Circles of Care: Community Child Protection

A Participatory Research Model Strengthening Restorative Local Governance in Support of South African Children's Rights

A Final Project Report prepared for

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Grandmother and child

High incidences of child abuse and exploitation, increased numbers of street children, children in trouble with the law, and children made vulnerable through HIV/AIDS are major issues with which South African communities and Local Government are grappling, particularly those in rural areas. While South Africa has ratified the UN Convention on the Rights of the Child (CRC), and has strengthened national legislation and policies supporting children's rights, a significant gap still exists between the rhetoric and reality of rights for the children most in need of child protection support and services.

The Circles of Care: Community Child Protection project, lead by the Child and Youth Care Agency for Development (CYCAD) and the International Institute for child Rights and Development (IICRD), applied a participatory research model that builds on the resiliency of children and self - mobilization potential of their communities to strengthen the child rights capacity of local governance. The project was conducted in partnership with local, provincial, and traditional tribal governance partners in the Free State, with the aim of developing and piloting a community model of child rights responsive governance that could be applied in other South African provinces, contexts and situations.

The participatory research model resulted in a three - stage model of children's rights that is supported both by a "bottom up" approaches to child protection that is reflective of children's local social ecology, and "top down" advocacy drawing on South Africa's national and provincial legal and policy commitments to child rights.

The Triple “A” participatory methodology was used to implement a “bottom up”, culturally grounded, rights-based approach that helped local stakeholders, including children and their care-givers, identify their own issues and assets as a basis for negotiating social change.
This approach was supported by community local actions supporting vulnerable children’s protection rights, including “top down” advocacy in which local stakeholders drew on the research findings on childhood risk to negotiate with local and provincial government in supporting interventions that strengthened children’s local social ecology, by reinforcing their natural “circles of care”. This “bottom centred” community informed, integrative approach to child rights protection was successfully applied in 10 municipal areas within 3 Free State municipal government regions. An unexpected project development was a partnership with a traditional tribal government, resulting in the creation of a modified “Circles of Care” model of traditional Indigenous governance that partnered Elders and children in harmonizing African cultural values and practices with child rights actions.

The participatory research process resulted in a three - stage model of community based child protection. The three stages are: 1) Risk: Assessing children vulnerability and resilience, 2) Recovery: Mobilizing communities for children’s rights, and 3) Restoration: Strengthening responsive local governance. The model flows from the Triple “A” process, and each of the three stages of the model build on one another.

The principle findings of the Triple “A” assessment underscore the high levels of neglect and physical, emotional and sexual abuse that South African children are experiencing in the context of HIV/AIDS. Of particular concern is a deepening secondary cycle of abuse that children are drawn into as a result of widespread disassociation from stable, caring relationships with adults. More promising, is the research evidence indicating the potential for child and community recovery and resilience when social buffers provided by the community and supported by local governance are restored through simple, low cost community interventions.

One of the key finding from the participatory research actions, is that even in the face of the overwhelming devastation caused by HIV/AIDS, the coping capacity and self-efficacy of children and communities can be reinforced through tools like the Triple "A", resulting in targeted, demand driven interventions linking communities and government. The Triple "A" action stages included locally developed advocacy, capacity building, service delivery and monitoring and evaluation strategies that drew on local resources and in some cases successfully lobbied local and provincial government for ongoing program support.

The final stage of the model focused on strengthening responsive local government. An example of this action included the adaptation of the child-care grant in the *Batlokwa* communities where local Elders helped have received special program funding from the Provincial Government to administer and allocate child protection resources based on child and community identified needs. Further examples of partnerships created between various levels of government and project stakeholders are presented, as well as a discussion of some of the challenges in forming and sustaining such partnerships. Lessons learned are presented in the context of children's social ecology at the level of the child, the community and governance.

In summary, the *Circles of Care: Community Child Protection* model offers potential policy and programming benefits to help bridge the gap between child protection legislation with the local realization of the rights of vulnerable children. Specifically, the Triple "A" participatory research method creates an opportunity for children and local stakeholders to identify gaps in vulnerable children's local social ecology as a first step in building local resilience in restoring the capacity of local governance to take responsibility for children's rights. The *Circles of Care* project has since been extended to two additional municipalities in the Free State, and possibilities for broader national and regional application of the child rights governance model are being explored in the context of partnerships with international donors, government agencies and civil society organizations.

Children Affected by HIV/AIDS - Broken Circles of Care

The world is currently witnessing one of the greatest human calamities of all time in the AIDS pandemic. The disease has cut the largest and deepest human swathe across the countries of sub-Saharan Africa, where the majority of the 40 million persons now infected by HIV/AIDS can be found.

> ***"It doesn't feel safe in the community – everybody thinks too much of themselves. Once I saw a child sexually abused by an older child. Its scary in our community because a hearse drives around all night and we don't know what it does. It would be safer if we just stayed in doors. Outside the world is too bad for us children. There are some kind people in our community, but not enough to keep us safe."***
>
> **- 14 year - old girl, Disaster Park Community Interview**

Amongst the countries most affected by this disease, South Africa is experiencing the crushing burden of having the highest number of persons living with AIDS of any country in the world. In 2003 this accounted for 5.0 million persons out of a total population of 43 million. The number of orphans expected to result from this high level of mortality is expected to reach 2 million or more by the year 2010. Not surprisingly, Government policy and programming have been unable to keep pace with the scale of this epidemic and the burden it has placed on communities, families, and above all children.

As a result of the burden of HIV/AIDS and poverty, South Africa is experiencing extremely high incidences of child neglect abuse and exploitation, increased numbers of street children, and children in trouble with the law. Recent statistics reflect this trend, as a study produced by Save the Children and the University of Cape Town, Children's Institute (Guthrie, 200; UNICEF 2003) found that over 72,000 crimes against children were committed in the year 2000 alone. The study charts the significant growth in child violations of the child's right to protection in South Africa, and also acknowledges that the actual numbers are likely much higher as many crimes committed against children are unreported. A particularly alarming aspect of these statistics, given the context of high HIV/AIDS infection rates in South Africa, is that the second most common crime against children (after common assault) is sexual assault. Apart from the immediate health threats, this particular kind of child abuse has been

proven to have long lasting psychological negative consequences for children; often leading to secondary self inflicted protection problems through antisocial and risky behavior.

Among the most devastating effects of the HIV/AIDS epidemic in sub-Saharan Africa is that it is orphaning generations of children – jeopardizing their rights and well-being, as well as compromising the overall development prospects of their countries.

- **In 1990, fewer than 1 million sub-Saharan African children under the age of 15 had lost one or both parents to HIV/AIDS**
- **At the end of 2001, 11 million in this age group were orphans because of HIV/AIDS, nearly 80% of the world total**
- **By 2010, 20 million in this age group are likely to be orphans from this single cause, comprising about half the total number of orphans expected in the region.**

More catastrophically than elsewhere, the HIV/AIDS epidemic has deepened poverty and exacerbated myriad deprivations in sub-Saharan Africa. The responsibility of caring for orphaned children is a major factor in pushing many extended families beyond their ability to cope. With the number of children that require protection and support soaring and ever-larger numbers of adults falling sick with HIV/AIDS - many extended family networks have simply been overwhelmed.

Among the most devastating outcomes of the HIV/AIDS epidemic in sub-Saharan Africa is that it is making orphans of generations of children, jeopardizing not just their rights and well-being but also the overall development prospects of their countries.[1]

Children are born into this world dependent on adult based circles of care. Research on human development now conclusively shows that for an infant to reach his or her maximum human potential they need a basis of physical, emotional, cognitive, and social supports (Rogoff, 2003; Shonkoff & Phillips, 2000). Different cultures weave the strands of these supports together in different patterns that have evolved in response to the local natural and human made environment. However, in general it is safe to say that all children have basic and similar needs. These include: proper nutrition; stable, loving relationships; education fostering cognitive, emotional, social and moral development; positive role models; and socially and culturally constructed pathways to help transition through the various stages of childhood and adolescent to become mature adults ready to participate in society and parent the next generation (Myers, 1992). Key to this process is the need for children to interact

[1] Africa's Orphaned Generations, (November 2003), UNICEF.

with their world and to have access to diverse opportunities to participate and learn from adults in community and culture, in developing a sense of control, self-efficacy, and positive sense of self and collective identity.

Perhaps the most insidious aspect of HIV/AIDS is the capacity of the disease to sever those human bonds and social ties that children need to survive and thrive. Across sub-Saharan Africa, and now particularly in South Africa, we are witnessing not only the reversal of development trends but also the very destruction of age old patterns of traditional family, community and social supports for children. In taking those members of society who are most crucial for children's immediate developmental needs (e.g. parents, relatives, teachers, nurses, social workers) AIDS slowly unravels the delicate web of relationships that have sustained humanity since time immemorial.

> ***"In the past 4 years we have seen many more deaths in the community. As a result of the loss of their breadwinners and care - givers, children don't have enough to eat. Many drop out of school, some turn to crime or drugs. The traditional protection of children is eroded. We need stronger support from our community leaders, especially from local government."***
> **- Orphans' Guardian, Blue Gum Bosch Community Interview**

HIV/AIDS has played an assiduous role in weakening family and community protective mechanisms for children, which in turn weakens children's own capacity to protect themselves. Vulnerable children in South Africa face not only the loss of adult caregivers, but may in addition face threats from other family members, adults and even older children in their communities from neglect, physical, sexual and psychological abuse, and exploitation.

It is a terrible irony that this most recent of human pandemics has taken root in the very cradle of humanity. Southern Africa contains some of the oldest social traditions of the human family. Better understanding and building on traditional Africa values, beliefs and practices supporting children remains an untapped well of collective human potential that should be drawn upon to address the social aspects of HIV/AIDS and the crushing poverty that fuels and accompanies this disease.

PRIORITY ACTION AREAS

To achieve the global goals agreed to in the Declaration of Commitment on HIV/AIDS, strong action on five fronts is essential:

1. **Strengthening the capacity of families to protect and care for orphans and other children made vulnerable by HIV/AIDS**
2. **Mobilizing and strengthening community-based responses**
3. **Ensuring access to essential services for orphans and vulnerable children**
4. **Ensuring that governments protect the most vulnerable children**
5. **Raising awareness to create a supportive environment for children affected by HIV/AIDS**

These efforts must work in tandem with broader efforts to prevent the further spread of HIV/AIDS and so reduce the number of future orphans.[2]

Linking Children and their Communities with Local Governance

The role of local government and civil society organizations in finding responsive and innovative ways of rebuilding these circles of care is critical to ensuring the reversal of this negative development trend and re-weaving of these child-centred webs of relationship. While South Africa has adopted the Declaration of Commitment to Children Affected by HIV/AIDS, and has a child rights affirming Constitution, and well-developed legislation, such as the recently tabled Children's Bill and the existing Child Care Act, service delivery to vulnerable children is often described as fragmented, piecemeal and ineffective (Guthrie, 2003).

"Community social workers and community development workers often feel overwhelmed at the scale of these vulnerable children's problems, as a result of HIV/AIDS and poverty, so that they don't know where to start. We need practical tools to help us protect children and their rights"
- Government Social Worker, Welkom Interviews

One example of this gap in service delivery capacity, is the Foster Child Grant (FCG) and the Child Support Grant (CSG), in which the national social security grant mechanisms for care givers of vulnerable children have come under increasing criticism for either not reaching the

[2] Africa's Orphaned Generation (2003), UNICEF

intended beneficiaries in many instances, or in some cases placing vulnerable children at further risk of abuse and exploitation by making them targets for economically vulnerable adults (Meintjes, Budlender, Giese & Johnson, 2003).

As in many countries attempting to move the Convention on the Rights of the Child from policy to practice, it is necessary in South Africa to develop child protection capacity at the level of local governance, including traditional African governance, by directly supporting vulnerable children, and their care givers and communities most affected by HIV/AIDS. This needs to involve identifying and building on local strengths or "assets" at the level of the child, their immediate guardians and communities in order to foster individual and collective self efficacy and resilience.

Innovative, participatory child-centred research strategies that seek to better understand the individual and collective dimensions of poverty and AIDS in relation to children's well being are needed to inform community and local government responses to the social and cultural roots and results of the disease. Combining the best and most socially grounded research practice in child development, community empowerment, good governance, and human rights, with a culturally sensitive approach to working in the collective African context will be crucial to bridging the gap between creative policy and innovative, responsive practice to HIV/AIDS.

South African Policy Supporting Rights

In 1995 President Mandela signed and ratified the UNCRC on the Rights and Responsibilities of the Child, and a few years later South Africa signed the Charter of the Rights of the African child.

Both of these instruments thus form part of our legislative framework and it is therefore incumbent upon South African government and non-government organizations to find appropriate ways to implement and protect these rights.

The difficulty is not with the commitment to Child Rights, but the capacity and approach required to do this in culturally appropriate ways in a variety of contexts at local level, and to do this within a complex society where such serious discrepancies and inequalities exist in terms of the rich and the poor, and rural and urban communities.

Research Reinforcing Resilience in the Context of HIV/AIDS

The *Circles of Care* project aims to bridge this gap by building on the inherent resilience, or coping capacity, (Werner and Smith, 1992; Fraser, 1997) of vulnerable children and their families and their communities. It also seeks to draw on the strength of traditional African cultural values, beliefs and practices supporting children's survival and full and healthy development. Finally, *Circles of Care* attempts to reverse the negative development trend caused by HIV/AIDS, in helping empower communities to identify and draw on existing human and cultural capital, as a first step in facilitating innovative and responsive local governance (municipal, provincial and traditional) reaction to supporting children most affected by HIV/AIDS. *Circles of Care* seeks to rebuild or reclaim these local supports using a child rights development, participatory model entitled the Triple "A" approach.

Project Goal

To develop a sustainable participatory research model that builds Local Government and Community Capacity in supporting and protecting the rights of vulnerable children, and establishes the Free State Province as the learning site for replication of this model.

Specifically the project aims to:

1. **Pilot the Triple "A" Approach** within at least 6 Free State Municipal areas as a model to understand and document ways to support and protect vulnerable children, influence policy development, and strengthen children, families and communities;

2. **Develop the capacity at district and provincial level,** of the Free State Provincial Departments of Social Development and Local Government on participatory research and facilitation with vulnerable children and their communities; and

3. **Develop the capacity of community leaders, children and Local Government officials** on child rights and child protection, enabling

them to actively contribute to policy development and replication of the project provincially, nationally, and internationally.

The fundamental concept of the *Circle of Care* project is that Local Governments, in partnership with communities, form an invisible Circle of Care of protection around their most vulnerable citizens (particularly children and youth, but not excluding women and older persons where this seems a natural part of the work). Children's rights are known and respected through integrating them into every facet of local government and community life. The CRC and African Charter are used as the framework or lens through which the model is developed and applied. At the centre of this strategy, is the Triple "A" participatory approach supporting children's resilience in the within the "circles of care" of children's social ecology. Key to supporting resilience is that within these circles, vulnerable children and youth are safe, have their basic needs met, experience growth and achievement, participate in all aspects of community life that concerns them, respect, and enjoy their environment, are educated, and thrive.

What is a Circle of Care?

When the project is successfully implemented within a particular Local Government jurisdiction, the Circle of Care is the outcome in each site and within the Municipality as a whole. The Circle of Care is a vision of how children and youth (particularly the more vulnerable) between the ages of 0 and 18 years will experience care, protection and development within their families, communities and local governments i.e. within their ecology.

Project Location

The project is located in three South African municipalities comprised of 9 municipal/community areas.

The municipalities of Maluti-A-Phofeng, Welkom, and Sasolberg are situated in the Free State, in the area bounded by Harrissmith, and Senekal (see Map of Free State). These

councils sit periodically to hear local complaints, particular on domestic issues, and they are frequently the first line of informal dispute resolution for many community issues prior to someone formally approaching the municipal governance structures. The municipal areas include:

Bluegumbosch, Mbeki Park, Disaster Park, Bolata, Makwane (Maluti-A-Phofeng)

France (Sasolberg)

Hani Park, Tenneseun (Welkom)

Tstesing (Batlokwa traditional tribal area)

Map of South Africa

Map of Free State

Project Principles

The *Circles of Care* research is founded on **2 key principles**:

1. A ***Child Rights and Ecological Framework*** that guides child - centred research practice by reinforcing coping and resilience and re-connecting the vulnerable child with:
   - His or her own inner strengths
   - The strengths of the child's care giver(s) and community
   - The capacity of local governance (municipal and traditional)
2. A ***"Bottom – Centred" Advocacy Approach*** linking community, bottom up participatory research with legal and policy level child rights advocacy.

Child Rights and Ecological Framework

Developmental approaches to working with children at risk

Current research evidence on "good practice" supporting vulnerable children's rights to survival, protection, healthy development and participation indicate that many child - related problems have common antecedents (Dryfoos, 1990). A contextual or "ecological approach" which emphasizes investing in young people's "assets" and "protective factors" rather than focusing on specific problems is a more effective method for addressing these problems. Similarly, a ecological approach sheds light on the context of children's lives, emphasizing the importance of connectedness, participation and strategic partnership as effective strategies for overcoming youth challenges (Cook, Blanchet-Cohen, & Hart, 2004; Rajani, 2001). This is in keeping with a rights based approach that emphasizes

Approaches applying these principles of practice are especially needed in bridging the gap between the South African child protection legislation and policy with real life practice supporting vulnerable children.

people as subjects of rights, and underscores the participatory importance of self-realization of rights.

A Culturally Grounded Child Rights Based Approach

The Child Rights Based Approach ensures that all human beings, *including children*, should have equal opportunity to realize their full developmental potential. When working with children affected by HIV/AIDS, the rights approach promotes the concept that all children, regardless of age, gender, race, religion, ethnic status or any other difference, have basic rights and deserve a life with security and dignity. Child Rights oriented programs are not based on only responding to specific "needs", rather they address all aspects of a child's life. They are thus dependent on holistic and inclusive measures being implemented by children's "duty bearers" (governments, NGO's, communities, families) while involving children as active "claim holders" (Knutson, 1997).

While these notions of rights are frequently assumed to be "universals", their applicability to the "small", largely ignored, social spaces of children's lives, particularly in non-Western contexts, remains unclear. The *Circles of Care* project therefore "mapped" individual children's narratives and social perspectives on children's rights from the point of view of children themselves and from children's guardians and other key adults to assess the cultural "fit" of the CRC with local values, beliefs and practices affecting children. Examples of variables included in this mapping were:

- **Children's narratives on vulnerability, protection, coping and resilience;**
- **Local child rearing practices;**
- **Opportunities for children's participation in matters affecting them;**
- **Barriers to children's well being; and**
- **Acceptance of concepts of children's dignity, value attached to childhood, in comparison to these values in relation to other persons (e.g. women, youth, adults in general, elders).**

The *Circles of Care* project uses the rights-based approach and action research methodologies as mutually reinforcing frameworks. Both are:

- **Child-centred and child-driven;**
- **Participatory in a *de facto* empowering way;**
- **Strengths based developmental approaches;**
- **Problem identifying and problem solving methods using participatory processes;**
- **Guided by a scientific causality analysis;**
- **Implemented and evaluated progressively; and**
- **Advocacy and activism-focussed using ethical and scientific arguments.**

Applying a rights-based approach to action research implies **integrating human rights principles into the practice and *process*** of applied multiple-beneficiary driven research. This includes incorporating notions of the universality of rights and the principle of non-discrimination in order to ensure that issues of inclusion, equality, and justice are central concerns of the research process and outcomes. Finally, it places particular emphasis on children participating in enacting their own rights throughout the research process.

Steps to applying a rights-based approach as a framework for intervention using a "bottom up" approach that builds on local assets include:

- **Identifying unmet basic needs of children;**
- **Identifying the cause of the problem;**
- **Identifying people, organizations or systems that have duties to respect, protect and facilitate and fulfill these needs.**

Interventions and strategies based on this analysis should:

- **Empower caregivers, communities, local organizations and government to meet their obligations;**
- **Empower children to participate in realizing their rights;**
- **Promote child supportive cultural practices; and**

Mobilize advocacy networks to influence various levels of government to avoid actions and omissions that result in the violation or children's rights.

In the context of children affected HIV/AIDS a rights based approach would place an obligation on local government and all involved in the lives of these children (including international relief agencies), to assume their responsibilities in protecting and promoting the rights of children affected by the widespread impact of HIV/AIDS at the level of child, family, community and society. It also implies addressing the rights of **all children** involved (e.g. girls, children of vulnerable groups such as children with a disability, and orphans).

In addressing the rights of these children the rights approach views rights as indivisible and interdependent. Thus, no one right is seen as more important than another and action to realize these rights must simultaneously address various groups of rights (e.g. AIDS protection programs should also consider children's long term protection and psychosocial needs). Finally, a child rights-based approach advocates for outcomes that meet the standards set forth in the CRC, while suggesting a process that involves children and their guardians as stakeholders in this process. In doing so, it builds on children's natural resiliency and coping strategies. It therefore sets the stage for involving children and their natural support systems (both natural and human) as action oriented advocates rather than as helpless victims.

A Social Ecology of Children's Rights

The diagram presented in Figure 1 (See Figure 1) represents a "developmental child rights framework" that draws on the social ecology of childhood developed by Urie Bronfenbrenner (1979), and can be used to discuss and implement a rights based approach. The figure places **each child at the centre** of a series of concentric, nested circles representing differing layers of support networks.

The child's basic human developmental needs are represented in the inner physical, cognitive, emotional and social quadrants. The next levels addresses **support for the child's family**. This is comprised of various family patterns including nuclear, extended, fragmented, alternative guardians and other immediate primary care providers of children.

The following level includes the **community and the child's natural and human-made environment**. It is recognized that each child's development will take various routes based on each child's "developmental niche". This system is comprised of cultural values influencing children's development, specific childrearing patterns, and the environmental conditions influencing variations in healthy growth and development.[3] The environment includes such things as the presence or absence of child friendly community structures (e.g. play spaces, safe housing, availability of fresh drinking water), as well the direct impact of the local natural environment (e.g. rural farming community, peri-urban community dependent on labour migration, and urban communities) on children's development.

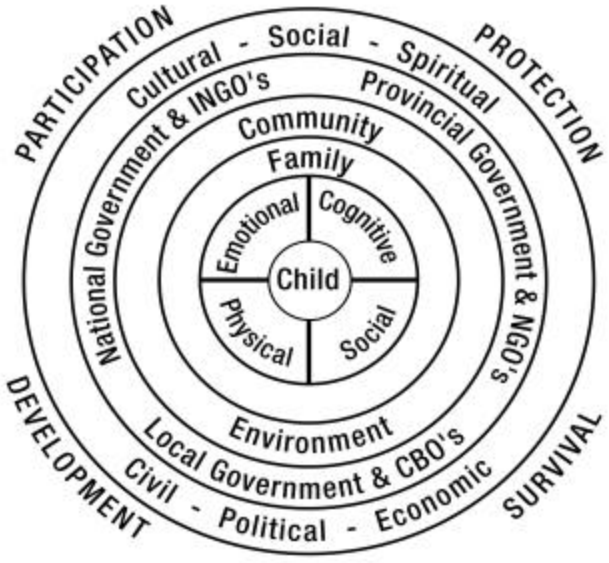


Figure 1: The Developmental Rights Based Framework

[3] See Super and Harkness (1989) for a full discussion of the notion of "development niche".

The next level addresses the **roles of various forms of government**, including local government, provincial or state, national and regional as well as the presence or absence of alternate forms of governance (e.g. NGO's) and civil society. The final level of the diagram represents the presence of local and national values that are either supportive or are non-supportive of children's civil, political, social economic and cultural rights as well as the role of spiritual beliefs influencing children's physical and moral development.

The **4 CRC guiding principles** are portrayed on the outside of the diagram and represent cross-cutting themes that emerge in each of these levels that are either strengths or weaknesses in these systems in so far as they promote a rights-based approach. For example, cultural attitudes restricting open discussion of HIV/AIDS with young people, discriminates against these children's rights to information to make safe choices bout their own and others safety. It is also inimical to their survival and healthy development, and often does not allow them meaningful participation in expressing their opinions in matters relating to their safety as well as the security of their peers and other family members.

Typically, stronger links between each system of circles results in children having healthier connections through positive relationships with their human and natural environment, which in turn leads to greater resilience and healthier individual and community development. Conversely, in situations of extreme social and political upheaval resulting from HIV/AIDS, these protective relationships are broken down by community stigma and silence are pre-conditions that must be met for people to have the opportunity to live with full dignity, full health and self-worth.

A "Bottom Centred" Advocacy Approach

A "bottom centred" approach that combines "bottom up" community development informed advocacy with "top down" legislation and policy advocacy was applied in the project to take

advantage of all potential synergisms and convergences when applying different cross-sectoral interventions.

In the *Circles of Care* project the "bottom centred" approach begins with participatory child focused research that engages young people in narrative discourse on their situation in he context of the 4 CRC principles (survival, development, protection and participation). During this stage of the research, particular attention is paid to the inner life of the child, in the context of their relations with immediate family, care giver, peers and other community members. This stage of the research also pays particular attention to children's strengths, capacity for coping, recovery and resilience. This initial stage of the research targets the ***First Stage of the Circle of Care*** that targets children's narratives on **Risk – assessing children's vulnerability and resilience.**

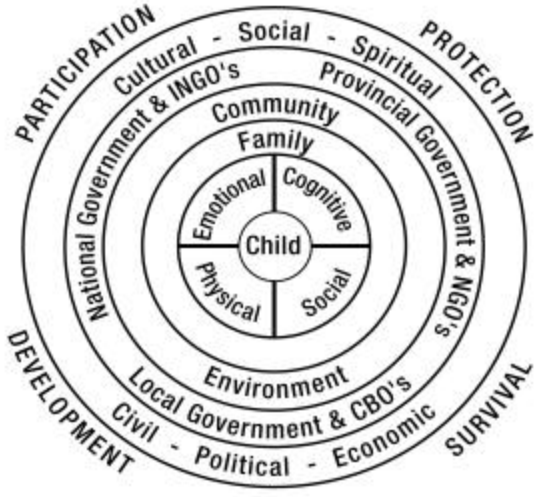
The second stage of the research engages adult care providers and other "duty bearers" in the child's immediate environment (e.g. community leaders, teachers, home based health care workers etc), in a discussion on the situation of vulnerable children in the context of child protection, HIV/AIDS and poverty. Special attention is paid not only to problems facing children but also to the existence of local "assets" or strengths. This research stage also examines the links between local governance and communities in responding to these needs both through existing services, as well as through strategies for filling gaps identified during the research. This stage of the research starts from people's own initial understanding of their rights (and the issues of power) to then take action supporting the self identified needs of children at the local level.

The ***Second Stage of the Circle of Care*** emphasizes **Recovery - mobilizing communities for children's rights**. The second stage focuses on local stakeholders, including children, taking ownership of their rights. This stage of the research focuses on community strengths and capacity for social mobilization.

The Constitution of South Africa (section 18) is quite clear that the "Best Interests of the Child shall be paramount", thus requiring from all that children's needs, particularly their survival and protection, be prioritized. This is not as yet consistently evident in South African Laws, or policy and practice across the various sectors, and least of all evident at local levels.

The work of the Inter-ministerial Committee on Young People at Risk, established by Nelson Mandela in 1996, sought to transform the formal care system for children in South Africa, setting in place clear principles which require a shift away from pathology models and placement of children in out of home care for the purpose of protection and care, towards early intervention and strengthening of families and communities to protect and support children at risk.

The final stage of the research process, the ***Third Stage of the Circle of Care***, focuses on **Restoration – strengthening responsive local governance**. This stage of the research connects mobilized communities (including children) with local governance (municipal or traditional) to support a bottom-up dialogue that deepens the ownership of children's rights amongst local governance representatives. This Stage helps develop strategies that respond to the identified needs of vulnerable children and their communities in filling gaps in support to children's rights.



The research methodology used to operationalize both the social ecology and bottom centred approaches is the Triple A participatory method.

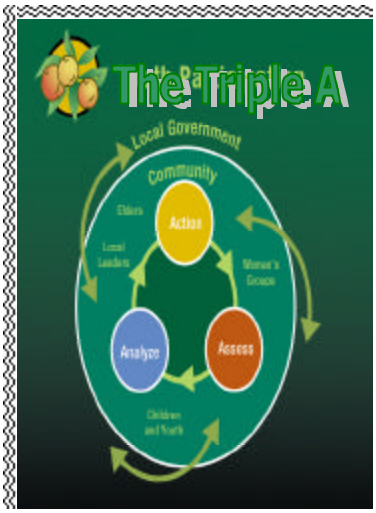
The Triple "A" Participatory Research Method

The Triple "A" participatory action research methods is used to operationalize the *Circles of Care* project principles within the project. The Triple "A" is comprised of 4 core methods:

1. **Key informant interviews (KII)**
2. **Community "asset" mapping**
3. **Triple "A" community research with children, women, and local leaders, and**
4. **Enhancing child and youth participation**

The Triple "A" Methodology

The Triple "A" method is a culturally grounded, action research strategy aimed at strengthening the resilience of vulnerable children. The Triple "A" is itself not unique to *Circles of Care* and was pioneered by UNICEF in Tanzania in the 1970's. However, it was later refined by the IICRD to include more culturally grounding approaches, in a participatory research project in Malawi addressing issues of community support for orphans and vulnerable children in the context of matrilineal and patriarchal cultural communities (Cook, Ali and Munthali, 2000). In the *Circles of Care* project the Triple "A" was further adapted to specifically build on South African traditional and municipal levels of governance.



Specifically, the Triple "A" approach is a participatory research and community development tool used to ***assess*** strengths and weaknesses in the care and support of orphans and vulnerable children so that local facilitators can work with a community to

analyze this information to create and carry out a plan of ***action*** that fills the gaps in the lives of these children by building on local strengths, or assets at the level of the child, their family community, social institutions and cultural values, beliefs and practices.

The analysis of the initial information gathered in the assessment is analyzed first by the project facilitators to draw out the main themes and child rights associated patterns in the data. The community groups are then involved in another analysis of the data to discuss *causality*, in terms of underlying and immediate causes of the problems, as well as discussing *accountability* in terms of reasons why local governance has not addressed these problems and identifying local strengths and government resources that could be used to fill these gaps.

The final step involves priorising an issue and developing plan of action. The action plan can take a number of forms including:

- **Advocacy** – to create awareness of the problem
- **Capacity building** – to develop the ability to address problems
- **Service delivery** – to respond to the problem
- **Monitoring and evaluation** – to ensure efficient and effective achievement of objectives of the planned activities

The plan is first used to help mobilize local resources (personal, family-based, cultural, economic, natural) to respond to locally identified children's needs in reinforcing child and community resilience. The plan is also used to help communities liaise more effectively with local government in better channeling government resources to fill the gaps that communities cannot cover or are not responsible for.

Local community based organizations (CBO's), international non-governmental organizations (NGO's) and international agencies (e.g. UNICEF) can all play a role in this process. In this way the Triple "A" was applied in the *Circles of Care* project to building local capacity for vulnerable children and their families and communities.

The Triple "A" involves various sectors of a community identified through a preliminary mapping process becoming involved in a development approach supporting the rights of vulnerable children. These local groups (e.g. children, women, men, traditional leaders) become the focus groups that carry out the Triple "A" cycle.

Key Informant Interviews (KII)

The first step in preparing for the beginning of the Triple "A" process is to carry out select Key Informant Interviews. These interviews are carried out with local traditional leaders, children's advocates, NGO's and government representatives connected to children (e.g. health care workers, social workers, teachers, etc). The process and information collected in the interviews serves to inform local traditional and government leaders on the process of the Triple "A", gather specific information relevant to children affected by HIV/AIDS, and identify key community stakeholders who are then invited to participate in the community mapping and Triple "A" focus groups.

Community "Asset" Mapping

Following the Key Informant Interviews a general Community Assessment is conducted with representatives from various sectors of the community. The community Assessment usually takes the form at least one community mapping workshop and a study of documents. The information from the KII's is then included to provide a comprehensive "map" of the community.

Community asset mapping is a rapid rural appraisal tool that has been successfully applied in various situations of children at risk to assess local "assets" strengths or social resources, including support networks. Asset mapping is grounded in the asset - based approach of Kertzmann and Mcknight (1993), as a multiple-use tool that allows children to engage through an asset mapping process, and researchers to gain asset data. Asset mapping has been successfully used with other groups of vulnerable children in the African context (Veale, 2000). The asset mapping approach is a critical step in identifying local resiliency and forms the basis of planning for the implementation of the Triple "A" steps.

Obvious social supports identified in the asset mapping are typically institutions such as schools or health clinics, yet in many cases vulnerable children, especially children traumatized by HIV/AIDS, do not access these social services. Social mapping can help

identify less obvious supports, as well as focusing on damaged supports, emergent supports and less "tangible" cultural supports such as rituals, and the natural and supernatural world of the child.

Triple "A" Components

Focus group discussions are facilitated by someone familiar with the local community dynamic and an understanding of the cultural context. The CRC guiding principles are used to help focus groups address key children's issues. These include: Survival, Development, Protection, and Participation.

Young people are encouraged to participate using various age appropriate means of expression such as:

1. **Culturally rooted drama**
2. **Focus group discussions**
3. **Checklists and matrices**
4. **Experiential reflective research**
5. **Artwork**

Cultural considerations are addressed by:

- **Carrying out key informant interviews with traditional and cultural leaders prior to the Triple "A"**
- **Meeting in culturally "safe" and appropriate places and times for each group**
- **Finding a common language that bridges children's rights and local expressions supporting children's well being (e.g. dignity, respect)**

Following implementation, the Triple "A" approach should help:

- **Identify child, family, community and cultural strengths that can be drawn upon to fill the gaps in the local *Circles of Care* and support for vulnerable children**
- **Facilitate a sense of ownership and responsibility in families and communities identifying and applying local resources in support of vulnerable children**
- **Assist communities and local government to work together more efficiently and effectively in caring and supporting AIDS affected and other vulnerable children**
- **Identify mutual roles and responsibilities of families, communities and government in supporting the rights of children affected by HIV/AIDS**
- **Better understand and reinforce traditional African practices supporting children**
- **Effectively tie rights based interventions to community development strategies**
- **Meaningfully involve young people in this process**

Enhancing Child and Youth Participation

Responses to children affected by AIDS should address the needs of children of all ages, including infants, young children, adolescents and youth. In addressing these needs, a child rights-based approach requires that children affected by HIV/AIDS be viewed as subjects of rights and not passive recipients of care and support. This is often an especially challenging notion for many programs oriented towards a welfare-based approach more oriented to responding to children as passive victims.

The *Circles of Care* approach to supporting vulnerable children in the context of building stronger communities seeks to involve children in meaningful dialogue and action in

identifying gaps and needs, as well as helping locate local resources, including the active participation of young people as action oriented agents of change.

The CRC recognizes the importance of participation across the child's life span. This is supported by child development theory that speaks to the importance of children's capacity to safely explore and interact with their environment as key criteria in healthy human development.

In children's infancy and early development creative play is an especially important component of participation. As the child evolves in childhood socialization becomes a central focus of participation. These social skills are further refined during adolescents when children actively experiment with and explore social rules and continue the process of developing a personal identity and self-image in relationship with other children and key adults. This process is largely determined by cultural socialization practices, and is a constantly evolving process with children themselves more frequently defining the shape and form of adolescence through their own rituals of participation.

We believe the key to promoting dialogue on children's participation lies in supporting the meaningful involvement of young people in discussing these issues in a safe environment that promotes children's expression, while also including the voice of families, key community representatives, and traditional leaders with expertise and knowledge on social balance and harmony.

This is especially important to bear in mind when working with AIDS affected children for these children need both the positive structure of community and culture to help create a healthy sense of belonging and self esteem, *and* the opportunity to work with adults in shaping cultural norms to better support their changing needs and those of other vulnerable children.

It is also important to be aware of the great diversity that exists between young people both at different ages and across different sub-groups. Often participation strategies assume that a small group of young people represents the voice of all of their colleagues, while in fact the variation in children's perspectives is often as great as amongst adults. These variations can be due to age differences, rural-urban disparities, socio-economic gaps, and cultural diversity. Care needs to be taken to ensure representation across these diverse groups of children

Tools that were used to facilitate participation in the *Circles of Care* research included:

- **Role play and drama**
- **Games**
- **Artwork (drawing, painting, collage etc)**
- **Mapping and modeling**
- **Interviews**

Principles used in creating a safe environment for children's participation in the research involved:

- **Finding a physical place where children feel safe and comfortable**
- **Encouraging "critical" listening and speaking**
- **Allowing children to answer as many questions as possible**
- **Affirming cooperation**
- **Encouraging curiosity, games/play and various forms of self expression**
- **Inviting a respected traditional leaders or trusted person in the community to act as a resource on cultural issues and help support follow up to the discussion and other activities.**

Research Results - A Model of Child Rights Governance

The project results are discussed in the context of a three - stage *Model of Child Rights Governance* that evolved over the course of the *Circles of Care* project.
Specifically, the model is broken down into the 3 stages of the *Circles of Care*:

1. *Stage One*: **Risk - Assessing Children's Vulnerability and Resiliency**
2. *Stage Two*: **Recovery - Mobilizing Communities for Children's Rights**
3. *Stage Three*: **Restoration - Strengthening Responsive Governance**

Research Participants

The research was conducted across all three stages in the three Free State municipalities of Maluti-a-Phofung, Welkom and Sasolberg.

By the end of the project (July 2004) 8 Local municipal areas and 1 traditional area had participated in the project within these municipal districts.

Disaster Park, Maluti-A-Phofung

Specific municipal areas included:

Phase 1 (August 2002 - July2004)
5 municipal areas in Maluti-a-Phofung (Mbeki, Disaster Park, Bluegumbosch, Makwane, & Bolata)
Phase 2 (July 2003 – July 2004)
1 municipal area in Sasolberg (France) (July 2003 – July 2004)
2 municipal areas in Welkom (Theunessen, Hani Park) (October 2003 – July 2004)

The traditional tribal area of the *Batlokwa* people, a sub group of the *Sotho* nation, also joined the project in March of 2002. This area encompasses eight rural districts bounded on the North by the mountainous border with Lesotho, and on the East by Maluti-A-Phofung, and is ruled by the Mota Royal family, with the guidance of the Paramount Chief and Tribal Council of Elders (*Morena*).

Adolescent Participants from France,

Children

In total over 500 children in the seven between the ages of 12-18 participated in the research activities (Community mapping, case studies, Triple "A" focus groups and government advocacy workshops) in the 3 stages of the research. Most activities included a mix of children identified by facilitators as vulnerable or in need of protection services with other children from the target community. Children in the "risk" categories typically included:

- **Orphans**
- **Children living in extreme poverty**
- **Children not in school**
- **Girls**
- **Children with a disability**
- **Children suffering from abuse or exploitation**

Care was taken to ensure that both boys and girls participated in equal numbers, although certain focus groups included only girls in order to focus deeper on issues of gender and risk.

In addition, in the final year of the project, focus groups were conducted in each area with children with a disability and their guardians. These sessions focused special attention on this especially nigh risk group, as a result of earlier community focus groups identifying these

families as living in especially difficult circumstances. Specific triple "A" actions resulting from these sessions are described in the Mobilizing Communities for Children's Rights section of the results.

Youth. Over 200 youth, aged 15-25, participated in experiential, development workshops as youth mentors to support vulnerable children in need of protection.

Youth experiencing "trust and connection"

Specialized workshops were conducted as leadership courses involving training on issues of:

- **Personal wellness, healing and AIDS prevention**
- **Community wellness**
- **Healthy child development**
- **Support for orphans and vulnerable children**
- **Mobilizing communities**
- **Experiential tools for working with children at risk**
- **Building on cultural strengths**

Adults

In addition, approximately 400 adults from the seven municipal areas took part in the Triple "A" focus groups and government advocacy workshops. Adults included:

- **Men**
- **Women**
- **Care-givers and guardians**
- **Other key adults in the lives of children (e.g. community workers, youth workers, sport coaches etc.)**

Governance Representatives

Representatives from local and traditional governance systems were involved in various stages of the research. Approximately 40 community leaders and 30 municipal leaders from the 8 municipal areas took part in numerous Triple "A" action planning stages and government workshops.

Batlokwa Tribal Area

In keeping with the collective nature of the Sotho tribal social traditions, the *Batlokwa* tribal area Triple "A" focus groups were primarily conducted as community workshops including:

- **Children**
- **Women**
- **Community leaders (Elders - *Morena*)**

In addition, smaller focus groups were conducted with:

- **Children**
- **Women**
- **Traditional healers (*Dinaka*)**

Intergenerational Focus Groups – Tribal Elders (*Morena*) and Children

Finally, as a result of early community discussions highlighting mutual intergenerational concerns on child protection and the breakdown of cultural supports through initiation of boys, separate focus groups were conducted with children and Elders.

While these focus groups were initially met with some skepticism due to mistrust between both groups, they eventually proved to be a critical community forum for challenging dialogue on rights and responsibilities, harmful and helpful cultural activities, and the future role of young people in shaping *Batlokwa* cultural values, practices and beliefs. Part of this success was due to the key facilitation of the Batlokwa Prince Mota, the Queen Mother and the Circles of Care Executive Director, Lesley duToit.

The Queen Mother and Prince Mota

Research Activities

Training

All research activities were initiated with a training of local community facilitators. This was a central component of the projects focus on building from local research capacity as opposed to "professional" researchers conducting research "on" local participants. Training sessions focused on:

- **Knowledge** (child rights, children's healthy development, HIV/AIDS, poverty, community dynamics, governance)

- **Skills** (communication, child centred research, PAR, community development)
- **Self-Awareness** (personal strengths, biases, challenges)

This holistic approach supported facilitators in connecting their own process of learning from the "inside out" to later be more effective in supporting vulnerable children and disenfranchised community members take ownership of children's rights from the "bottom up". Special emphasis was therefore placed on linking facilitators' personal experiences, values and beliefs on human rights to those of the community members with whom they would be working.

Another key aspect of the training was the support for facilitators to apply the culturally - grounded, child rights based approach to critically engaging with children and community members on child protection issues.

Facilitators' Research Training Workshop

Training for the three Triple "A" activities (KII, Community mapping and Triple "A" Focus Groups) was carried out in **3 stages:**

1. **Formal Training** in a 4 - day workshop. Themes included: Defining *Circles of Care*; A Culturally Grounded Rights Based Approach; Defining Vulnerability and the Needs of Children; Understanding Culture; Communication and Facilitation Skills; Children's Pyscho-Social Development and Children's Grief; Implementation of the Triple A Process.

2. **In-Service Training** over the course of the research. Topics covered included: Mapping; Selecting and setting up Community Groups; Introduction and Orientation of the Groups to the Process; Gathering and Recording Data Using the Triple A Handbooks; Analysis of the Data; Implementing the Action Phase of the Triple A; Monitoring the Action Phase.

3. **Ongoing Supervision** depending on the need covered a range of topics including: Engaging Community Members, Children and Youth; Assisting Groups to Understand the Development Nature of the Triple A, Dealing with Dynamics of the groups, Relationships Among Team Members; Team Support.

Key Informant Interviews (KII)

Key Informant Interviews (KII) were conducted individually with 10-15 persons in each municipality. KII participants included:

- **Municipal leaders**
- **Tribal leaders**
- **Human service professionals (Social workers, community development workers, home based health care workers, teachers)**
- **Local children's advocates**
- **Youth leaders**

Community Mapping

Community mapping workshops were carried out as 1 day workshops usually involving children, adult care-givers, and local community leaders. Participants started the day in separate groups focusing on issues of risk, recovery and resilience before coming together in the afternoon to share perspectives and identify common themes that would then become the foundation for subsequent Key Informant Interviews and Triple "A" focus groups.

Specific issues targeted in the mapping included spatially identifying:

- **Groups of children at risk (disaggregated for boys, girls, other groups of children)**
- **Places of risk for children in the community**
- **Places of safety**
- **Places where children (disaggregated for boys and girls) gather during the day and night**
- **Adult advocates or allies in the community**
- **Existence of services for children (e.g. clinic, school, clubs etc)**

Children's mapping session

Triple "A" Focus Groups

The focus group assessment sessions typically took the form of one to three meetings with a group of 8-12 community members, each meeting lasting approximately one and a half hours. Focus groups were conducted by trained local facilitators.

The response to the focus groups was generally very positive, and in some cases these groups have evolved into a more permanent community committee focused on children's issues.

Child Focus Group

Stage 1: Risk - Assessing Children's Vulnerability and Resilience

As a precursor to identifying and building on local strengths supporting resilience participants in the Triple "A" assessment identified a range of direct risk factors arising from poverty and HIV/AIDS that seriously impact children's survival, protection, and full and healthy development. Using the model of social ecology these negative factors can be grouped into variables that erode children's natural supports across the life pan of childhood.

Child Risk

Risk Across the Lifespan

Vulnerability was first described according to the age of a child. The leading causes of vulnerability associated with poverty and HIV/AIDS were described as follows:

0 – 2 years

- Pregnant mothers binge-drinking leads to foetus mortality and harm to the foetus causing children to be born with disabilities

- Parents using the child support grant to purchase alcohol instead of food
- Young infants are frequently left alone while parents are looking for work or when sick
- Older siblings without proper child care training are left to care for infants
- Grannies, or other elderly relatives, are caring for too many children
- Orphans who lose their parents in infancy are particularly vulnerable to abuse, including rape
- The lack of proper parenting leads to stunted development
- Unemployment resulting in lack of nutritious food

3 – 10 years

- Few communities have affordable pre-school (crèche) services
- Many children are neglected by adults and only have contact with other children, resulting in low levels of parental input in children's development
- Because of sick and dying parents, young children are forced to move frequently within the community
- Because of the transient nature of childhood it is difficult for caregivers to access child care and foster care grants
- Many children don't have identification and birth certificates
- Children are unable to attend school because of lack of school fees
- Parents are either sick or drinking and children are unsupervised and at risk of abuse or rape
- Children cannot concentrate in school because of hunger
- Many parents are in their teens and as such have their own "childhood" needs to be met and cannot care for a baby or young child

11 – 17 years

- Shortage of constructive things for children to engage in leads to anti-social behaviour
- Breakdown of initiation ceremonies restricts natural transition of boys and girls from childhood to adulthood
- Vulnerable youth often drop out of school and engage in risky behaviour (e.g. drinking and unprotected sex) and are more at risk of contracting HIV/AIDS
- Lack of future orientation is common among many adolescents
- Poverty amongst youth causes boys to engage in crime and girls in prostitution
- These activities result in a spiral of risk and secondary self harming behaviors
- Adult attitudes towards these children harden become negative and these children are further marginalized
- Community attitudinal shift from *protecting vulnerable children* to *punishing criminals*
- Few, if any, government services (e.g. child protection, restorative justice) to break the cycle of risk and self harm among these adolescents

18 – 25 years

- Few jobs or training opportunities following school matriculation result in even higher rates of unemployment among youth
- Stigma and a culture of silence surrounding HIV/AIDS creates difficulties for youth to engage in constructive dialogue with their parents and elders on issues of sexuality, safety and self – protection
- Some youth victimize younger, less powerful children.

Gender and Vulnerability

In general, parents in all communities expressed love and affection for their children regardless of gender. Many parents were gravely concerned about the situation of both boys and girls in their communities, particularly in regards to the pressures from poverty that resulted in neglect and abuse of children, and the terrible toll that AIDS was having in breaking the bonds between children and their parents, families, and communities.

Girls were perceived to be more at greater risk form the affects of HIV/AIDS and poverty than boys from infancy onwards. There were many examples of strong, confident young women who participated in the focus groups and other *Circles of Care* activities. On the whole however a trend did emerge from the discussions in which girls were perceived to be more vulnerable to being forced to trade sex for food, money and housing, while vulnerable boys engaged in criminal activity to meet their survival needs. Child rape is (mostly of girls although also of young boys) is very prevalent across South Africa and was widely reported and discussed in all focus groups.

Girls also described being emotionally abused by teachers more than boys. Some teachers apparently also request that girls go and clean their houses during the day. Most disturbingly, in some instances girls described being sexually coerced by teachers in exchange for money, treats and food, or better grades. Once girls become pregnant there are often few supports form their family or community.

Both girls and boys described a tendency for their vulnerable peers to engage in drug and alcohol abuse, which further fueled the cycle of both AIDS and poverty. Elders noted an increase in drug and alcohol abuse amongst youth and also indicated that more girls seemed to be engaging in drug abuse that in the past.

Boys in the discussions reported a common theme of resorting to violence and crime in response to personal exposure to abuse and lack of love as a child, extreme poverty and unemployment, and lack opportunities and community activities for young people.

In discussions with both and girls anti-social activities such as crime and prostitution were seen as a vicious, downward cycle of vulnerability in which young people entered a circle of risk from a position of vulnerability where the criminal activities themselves further deepened the level of vulnerability. Focus group discussions with boys and girls also revealed a distrust of adults in positions of authority (e.g. social worker, police) as potential sources of support, and the criminal justice system was described as further driving the cycle of vulnerability through an emphasis on punishment as opposed to rehabilitation.

Risk factors Identified by Community Care Givers

Factors leading to children's vulnerability at the level of **local government** included:

- **Lack of delivery on the national integrated policy on orphans and vulnerable children**
- **Inappropriate targeting and delivery of the child welfare grant**
- **Inability to coordinate service with local and traditional leaders**
- **Lack of direct input on policy and program development and delivery from young people themselves**
- **Lack of a coordinated HIV/AIDS program for children and youth**

Factors leading to children's vulnerability at the level of local **traditional governance** included:

- **Local government weakening traditional governance by withholding services**
- **Unhelpful introduction of child rights in ways that undermine authority of Elders**

- **Increasing "gap" between community, local government and traditional leaders**

Factors leading to children's vulnerability at the level of **the community and family** included:

- **Increased incidence of HIV/AIDS**
- **Increased family illness and poverty**
- **Rising unemployment and a return to the community of unemployed from other parts of the country**
- **Higher costs for basic food stuffs such as *mealies* and reduction in nutrition**
- **Rising rates of crime associated with alcohol and drug abuse**
- **Increase in child prostitution**
- **Increased neglect of children**
- **Increased sexual and physical abuse of children and youth**

Risk As Defined By Traditional Leaders (*Batlokwa*)

Issues of risk and vulnerability specific identified by the Elders focus groups include:

- Traditional leaders feel that their role in society has been marginalized by the government and modern notions of human rights and democracy. There is already a "gap" as they put it between the community, government/politics, and traditions, and they feel that Child Rights (and probably human rights) have contributed to some of these splits. This gap has affected the role of parents and traditional leaders. Children and youth have become isolated because people "are divided" in their interests. The Chiefs feel that cultural traditions and values have been eroded and devalued (e.g. initiation ceremonies, ways of controlling and teaching girls and boys).

- Schools are promoting children's rights in ways that reduce children's responsibility and downgrade authority of leaders.

- The issue of Rights is controversial. Traditional leaders (Elders) feel like these Rights restrict them because they were able to discipline children as they wished before and are now unable to do this. *Ubuntu*[4], or community support, is also affected. Children say it is their "right" to come home late etc. Parents feel disempowered and the leaders feel very worried.

- No one took into account the Tribal structures and ways. For example one of the Paramount Chiefs in QwaQwa used to have responsibility to manage and help prevent this kind of thing. The Government should have started by approaching him. In this tradition the wife may not use the father-in-laws name, may not touch the father-in-law or his clothes. Western cultures ask why this is so. This is to prevent sexual inter-course between the girl and the father-in-law. Many people ignore this kind of tradition and then when there is trouble they come to the chief to ask for help and he feels undermined and unable to help them. The same thing applies regarding AIDS.

- Before a marriage the Chief used to give advice and guidance. A young women or the man would never have had sex outside the marriage. There used to be rules about when to marry and when sex was socially acceptable. Now women have some say over sex and advise the men. The women tell the young girls about sex education and the chiefs cannot give this counsel. In the perception of the Elders these approaches have caused the traditions to be "taken away".

- Initiations are no longer run by traditional leaders (some are carried out by children and many are carried out by people who run this as a business), the lack of traditional regulation of initiation ceremonies (particularly for boys) results in injuries, HIV infection (through using unsteralized razors for circumcision), and death.

4 *Ubuntu* is originally a Zulu term means that "I am a person because you are a person, I am because you are". This value used to underpin most African cultures in South Africa. It meant that everyone was related to everyone else and was there to support each other. This is a collective value system where children in the community can be fed, clothed, disciplined or supported by any one from their community. No child would be simply left to go hungry. Similarly no child would have been left to "misbehave" without being chastised. Tribal Courts also played a role in this collective approach to holding everyone accountable for everyone else. While this value is not gone from the traditional sense of identity, it has been eroded through the imposition of individualism and western ways by past South African governments and missionaries, over many years.

Child Resilience

While the information on risk represented in the data collected during the KII, Community Mapping and Triple "A" focus groups paints a very dark picture, the children involved in the *Circles of Care* project also revealed an astonishing capacity for recovery and resilience.

A central theme that emerged from the discussions with children was that the very act of *collectively discussing* their situation in a safe environment, in the company of trusted, supportive older youth and adults was itself healing. Similarly, many children commented on the therapeutic aspects of the games and experiential activities that formed the basis for the research sessions.

Other protective factors identified by children include:

- **Supportive schools**
- **Sports Clubs**
- **Church groups**
- **Community gospel clubs**
- **Cultural activities (dance, song, games)**
- **Child focused rituals (e.g. naming ceremonies, and girls initiation)**
- **The presence of extended family in the community**
- **The existence of strong local leaders**
- **AIDS clubs**
- **Constructed play spaces (not present in all communities)**
- **Natural play spaces**
- **Friendship with animals**

Girls and Boys Practice Traditional *Soto* Dances

Traditional Protective Factors

(from *Batlokwa* Elder-Children's Focus Groups)

- Birth ceremonies protecting the mother and young child
- Initiation ceremonies conducted correctly for boys and girls
- Cultural restrictions on sexual activity between youth
- Community sanctions against divorce and extramarital sex
- The role of traditional Elders and other community leaders in advising couples experiencing marital difficulties
- Support for abandoned and orphaned children through the intervention of relatives and Elders

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Stage 2: Recovery – Mobilizing Communities for Children's Rights

In the second stage of the research children and community participants developed action plans from the assessment and analysis of risk and resilience. This is based on the conviction

that action to benefit children and families affected by HIV/AIDS must be based on a clear understanding of the problems they experience.

After bringing the Triple A assessment information back to each community, the facilitators help the community members (including children) to devise a plan of action to address the issues.

Questions posed to community members include:

- **What are the child protection areas of greatest priority?**
- **What community assets or strengths were identified that can be drawn upon to meet address these concerns?**
- **What are some possible solutions?**
- **Who are the key players?**
- **What is the role of the community in protecting and supporting vulnerable children and youth?**
- **What is the role of children and youth?**
- **What is the role of government?**
- **How do they make this happen?**
- **Who will be involved?**
- **How will they account to one another?**
- **What are the time frames for action steps?**
- **What resources are needed (both from outside and inside the community)?**
- **How will the community access such resources?**
- **How can the facilitating agency assist with the networking and accessing of resources?**

The actions resulting from this process were broken down into four categories of child rights supporting activities. These included: Advocacy, Capacity Building, Service Delivery, and Monitoring and Evaluation. Examples of specific action based initiatives resulting from the assessment and analysis phases of the Triple "A" are listed below.

A. Advocacy (creating awareness)

Examples of local child protection advocacy initiatives that focused on creating greater awareness on the protection needs of vulnerable children include:

1. The *Blugumbosch* (Maluti-A-Phofeng) community leaders approaching local School Principals and the Education Department on behalf of orphans who cannot access school, or who are being abused at school;

2. The *Batlokwa* Elders negotiating grants with the Provincial Department of Social Development for orphans who need food relief, and

3. Local parents and care givers of young children with a disability in *France* (Sasolberg) lobbied successfully with faith based organizations (FBO) to build a day care centre and support the training of local facilitators in community based rehabilitation (CBR).

B. Capacity building (increasing ability to address issues)

Examples of capacity building programs aimed at supporting community and government duty bearers in taking greater child rights responsibility include:

1. Delivering education programs for the community on child rights and laws in Maluti-A-Phofeng,

2. Training community leaders on child development and ways to recognize abuse and identify vulnerable children (e.g. orphans living in poverty, children with a disability, children not attending school) in Welkom,

3. Training parents of children with disabilities on how to care for and support their children through simple, low cost homes based interventions in *France* (Sasolberg), and

4. Establishing a local parent support group for parents of children with a disability in *Disaster Park* (Maluti-A-Phofeng).

C. Service delivery (responding to proposed actions)

Examples of community based service projects developed to directly support children in need of protection include:

1. Feeding programs for children in the *Batlokwa* communities,

2. Recreational programs such as basketball so that children are safe and off the streets (Maluti-A-Phofeng, Welkom and Sasolberg),

4. Culture clubs in the *Batlokwa* communities, Maluti-A-Phofeng and Welkom in which marginalized children can maintain a connection with positive cultural values, beliefs and practices (e.g. through learning traditional stories and songs and participating in traditional *Soto* dance),

5. Leadership and development training for youth and adolescents (Maluti-A-Phofeng),

6. HIV/AIDS awareness for adolescents, youth and Elders (*Batlokwa*, Maluti-A-Phofeng),

7. Establishing food gardens for orphans and vulnerable children without adequate nutrition and for family members living with HIV/AIDS (*Disaster Park, Blugumbosch, France, Hani Park)*, and

8. Setting up day care centres for single parents who cannot find a place to leave their young children when they go looking for work (*Blugumbosch, France)*.

D. Monitoring and evaluation (ensuring achievement of objectives)

Examples of local monitoring and evaluation actions designed to ensure that the rights of vulnerable children were respected include:

1. In the *Batlokwa* communities volunteers and facilitators regularly visit children in their homes to check on their well-being. Concerns are reported back to the community or tribal leaders so that further actions can be taken,

2. During the 2 years of the project across all the municipalities, community leaders and local project stakeholders met monthly with local government representatives to evaluate impacts of community based projects, identify children in need of support, locate gaps in service delivery, and plan on strengthening local governance responsibility to children. Workshops were also held annually at which all role-players including community and children come together to evaluate the success of the community child protection interventions.

Stage 3: Restoration – Strengthening Responsive Local Governance

The final stage of the research involved strengthening local governance to be more responsive to children's protection needs. The emphasis at this stage was in connecting children, caregivers and community leaders with representatives from local and provincial government who could support children's needs identified in the research, ideally by building on community initiatives resulting from the Triple "A" actions. Ultimately, this stage builds capacity for local duty bearers to assume greater responsibility for children's rights.

Examples of Stage 3 activities that resulted from the interactions between these groups included:

Child Rights Capacity Building

- CYCAD facilitated the building of child rights capacity within local and provincial government departments through on-going in-service training workshops.
- CYCAD facilitated the development of municipal child rights committees linking community researchers with responsible government agencies (e.g. education, health, citizenship, agriculture and immigration).

Government Resources and Supports

- Refining the responsiveness of the child care and foster care grants so as not to place children at further risk – A special project was initiated in the *Batlokwa* community to help local leaders direct financial support to locally identified vulnerable children in ways that supported children, families and the broader community.
- The Provincial Government helped create pilot projects exploring the potential for community-managed grants for children that build on existing local systems of accountability and good governance.

- The Provincial Government, Local Government and Local Leaders worked together to provide sustainable funding for community owned and managed day care centres for vulnerable children and their care - givers.

Traditional Governance

- Provincial Government supported the piloting of a model of traditional governance that reinforces traditional, communal values and practices supporting social support, healing and protection.
- Following the partnership with CYCAD the *Batlokwa* traditional governance structures voluntarily took on the monitoring and care of many severely marginalized children, including orphans and children with a disability.

Youth Development

- Local government supported the training of youth to mentor and care for younger children in their communities.
- CYCAD facilitators worked with local governance representatives to engage vulnerable youth through experiential, culturally grounded, wilderness leadership activities in the Drakensberg Mountains. These training programs encouraged both personal and community based growth and development (development from the "inside out and bottom up").

Conclusion and Lessons Learned

One of the primary messages to emerge from this research is that simple, low cost participatory research interventions such as the Triple "A" can be an effective tool in supporting children living in the darkness of HIV/AIDS and poverty. In particular, the

methodology allowed for the identification and creation of local assets required to sustain coping in vulnerable children and youth. The process of carrying out the steps of the Triple "A" enabled poor beneficiaries, including children, to gather and apply local knowledge as metaphoric protagonists in the drama of their lives. While local governance structures were frequently unresponsive to this process, there was nevertheless considerable success in applying a bottom up, developmental approach to supporting the rights of children affected by HIV/AIDS and poverty. A critical discussion is required however to critically reflect on the results of this research in terms of it's ability to inform debate on resilience at the level of the child, community and local governance.

At the level of the child, the research indicated that, to some degree, children participating in local discussions on their rights in the context of poverty and HIV/AIDS resulted in greater self – efficacy, increased self esteem and capacity for local agency in promoting the rights of vulnerable children. A central theme that emerged from the discussions with young people was that the very act of *collectively discussing* their situation in a safe environment, in the company of trusted, supportive adults, was itself healing for children. This underscores the power of personal narrative as a restorative tool in supporting children's capacity for making sense of their own self - identity in reinforcing individual resilience in the midst of the darkness of HIV/AIDS.

This wasn't the case for all children involved in this process, however, and in certain cases some children were clearly overwhelmed by the adversity in their communities. As other authors writing on resilience have discussed (Garbarino, 1999), there are some children who are so loaded for risk factors that local interventions of this nature will still be unable to have success in the reinforcing *any* of the three models of resilience. These children surely existed in each of the communities involved in this project, and there were a number of tragic testimonials to young participants who fell victim to crime, prostitution or other forms of social isolation *in spite of* the research and other interventions.

At the level of the community, the triple “A” seemed to also be a useful tool for locating and reinforcing local supports for vulnerable children. Indeed, the Triple “A” appeared to support the notion that *child and youth individual self - efficacy* reinforced *collective adult self - efficacy*. One of the significant challenges of the Circles of Care project, however, was the lack of support from some local municipal governments. While local communities clearly proved their abilities at responding to the needs of vulnerable children, this wasn’t always reciprocated by local government service - providers responsible for vulnerable children, their families and communities.

Ultimately the Triple “A”, while successful as a grass roots, participatory research tool that reinforced children’s resilience in the context of HIV/AIDS, still requires the support of meaningful and effective child rights legislation and policy to bridge local gaps in the realization and respect for children’s rights. In the context of HIV/AIDS in sub-Saharan Africa, this will likely not come about through legal advocacy procedures alone, but will also require the community driven, restorative practice demonstrated by children, local leaders and facilitating organizations such as CYCAD. There were some exemplary partnerships between community-local government-provincial government in this project, for example in the community grant provided to the *Batlokwa* community, by the Provincial Department of Welfare in partnership local government. This partnership should serve as a model for the kind of innovative, targeted child-centred policy making that is needed to address the specific needs of children and their communities affected by HIV/AIDS and poverty. One of the lessons emerging from this research is that no two children share the same social ecology when it comes to being affected by HIV/AIDS, and government responses will be most effective when resources directed at children *both* target the most vulnerable children *and* avoid further abuse of the child through secondary exploitation by making children an income generating commodity.

The *Circles of Care: Community Child Protection* model is currently being adopted by the Free State Department of Social Development (Ministry Responsible for Child Protection) to be

rolled out to other municipal regions in the Province. In addition, CIDA South Africa is negotiating with CYCAD and the IICRD the potential for expanding the model of Child Rights Governance to other countries in the sub-Saharan region. In this regard, special interest has been shown to linking issues of Indigenous Tribal Governance in South Africa with similar initiatives being taken forward in the Canadian Aboriginal tribal governance context.

Lessons Learned

Lessons learned are divided according to the social ecology and focus at the level of the child, community and local governance:

At the Level of the Child

- Strengthening child self-efficacy can strengthen community self efficacy
- Children are efficient, effective and critical researchers when involved in aspects of their own lives
- Experience is often a better indicator of a child's competency than age
- The impact of disconnected children resulting from HIV/AIDS affects many aspects of community well being beyond the lives of these children and their immediate families
- Reconnecting these children benefits similar broad sectors of the community
- Delaying these interventions creates additional challenges as children become harder to reach and communities turn against them
- Children are an undervalued asset in rebuilding communities impacted by HIV/AIDS
- Children are often more attuned to the psychosocial impacts of HIV/AIDS on children, than adults
- Youth are effective mentors for younger children
- There are natural intergenerational links between Elders and children in the context of HIV/AIDS
- While most children can build personal resilience, all children have limits to their resiliency

At the Level of the Community

- Vulnerability communities often hold the seeds of their own regeneration, though these seeds often require external help and support to grow and flourish
- While communities can draw on their own "inner" strengths in initiating programs for children, external support is needed to sustain these initiatives
- Schools can be one of the most important protective factors in "buffering" children from the effects of HIV/AIDS
- Few schools realize this potential
- Local African spiritual values, ritual, and music hold great potency as key factors promoting children's reconnection, recovery and resiliency
- Few mainstream government agencies and international NGO's are able to draw on this potential
- Some African cultural practices are unhelpful to children's healthy developing and sensitive discussion is needed to address these practices
- The African Charter on the Rights and Welfare of the Child, with it's focus on child rights, responsibilities and an emphasis on the role of community and Elders can be an effective tool to help mediate these discussions

At the Level of Governance

- Traditional African governance is an undervalued asset in responding to the effects of HIV/AIDS on children
- Better decisions are made when marginalized local stakeholders are consulted and involved
- The process of involving marginalized local stakeholders can require additional time and resources at the front end of projects, though these expenses are often recouped by creating more efficient, effective services
- Relationships based on mutual respect and "active listening" are key to this process
- Government resources are most effective when they are located as close to the

communities and child as possible and are accessible in terms of response time, literacy level, information, education, and geographical location

- In the context of poverty and unemployment, directly attaching a social grant to a child can only serve to make that child an income generating commodity
- Mechanisms are needed to facilitate direct partnerships between government and children
- Development strategies interweaving child rights based approaches with social engagement tools are central to this process.

"Through the Circles of Care project you have planted the seed of hope for ourselves and our children, it is now up to us and the local government to tend the tree so that it bears fruit for the future." **Morena (traditional Elder), Batlokwa Traditional Council**

Local Children in Disaster Park Carry Water to their Food Garden, the outcome of their Triple "A" Action Stage

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