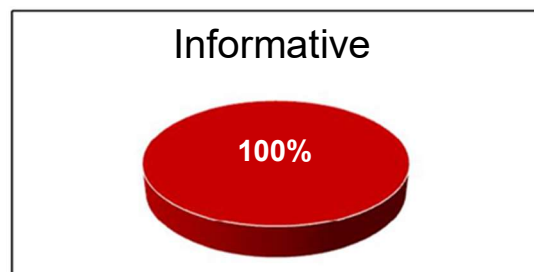
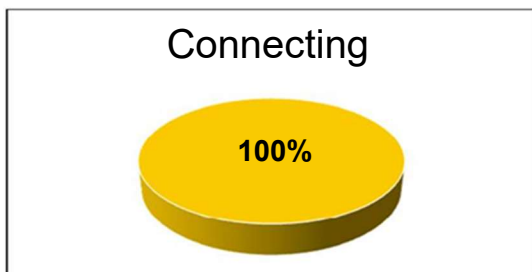
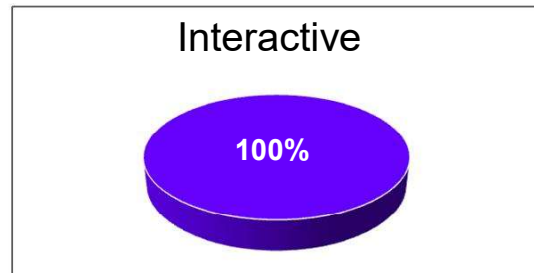
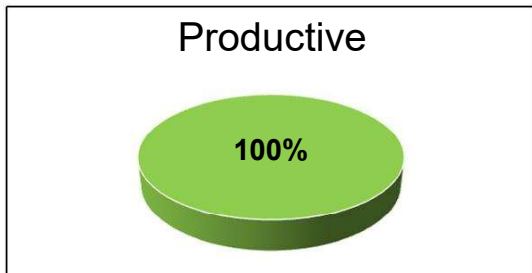


**EVALUATION AND FEEDBACK FORMS**

Of the 118 completed questionnaires, 96% of delegates indicated they would like a follow up conference in three years, 2% indicated that they would like a biennial (every two years) conference and a further 2% indicated they would like an annual conference.



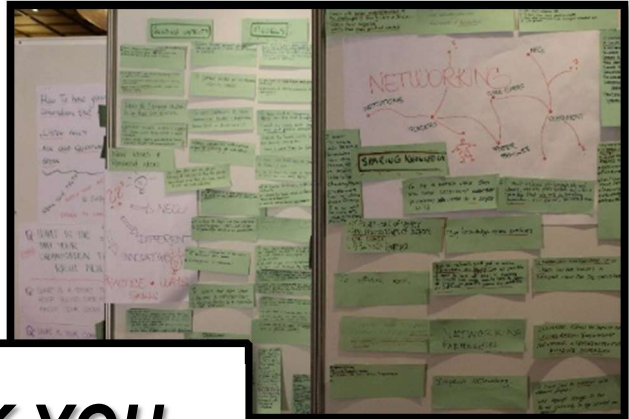
Each delegate was asked to indicate whether they found the conference to be Productive, Interactive, Connecting and Informative. The result was an overwhelming 100% for all four categories as seen in the graphs below!



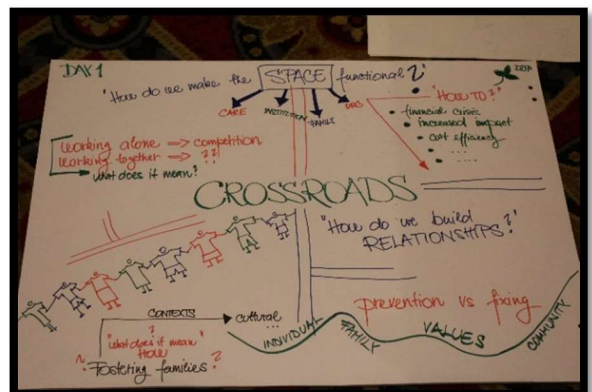
Below is a list of the general comments made, all "none" and "no comments" have been removed. The conference committee has made note of all feedback, where applicable, and will endeavour to ensure a bigger and better conference next time!

Inspiring and encouraging!
Very interesting, conference was well managed. A conference in French should be organised in West Africa.
Awesome connections, valuable learning, good friendships. What a wonderful time we had, communicating, connecting and networking.
The conference allowed sharing of experience and interaction. One of a kind and the best!
Some of the presentations made me cry later. I felt as if I'm in a debriefing session and also learnt a lot. Family care is the best.
Great active learning process.
The conference organiser should cater for people who are not English speaking, so that communication flows smoothly. More time to be allocated for presenters or lecturers and questions, and less time should be given to group work daily.
We need conferences in other countries. More about Child Protection.
Very interesting and stimulating. It is very important to maintain continuity and stability.
I hope that this conference is going to have a positive influence on the policies affecting children.
Enjoyed the panels. Amazing resource pool made available in the room.
The methodology used was very fruitful, allowing the participants to change each time. No monotony. Good and interactive between participants.
I appreciated the interactive sessions. Thursday morning should have allowed more for debate. There was no opportunity to discuss the challenges of involving the church in family care. Great workshop by Hilda O'Callaghan. Evaluations should be anonymous.
The conference also served as an eye opener on other child care related matters, that I need to invest more on and some of the practices I need to do away with.
Blessed are those who organised the conference and participated in it. May the Almighty help us all to implement the thoughts and lessons from the conference.
I remain concerned that best interests remain a procedural right to case by case determination of the best course of action. For some in the room there seemed to be an assumption related to response not child care.
I want to organise that conference in West Africa!
The methodology used was very good. Can we have contacts for all participants?
I felt the presenters were well organised and confident about their work. It would be useful if government officials and parents could attend the conference.
Wonderfully organised. Please consider fragile countries.
Let us keep contact.
Please start with working all the material and distributing to persons available.
Please share the PowerPoint presentations with the participants. A lot of new information. Learned a lot. Interesting aspects of child care.
Good diversity of speakers and panel members.
A lot of creativities. Well organised conference.
Translation for French speakers.
Would like a more mixed panel (religious) for the faith based panel session.
It was a workshop I learnt from and shared and gave me insight on how to do things. Good learning moment.
Suggest a similar type of conference every two years.
It was so fabulous! Go GCF! Kudos. You are a good organiser.
It must be held in different countries to reach everyone.
All speakers and presenters were informative. Different way of dialogue was good.
Love the idea of interactive learning.
Empowering. We need government heads of state to adopt and promote family care.
Should integrate formal and informal forums with friends, family CSOS, decision makers.
Would like to hear children's voices in upcoming conferences.
Could we establish regional forums/conferences.
All presenters present the truth information which made me recall my life.
Appreciate the teaching method. It was used in a very effective way.
National conferences needed.
Well arranged conference and it had good presentations.
The group work was mind blowing, opening up new ideas to child care.
Well organised and interactive conference.
Everybody's voice was heard, this is awesome!
It was not only to hear about others but also reflected my own personal life.
I feel the panel set up delivered more, it was more interactive.

Form a committee that will be consistent with publishing and communicating the progress of the networks formed and updating information on the website.
As a church I realised that we are in the right direction after listening and learning from the conference.
Very organised and provided a learning platform for participants.
Conference was a blessing to me and others.
I hope the conference has blessed the new age of African children.
There is a need to have more time on the question and answer session.
This being a transition from office cure practices we need to not be too critical of what was said.
Group sharings were an eye opener, new insights captured. Panel presentations enlightening. Questions and answers informative and enlightening.
It would be great going forward to have decision makers, policy makers in government, civil societies and FBOs.
With a website we can always share information about the work in our countries with others.
It was a good opportunity to meet with new people with different experiences.
I learned so much, especially from panels. Awesome! Just rotational work was slightly repetitive.
Facebook link? Very productive and challenging.
It was a great opportunity to meet and learn from others. Nice to connect after the conference to share experiences.
The interaction brought from the group work and panels was so good. People from government should be involved.
Permanent network contact. Missed translation from English to Portuguese.
Very good cooperation work with other NGOs.
Needs translation written in Portuguese.
The church in Africa needs to answer the cry of children who have been abused, orphaned.
It was a learning and sharing workshop. PowerPoint should be provided to participants for learning purposes.
Suggests an annual conference.
What an opportunity for me to learn practices from other stakeholders.
More time for questions when the speakers is up.
More similar meetings within countries.
Good presentation from all speakers.
Thank you for wonderful work. All delegates should sleep in as to participate throughout the programme.
Everyone was honest and shared experience which could be combined to create something.
Yearly recap ownership in each region of Africa.
Thank you for a wonderful opportunity!
Stay positive. Keep up the good work!
Would like to see more religions on the panel.
I have learned a lot of this regarding a service to the families.
No work for the children can ever be in vain!
Very balanced conference. Catered for a wide range of issues. Dialogue session huge success. Highly honoured to have been a part of the conference.
Very interesting topics, not boring.
I have gained insight into many different programmes.
Amazing opportunity to meet people from other parts of Africa.
Touched my heart.
I feel like I have taught others and I have learned a lot.
Presentations good and challenging.
Practical examples refreshed my knowledge.
Mind blowing and informative.
Gave everyone the opportunity to interact. Excellent.
No information on children working in the street.
Amazing learning opportunity, interactive.
Mind blowing.
Speakers were well informed and prepared.
It was empowering and assuring.
Emphasis should be made on penalties for countries.
Enjoyed the group course, very engaging with other people.
Feel equipped and motivated.
Very interesting hearing from other countries.
Conference was fantastic.
Conference allowed everyone to voice their opinion.
Very informative.
We should involve families at the next conference.
Need a shorter conference 08:30 – 16:00.
Good relative information.
Include government for future.

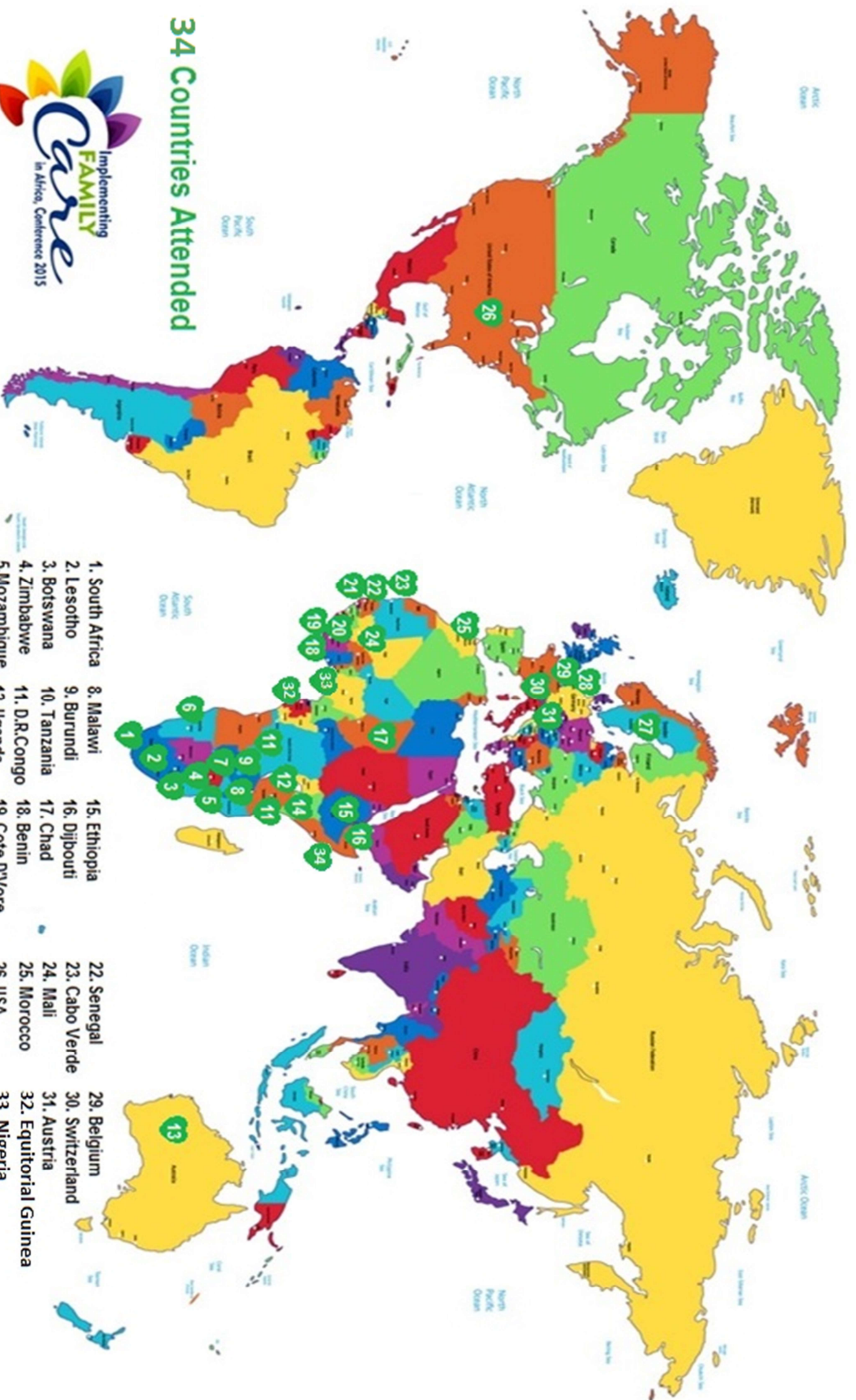


**THANK YOU  
FOR ATTENDING OUR  
CONFERENCE!**





## 34 Countries Attended



- |                 |               |                   |                 |                       |
|-----------------|---------------|-------------------|-----------------|-----------------------|
| 1. South Africa | 8. Malawi     | 15. Ethiopia      | 22. Senegal     | 29. Belgium           |
| 2. Lesotho      | 9. Burundi    | 16. Djibouti      | 23. Cabo Verde  | 30. Switzerland       |
| 3. Botswana     | 10. Tanzania  | 17. Chad          | 24. Mali        | 31. Austria           |
| 4. Zimbabwe     | 11. D.R.Congo | 18. Benin         | 25. Morocco     | 32. Equatorial Guinea |
| 5. Mozambique   | 12. Uganda    | 19. Cote D'Ivoire | 26. USA         | 33. Nigeria           |
| 6. Namibia      | 13. Australia | 20. Liberia       | 27. Sweden      | 34. Somalia           |
| 7. Zambia       | 14. Kenya     | 21. Guinea-Bissau | 28. Netherlands |                       |