

Resource sheet 2: Models of child participation in community-based OVC care

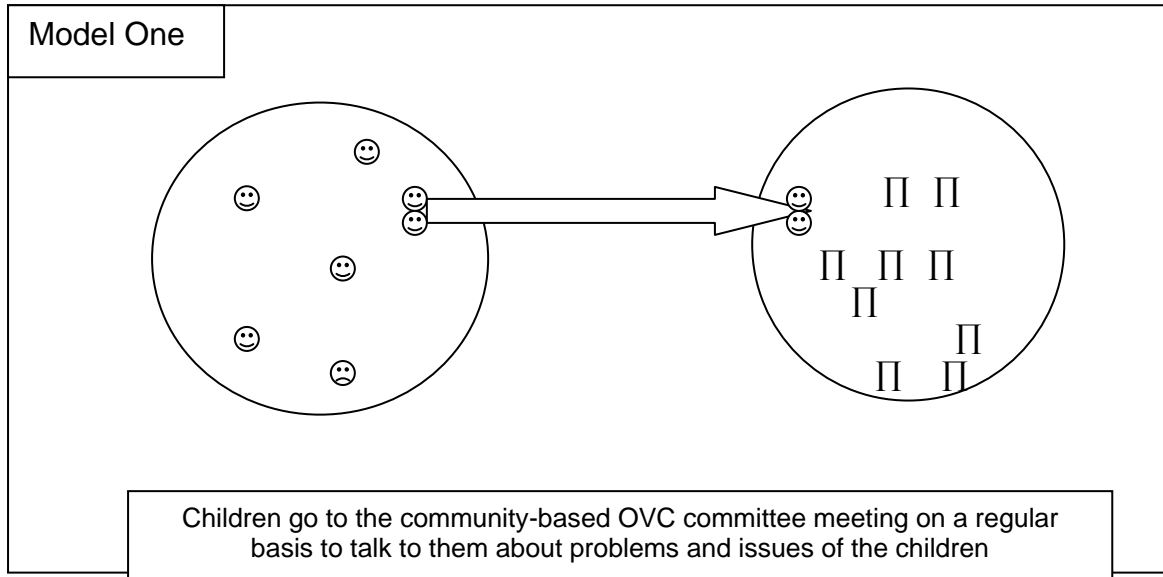
Possible models of communication between adult community-based child care groups and children's groups

The following three models are examples of how children could participate meaningfully in community-based OVC communities. The idea of the models is that they are interchangeable and their suitability may vary according to such variables as:

- relative support of chief
- gender balance
- experience facilitating groups of children
- venue
- availability of children's time and community-based OVC (adult) committee members' time
- regularity/frequency of formal 'meetings'
- ability of adult groups to get helpful and honest feedback from children within the adult OVC committee setting
- number of OVC identified (larger the group, the more 'representation' may be needed)
- existence of groups of children *already* (in the community) that contain members, who are orphaned or especially vulnerable

Anyone of these might influence the group's choice

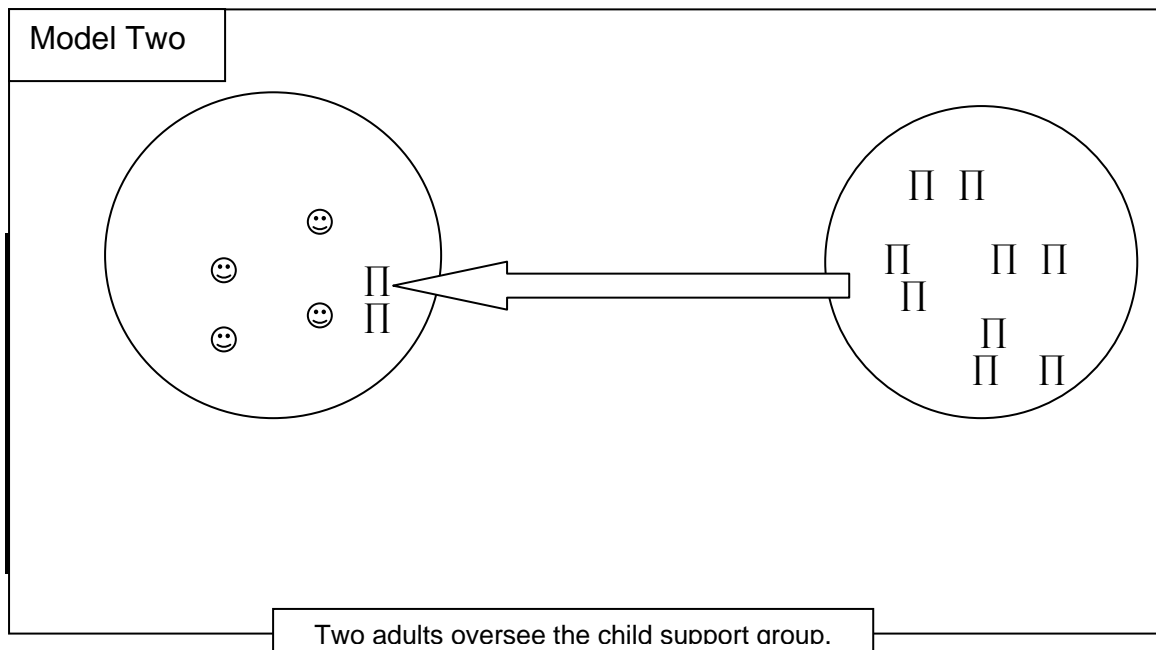
Π - Adult from Committee ☺ - Vulnerable Child



Model 1: Two children, a boy and a girl, represent a children’s group, to the community-based child care group, by attending a meeting of the committee.

Advantages: This is the least time consuming, as the children can be informed of a meeting and invited to come and present issues. It does not absolutely require children’s support groups to form in a formal way, with children instead feeding their messages to the adult community-based child care group via the two ‘representatives’. This also means that children could be ‘heard’ without having to overcome the problem of a venue in which to meet, which some groups voiced as a possible problem. Even whilst the children’s support group is still quite weakly formed, two of the stronger and more communicative members could begin to report issues to the community-based child care group.

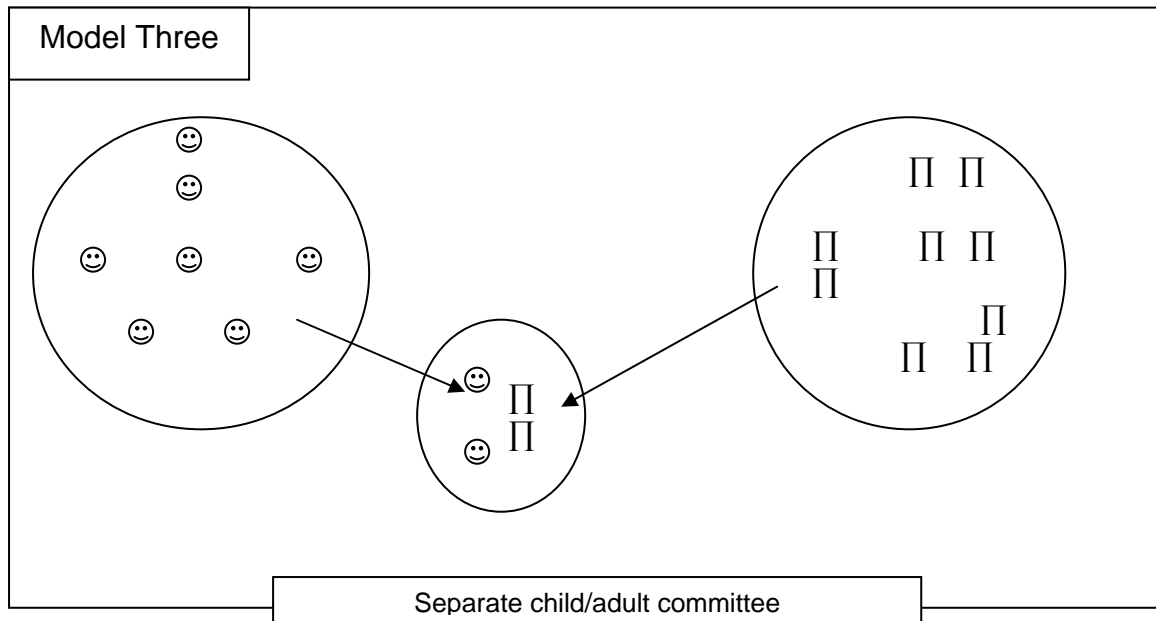
Needs: This model requires a good relationship with these children and an awareness of how to put children at ease, allow them to speak in an adult group and question them appropriately. It is likely that this will not work unless members of the adult group are both supportive of the children as co-contributors to community responses to OVC, and they are serious about responding to the requests and issues raised by children.



Model 2: Two of the members of the community-based child care group take part in the child support group and take back information from this.

Advantages: This will be less intimidating for children, who can be all listened to equally if the session is facilitated well and children are listened to using appropriate tools and, if necessary, in separate age groups (young children in different feedback groups to those of 15 year olds). Also the child support groups are likely to need some adult facilitation or at least presence/support in any case. These adults can therefore be both facilitating the children's group *and* taking the issues back to the adult group for response. As the children's group is strengthened and activities develop, adults who facilitate these groups can use activities and specific questioning to feed back to the adults how the children feel and what their needs are.

Needs: This model will need skilled group facilitation of children. It also relies on the mediation of children's issues (by two individual adults) to the rest of the adult group. It is possible that much weight is put on those two members to 'advocate' for the input of children. The two adults should therefore ideally be chosen by the children, or at least approved by them. The model will necessitate the formation of a group of children, (compare with Model 1 which actually could work without this: see above)

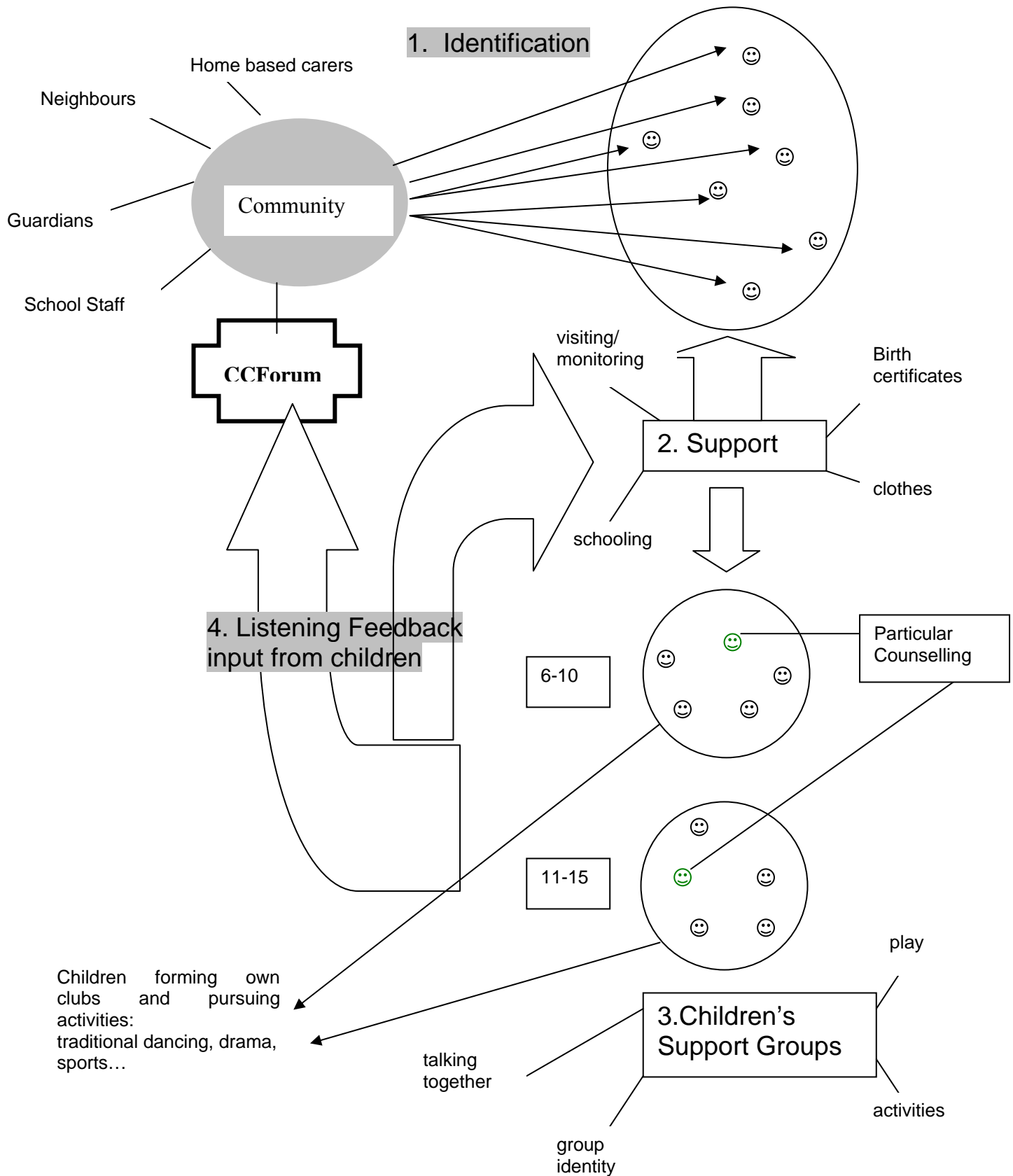


Model 3: Two adults and two children ‘represent’ the respective groups and meet as a separate ‘team’, committed to keeping communication going between the adults and children.

Advantages: This group could form a ‘core’, an identity of children and adults on an equal level, attempting to share in and support their respective roles (to relay information and issues/responses to each other). Two children and the adult facilitators could ‘stay behind’ after a meeting of the children’s group, to develop responses and strategies. Often, more practical responses can be planned in smaller groups. Model 3 may develop naturally from the children’s groups as some children are able to express the views of in a way that the facilitators feel could be developed in a smaller adult/child committee.

Needs: Commitment. If even one of the four is missing, the balance is affected considerably. Some participants at community level, when presented with this model, spoke of ‘rotating’ the members and ‘filling in’ if someone is not able to make this ‘committee’ meeting. In practice this might prove highly difficult to do, unless the forum and children’s groups are strong and have a tight community communication process.

Model of community support for OVC using Child Care Forums and Child Support Groups¹



¹ This model was explained by Jade Anderson, Heartbeat, South Africa