AOSIS

'Sinawe' [we are with you]: Local churches as change agents in the lives of traumatised youth

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The church has a key role to play in addressing the chronic levels of grief and trauma experienced by the youth in South Africa. It has a biblical mandate to bring hope and healing and has a unique station within South African society that positions it to bring about real transformation. '*Sinawe*' (Zulu for [we are with you]) is a programme developed by Scripture Union South Africa to equip local churches as change agents through a relational youth ministry model that engages trauma, grief and holistic needs, both physically and spiritually. This is an important first step for churches wanting to reach and minister to young people.

The South African church has an important and legitimate role to play in the lives of young people. Research indicates that although the church is considered by local residents as an important community resource, it remains ineffectual in intentional community-based youth ministry that leverages significant opportunity. This research identifies the church as an important community change agent and encourages church leaders to step into the open gap to reach local young people while providing the methodology with which to do so. This research paper examines the current South African social context, outlines a theological mandate for church involvement and presents a methodology for a supportive and effective approach to community engagement in the lives of young people led by local churches.

Interdisciplinary: The article is relevant to the following disciplines within theology; missiology, family and youth ministry and pastoral care. It also has interfaces with education and sociology.

Keywords: change agent; local church; relational; family and youth ministry; South Africa; mission.

Introduction

In 1998, the African National Congress (ANC) quoted the former president Nelson Mandela in its *Statement on the Moral Renewal of the Nation*: 'In striving for political and economic development, the ANC recognises that social transformation cannot be separated from spiritual transformation'[1] (1998:1). As the South African church is beginning to slowly emerge from the shadows of the devastation brought about through the impact of COVID-19 upon society, it is important to recognise its current context in relation to its understood missional role in society. If there is the need for both social transformation and spiritual transformation to be held together as was recognised by Mandela, what is the role of the church in bridging the two?

David Bosch (2011:8) would likely urge the church to consider this the opportunity to rethink a new strategy. 'The harsh realities of today compel us to reconceive and reformulate the church's mission, to do this boldly and imaginatively, yet also in continuity with the best of what mission has been in the past decades and centuries.' Bosch (2011) would also agree with former president Mandela's assertion:

> People live in a series of integrated relationships; it is therefore indicative of a false anthropology and sociology to divorce the spiritual or the personal sphere from the material and the social. (p. 10)

If the material and spiritual must be held together for proper development, is there a way to marshal the significant resources of the church into the development gap that exists in the lives of

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1. The SA government went a step further after consultation with religious leaders in 1999–2000 by initiating the Moral Regeneration Movement, whose mission is to 'facilitate, encourage and co-ordinate the programme of every sector in society in working towards restoring the moral fibre' (Moral Regeneration 2003:1,2).

young[2] South Africans, especially those that are highly vulnerable? If so, what is the way for the church to make a holistic impact in line with both social and spiritual transformation?

Any holistic response by the church is properly determined to be mission. Heinrich Kastings (from Bosch 2011:15) reflecting on the early church community, writes: 'Mission was, in the early stages, more than a mere function; it was a fundamental expression of the life of the church.' The New Testament writers were not scholars with the leisure to research and reflect, but rather they were in the midst of an emergency situation leading a rapidly growing faith community immersed in mission. Theology developed from mission encounters and experience. God's Spirit was on the move in and through the early church, bringing transformation as the faith community was exponentially expanding. It was always meant to be this way.

But mission requires strategic focus and perhaps one of the most strategic groups for the South African church to engage is the youth. Certainly, the youth are in dire straits. According to the South African Depression and Anxiety Group, South Africa's children are traumatised: apart from the country's high crime and violence rates, children have witnessed the trauma and loss brought about because of the impact of the COVID-19 pandemic, the consequences of parents' unemployment, the fallout of the recent looting and insurrection and uncertainty about their schooling future.[3] While children may have a range of coping mechanisms to deal with these stressors, aspects of their bodies, minds and brains are not fully developed, meaning that they are often particularly vulnerable to the impact of trauma (Kaminer & Eagle 2010:122).

This article will discuss the current research indicating chronic levels of grief and trauma experienced in the lives of South African young people and the opportunity for local churches to play a role in trauma-informed ministry to young people through partnership with the *Sinawe* [we are with you] programme of Scripture Union South Africa.

Context of South African children

It is difficult to establish the percentage of children that are exposed to traumatic events or how many of those that are exposed suffer lingering consequences, given some of the problems in assessing exposure and levels of distress across situations and communities. Trauma exposure is unlikely to come to the attention of outside authorities unless parents or caregivers report such exposure on behalf of the child. This is a significant barrier to gathering information, but the more violent and conflicted any society, the more those children

will be exposed to extraordinary life stressors. Given the history of strife in South Africa and the elevated crime and accident levels throughout the country (cf. Knoetze 2014), it is anticipated that trauma exposure levels for South African children are high (Kaminer & Eagle 2010:123).

This was confirmed in several studies of school-age youth in South Africa indicating that exposure to what might generally be considered an extraordinary traumatising event is normative in certain contexts (Knoetze 2015a:2). In a study comparing levels of exposure to traumatic events among South African and Kenyan youth, it was found that 80% of these adolescents had been exposed to severe trauma at some point in their lives, either as direct victims or as witnesses (Seedat et al. 2004:169). A South African study conducted in Cape Town found that 57 of the 60 children assessed (30 school children from a violent area and 30 children from a children's home in Khayelitsha) had witnessed violence and 34 had experienced violence themselves (Ensink et al., 1997:1526). Another survey of 185 youth at five township schools in Cape Town also found an extremely high rate of exposure to violence: 73% had witnessed someone being beaten up, 57% had seen someone being attacked with a sharp weapon, 45% had witnessed someone being threatened with a gun and 35% had witnessed someone being killed in their neighbourhood (Shields et al., 2008:589–601). Trauma exposure levels are even high in private school learners: in a Cape Town survey of youth at private schools, 30% reported that they had been violently assaulted by a stranger and 48% reported an assault by someone known to them (Ward et al., 2001:297–301). One further Cape Town study conducted in a 'high violence' area of the city found that among the grade 6 children assessed across five schools, well over half (68.44%) reported exposure to violence either as victim and/or as witness (Ward et al., 2007:165–187).

What these studies collectively suggest is that by adolescence more than half the population of children in South Africa have likely been exposed to a traumatic event either as a witness or direct victim. Trauma, by definition, is unbearable and intolerable. In South Africa, several studies have documented levels of distress in traumatised children with many children continuing to live in conditions of both domestic and community violence, likely without support or care (Kaminer & Eagle 2010:126). These conditions include 'exposure to criminal and family violence, injury in motor vehicle accidents, high levels of sexual abuse and child rape, and the impact of AIDS' (Emmet 2003:4–18). These conditions are features of South African society and create particularly intense patterns of traumatisation and vulnerability.

Some additional observations would be helpful here. Firstly, across a range of research studies, it appears that female youth, like their adult counterparts, appear to be generally more vulnerable to the development of traumatic stress symptoms with younger children more at risk (Qouta, Punamaki & El Sarraj 2003:265–72). Secondly, it is difficult to assess the impact of the traumatic events on young children because of their limited verbal and reading ability, meaning

2. In this article, different terms will be used to describe the young people in South Africa. Within the context of this papers focussing on youth that are intending or are supposed to attend school. The following terms refer to the following ages: Children refer to the age group from birth to finishing primary school around 12 years of age. Youth refers to secondary school learners around 18 years of age, but it might run up to 21 years of age.

3. Viewed 08 May 2022, from https://longevitylive.com/featured/mental-health-disorders-rising-in-south-african-children/.

that researchers are generally prone to rely on the observations and reports of caregivers and others in such cases. And thirdly, it is important to note that children can be exposed to both acute and chronic traumatic stressors that may produce different ongoing responses.

In addition to the kinds of traumatic incidents associated with sudden, unexpected or catastrophic events, youth are also exposed to other chronic, more destructive forces that significantly impact their lives, which include physical and sexual abuse by parents, family members, family associates, teachers, caregivers or acquaintances. Such abuse is often ongoing or involves multiple exposures, meaning that the same traumatising experiences contain a repetitive pattern, likely evoking different kinds of responses and symptoms from once-off trauma (Kaminer & Eagle 2010:128). Symptoms found in youth following such types of intense trauma include dysregulation, somatisation, loss of beliefs, dissociation, self-destructive behaviours, loss of faith in authority or adults and unrelenting hopelessness (Nader 1997:306). These symptoms parallel the kinds of conditions described as complex post-traumatic stress disorder (PTSD) in adults.

Impact of the context

Lenore Terr (1991:10–20) wrote an important paper in 1991 describing what was a sensitive and quite comprehensive discussion of the impact of trauma on children, grounded both on her research and extensive clinical practice. She proposes a classification of trauma into Type I disorders (single-blow traumas) and Type II disorders (multiple or long-standing trauma) that need to be understood differently. For example, being bitten by a dog might evoke a Type I disorder but being sexually abused over several years would be more likely to result in a Type II disorder. Type I conditions can have a significant impact but are less complex than Type II that often take place,

[W]ithin some kind of system (such as the family) that then ideally needs to be understood and treated as a whole […] and may require structural interventions such as the calling in of welfare, policing and legal services. (Kaminer & Eagle 2010:129)

Terr argues that for children in Type II disorders suffering from prolonged and repetitive trauma, in addition to dealing with the torment of every trauma experience, it is the 'anticipation of injury and traumatisation (the anticipatory anxiety) that has to be managed.' The child copes using:

[N]umbing and detachment, the use of cutting off defences that allow the child not to feel too intensely and to become almost immune to a pain they cannot escape. In order to survive in an environment in which they are often dependent on their abusers for material and psychological care, children may need to be able to split off the bad experiences from good ones and may be able to hold quite contradictory positions and ways of relation to the world […] thus lay(ing) down the tracks for the development of a particular kind of personality style or type. (Kaminer & Eagle 2010:130)

Engaging the trauma

Intervention or follow-up treatment is critical. Without these engagements (or even with them in some cases), youth suffering from traumatic events may go on to develop adult personality disorders that can have a significant impact upon their ability to function and manage relationships going forward, both within their families and in society (Tyrka et al. 2009:Intro).

There are crucial aspects to all treatments of traumatic stress, and Judith Herman (in Kaminer & Eagle 2010:81) suggests three: Firstly, it is necessary to establish a sense of safety for the individual; secondly, it is important to process or integrate the trauma in some way and thirdly, it is important for some kind of re-engagement with the larger community to be facilitated. She maintains that if the first of these elements is not in place, it is nearly impossible for the other aspects of trauma work to be initiated and to be successful. This makes sense. A person who feels unsafe is unlikely to be able to engage in a therapy programme that involves processing traumatic material. In fact, it is irresponsible to add to current anxiety and to possibly impair the psychological defences that a person has in place by doing so outside of a position of safety. It is important to assume that a client's safety has been secured prior to other aspects of intervention. Relational safety is an important element of this process.

Youth and trauma

The prevalence of trauma in South African youth, whether acute or ongoing, should be a significant source of concern for those interested in ministry to young people. Although the setting is local to a South African context, it is hoped that this research could have broader applications.[4] It is important to recognise that family or caregiving relationships do not 'exist in isolation and that community and societal stability, cohesion, values resources and social capital also play an important role in childhood trauma' (Kaminer & Eagle 2010:136). It is important to understand the context regarding both group and individual disruption, meaning that community upheaval such as what takes place during both national and international conflicts and wars places children at risk for victimisation and traumatisation while compromising possible recovery.

One other significant community-level trauma related more closely to South Africa is loss of parents, which led to fatherless families or child-headed households. While the death or absence of a parent might not always be a traumatic stressor for adults, for children such a loss would be considered traumatic. A central concern arising out of a study by Cluver and Gardner (2006:8) regarding AIDS orphans is that 'levels of traumatic stress were very high.' Although careful not to overgeneralise their findings, they nevertheless conclude that the findings for these children

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4.Any research from within a practical theology framework must begin in a local setting or context prior to having a broader scope or application (Müller 2004:304).

show, 'strikingly high PTSD-type symptoms … indicat(ing) that this should be a key area for research and intervention' (Cluver & Gardiner 2006:8). Reasons for these high levels of trauma relate to the disease itself: 'many children witness the slow, painful death of a parent in degrading circumstances […]' often exacerbated by the […]

[I]ntermittent nature of the disease, stigma and secrecy around the death, the move into foster care, into a child-headed household, or onto the streets, (which) could all contribute to trauma for children. (Cluver & Gardiner 2006:13)

Interestingly, a recent study of AIDS-orphaned children in South Africa found strong evidence that perceived social support played an ameliorating role regarding the rates of traumatic stress symptoms observed in a group of 425 children (Cluver, Fincham & Seedat 2009). Although the study reinforced the fact that the impact of becoming orphaned because of the AIDS-related death of a parent or parents is complex and multi-dimensional, ongoing social support appears to play a positive role in preventing the development of traumatic stress conditions, suggesting that 'the lack of stigmatisation and the active involvement of others in one's future survival may make a difference to vulnerable children' (Kaminer & Eagle 2010:139). This is an important finding that supports active church engagement with these young people (cf. Knoetze 2015b). There is no magic formula that solves traumatic stress (among children and youth) but having a basic understanding of the impact of trauma at both individual and systemic levels is useful in crafting a response to trauma that may involve many kinds of interventions that can be used in complimentary ways. Churches serve as community change agents that become critical hubs for engaging trauma in families and in the lives of young people.

Neuroscience teaches that stress and trauma inhibit 'children and adults access to the parts of their brains which enable them to process higher order thinking, logic, analysis, judgement, creative problem-solving, and other key executive functions' (Van der Kolk 2014:3). Without addressing stress and trauma first, children cannot use these executive functions to learn 'Children with histories of violence exposure are often referred for mental health services at an early age and frequently develop emotional, and behavioural disorders' (Perkins & Graham-Bermann 2012:Intro).

An intervention model: *Sinawe* ['we are with you']

Scripture Union South Africa (SUSA) has been active in South African communities for nearly 100 years, with the vision of 'leading young people to know and walk with God.'[5] This vision is implemented through leadership camps, school-based life skills training, holiday clubs, sporting activities and faith-based initiatives throughout the

country. Many of these activities were pivotal in forming relationships across racial divides when it was illegal in South Africa to do so, thereby giving SUSA a unique opportunity to maintain an ongoing presence in schools and communities around the country. The *Sinawe* programme grew out of a desire by SUSA staff to engage more effectively with the rising levels of trauma experienced by the youth across the country, targeting the main stakeholders who have access to young people.

The community's main stakeholders in relation to children are identified as schools and churches for obvious reasons. Schools and churches are fundamental agents necessary for engaging trauma and building social cohesion, particularly for young people. Although other structures may play key roles, schools and churches are a critical focus as community change agents for the following reasons:

Schools

The youth are a key component of schools. However, there are concerns about large groups of 'socially excluded' youth who will likely remain:

[U]nemployed, with poor educational outcomes and low skills levels, possibly engaged in substance abuse or gang-related activities and living in informal settlements and 'trapped' on the outskirts of the country's cities. (De Lannoy et al., 2018)

These young people are perceived as the main perpetrators of violence that creates trauma and should be engaged to address what will be potentially violent behaviour before they leave school (USAID 2018:2).

They must be engaged in actions of hope to recognise that things can change without violence. In predominantly black and coloured[6] communities, there was reference to peers who had given up wishing for a better life and who were now 'just waiting' to see change happen.[7] For young men, violence is a viable way forward without other options. Research on the Youth Explorer[8] indicates that between 2010 and 2013, the top cause of death among male youth (aged 15–24) in the Western Cape was interpersonal violence (52%), which brings trauma to youth and families.

Then the trauma experienced by young people and families during the COVID-19 pandemic goes beyond just the loss in 'learning time'. Schools are often the primary source of structure and socialisation for children who have rich social lives, often experienced almost exclusively in school and through extra-curricular activities. In many cases, schools in South Africa are also the primary providers of essential resources and safe-guarding programmes such as the School Nutrition Programme, immunisations, mental-health care

through social workers and rigorous physical activity needed for healthy development. Additionally, the economic devastation brought about through massive job losses and the inability for many to work during the pandemic was significant, meaning that there has been hunger and scarcity at unprecedented levels. This has led to increased levels of anxiety, depression and a real sense of hopelessness among the youth.

Providing carefully structured trauma support for young people is a key component in this proposed activity. There is a well-informed rationale for implementing a trauma-informed school strategy that is more urgent now than ever before. While schools are not mental health facilities, they play an important role in the development of the child and the teacher. Schools are a microcosm of the community in which they are situated. The violence that exists in communities often will spill into schools and affect both learners and teachers alike.

The education system is part of the process that perpetuates intergenerational trauma by its failure to effectively address the inequities in education that remain. Efforts to address the learning, behavioural and disciplinary problems in schools have embraced traditional interventions and strategies, such as feeding schemes and extra classes that have proved minimally successful. These interventions tend to focus on the symptoms of traumatic stress, for example, behaviour management, as opposed to the root cause, which is generational and continuous trauma itself.

Churches

The church is a critical partner to engage in any community work, particularly within the South African context. An overview of the statistics in the General Household Survey (2013) concludes at least three things that would make church support and participation a core consideration in nearly any community-based intervention.

- South Africa is a deeply religious nation with almost 85% of the population self-identifying as members of the Christian faith (General Household Survey 2013).
- South Africans place a great deal of trust and confidence in their religious convictions, religious leaders and faith communities, as these remain the most trusted personal and social institutions in South Africa at present (Kotzé & Garcia-Rivero 2017).
- The church transcends race, gender and class. The church can bring people together across these divides and across the spatial divides in South African society.

The church is clearly a significant social institution in South African communities and garners a great deal of respect (Black 2010).

Studies confirm that the church can,

Mobilise far more people than any other social movement and reach all sectors of society, is better positioned than the state to address issues of moral decay, has greater level of trust than any

other institution in society and contributes more than the state to social welfare. (see Krige in Bowers-Du Toit 2012:9)

The argument for churches as key role players for community engagement is well documented: 'churches and other faith-based organisations should be regarded as most strategic in contributing to the challenge of moral regeneration and reaching the South African population at large Swart (2005). No other social institution can claim to command the same level of public trust as the Christian churches', which is a statistic highlighted by the Human Sciences Research Council of South Africa (HSRC 2000).

The trauma felt through the impact of the COVID-19 global pandemic and associated lockdown measures on children and young people will vary depending on family, community circumstances and government safeguards for children's mental and physical well-being. It has become an additional trauma that adds to the unresolved trauma that exists as part of South African society.

Defining the approach
Trauma-informed

A trauma-informed approach is a framework for providing services that could be integrated into the everyday attitudes and practices of the schools, ultimately embedding the principles of a *Sinawe*-informed approach into the culture of the school. Resilience can only be enhanced by acknowledging and prioritising the psychosocial needs of a human being. Trauma-informed practice allows people to build an individual and collective resilience and enables them to respond to crises in a thoughtful, collaborative and creative way.

Scripture Union South Africa has developed a two-pronged approach at engaging this entrenched trauma that tries to address the root of the trauma while providing the support for young people and families to move forward. Firstly, they developed a trauma-informed approach within selected schools in each target community. Secondly, they identify and equip a *Sinawe* [we are with you] School's Worker for each school community.

A context characterised by violence challenges and negatively affects identity and connection while exacerbating existing places of disconnection. The trauma that can result from exposure to ongoing violence impacts the capacity to engage emotionally and to trust others, raising feelings of powerlessness, insignificance, and shame. This in turn can result in several responses, one of which is violence itself. Cycles of violence have been perpetuated over generations and a consequence of this continuous and generational trauma is intrapersonal, interpersonal and societal disconnection, which in turn has the effect of perpetuating violence, particularly in marginalised communities where oppression persists. Creating spaces where connection can facilitate healing can break this cycle.

The impact on brain development by trauma and violence can have major implications for teaching techniques, values

within the school culture and school policies. Becoming trauma-informed does require a commitment from the school management, staff and learners to implement training and mentoring processes that transform the culture of classrooms and schools.

Some of the topics that are addressed in training school workers are as follows: understanding trauma (neuropsychological to systemic), intergenerational effects, safety, understanding of masculinity and violence, replacing disciplinary policies that tend to reinforce shaming and humiliation that ultimately facilitate violence, classroom practices, developing networks for mental health support, student mentoring and school leadership.

Implementing: *Sinawe* [we are with you]

Scripture Union South Africa worked to help young people develop a solid framework of personal values that would enable them to make good decisions and resist negative social influences. The SUSA team used the COVID-19 lockdown period to discern the role it could play in response to the National Disaster Response Programme for South Africa. Key issues faced by young people because of COVID-19 are as follows: learner depression, loss and grief, trauma and anxiety; learner disruption to curriculum learning; continued pressure on family units because of food insecurity and loss of income; exposure to COVID-19 infection and lack of awareness around prevention; lack of developmental options, especially extra-mural and out-of-door; and poverty, hunger and malnutrition.

Some of these new issues were added to the list of traumas that already exist in the lives of young people. Considering this, the SUSA team created a programme called *Sinawe* ['we are with you']. The programme was piloted in areas across the country. *Sinawe* School Workers have been trained in Trauma-Informed principles and are the key implementers of the activity, each spending 2 days per week in two different schools. Each *Sinawe* School Worker serves as a positive role model to provide a consistent presence in the school environment. Their existence is more important than ever as it combines the experience of many years of SUSA school involvement with the practical, hands-on training of being trauma-informed.

A pilot programme of 30 workers was trained, and although the school environment was quite disrupted, these workers began entering schools from 15 July 2021 as it became possible to do so. The *Sinawe* worker embodies the values of being trauma informed while holding the slow and difficult process of transforming a culture that is becoming trauma informed. The *Sinawe* worker is equipped with an understanding of the concepts of trauma and trauma-informed practice and assists the school in integrating trauma-informed practices into school operations and policy as much as possible. The roles of the *Sinawe* School Worker are diverse and include organising and facilitating workshops, providing well-defined psychological first aid

in the event of a crisis, coaching teachers in implementing trauma-informed classroom strategies, facilitating networks between different stakeholders connected to the schools and mentoring the School Management Team (SMT). Working full-time, a *Sinawe* School Worker can oversee two schools. Recruited volunteers are expected to oversee at least one school and are sourced from the leadership of local churches and other community structures. They would be fully trained in trauma-informed classroom strategies and fall under the policies and procedures of SUSA, certified under Child Safety procedures and monitored for quality control purposes. Each worker has a Community Manager who oversees the *Sinawe* workers in each community.

Additionally, these *Sinawe* workers will continue to use SUSA's values-based life skills training in the classroom and will have key relational and other responsibilities such as psychosocial support to parents, teachers and learners; leadership development and mentoring; extra-curricular activities; school community development; provision of counselling service providers as and where possible; co-operation in food security for communities as and where possible; provision of safe places for learners; lead programmes focused upon the reduction of gender and learner violence and oversee the reduction and resolution of community-based conflict to ensure the safety of learners.

Expected outcomes

It was anticipated that SUSA would place a *Sinawe* School Worker by invitation into schools throughout the country, assisted by the Department of Basic Education. These key individuals would then be able to have the critical access necessary to help learners cope with the trauma and violence that has become a part of the fabric of South African society. At the end of year three, we expected to see a thoroughly trained *Sinawe* Schools Worker (SSW) in every school in the target community through a phased rollout. These workers will have received full training as outlined and will be well established in the schools. School staff and learners will have had access to trauma intermediation and the school atmosphere will have changed as it begins to become a healthier and more holistic environment. It was expected that SSWs would be involved in extra-curricular activities together with learners, and there will be a volunteer contingent from neighbouring churches assisting learners with maths and English in afterschool groups.

Results

This model was recently tested within the community of Langa, the oldest township in the Western Cape and a suburb of Cape Town. It is a spatially closed community with 10 schools in total, 5 primary schools and 5 secondary schools. There are several churches with vibrant congregations. The pastor of a local Langa church that has a history as a volunteer with SU and was approached to see whether he and his church would be willing to be involved in this *Sinawe* programme. The programme was carefully detailed and a proposal for this engagement was funded,

which provided the necessary financing to support six workers, one worker to cover two schools each and a supervisor. The programme rolled out in August 2021 while South Africa was experiencing partial lockdowns because of the COVID-19 pandemic.

The pastor has been at his church for over 20 years, which is not only unusual but also means that he has far-reaching networks and relationships across the community, making partnership with him and his church ideal. The headmaster for each of the schools was called to a meeting to describe the programme and seek participation from the schools. Attendance was good and the *Sinawe* programme began in 9 of the 10 schools shortly after this meeting.

The pattern for school engagement was as follows. Each SSW was to spend two days in each of the two schools they were assigned, and then on Friday they would meet with the other SUSA staff in the Cape Town Metropole for team meetings and debriefing sessions. The SSWs were selected from the young people of the church partner, trained as SSWs and then on-boarded as SU Staff members.

As they began, they were quickly welcomed into the school environment and began to assist teachers with various activities throughout the school day while making time to spend with learners during breaks or at lunch. They would also organise meetings with learners after school for Bible clubs or individual meetings to discuss issues that came up throughout the day. The SSWs quickly were assimilated into the school environment and took opportunities to teach life skills and pray with young people as requested. By being trauma informed, they were able to handle relational mentoring opportunities or refer for specialised care if needed. The SSWs are not equipped as full trauma counsellors but are simply building relationships so that they can be a trusted voice considered safe by the learners, something considered quite important.

The results of this programme are significant. Firstly, the experiences related by the SSWs in the schools in which they are serving show that trauma levels at least meet what is experienced in other research as noted. The SSWs are hearing stories from children detailing experiences of intense trauma. Secondly, many of these stories relate signs of criminality and danger to the children and are being treated in this way through Child Protection reporting requirements. But overall, they indicate a community in incredible pain, providing a willing church the opportunity for significant witness in the lives of its young people.

Conclusion

The church has an opportunity to re-think a new strategy for mission. As the *Sinawe* project has rolled out across the nation, its results in Langa speak specifically to the fact that there is an immense opportunity for the church to engage the local community as it ministers into areas of dire need. Young people remain the greatest asset of any nation but left without care and support can be a source of

its greatest tragedy. Bosch brings clarity to the church: 'the church is both a theological and a sociological entity, an inseparable union of the divine and the dusty' (Bosch 2011:389). This is the moment for the church and this role is a high calling.

If the church is to lead at all, it is in serving; in applying the creative energies released in Christ towards the stewardship of creation and the bringing of fallen structures closer to God's original purposes (Maggay 1994:72). To deploy this energy together with the young people in South African educational communities seems like an excellent way for the church as servant to serve.

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