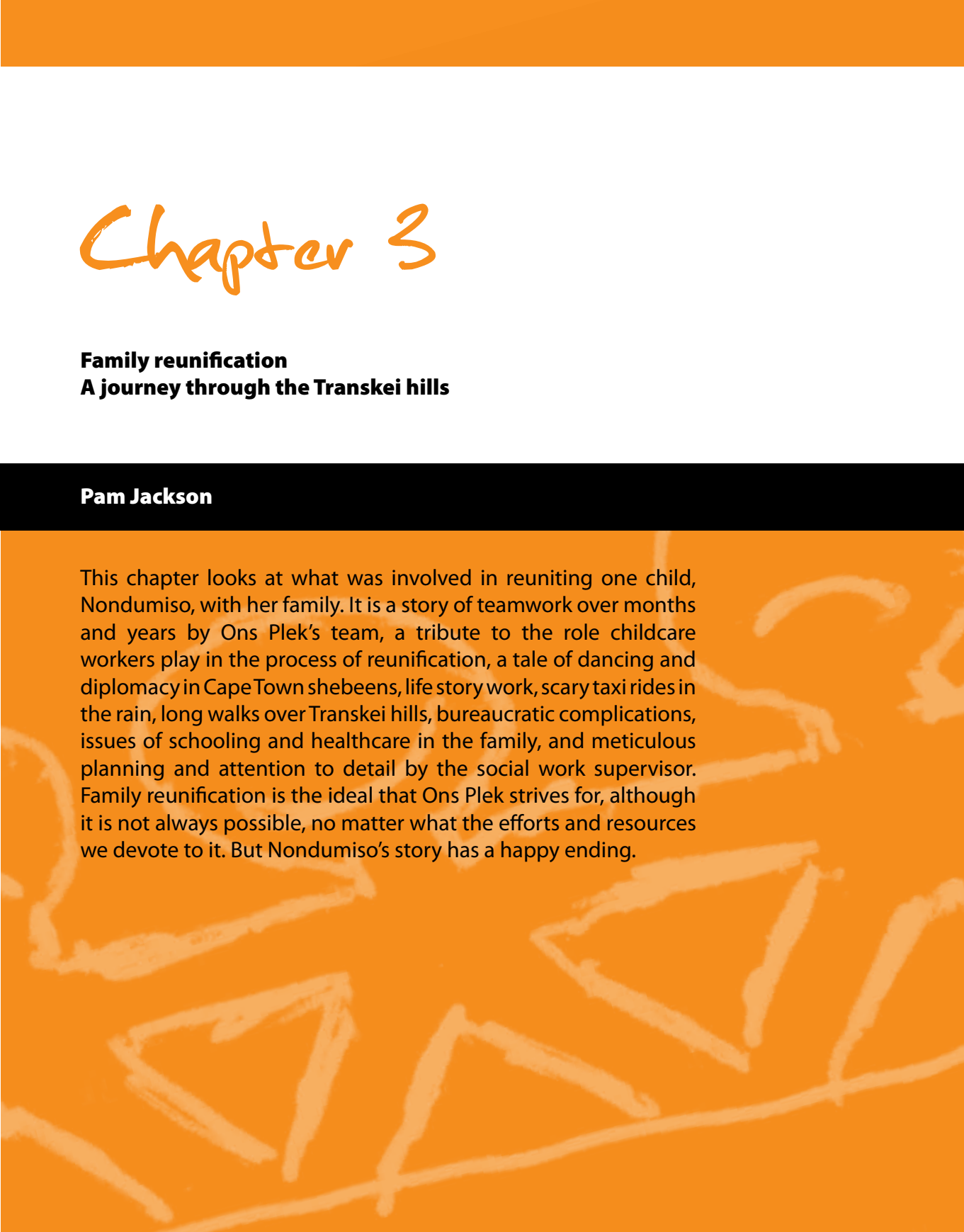


Chapter 3

Family reunification A journey through the Transkei hills

Pam Jackson

This chapter looks at what was involved in reuniting one child, Nondumiso, with her family. It is a story of teamwork over months and years by Ons Plek's team, a tribute to the role childcare workers play in the process of reunification, a tale of dancing and diplomacy in Cape Town shebeens, life story work, scary taxi rides in the rain, long walks over Transkei hills, bureaucratic complications, issues of schooling and healthcare in the family, and meticulous planning and attention to detail by the social work supervisor. Family reunification is the ideal that Ons Plek strives for, although it is not always possible, no matter what the efforts and resources we devote to it. But Nondumiso's story has a happy ending.



"I came to the house looking for the mother and was pointed to the shebeen. The shebeen was full of people dancing to very loud music. I said to myself, 'Oh well' and entered the shebeen, dancing my way through the people until I found the mother. I didn't want anyone to know what I was really doing there." Childcare worker Zuziwe Ncanywa was telling her story to the team meeting at Ons Plek. She got up and danced around the room to demonstrate her style of moving through the crowded shebeen.

Zuziwe was reporting on a home visit to the family of Nondumiso, a new admittance to Ons Plek. The purpose of the visit was to ascertain what the problems were at home, and to help plan Nondumiso's future: should she stay at Ons Plek, or could the mother be helped so that Nondumiso could go back home?

Immediately the meeting erupted into laughter and excited shouts. Everyone remembered an unusual visit and everyone wanted a chance to hold centre-stage and entertain the meeting. Faniswa recalled doing a home visit to a rural village during

which she was passed a traditional long pipe while sitting in a group of women, unobtrusively gathering information. Cynthia remembered being stuck in a remote area while taking a child to N—. Unknown to her, but well known to passing drivers, was that N— was an infamous hijacking area. Dusk was falling and Cynthia, realising that everyone sped off when she said the name N—, got a lift by pretending that she was going to Umtata until the car was well on the way towards N—.

Eight-year-old Nondumiso was brought to Ons Plek by an older girl. She had been living with her mother in a shack in one of Cape Town's surrounding townships. The mother was seldom sober, seldom at home and earned no income. The child was thin and very, very dirty. On investigating we found that the father had left the mother three years earlier, and had returned to the Eastern Cape where he had married another woman.

Having established that Nondumiso was in need of care, the search was started for relatives who might be able to care for the child while work was done with the mother, to see whether she could change her habits sufficiently to have her child back. Unable to give an address for where an aunt stayed, Nondumiso took us to the house herself.

The aunt said that the father, a poor man, lived in a very remote village in the Eastern Cape. Nondumiso needed regular medication for her severe epilepsy, and she needed to attend a special school because of her learning difficulties. There was no special school near to her father's village, said the aunt. There was no medical care. There weren't even any telephones, she said. The paternal aunt thought she could become a foster parent. We began exploring this possibility.

Foster parenting, we thought, would benefit a young child like Nondumiso while her mother got her life together. If her mother could not do so, Nondumiso could continue to stay in foster care.

As part of the process of assessing the likely success of this foster care placement, the aunt was to fetch Nondumiso regularly for weekends, graduating to having her stay for a longer period over the Christmas holidays. Finally, if all problems were ironed out, Nondumiso would go to live with her aunt the following year. However, the aunt now



started a new job which restricted her ability to stick to this plan. Then she didn't turn up for the Christmas holidays, and we began to wonder whether she had been motivated primarily by the hope of receiving a foster care grant.

Nondumiso was given support to cope with her aunt's periodic disappearances through discussions in life story sessions and with the childcare workers. In the meantime she became a different child. She gained in confidence and sparkiness as well as in weight.

It had become clear to us that her mother was highly unlikely ever to be capable of parenting, but we made sure that Nondumiso still saw her regularly. Ideally children need to know who their parents are, to help give them a sense of identity and roots, of coming from somewhere. So strong is this need that even when children have been abused by their parents, they often have feelings of love as well as anger towards them. They miss the good aspects of their parents and choose to see only these. Nondumiso's mom had never willfully abused her. Her abuse took the form of neglect, or an absence of action. Professional childcare practice has long been based on this knowledge that children need to stay in touch with the reality of their past even if it is an unpleasant one; they must be in a position to choose to maintain a relationship with their parents and family, even if they cannot live with them.

Childcare worker Zuziwe undertook to visit Nondumiso's father's remote village in the Eastern Cape on her own way home for the holidays, little realising just how remote this village was! When she finally arrived there, she met the stepmother at her home. The father was away, but the stepmother expressed willingness to have Nondumiso live with them on a permanent basis. Equipped with the father's cell phone number Zuziwe returned to Ons Plek, excited about the possibilities for Nondumiso; but she did not protest too much when the next trip to the village fell to Cynthia Hlati, another of our childcare workers. We later realised why...

In addition to the possible pitfalls involved in forming and maintaining a relationship between the child, a new stepmother and a father whom she had not seen for years, three obstacles remained to Nondumiso returning to her father's home. There was no medical facility to provide monthly epileptic medication, no special school that would allow Nondumiso to pursue her education and no social worker in the area to supervise and problem-solve if the transition into the family was not smooth.

Zuziwe suggested that there might be a clinic that could help with medication. It took a few weeks of telephoning various authorities to discover that there was a mobile clinic which visited the area once a month and could supply the medication.

Normally, home visits by the child to the family would begin with a day visit, followed by several weekends and then a holiday, with 'teething' problems discussed in detail after each contact. This clearly could not be done in Nondumiso's case.

The Cape Town aunt then informed us that she would be visiting the village for the holidays and was willing to take Nondumiso with her. Siviwe staff educated her on how and why Nondumiso was to take the medication and obtained supplies that would last for six weeks – no easy feat itself, in the public healthcare system.

Nondumiso's childcare worker at Siviwe, Faniswa Muba, phoned Nondumiso periodically during the holidays to check that all was well. On their return to Cape Town Nondumiso's aunt spoke of moving back home to the village on a permanent basis, so we hoped that she would be able to help supervise Nondumiso's medication. Nondumiso had had a

wonderful holiday. All seemed to augur well for a return home to her father, but the question of a suitable nearby school remained to be resolved, as did a host of logistical problems.

As the supervisor, Renée had to ensure that the team executed the plan well. The mobile clinic had to be informed about the child's condition. Neither Telkom nor Mount Frere Hospital nor the Department of Health had a telephone number for the clinic. It did not exist on any formal list, so Faniswa phoned the father whose cell phone number we now had, and he sent a neighbour to get the number of the clinic. This meant waiting another month for the clinic to return to the area.

Having the nurse's phone number was not the end of the story, as her cell phone then remained on voicemail. We later realised that the area does not have cell phone reception, and so one must wait for people to move into a town area where they can be contacted.

In addition, a referral letter from the Red Cross Children's Hospital and our local clinic, as well as a school transfer and birth certificates, had to be organised. In the meantime secretary Odette Engelbrecht went back and forth to the Department of Home Affairs to finalise Nondumiso's birth certificate before she left Cape Town. This process had taken too long already, and we knew it was now or never.

The Cape Town aunt kept changing her mind about when she was going home. Finally, childcare worker Cynthia, who was going home on holiday, undertook to take Nondumiso home. Nondumiso would stay home for a few months, with regular phone contact from us now that we had the nurse's schedule for visiting areas with cell phone coverage. A final decision on whether to place her permanently with her father would be made after our next visit.

Nondumiso had been very keen to go back home again, but we had not shared with her the possibility that it might be forever, in case the logistical problems could not be solved.

Allerease Olanrewaju, the life story counsellor, had in the meantime been working on a life story book for Nondumiso to take home with her. Allerease prepared her for the move. They talked at length about Nondumiso's opinions and feelings. She was excited at the prospect of living with her father, and sad to leave her mother in Cape Town and to say goodbye to the 'aunties' and friends at Ons Plek. Difficulties that she anticipated were also discussed, based on her experiences at home during the holidays. Nondumiso also had to say goodbye to her mother before she left Cape Town.

When childcare worker Ncebakazi Pikashe took Nondumiso to look for her mother at home to say goodbye, she was not there. So a tour of shebeens in two informal settlements took place, to no avail. The following week Faniswa and Nondumiso repeated the search. The trail again drew a blank. Nondumiso was very sad about this, but still determined to go. The fruitless search confirmed our diagnosis that Nondumiso's mother could not change her ways, at least not in time to meet her daughter's childhood needs. The day of the big trip home arrived.

This was a trip that childcare worker Cynthia was ill-prepared for! She had been away from the rural areas for too long, and not even Zuziwe's account of the trip prepared her for what to expect. She arrived in a small town in the Eastern Cape with her own luggage, Nondumiso's luggage and a very excited, hopping and skipping child. She waited for a

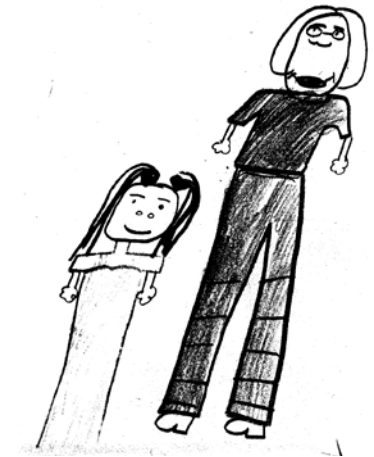
day on the pavement in the rain for the taxi to arrive, unable to leave her luggage or her place in the queue. "The taxi comes, wrong taxi! We wait... we wait," Cynthia told us later. She laughed as she remembered. "The taxi comes. We rush into the taxi, and you must be sure to put everything in first and the child together. Unfortunately if the child is outside and you are inside you get out. Nobody is going to give her place to your child. Too late. Somebody has already taken your place. You will wait again till tomorrow! Only one taxi to that far place a day."

When Cynthia, Nondumiso and the other commuters finally squeezed into the taxi it was still raining. Cynthia asked the driver how far it was to the village. "Not far," was the answer. "And," said Cynthia, "it was raining, raining, raining, raining." For four hours the taxi struggled along a muddy mountain road, pulling a trailer of luggage behind. At one point the taxi was in danger of sliding down a steep embankment. "It was doing this funny swerving. Some people screamed and wanted to get out, but other people pulled them back, no one can reach the door. Me, I just held onto my seat. Never again on that taxi. And the driver he just keeps going, singing to himself"

Cynthia and Nondumiso were very relieved when the driver announced that they had arrived. Picking up the luggage and starting the walk, Cynthia asked her fellow travellers how far the village was. "Not far," was the answer. She had her high-heel shoes on. As she said, she was wearing her best clothes for her visit to the country. It was still raining and the roads were thick with mud. The city girl abandoned her high heels for bare feet.

Two hours and three river crossings later, they arrived at a cluster of houses in the middle of some fields. The city girl and the child banged on a door, all attempts at a professional and dignified entrance made impossible by the rain pouring down their faces and mud marks up to their knees. Nondumiso ran into a house and immediately started unpacking her clothes into her cupboard. The family had been waiting for them for a few days. Marhewu, the traditional drink, stood ready for them. Smoke from the fire that had been built in their honour filled the room, making Cynthia's eyes burn. "You cannot leave the room," she told us later, "because they made it specially for you, and you have to eat the food they give even when you see they do not have enough themselves. It's like Faniswa's home visit that time, she had to smoke the pipe and help kill the chicken for supper."

The day after their arrival in the village Cynthia visited the school principal, crossing one river and panting up a mountain, taking Nondumiso's transfer report with her. She spoke to him and to Nondumiso's father about her special educational needs, and explained how she needed to take the medication for epilepsy. In addition, she undertook a day-long walk with the stepmother to the mobile clinic to hand over the referral report and ensure that the clinic could render the services Nondumiso needed. Several times that day she thought about her question to the stepmother as they left the house that morning, "How far is the clinic?" The answer she'd been given was "not far".



On her return to Ons Plek, Cynthia regaled the team with her story. We laughed and laughed. "And was there anything you enjoyed about the trip?" I asked. Cynthia's face lit up. "The welcome for the child when we arrived! It made everything worthwhile."

We went through the complex process of making cell phone calls to Nondumiso, her

stepmother, her father and the clinic nurse to monitor the process of reunification. All was well, or so they said. Some months later, Faniswa was able to do a follow-up visit while on a trip to her own family.

She followed the same route that Cynthia had taken, this time minus the rain and the high-heel shoes, and found that all was well. When she reported back to us, she gave the story a lovely ending. The father, a largely uneducated man, took his role as medicine dispenser to Nondumiso seriously.

He had adopted the same procedure used by Ons Plek, designed to ensure that we don't forget to give any of the many children in our care their medicine. As taught by the aunt and Cynthia, he had a list of times and days which he ticked off religiously as he gave Nondumiso, the only child in his care, each pill.

Why reunifying a child with family takes precedence over a good education

In Cape Town Nondumiso attended a special school structured to meet her educational needs. Were we right to send her to a poor rural school which did not have these facilities? Had she remained at Ons Plek, she would have received as good an education as possible for her, but she would probably still not be employable, other than to do menial tasks. She would have been loved and cared for by all the staff, but she would not really belong to any one person. She would have belonged to the community of Ons Plek whose members, both girls and staff, did not necessarily remain part of Ons Plek once they left. She would have grown up not having learnt how to live in a family, not unconsciously absorbing how to be a mother and what to expect from a husband or father. Then, as a young adult, she would have had to leave Ons Plek never to return to it as a home, to go back to her family with whom she had not lived or made it to adulthood.

Being in an institution has its advantages when a child is being abused or neglected, but it is not as good an option as having one's own family, whether through foster care or adoption. However homely a children's home is, there is a price to pay.

Children's homes do not exist to undermine or replace the role of caring parents who can't provide better education and good living standards. If this were the case, approximately forty per cent of the child population in South Africa would be in a children's home. These institutions exist to protect and provide alternative care for children who are at risk of abuse or neglect. If this is not the case, other arrangements can and should be made to help responsible but very poor parents keep their children at home.

How easily are children accepted into a family home?

Foster care and reunification are touted as a quick answer to the problem of homeless children by those wanting the problem to go away. How realistic is this?

In Nondumiso's case, her stepmother and father were basically well-functioning parents. They were able to absorb Nondumiso into their home without much help. Nondumiso was also a very adaptable child, eager to become part of the family and able to adjust to its rhythms.



This is often not the case. A child who has had very traumatic experiences can be very difficult to absorb into a family, no matter how well-functioning it is. When one thinks of the difficulties some step-parents, who are well-functioning, coping adults, have with their stepchildren, it is not surprising that the reunification process requires a lot of input from all concerned, to make the placement work. Likewise in foster care, well-functioning families, with parents who are happily married, can be torn apart by a foster child.

In foster care situations the general pattern is that the child initially behaves very well, in what is known as the 'honeymoon' phase. As she settles down and becomes more confident, she begins to worry about whether the family will let her stay.

At this point she starts testing the family to see if they will keep her. Her behaviour becomes worse and worse, until she is sure that she will be accepted, no matter what she does. The strain placed on the family is enormous. A lot of support is needed from the social worker and others to help both child and family members through this phase. For this reason, foster care of older children and reunification with families are usually proceeded with slow processes; they begin with day visits, then weekend visits, and progress to holiday visits before a child moves in with the family on a permanent basis. The assumptions that members of the public make about picking children up off the street and placing them in foster care are unrealistic, for these reasons.

We usually place children with members of their extended families, because in most cases the immediate families of origin of these children are unable or do not grow sufficiently in their ability to parent. However, when a child is found to be in need of care, the reasons for this assessment, and the shortcomings in the parenting, are discussed. Goals are clearly spelt out for what changes need to take place before the child is returned to the parents. The social worker must then work together with the parents in therapy, to help them make the changes. The work needs to be on an in-depth level, so that the emotions causing the parent or parents to be too aggressive, not able to hold down a job, or to drink excessively, can change.

Unfortunately this often does not happen, either because it is too painful for the parent to make the necessary changes, or because the social worker is too overloaded and cannot sustain the individual therapy that the parent would need.

Unlike in the city, in a rural village the childcare worker may have to sleep over at the house of the family she is visiting. She has to perfect the art of staying on co-operative terms with the family while possibly confronting them with their ill-treatment of the child. For social workers, who have a commitment to re-unifying families, this is an essential skill in their day-to-day work. If change is to happen, families need to be confronted with what they are doing wrong and at the same time engaged in a co-operative relationship in which they feel safe enough to explore their lives honestly.

A time frame of up to two years should be set for substantial progress to be made by the parents. If too little progress is made, the needs of the child and the circumstances of the foster parents should be evaluated to see if the child's permanent placement in the foster family through adoption is advisable.

