Booklet 1

Identification of children in distress (CINDI)

BAMBISANANI

I am perceived as having a baby by my friends and some community members, whereas this baby belongs to my brother

2000

CINDI BAMBISANANI

Identification of children in distress (CINDI)

A collaboration between
The Departments of Health Promotion
and
Social Work
University of the Transkei (UNITRA)

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For the
Bambisanani Project

And funded by
Bristol-Myers Squibb
Secure the Future

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Copies of the full research report are available electronically from:

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Foreword

The HIV/AIDS epidemic is progressively decimating community resources and support structures in the former Transkei. The Bambisanani Project was initiated in 2000 as an integrated response to assist three communities (Umzimkulu, Bizana and Lusikisiki) to respond to the emerging HIV/AIDS related needs for care and support.

In order to inform the elements of the Project, three studies were commissioned:

- An assessment of mechanisms for identifying children in distress (CINDI)
- An assessment of community orientations to HIV/AIDS prevention, care and support
- An assessment of income generating activities

This booklet summarises the research report of **an assessment of mechanisms for identifying children in distress (CINDI)** conducted by the Departments of Health Promotion and Social Work at the University of the Transkei (UNITRA). The study was conducted in November 2000 and funded by Bristol-Myers Squibb Secure the Future.

Abbreviations

AA	Administrative Area
CBO	Community-based organisation
CINDI	Child/children in distress
CSG	Child Support Grant
DOE	Department of Education
DOH	Department of Health
DOW	Department of Welfare (now called the Department of Social Development)
FCG	Foster Care Grant
NGO	Non-governmental organisation
PLWHA	People living with HIV and AIDS
UNITRA	University of the Transkei

Background

The number of children in distress (CINDI) has been increasing in most African countries, due mainly to AIDS, violence and crime, as well as abandonment and displacement. These children are mostly cared for by their grandparents, relatives or siblings. Although the extended family has been an important feature of South African society, its mutual support system has been strained by the migrant labour system, leaving children vulnerable. Also, poor communities are unable to absorb additional children into extended family structures.

The extent of orphaned, abandoned or displaced children in this country and particularly in Region E of the Eastern Cape Province is unknown. The need to identify these children and then to offer them the necessary care and support was identified as an important research issue by the Bambisanani Project. A study was undertaken to provide base-line information on children in distress in Region E and recommendations for action. It was conducted by the Departments of Health Promotion and Social Work at UNITRA and was funded by Bristol-Myers Squibb Secure the Future.

Terms of Reference

The terms of reference for the study were:

1. To gain an understanding of the perceptions of communities and of children and youth of who CINDI are.

2. To describe the profile of needs experienced by these CINDI.

3. To identify organisations involved with CINDI and their adequacy in terms of factors like coverage, acceptability and sustainability.

4. To examine the services that are provided by the existing organisations in relation to the identification of CINDI.

5. To explore the existing mechanisms used in the selected districts to identify CINDI.

6. To examine the barriers to effective identification of CINDI.

7. To develop a model that could be used in Region E for identifying these children.

Methodologies

The research process adopted consisted of:

- Focus group discussions with the community and with children and youth;
- Semi-structured questionnaires which were administered to caregivers and key informants.

Two of the three Project areas were selected for the study, Umzimkulu and Lusikisiki.

A sample of Administrative Areas (AAs) at both Umzimkulu and Lusikisiki participated in the research - 32 AAs in total. The selected AAs represented the variations in the socio-economic conditions of the communities, distances to health facilities, availability and non-availability of NGOs and CBOs, as well as distances to the main town/village.

Key informants included representatives of NGOs and CBOs as well as staff of Government Departments, traditional leaders and youth organisations.

There were three researchers in each site, working with fieldworkers from the DOH, DOW and DOE and with members from local Youth Organisations involved in community work and volunteering. Use of local people as fieldworkers made the data collection process easy as communities accepted the research teams.

Fieldworkers in both sites underwent training in preparation for the data collection.

Working Definitions

The following served as working definitions for the research:

Child

is defined by the Child Care Act No.74 of 1983 as:

- Anyone below the age of 18;
- Anyone below the age of 21 as long as he/she is still committed under a court order (in school, foster care, or a children's home).

Youth

is defined as anyone between the ages of 15 and 35 years.

Orphan

is defined as a child between 0 and 18 years who has lost one or both parents.

CINDI (a child in distress)

is defined variously as:

- A child who is orphaned, abandoned or displaced and under the age of 18.
- A child who has no parent or guardian, or who is in the custody of a person who is unfit to look after him/her because of mental illness, abusive behaviour or who is unable to provide for the child's needs (Section 14 of the Child Care Act).
- A child under the age of 18 who has lost his/her mother or primary caregiver or will lose his/her mother or primary caregiver in a relatively short time.
- A child who is 18 years and below, still schooling, may be out of school, taking care of siblings, under care, staying with extended family, one parent or none, or living with a critically ill parent/s

Caregiver

is defined as anyone (related or not related) who is taking care of a child, or anyone in need of care, and who may have received some form of training.

Foster parent

is a parent designated by the Children's Court for placement of a foster child. Certain rights are conferred upon her/him.

Foster child

is a child who is an orphan or a neglected child who has been removed from his/her biological parents through a court order and placed with a foster parent.

Child Care Committee

Is a committee within a community, which is made up of caregivers, CINDI representatives and other committed community members, responsible for the identification (in association with social workers etc), care and support of children in distress in a specific community.

In both sites, participants alluded to the prevalence of the problem of CINDI and even stated the fact that it was increasing because of HIV/AIDS, poverty and unemployment.

Findings

Definition of CINDI

Communities in both sites defined a child in distress as:

"A child aged 0 to 18 years (may be up to 21 years if still schooling) who:

- *is orphaned, neglected, destitute, or abandoned*
- *has a terminally ill parent/s or guardian*
- *is born of a teenage or single mother*
- *is living with a parent/s or an adult who lacks income generating opportunities*
- *is abused or ill-treated by a step-parent/s or relatives*
- *is disabled"*

Age

The age range of most CINDI was debated at length in all sites, and the respondents agreed that these children are usually between 0 and 10 years (but up to 21 if still schooling).

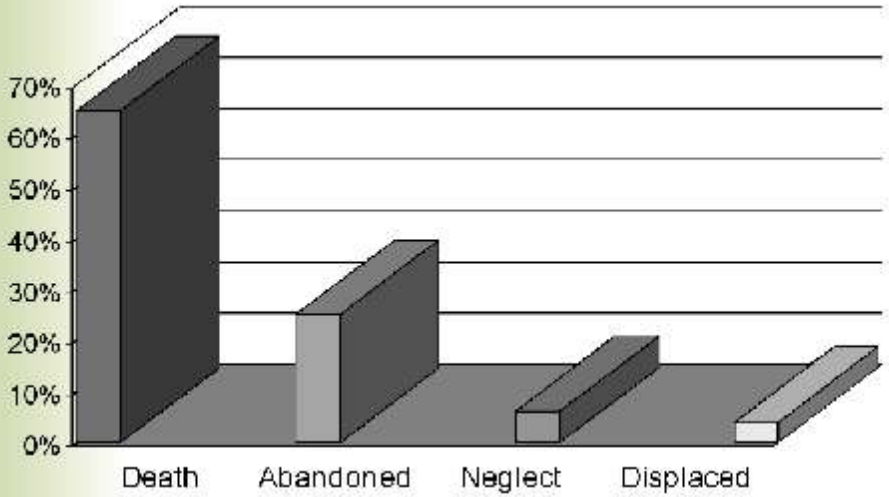
Causes

- Most respondents (65%) cited orphanhood as the main cause of distress. Orphanhood was said to be mainly due to HIV/AIDS, tuberculosis, crime and violence. It was observed that death from HIV/AIDS was becoming more common in these communities.

- The second cause mentioned in all communities was abandonment - mothers who were reported to leave their children and go to big cities and never come back. Teenagers were also said to abandon their babies and run away. A few women were reported to leave children when they remarry abandoning their children to become the responsibility of the grandparents. Children of disabled parents were also said to be in distress as these parents fail to care for them.

> “Our mothers run away from us and leave us with our old and sick grandmothers who depend on pension for our survival.”
>
> **Children in a focus group**

Causes of CINDI in both sites



Needs of CINDI

The most common needs cited in all research sites were food, clothing, school fees, uniforms, grants and medical care. Children mentioned recreational facilities, television, bicycles and television games, showing their specific needs as children who lack financial means for things that others have. Psychological needs came out only after probing.

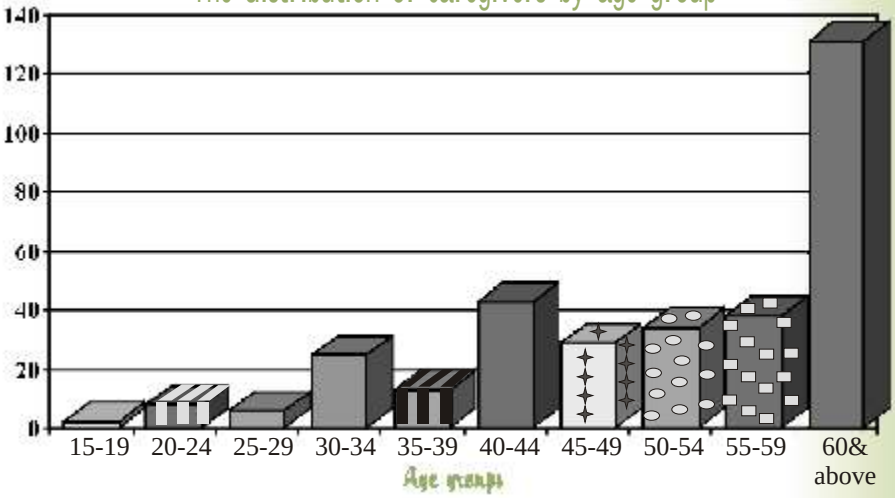
Categories of CINDI needs

Material/Physical Needs	Material/Physical Needs	Emotional/Psychological Needs
Food	School fees	Parental love
Clothing	Books	Care
Bedding	Uniform	Discipline
Medical care	Bursaries	Recreational facilities
Money	Skills training	
Grants	Special schools	
Shelter		

Caregivers

About 330 caregivers were interviewed in both research sites and findings revealed that only 31 (9%) were males. About 131 (40%) of caregivers were 60 years and above. Fifty-four caregivers (16%) were aged between 20 and 39 years and only 2 (0.6%) were between 15 and 19 years.

The distribution of caregivers by age group



Findings related to educational status showed that 71 (22%) had never been to school, 188 (57%) had some primary education, 67 (20%) had some secondary education and only 4 (1%) had a tertiary education.

About 96% (n=318) of the caregivers reported that they were not employed. Only 12 stated that they had some form of work. The unemployed identified their source of income as piece jobs, pension, selling liquor, income generating activities and 4 mentioned foster care grants.

Grants

A Grant

is defined as a form of financial assistance (given to individuals) that is administered by the Department of Social Development formerly known as the Department of Welfare. The grant may be a child support, foster care or care dependency grant.

Foster Care Grant

is a grant payable under the Social Assistance Act No.59 of 1992 to a foster parent caring for a foster child.

Care Dependency Grant

is a grant that is received by the caregiver of a child between the ages of 1 and 18 years due to his/her mental or physical disability.

Child Support Grant

is a poverty-linked grant to the primary care giver of a child below 7 years.

Unfortunately, the majority of caregivers were not aware of the existence of and processes involved in accessing grants. This was a very disturbing observation as these people are from poor families and need all the financial assistance that can be offered to them.

Relationships to CINDI

Most caregivers (n=160) were grandparents to CINDI; 68 were biological parents; 90 were reported as related, in some way, to the children cared for; 4 were unrelated to the CINDI; and 2 were stepparents.

The extended family system does seem to be functioning in the two districts although it is under heavy strain from the increasing numbers of CINDI.

Caregivers needs

Findings from caregivers demonstrated that most were in need of social support, emotional/counselling support, and material support such as jobs and money for income-generating activities.

Coping strategies

Coping in these communities is greatly influenced by the fact that they are already disadvantaged by poverty and poor access to services.

Positive coping strategies reported included: piece jobs, hawking, food exchange and handouts from community members.

Negative coping strategies reported included: child prostitution, child labour, dagga sales and the running of shebeens.

Community problems related to CINDI

These included:

- Criminal acts like pick-pocketing and stealing
- Violent acts like attacking people
- Rape and the spread of disease
- Teenage pregnancy, promiscuity, sexual abuse and exploitation of young girls by older men
- Lack of discipline
- Family disorganisation and conflict
- Depletion of limited family resources
- Lack of capacity to cope with the problem of CINDI
- Lack of support from local organisations

Possible sources of support

Very few NGOs were identified in the research sites (18 at Umzimkulu and 17 at Lusikisiki) and most were doing developmental activities and not specifically CINDI work. These organisations lack financial, material and human resources and support, as well as capacity to care for CINDI.

No database, referral system, follow-up or co-ordination is in place in the whole region.

Sustainability for many NGOs for a variety of reasons is an issue, as is a lack of capacity. There is little clarity in terms of their roles.

Government Departments like Health, Education, Welfare and Justice are not directly involved with CINDI. They see these children when and if they present to the services. It was also observed that the Department of Social Development is not marketing the grant services to people, especially at Lusikisiki. As a result, very few foster parents had been identified.

Observations on the social welfare system in Region E

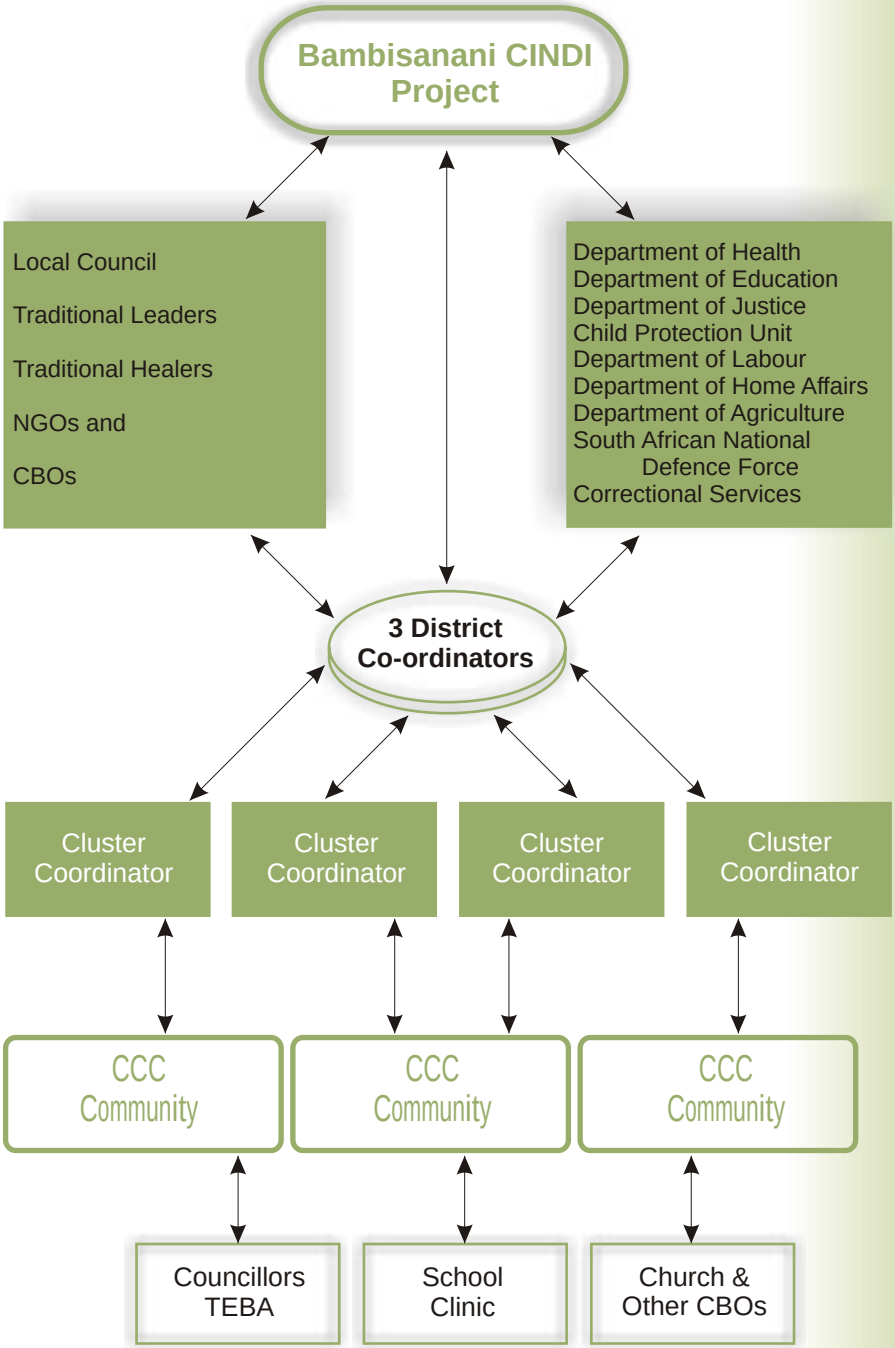
- The current system is not working well … it is inefficient, ineffective, inaccessible to needy kids (the poor, those staying alone, those on the streets). It is not comprehensive, does not encourage community participation and involvement.
- The age limit (7 years) for the Child Support Grant should be extended.
- The process is too long, tedious and full of bureaucracy; it is not helping poor people.
- No money for transport to reach the offices or money to pay the required R20 for birth certificates.
- A lot of documents are required when one is applying for these grants and some get lost in the process.
- Some documents are delivered to wrong addresses and come with wrong particulars.
- The itinerary in offices is very confusing - clients visit the offices only to be told to come on another day.
- Rigid Provincial boundaries are a problem - for example the Ndawana community, though near Underberg, is expected to be serviced at Umzimkulu which is 550 kilometers away (R100 per trip).
- Reception at Government offices is sometimes bad - due to unfriendly officials.
- You find the computers not working after traveling for the whole day.
- There is inconsistency in the screening and allocation of grants, with some people getting preferential attention, especially the educated and known ones.
- Misuse of grants by caregivers at the expense of CINDI.

Mechanisms and model for identifying CINDI

No mechanisms exist in the region for the identification of CINDI. Bambisanani should be the lead organisation and responsible for mobilising others. The need for co-ordination and collaboration was identified.

The model on the following page was developed by the research team for the identification of CINDI in Region E.

- Collaboration was stressed as well as role definition for each identified organisation.
- It was also recommended that Child Care Committees be established in all AAs, so as to ensure that CINDI and their families are identified early and offered the necessary support.
- A standardised form should be developed for use in the identification of CINDI.
- A register of CINDI should be established and maintained.
- Care Supporters (involved in home-based care) should be given further training so as to be effective in their diverse roles.
- The need to appoint District and Drop-in-Centre Co-ordinators was stressed.


Bambisanani CINDI Project
Local Council
Traditional Leaders
Traditional Healers
NGOs and
CBOs
Department of Health
Department of Education
Department of Justice
Child Protection Unit
Department of Labour
Department of Home Affairs
Department of Agriculture
South African National Defence Force
Correctional Services
3 District Co-ordinators
Cluster Coordinator
Cluster Coordinator
Cluster Coordinator
Cluster Coordinator
CCC Community
CCC Community
CCC Community
Councillors TEBA
School Clinic
Church & Other CBOs

Recommendations

It is clear that the number of children in distress will continue to increase because of HIV/AIDS; there is thus a need for clear mechanisms to identify these children and ensure that they receive some form of assistance. The following recommendations could help in this respect:

- Offering material, emotional, nutritional and other forms of practical support to these families.
- Building capacity within these families to ensure that they cope.
- Keeping affected children in one family to avoid separation, which could add more stress.
- Ensuring mechanisms not only for their identification but also to keep contact with them.
- Providing child-headed families with nutritional, practical, health, financial, material and educational or training assistance.
- Assisting the extended family with the necessary training, support, supervision for income generation and with ways of obtaining resources.
- Supporting voluntary caregivers with training, support and supervision.
- Providing day-care centres to relieve parents/caregivers, and also providing recreational facilities to keep children off the streets.
- Mobilising organisations to offer care for children in distress and building the capacity of these organisations.
- Providing social and economic support for affected families and children.
- Facilitating skills development for CINDI, parents and caregivers.

Based on these findings, the following policy recommendations were made:

1. There is a need for the development of a National Policy Framework on the identification and care of children in distress by Government, so as to ensure that all Departments have a structured approach to this problem.
2. A database of all organisations working with CINDI is required and they will assist in coordination and collaboration.
3. Communities need to be mobilised and strengthened in order to care for CINDI.
4. A user-friendly and improved social security system for children should be developed so as to ensure comprehensive coverage of all needy children.
5. It is necessary to establish structures at community level to facilitate care for abandoned CINDI.
6. The Department of Social Development should workshop personnel on Section 14 of the Child Support Grant (CSG), to ensure consistency in its implementation.
7. The Department of Social Development should run campaigns in the whole Province on the Foster Care Grant (FCG).
8. There is a need for facilitation of the quick processing of applications for grants.
9. Establish mobile Home Affairs offices in rural areas.
10. Establish Trusts or scholarships for CINDI to secure their education.
11. Develop ways and means for monitoring FCGs and CSGs, using local people and CINDI.
12. Provide in-service training for Government personnel on current methods and approaches to care for CINDI.
13. The Government should re-visit and re-examine the "means test" requirements when looking at applications for CSGs.

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