

# 2014 Annual General Meeting "Honouring of the Roots" ... celebration, love and respect ... a diversity of cultures



- We guarantee a celebration with a difference ... we need YOU to share in our celebration.
- The children are always encouraged by love and support, especially when presenting to an 'audience' ... we need YOU to be that loving encouragement.

 $\sim$  See details inside  $\sim$ 

Thursday 18th September 2014 Rosebank Methodist Church Hall from 17h00 - 19h30

Please help us Cater for everybody by bringing a plate of eats

RSVP: Tel 021 465-4829/72 or Fax 021 461-0530 "ONCE upon a time, all the colours in the world started to quarrel; each claimed that she was the best, the most important the most useful, the favourite ...

And so the colours went on boasting, each convinced that they were the best. Their quarrelling became louder and louder. Suddenly there was a startling flash of brilliant white lightning, thunder rolled and boomed. Rain started to pour down relentlessly. The colours all crouched down in fear, drawing close to one another for comfort.

Finally Rain spoke: Do you not know that God made you all? Each for a special purpose, unique and different. He loves you all. He wants you all. Join hands with one another and come with me. He will stretch you across the sky in a great bow of colour, as a reminder that He loves you all, that you can live together in peace, a promise that He is with you — a sign of hope for tomorrow."

Excerpt from The Story Of The Rainbow - Based on an Indian legend (written by Anne Hope, 1978)



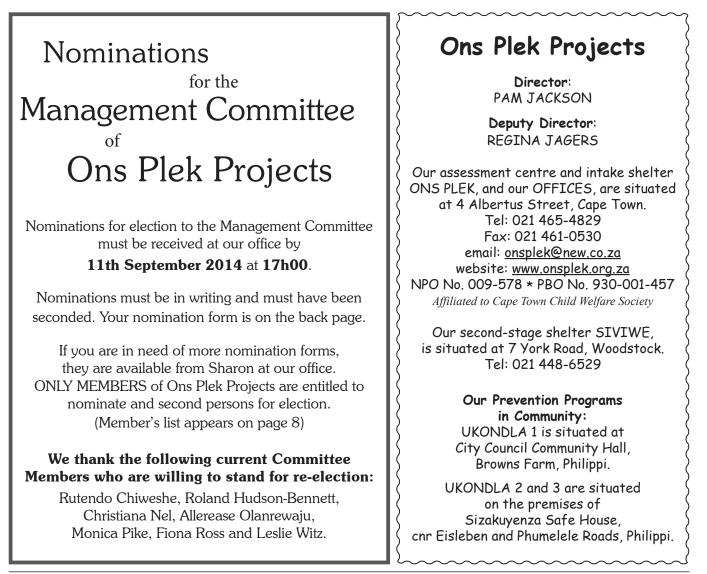
## Please come and join us in celebrating our diversity of cultures ...

The girls, supported by staff, have spent many hours recalling their cultures, dances, poetry, favourite foods ...

Share with us this important aspect of our treatment program ... sample the Congolese, Angolan, Zimbabwean, South African cultures through flavour, colour, music, poetry ... learn some dance steps ... celebrate the passion and energy of the girls as we present a small glimpse of our diversity ... in "Honouring of the Roots".



... from Committee Members and Staff of Ons Plek Projects



# Ons Plek \* Sívíwe \* Ukondla

Ons Plek Projects consist of:

- \* Ons Plek intake shelter for girls doing comprehensive assessment and development care with reunification as a priority.
- \* Siviwe second-phase shelter for girls focusing on therapeutic and developmental children's home with reunification as a priority.
- Ukondla Community Project with prevention as a priority run at three venues in Philippi for boys and girls at risk of becoming street children.



## Ons Plek Projects has a simple and passionate mission:

To make a substantive improvement in the lives of female street children and to prevent children at risk of becoming street children from doing so.

Ons Plek Projects provides places where children find opportunities to build their lives and their self-esteem. Places where a sense of belonging helps them to take responsibility for themselves and for others.

The preparation for the future lives of each child takes into account the innate potential of the individual within the realities of her life circumstances.

These realities are mirrored in all aspects of our projects which enables us to model coping mechanisms; children participate fully in decisions about their lives; residential staff members share the lives of the girls; office staff members make do in cramped quarters with only the essentials for the job; and our community projects model how a lot can be done by dedicated staff members with few resources.

Ons Plek is not an escape — it is a real home in a rough life

## Ons Plek's Vision ...

That female street children will be successfully re-united with their families and that failing that, they will be sufficiently empowered at Ons Plek Projects to grow into healthy, independent functioning members of society.

The children at risk of becoming street children will use our interventions to keep them as constructive members of society.

That children living in communities with their parents who are at risk of becoming street children will be enabled to remain in school and with their families.

## Key Information with regard to the Work, and the Context of the Work, of Ons Plek Projects

- Ons Plek is the only comprehensive program for girls on the streets in the Unicity of Cape Town.
- Our intake shelter is situated in the CBD of Cape Town, because it is central and is where children and youth run to for relative safety if city security systems allow them.
- The sources of the children's problems are not easily solved deepening poverty, abuse, lack of affordable safe housing, unemployment, crime, family instability, alcohol abuse, family violence, etc.
- Girls come or are referred to us from different areas. Some girls roam around their home community with inappropriate friends, often hanging around cheap local liquor and entertainment centres, before seeking help further afield.
- Girls who seek help are often teenagers, but also younger girls, sometimes girls with babies.
- Children tend to cope with an inordinate amount of trauma before leaving their home environments. These psychological scars may take a long time to heal for many of the girls.
- Those girls who find it the most difficult to reintegrate with mainstream society are often also living with learning difficulties and even severe mental health problems.
- Unaccompanied foreign minors are very vulnerable, and are ending up in the 'street children' sector.
- Ons Plek works with an average 100 to 150 girls per year.
- Our community based prevention programs successfully keep 'at risk' children from running to the streets. They provide a support structure in community for children from the shelters when re-unified with their families.
- The work of our three main facilities is all interlinked. The three programs integrate to form a whole.

## We dedicate this page to all our donors and thank you for your continued and valued support

This list includes financial and other contributions received from March to July 2014

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#### INDIVIDUALS:

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Pam Jackson : Director

We are all witnesses to the normal or even abnormal sufferings of others in our lives. Witnessing affects both the witness and the directly affected person. This editorial is about the common experience of witnessing we all are familiar with and which we may not realise does affect us all. As part of our witness to the suffering of the girls we work with, I share a story of a girl. The story has a lovely positive ending. Firstly I sketch a theory of Witnessing, quoting extensively from an article called *Witnessing, Wonder, and Hope* by **Kathy Weingarten, Ph.D.** WINTER 2000 VOLUME 39 c NUMBER 4 of a journal called *Family Process*.

•In Country of My Skull, (Krog) the poet and parliamentary editor for South African Broadcasting Company radio, Antije Krog (1998), who covered the Truth and Reconciliation hearings for the South African Broadcasting Company, eloquently describes the process of becoming and being a witness. Listening to how "the arteries of our past bleed their own peculiar rhythm, tone, and image," she observes that by the second week of hearings, a mere ten days, she is without language (p. 51). Then a pattern emerges: "Week after week, voice after voice, account after account. It is not so much the deaths, and the names of the dead, but the infinite web of sorrow woven around them. It keeps coming and coming (p. 45)." She begins to understand what she has been called to witness and what witnessing will exact of her. She inhabits witnessing: "I can talk of nothing but the Truth Commission. Yet I don't talk about it at all.99

Krog's experience mirrors the daily experience of Ons Plek staff as we minister to wounded children. We too have our days of thinking of nothing else and yet we too cannot say a word.

Weingarten's description of witnessing enables us to understand what witnessing does to us. She uses an unbelievably evocative poem to describe a witness's experiences. It's the zone of deep memories she speaks of that I attempted to show one AGM by doing a role play to demonstrate counselling skills. It's a zone we know so well.

<sup>66</sup>The therapists I work with are all compassionate witnesses. They are men and women who have made a commitment to listen with open minds and hearts to the stories of those who have been physically, mentally, emotionally, and spiritually assaulted. They have made a commitment to feel in the cells of their bodies what it is like to be touched against one's will, to be penetrated beyond one's ability to imagine a way to make it stop. And, they have made a commitment to try to render that experience to others on behalf of their clients.

In supervision, these therapists, my friends and colleagues, encounter the dilemmas of witnessing that Charlotte Delbo, a Frenchwoman who survived the concentration camps of the Holocaust, describes as a problem of two kinds of memory. She distinguishes "external, intellectual memory," which allows the speaker to use conventional expression to render experience and then "deep memory," which "preserves sensations . . . [and which] will renew trauma and throttle speech" (Glendinnen, 1999, p. 30).

My supervisees, using the language that flows from external, intellectual memory, can tell me about their clients, but when they try to speak from deep memory even though their memory is a memory removed or distanced from the body in which the sensations were felt—their speech is throttled. We often know we have entered the zone of deep memory because we feel quiet in the room, not an uncomfortable stillness, but the sacred stillness that those of us who have dedicated ourselves to working with the victims and survivors of abuse know so well. It is the moment when we know we are struggling to descend into the abyss, to see it, to render it, to share this with another equally dedicated soul, and to emerge in some relation to the effort more sad, more sober, and, yes, more free.

We are determined witnesses willing ourselves to testify about soul-shattering atrocities, experiencing the fracturing of language as surely as those whose stories we witness. Witnesses are one layer away from chaos. Their efforts to "explain the inexplicable" (Delbo, in Glendinnen, 1999, p. 54) are as fragmented as are the experiences of those who suffer. "The narrative of trauma is itself traumatized, and bears witness to extremity by its inability to articulate directly or completely (Forche', 1993, p. 42)." We rely on the poets among us to, in the words of Audre Lorde, "give names to the nameless so it can be thought." Here is a poem by Marie Howe (1999) from her collection *The Good Thief.* In it, the poet is an unwilling and an inadvertent witness to her sister's sexual abuse:

No matter how many times I try I can't stop my father from walking into my sister's room and I can't see any better, leaning from here to look in his eyes. It's dark in the hall and everyone's sleeping. This is the past where everything is perfect already and nothing changes where the water glass falls to the bathroom floor .... and bounces before breaking. Nothing. Not the small sound my sister makes, turning over, not the thump of the dog's tail when he opens one eye to see him stumbling back to bed still drunk, a little bewildered. This is exactly as I knew it would be. And if I whisper her name, hissing a warning, I've been doing that for years now, and still the dog startles and growls until he sees It's our father, and still the door opens, and she makes that small **oh** turning over.

# A story taken from our experiences of witnessing...

In the following story names have been changed to protect identity in the interests of confidentiality. Many stories are similar. Sometimes our readers tell us they know which child we are talking about but this seldom turns out to be the case.

Sheila (and her sister) were placed in the care of Ons Plek on 30/04/2013 after displaying uncontrollable behaviour that their foster parents could not contain. Sheila, diagnosed with HIV when she was about 12 years old contracted it through mother/child transmission. Subsequent to the diagnosis she began drinking and sleeping out with friends.

Sheila was placed on our stabilization program (see Family Reunification Program) which entailed finding out the reasons for negative behaviour, when it began and trying to find out what she needed in order to get back to a state of normal functioning. After a period of 3 months it was evident that the child had benefitted from the program. A longer placement was recommended. The child showed insight into her behaviour and admitted she had a lot of anger stemming from the loss of her biological mother, the rejection by maternal family and the lack of knowledge regarding her paternal family. She responded well to behaviour modification and understood all the reasons for logical consequences that we applied in response to her behaviour in the house.

However, progress seldom proceeds in a continuous upward movement

— In spite of admitting that she was angry the child continued to make risky decisions with friends. She absconded over four times in a six month period. During this time she always defaulted on her ARV treatment.

Sheila denied the link between her behaviour and her unwillingness to accept that she was HIV positive. It was reflected to the child in her weekly counselling sessions with the social worker that her actions appeared to show that she no longer cared about her life. However she could not see the connection or deliberately avoided it as it was too painful for her. She was also struggling to maintain trust relationships with staff.

After a while Ons Plek staff noticed that the child's behaviour was deteriorating. She had begun attempts to involve herself and other girls with adult foreign nationals and to collect money in exchange for sexual favours. Fortunately we were able to intervene timeously. Nevertheless she had become a serious risk to herself and to the other girls who were younger than her and prone to being bullied by her. The social worker and child care workers continued attempting to reach the child on an emotional level, but the child refused to take responsibility for her behaviour. At this point she had stopped showing any remorse and all of us could see she had lost hope. She reported that she did not know why she acted the way she did and did not care anymore. She had no future plans. The last straw came when the child dropped out of school and absconded.

She did not return for three months. At this stage Ons Plek staff decided on a new treatment plan as part of re-stabilization. The child was running out of time, in six months she would be 18 years old and an adult. It was decided that staff try to reach out to her emotions again and find out why she had come back and to help her find some hope. .... to page 7



We all had a wonderful time at our Christmas Party last year ... especially Father Christmas!!!



The child spent two and a half weeks writing in her life-story book which forms part of counselling and having long sessions with the social worker. This part of her therapy was made intensive because she had reached her lowest point. She was confronted with difficult questions about life, set by staff to work through and she found it better to express herself in writing.

# <sup>66</sup> She is motivated to educate others about HIV ... <sup>99</sup>

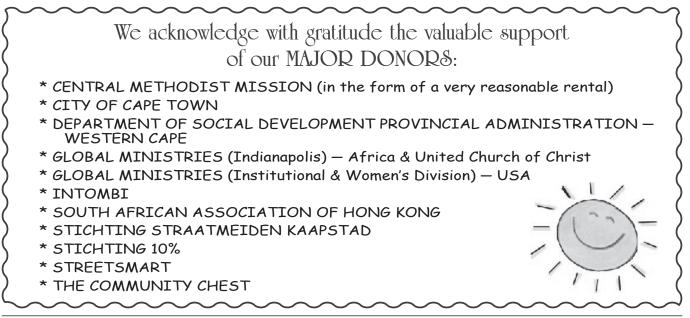
For the first time since her placement the child began to show appreciation for the work the staff was doing. Coming back she had expected judgment and scolding, so when she got warm treatment and acceptance she started thinking about her life. Even her family had never shown her such unconditional love or given her chances upon chances. She admitted for the first time that she felt angry because she had HIV. She was angry because someone else had given it to her; her mother! She was angry because she had a lot of questions that no one seemed to be able to answer. The one person who could answer them had died without giving her the chance to ask the questions. One of her questions was "why did her mother not take the drug that prevents mother/child transmission?"

As one of her tasks in counselling, the child was given a story of a lady who was living positively, in an effort to educate her on positive living. She related to some parts of the lady's story but she requested that she gets a story about someone who was born with HIV like her. The social worker and her Supervisor started researching where we could find such stories on the internet. The Manager found that by the year 2000 not all clinics in the Western Cape had started using PMTCT (prevention of mother to child transmission) drugs. Sheila was born in 1997 in rural Eastern Cape. This meant that her mother actually could not have been able to access the drug and she probably had no knowledge of it. This news was shared with the child who welcomed it with great relief and shared how important this information was for her. Now she could finally forgive her mother and let the anger she had festered for years go.

- She also started reading the stories of children born with HIV and her confidence grew by the realization that she was not the only one. She also realized that she is one of those who have stayed alive for years and could still stay alive longer. She had always thought since her mother died as she watched that she would not live long. This explained the lifestyle she had chosen to live.

- Currently she has begun to see the strengths she has and has said she wants to be an HIV counsellor one day. She is motivated to educate others about HIV so that others are not ignorant in case they make wrong choices like she did. She is now making plans to go back to school but she is also looking at opportunities to do a peer counselling course. She has been settled and has begun showing leadership qualities. She is now more hopeful than she has ever been. A change has been observed in her personality and she has been praised for her efforts by the whole team. She continues to receive support from Ons Plek staff.

This case history was written by social worker Getrude Gwenzi and edited a little bit by Pam Jackson.



## Are YOU a MEMBER of Ons Plek Projects?

## CURRENT MEMBERSHIP REGISTER:

In order for our membership to be accessible to everyone, we consider any donations in cash or kind from INDIVIDUALS in the course of the year as sufficient to cover our annual membership subscription. You may also become a member by paying a specific subscription of R5 per annum. If you have donated and your name is not listed below, please contact Sharon at Ons Plek immediately in connection with your membership before the AGM. You will also have the opportunity to sign up as a member at the **AGM** on **Thursday, 18 September 2014**.

## MEMBERS ON RECORD:

- A: Abduragmaan, Abekwe C, Abreu I, Achieng M, Ackerman Dr. A, Adam, Adams F, Adams Z, Adelah, Alexandra F, Allen C, Allen M, Allers C, Alor M, Amecke Dr. E, Andrea, Andrews L, Anique, Anyamene H, Aoms M, Arendze Mr & Mrs, Aunty Jess, Aunty Murall, Aunty Pat, Aunty Poppy, Aunty Thereza, Azari S.
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- Y: Yandem F (Cameroon).
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#### ■ Siviwe — Second Stage Residential Care Siviwe, meaning God has heard us, provides the 2nd phase of treatment. Once the girls have weaned themselves from street

life at Ons Plek, they leave to be accommodated at Siviwe for the next phase of treatment. Not all girls have been on the street. Some girls who are with us due to family circumstances which have put them in danger or if their behaviour is settled they too move to Siviwe as soon as possible. Separated from the girls at Ons Plek, who are still making the transition to a structured life, girls at the Siviwe shelter can focus more intensively on building their lives.

**Family Reunification Program** 

painstaking work to make a home placement possible.

24-hour Accessible Early Intervention Intake and

Stabilization Program. This is increasingly the

responsibility of the external social worker.

Family reunification is one of the core functions of the work

at Ons Plek. In some cases it requires months or even years of

The first stage of reunification begins with the process of weaning the child off the street. Girls are referred to Ons

Plek Intake Shelter within hours or a few days of arriving in the Cape Town CBD. Usually they are running away from

abuse or neglect at home. Most of the time they are running

around their own communities returning home every few

days. We are able to intervene before they become permanent

street children. A largely unknown fact is that many Child

and Youth Care Centres for street children also specialise

in intervention in preventing children from becoming street

children. These children spend nights out of their houses and days out of school. They are clearly mixing in the wrong

company, drinking, using drugs, sexually active in dangerous

ways, very often not only from neglectful parents but also

from very caring families. These children are candidates for street life. The girl's circumstances are assessed immediately

provided by our social work staff members.

Our statistics for this year are an interesting reflection of what is happening in society as well as how effective our treatment is.

Usually we have approximately 130 girls in care at Intake (Ons Plek) and Second Stage Shelter (Siviwe).

In 2013/2014 we had 59 children (although it seemed much more, each child with their own daily concerns and crises). Last year the children were far more difficult than usual, acting out increased when external social workers interferred with treatment allowing themselves to be swayed only by the childrens' version of events without listening to staff viewpoint of events. This year, as a result of very firm action on our part in terms of drawing up a detailed contract for treatment, the bad behaviour has been more manageable. The contract essentially limits the ability of the external social worker to undermine our treatment. We also spent considerable time clarifying our role with other service providers such as schools resulting in different intake procedure to meet new challenges. We helped a number of adults who were homeless with young children who had just been forced to leave abusive homes and needed a few nights shelter while we found facilities for them.

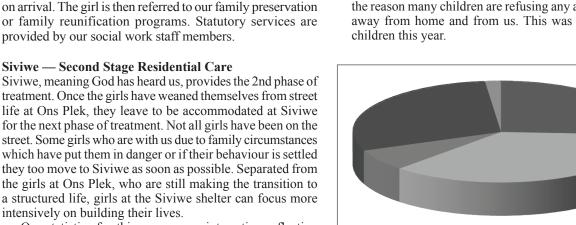
A Brief Description of

Ons Plek's Programs

A summary of the programs is presented for those not familiar with our work. More detailed information on these programs can be found in previous Annual Reports or on our website. Implementation of the programs is illustrated by a case in our Director's Report.

> It is our core aim to reunify children with their families. The number of children we were able to do this with this year increased from 8 to 21 which is due primarily to setting limits on how external social workers must work with us. Four children were transferred to other Child and Youth Care Centres. Seventeen children were in care with us at the year end. Of these, 8 are long term residents many of whom we ensure maintain family contact but due to family circumstances they are unlikely to ever return home. Fifteen children refused help, running away to family members. After considering the family situations they were left at home in their best interests. Due to renovations at Ons Plek we had to house both residences in one and therefore the total intake of children was slightly reduced.

> The use of drugs and an attitude of 'we have rights' without an understanding of responsibilities to balance this is the reason many children are refusing any authority, running away from home and from us. This was the case with 15



- 15 Refused help
- 21 Reunified home
- 4 Transferred to other care
- 17 In care as at 31 March 2014
- 1 Mother with 2 children on temporary emergancy basis

(follow pie chart clockwise from top right segment)

#### Reunification and Preservation Program

In both programs, family interviews are held as soon as possible to resolve the breakdown in the family if possible.

While the girls adjust to a structured environment, our Social Worker and Child Care staff members contact and interview families and investigate home circumstances before the child can live successfully with family. Those children whose families and/or themselves require intensive therapeutic interventions will be allocated to the Reunification Program. See the following programs which are part of the Reunification Program.

Children who have only been away from the family for a day or two weeks, would fall under the preservation program. If the family bonds are still sufficiently intact for the child to return home while the problems are worked on, it is called family preservation. Staff members hold family meetings and family building sessions with families. Our Ukondla Program focuses primarily on preservation (see below).

## ■ Home Visits — local and rural

Home visits are important in making family reunification possible. We have done very few long distance visits to the Eastern Cape again due to fewer Eastern Cape children this year.

#### Intervention Programs, Life Skills and Skills Training as related to Reunification

A healthy self image and feeling of belonging and mastery is crucial to the girls' willingness to engage in problem solving with their families and their communities.

If re-unification fails, the same process enables them to engage constructively in society.

A range of skills training and development programs are provided while the reunification process proceeds, however long that may take. Every activity we offer has a goal and purpose in the children's lives.

## Social and Practical Skills — Household Duties

On a daily basis the girls do individual cleaning duties as decided by the Childcare Worker. The girls are responsible for making their beds, cleaning the rooms and the house in general, school uniforms are washed, and ironed in the afternoon. The girls prepare a weekly shopping list and actively do the shopping as well as cooking the meals for the household.

## **Counselling Program**

- Trauma counselling
- Life Story sessions to root the child in her history
- **Family Therapy sessions**

## **Social Skills Program**

House Meetings

House meetings take place as determined by household needs. During meetings the girls learn to practice listening skills, respect each other's opinion and share ideas in an accepting and non-judgmental way.

## Church/Mosque/Youth Attendance

Most girls attend the local Methodist Church on Sundays where they interact with the community and experience a sense of inclusion and acceptance.

- Cultural and Traditional Activities
- Groups on Relationships, Friendships, Sexual

#### Relationships and Body Care

The purpose and content of the groups is to educate the girls on positive ways to deal with people in their lives and to gain self respect. Topics include body change and growth, good relationships/bad relationships, teen pregnancy, contraceptives and HIV/AIDS.

#### Preparation to Graduate

CV preparation, job interview, skills, budgetting. Our whole program is preparing children to graduate in that they learn everything they would learn at home re shopping, cooking etc which is very unusual for a Childrens' Home. Usually Homes have food delivered by truck, they have a cook and dishwasher. The children live in the equivalent of a hotel.

## **Education Program**

#### ■ Formal Attendance at Formal Schools

If the children can cope at school it greatly increases their chances of fitting in and being accepted by their family and their community. Girls attend formal and informal schools after attending our own bridging program 'Morning School' while their education abilities are assessed and they learn to re-adapt to routine and structure and gain confidence in their abilities.

School Assessment and Bridging Program for girls not yet ready to return to school.

The school runs from Mondays to Thursdays 09:30 to 12:00, with art and other creative programs on Fridays from 08:00 to 12:00. We had twenty-three girls in the Bridging Program.

## Homework Sessions

The girls at formal schools attend our home-work program every afternoon from Mondays to Thursdays. There were twenty-eight girls in school and 1 attending creche.

## Holiday Program

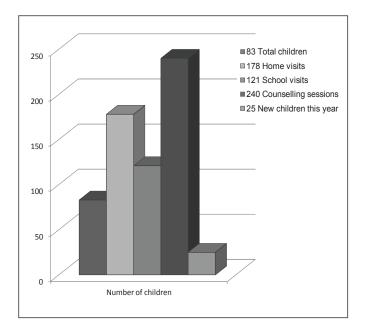
As with all other programs at Ons Plek, the Holiday Program's aim is to include preparing the girls for life in their homes and communities, and to give them opportunities for development — intellectually, socially and emotionally. The aim is never to lure them away from the streets with elaborate treats. This would be counter-productive, maintaining the pattern of alternating over-excitement and apathy which can trap children in street life.

Most vacation days at Ons Plek are spent at home — playing games, doing puzzles, playing "poppie huis", chatting, walking to the local park, and just being children. Education visits such as museum, art gallery, Jewish Museum.

## **Volunteer Program**

#### Recruitment, Orientation, Supervision

This year we continued to make intensive use of local and international volunteers (13) and student interns (5) who work part-time or full-time for Ons Plek for periods ranging between 3 and 10 months. They provided a range of activities, including computer skills training, reading, art, drama, education, leadership training, swimming and baking. As we had many girls in formal and informal school this year, the volunteers had to work hard at supporting the girls in these programs.



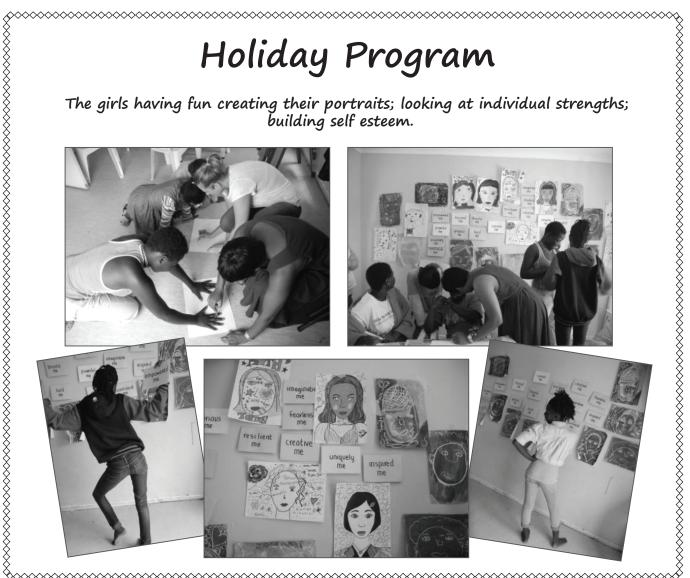
## **Prevention Project**

Ukondla Program in Philippi (Browns Farm) Community In addition to our overall strategy for dealing with girls vulnerable enough to dwell on the streets rather than in their homes, we are running 3 preventative programs in Philippi community to preserve families. As children drop out of school before they drop out of home, a homework support program coupled with counselling to parents and children, helps them stay in school.

At Ukondla 1, 2 and 3 a group of  $\pm 27$  children at each Ukondla attend homework support, enrichment programs and weekly counselling sessions. The program runs on Mondays to Fridays and is similar to the in-house support program at Ons Plek, except that the children live in their own homes. Staff members regularly visit all the children's family homes and their parents are now very supportive of the program.

The response to Ukondla's work from teachers, parents and children has been amazing. Teachers beg us to open a centre in their schools because Ukondla's children's school performance improves so markedly. The parents notice the change in their children's behaviour and several have changed their parenting techniques after discussions with our staff who are trained in parenting techniques. The children themselves are enthusiastic about the activities. Several reveal very traumatic stories in their counseling sessions and healing can begin to take place.

A partnership with Sizakuyenza has been fruitful where we have two venues on their property. We hope to build more Ukondla projects with them. \*



# Our Wish List ...

## FINANCIAL DONATIONS FOR:

- Transport costs for the girls for school.
- Transport costs for the girls for educational outings/camps.
- Medical expenses for the girls eq. eye tests.

## TOILETRIES:

Roll-on deodorant, body spray, body lotion, bath soap, toilet paper, Vaseline, hair straightener (must be mild), toothpaste, shoe polish (black), shoe brush, Nitagon lice shampoo (clinics no longer supply this), flannel nappies.

## UNDERWEAR (Brand New Please!):

Panties and bras for young girls aged 5-18 yrs, panties for teenagers, socks for winter.

## STATIONERY:

Photocopy paper (white), A4 coloured paper, Pritt Sticks (large), plastic sleeves, Flip Files, examination pads; A4 hard cover books, calculators (scientific).

## SCHOOL STATIONERY REQUIREMENTS:

Pritt (40gm), pencil cases, ballpoint pens (black, blue and red), homework diaries, Oxford dictionaries (English, Afrikaans and Xhosa).

## **OTHER REQUIREMENTS:**

DIGITAL CAMERA GLOBES (energy-saving) KIDDIES/TEEN DVDs POWERPOINT PROJECTOR - please contact us first regarding this item



## Keeping track of your donation

If you are depositing money straight into Ons Plek Project's bank account, please enter your surname AND initials, or your company's name, or Anonymous (if you prefer) in the REFERENCE BLOCKS on the DEPOSIT SLIP. This information then appears on the bank statement and identifies who we need to receipt and thank for the donation.

> OUR BANKING DETAILS: Bank: FIRST NATIONAL BANK

Account No: 620-529-16908 Branch: ADDERLEY STREET Branch Code: 201-409 In name of: ONS PLEK PROJECTS Swift Code: FIRNZAJJ

Monies being deposited from overseas (telegraphic transfer) must please reflect the swift code.

#### **PLEASE NOTE:**

First National Bank has advised that cheques will **not be accepted** if the full name i.e. **'Ons Plek** Projects' is not reflected on the cheque ... and we would be so sorry to have to return any cheques!

## Corporate Social Responsibility

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## Tax Deductible Benefits: We are registered as a Public Benefit

Organisation and thus all donations to us are tax deductible under Section 18A of the Income Tax Act.

## Pay less estate duty:

Being a Section 18A Tax Benefit company means that your family will save from payment of estate duties.

**ACKNOWLEDGEMENTS:** 

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Henk Blom (Zeplin Productions 082 667 1688), Kent Lingeveldt (Kent Lingeveldt Photography 072 982 1312) and Renée Rossouw for our Website and FaceBook page.

Salty Print (021 448-5620) for printing. Wendy Wilkinson (The Write Setting 021 850-0684) for typesetting our Newsletters and AGM Reports. 

Please cut along the dotted line and forward completed Nomination Form to Ons Plek Projects by 11th September 2014  $\mathbf{z}$ 

## NOMINATIONS FOR THE ONS PLEK PROJECTS' BOARD

hereby propose \_\_\_\_\_

for the Board of Ons Plek Projects for the \_\_\_\_\_\_ term of office.

Seconded by

Ι, .....

I, \_\_\_\_\_ hereby accept the above proposal.

Signed

Date