**CBD MEETING MINUTES**

 **14TH August 2018**

**CCID TULBAGH SQUARE**

**9:30-12:00**

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**PRESENT:** Pat Eddy (CCID), Andrea Castle (DSD CT Office), Alfred De Vries (DSD CT Office), Eudehard October (DSD Metro North), Julia Boehle (Greenpoint resident – Trauma, Detox, Addiction Therapist), Colleen Brookes-Gain (WCSCF) and Janice King (WCSCF)

**APOLOGIES**: Lizaan (SFB Ratepayers)

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1. **WELCOME and INTRODUCTIONS:** Janicewelcomed everyone and introductions went around the room with a brief description of each organization present.
2. **HISTORY OF “THIS FORUM”**
* Previously known as ‘*Cape Town Hardened Street Children’s Forum’* and was operational from 2014-2015 and ‘*Camps Bay Street Children’s Forum’* from 2015-2016.
* When the **SOP** was implemented in 2015, WCSCF took a step back to monitor how the SOP would affect the children ‘on the list’ and the whole situation.
* There were 33 children removed from the street in the first year via the SOP.
* Then, 23 additional children in the second year, totaling 56.
* In 2015, we asked the HOD for a **dedicated, designated Swk/Aux SWK team** who would work with a child/family from start (street) to finish (adult) to prohibit one child having numerous social workers. We were given Andrea and Theo in June 2015 and assured that their caseload would be reduced shortly. But sadly they were not dedicated to the SC solely and had/have a caseload of over 200, of many different types of cases. Not Dedicated. The situation was the same for Metro South Team. This situation remains the same to date.
* The idea to allow street children to be sent to Lindelani was good until it (and all the other CYCC’s) filled up.
* With all the **WC CYCC Facilities** being full (with a waiting list of often up to 200 children), the SOP is effectively rendered null and void.
* **We need to know the current whereabouts and situations of these children.**
1. **CURRENT SITUATION WITH CHILDREN ON THE LIST & ON THE STREET.**

A discussion ensued regarding the long monitored list of children. We started going through the list, but with Headman and Mark not present, it was difficult to get up to date information on many of them. It was rather a distressing conversation, as many situations were ‘unknown’. Janice was tasked with following up the list before the next meeting.

* **Andrea**: There are 25 missing children who have not been in the system - that’s excluding any new children. They are seen in town in Kloof Street.
* **Pat**: There are less children in the CBD at present, but more in Long and Kloof Street. As before, the children in the CBD are coming from Valhalla and Kalksteenfontein. The Greenpoint children are coming in from Wallacedene and Kraaifontein, being brought in with a bakkie or traveling in groups on the train. Children are supposed to be in school up till age 15, but many are running loose and it seems that schools are not reporting this.
* **Andrea**: children dropping out, are usually 2nd and 3rd generation, with street life deeply imbedded.
1. **CURRENT SITUATION AT DSD CTLO.** A discussion ensued regarding the current situation at the CTLO (ie which programs the Office is currently running and how the handover of Fostercare, etc is going).

The original plan communicated was that the Fostercare Programme would be passed over to ACVV in order to free up the CTLO to focus more on the Street Children Programme. But what is now occurring, is that the office will also have to INCREASE their FOCUS to other programmes that they already have. There are 8 formal programs held by the office. The table below shows them, as well as the increased focus now expected:

|  |  |  |
| --- | --- | --- |
| Programme | Increased Focus |  |
| 1. Social Crime Prevention & Probation services – Children in conflict with the Law, Victim Support.
 |  | Warren |
| 1. Elderly / Older persons
 | Increased Focus |  |
| 1. Substances & Addiction
 | Increased Focus |  |
| 1. Children and Family / Child Protection / Street Children
 | Increased Focus | Andrea and Theo |
| 1. Disabilities
 | Increased Focus |  |
| 1. Sustainable Livelihood (Community Development)
 |  |  |
| 1. Social Relief (undue Hardships)
 |  |  |
| 1. Abuse of children in ECD’s
 | Increased Focus |  |

**Alfred**: The handover of files is taking much longer than anticipated, so at present the Social Workers are under even more pressure than before. We are hoping that by the end of August, the handover of CBD Child Protection cases to ACVV should be complete and the DSD CTLO will know what is happening. There are still 2 processes running.

* Child Protection CBD cases – being handed over to ACVV CT
* Child Protection Kensington/Factreton cases – being handed over to ACVV Peninsula
* Fostercare and Registration of ECDs has been transferred elsewhere
* ACVV previously only worked with children up till the age of 12 but have been asked to raise it to 18yrs.
* ACVV not wanting to take on After Hours however

After the handover, the intention was that the Social Workers would be freed up and that FOUR people (two more than currently) would be allocated to the Street Children program. But with the increased focus, they are not sure how they will manage to do this.

Also, Andrea will be going on maternity leave soon and at present there is nobody to fill her place. Aaisha is keen to be a part of that team, but it will depend on other focus areas. Current practice is that Andrea’s workload would get divided amongst the other Social Workers, but there are currently 4 Social Workers from CTLO on Maternity Leave at the moment, so the situation is extremely difficult.

|  |  |
| --- | --- |
| Supervisor: Alfred | Supervisor: Rose |
| - Andrea & Theo (SAW) | Street Children | Shenay | Statutory |
| - Letitia Uys | Sex Offenders & Older Persons | Pamela | Intake & Statutory |
| - Melinda, Warren, Wailhida (SAW) | Probation | Yolande | Office |

|  |
| --- |
| On Maternity Leave |
| Portia |
| Asanda |
| Jodi |

**Janice**: When teachers at schools go on leave or maternity leave, a substitute is appointed to take their place. How can this not be happening at a DSD office? With social workers already having excessive caseloads, this situation makes the job even more impossible.

**Alfred/Eude**: There is no budget to hire additional staff.

**Julia**: Would it be possible to identify and outsource back office work to NGO’s and have them sign a confidentiality agreement. Present to the HOD wrt whats really happening.

**Eude**: Outsourcing to NGO’s unfortunately can’t be done as we are guided by ethics as the information in the files are sensitive. We can however take on retired SWorkers but they will expect to be remunerated and we don’t have the funds. Our HOD says that we have to wait until 2019-2020 to look at outsourcing. DSD is still identifying people that are needed.

**Pat**: CCID supports DSD all the way **but what can be done In a Proactive Way?**

**Janice**: Yes. Can we get creative about connecting Funders to the Issue. Tenderton is sitting empty but (may) still have staff. How can Business get on board with DSD to get this facility up and running or to support other facilities? Or can another NGO be equipped to run Tenderton? We just cannot continue to say ‘we don’t have funds’. We need to take a solutions-based approach to this - There must be a way to connect the money out there, with the needs in the children’s sector….?

**Julia**: Maybe someone can take fund raising out of SA? The exchange rate will be enormous. Maybe a local Big BROTHER programme (working well in the USA)?

**Janice**: Does DSD connect the children to mentor groups like LifeExchange etc?

**Andrea**: Unfortunately not – but it would be a brilliant idea.

**Julia**: It is pivotal that a mentor volunteer must connect with the street children as early as possible.

**Andrea**: the biggest challenge is the amount of substance abuse…

**Alfred** said: “Well, we manage to get the job done.”

Although the positivity and optimism in Alfred’s statement is commendable, **Janice** requested that he please stop claiming this as true, as, going by the previous discussion around the missing and unknown SOP children, the office is clearly NOT managing to get the job done – partly because it is impossible to accomplish effective service delivery with (i) such a shortage of social workers and (ii) current with the impossibly high caseloads.

He did acknowledge this.

**Andrea: “I can only honestly claim that in the last 3 years, I have only had 3 children that are ‘success stories’”.**

**It was recommended that everyone waits until the end of August when the handover from DSD to ACVV has been completed.**

1. **THE WAY FORWARD (till next meeting) – ACTION !**
* **Janice** – Approach the HOD with a request for an Evaluation of the 2015 SOP Pilot Project.

Gaps and blockages can be highlighted and options can be looked at. Stats are available. We show how under pressure our SWorkers really are.

* **Alfred and Eude**

Once the handover is complete, to **ANALYSE** the CTLO under (i) the remaining Basket of Services, (ii) the Staff structure (iii) allocation of programmes and the caseload per Social Worker.

Then, request a meeting with HOD, Charles Jordan, Dr Corrie, Director of Finance to look at options to improve the situation to make it actually workable.

* **Janice** – Work on updating the List of children by the next meeting.
* **Janice** – approach Comm Chest to see if they would be able to finance a CYCC for the next phase after Lindelani, perhaps at Tenterton or another Matrix Substance Abuse Facility at Faure Kuilsriver.
* **Andrea** – consider making contact with some Mentor NGO’s (such as SAYes, Mamelani, LifeXchange, Lorato, etc)
* **Julia** – consider possible Partnerships / Stakeholders / Businesses who may be keen to get on board.

All think about ways in which we can be creative around what dept. can and cannot pay / accept payment from other sources. CCID willing to fund and advertise.

1. **Agenda for next meeting**
* Safety of Fieldworkers
* How can we use SAPS better
* Funding Partnerships
1. **Next meeting**: (2nd October 2018) changed to Tuesday, 13th November 2018

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