

## Community Support Workers



### **Brief description**

Community Support Workers (CSW) are a group of 15 community men and women who volunteered to be trained for 26 sessions (Tuesday and Thursday 18h00 – 20h30 for 3 months) to act as community role models and provide support and information within a resource poor community, Fairyland.

### **Background** (which led to the decision to implement this best practice)

- If family and community disintegration and chaos is rife within the resource poor areas in which we work, how is it possible that there are families who function well, are happy, healthy and successful? What resources or capabilities are present to live happily and productively in this environment? How do we find out, celebrate, learn and share these skills?
- Working with the children of a resource poor community we are confronted by extraordinary capabilities and resilience; a joyful approach to life in a seemingly disorganised and fragmented society.
- We believe that it is unethical to engage with the values, hopes and dreams of community children without consulting and engaging with the parents or primary caregivers of the children. Could we be doing harm if our approach and the approach within the home are mismatched?
- Being respectful of the different cultures with which we engage is fundamental to the provision of ethical care practices. A question was raised; have we engaged sufficiently in a non-expert manner with our communities to ensure respectful and appropriate care practices?
- Training the home based-caregivers 10 years ago made us aware that there are many people in our communities who do not have formal education but have extraordinary compassion and caring skills. Often our education has disqualified this inherent knowledge as not being professional or good enough.
- 'The need is too big and too complex to do alone'. For our own sustainability and for the sustainability of our programmes we need to work together with the community.
- Tiffany Burd, a Fulbright volunteer, with a master's degree in public health and social work was engaged to investigate the needs, capabilities and resources within the Fairyland community facilitate the development of appropriate programmes at our palliative community resource centres. This research involved many months of focus groups and individual interviews. On analysis of the results, the CSW programme was developed.

### **Purpose of the CSW programme is:**

- To engage with and learn from community leaders to ensure that our programmes and interventions are respectful and appropriate.

- To add to the skills and knowledge of the volunteers to act as healthy role models and guide community members and children to relevant resources.
- To generously listen and engage on a one-to-one basis with youth and adults to help create community action.
- To be the eyes and the ears of the community in order to ensure that abuse, malnutrition, teenage pregnancies and illnesses (cancer, HIV and chronic) receive the necessary interventions and to promote holistic health and wellness.
- To support community transformation through creating circles of care that will ripple out to include all within the community.
- To ensure sustainability and share responsibility to work towards a healthy progressive community

### **Challenges which emerged**

- Selection of the volunteers to be part of the programme was a challenge as many community members saw this as an employment opportunity and this opportunity was specifically for individuals that have shown a passion for creating positive change in their community, irrespective of money.
- One requirement of the programme was knowledge of English as one facilitator did not speak Afrikaans or isiXhosa. Even though all CSWs spoke English, there was a language barrier that arose throughout the programme. The education requirement for the programme was grade 10 completion but due to the nature of the topics, sessions were kept very practical and tried to never put any of the CSW in a compromising or embarrassing position.
- There were cultural barriers between the facilitators and the CSWs. This was overcome by opening up conversations around different cultural interpretations and understandings while taking on a non-expert position.
- There was a cultural barrier between participants- Black and Coloured. To see the problem as the problem and not the person as the problem and externalising the problem and unpacking the factors which impact on the problem, helped to identify commonalities and shared experiences.
- There were time constraints and time management challenges throughout the programme. We signed a contract and made a commitment to attend at least 80% of the sessions to qualify as a CSW. We were lenient with coming late as the weather, transport, home circumstances and work commitments often interfered, however within 15 min 95% of CSW had arrived.
- Financial and time constraints were managed through commitment and dedication as nobody was paid. The training was free but some remuneration will add to the quality of the service provision.
- Learning to be the non-expert when expert knowledge was shared and giving advice as a social practice was discouraged through an on-going process of reflecting and creating awareness of actions.
- The challenge of introducing the CSW to the community was met by developing a CSW community promotion plan and way for the CSW's to volunteer within the current DPH programmes- so they could smoothly develop relationships with DPH clients.

## **Method used**

- Promote programme to families of Butterfly House youth; presentations at local health clinic; and through flyers around Butterfly House
- Recruit community members on the basis of: previous volunteer experience, work experience, age, commitment to community change, walking proximity from home to Butterfly House, and educational background
- Interview each CSW
- Acknowledge the CSW as the community experts
- A workshop module was used (groups, interactive learning, media, role-play scenarios)
- The narrative story-telling and sharing approach
- The themes of ethics and justice and rights and responsibilities were threaded through the modules
- The language, examples used and roles of the CSWs were non-political and non-religious
- A transdisciplinary non-expert approach from the facilitators ensured that all opinions are valued and the CSW's are recognised as the experts of their own lives.
- The curriculum consisted of learning about how the body works, HIV, TB, Cancer, chronic illnesses, mental health and wellness, reproductive health and hygiene. We addressed civic and human rights and responsibilities, substance, physical, and emotional abuse and neglect. We explored how the DOH, DSD, Department of Education works, how you apply for work and get work. We thoroughly discussed and unpacked communication, healthy parenting, dealing with conflict, respectful questioning, cultural diversity, community transformation and spirituality.

## **The impact made by the best practice**

- DPH learned from the process. We are better carers in our community, we better understand the challenges and we have a team from which we can draw insights for complex issues or challenges.
- We have moved from doing care 'for' our patients and the community to doing care 'with'; we are sharing responsibility.
- 15 community members have gained new friendships across race barriers and experience themselves as being part of change and transformation.
- The CSW have gained knowledge and power that have added to their sense of self-confidence and self-worth. They wear their new titles with pride.
- The resource centres have trained volunteers to call upon to assist with the programmes.
- Community role models have been identified and acknowledged, making the circle of care bigger.

- The CSW's are leading and organising their own monthly workshops for community members to address topics like gender fairness, abuse, cultural diversity and healthy parenting.
- DPH has partnered with a group of community members who will act as community consultants to ensure the sustainability of the organisation as our service provision has a better chance of being appropriate.

### **The way forward**

- Integrate the CSW into the programmes at the resource centres and start a CSW clinic that will be supervised by a professional staff member.
- Source funding to pay the CSW's a stipend, to pay the professional supervisor and to run future workshops.
- To share the process with others as we believe this programme will benefit our work and support sustainable community transformation and hopeful futures for our children.

### **Conclusion**

Our motto for this programme is: *'Help us, to help you, to help others'*. The skills, the resources, the passion and the commitment to improving our communities is available for us to engage. This programme has given impetus and the structure to work together to achieve a healthy, happy, hopeful future for all within a resource poor environment. Desmond Tutu said; 'To be, is to participate'. This is a wonderful opportunity to 'live' and learn, making the positive development and transformation circle bigger.