

*Flowers for
Mother Teresa*

Child & Youth Care

**A JOURNAL FOR THOSE WHO WORK WITH
TROUBLED CHILDREN AND YOUTH AT RISK**

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**MANAGING OUR OWN COUNTER-AGGRESSION
TIME TO DO SOMETHING ABOUT BULLYING
MY STORY: LOOKING BACK WITH GRATITUDE**

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Volume 15 Number 10 October 1997

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International Association of Workers with Troubled Children



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People



Barrie Lodge

Barrie has been Chairman of both the Eastern Cape and the Transvaal Regions of the NACCW. He was seconded as a part-time trainer into the Inter-ministerial Committee Programme for the upgrading of Places of Detention in 1996.

Barrie emigrated to South Africa as a young child in 1948, matriculated at the Durban High School and completed his BA at the University of Natal, majoring in English and Fine Art.

He completed the UED in 1962, and taught Art and English for 6 years at DHS while completing a B.Ed.

In 1969 he joined the staff of the University of Durban Westville as Lecturer in Art Education, and was made a Fellow of the Royal Society for the Encouragement of the Arts and Commerce in 1972.

He was the recipient of a British Council Award and Ernest Oppenheimer Grant to study Education overseas, and in 1975 he was nominated as candidate to represent Africa on the World Council of International Society of Education through Art. In 1976 he was made a Full Member of the British Association of Art Therapists for the work he was doing as an Art Therapist at the University of Durban Westville Child Guidance and Research Centre.

Throughout that time he was Art teacher

training, but in 1977 he was approached to launch and pilot a new post graduate course in Media Centre Management. He did this from the position of Manager of the Teachers' Centre at the University of Durban Westville. He was also Head of the Division of Practical Didactics.

Move into child care

In 1983, he left the University to become the principal of the East London Children's Home, a post he held for four-and-a-half years, during which time the Home developed into a therapeutic community and pioneered off-campus group homes.

He sat on numerous committees in ministerially appointed positions to standing Committees in Education, co-ordinating Advisory Committee such as CACOT and worked also on the De Lange Commission of Enquiry into Education in South Africa in 1981, as well as the Cabinet Enquiry into Places of Detention, Child Care Schools and Places of Safety in 1996.

Barrie holds qualifications in Child Care and Working with Youth at Risk, and is a trainer for the PART course.

For the past ten years he has been Director of St George's Home in Johannesburg, and is also Director of Fikelela — a project of St. George's concerned with community development and its formal training.

Barrie was ordained into the priesthood of the Anglican Church this year, and leaves St George's in December to take over the parish of Belgravia. His wife, Val, has been secretary of the NACCW's Gauteng Region for nearly ten years. They have two children, Clinton (27) who is a chartered accountant and Hyreath (25), an editor for an educational publishing company.

"What bothers me most when we look at ways to stop bullying," writes **Michele Elliott**, author of the new book *101 Ways to Deal with Bullying*, "is that increasing numbers of adults either seem to ignore what is happening or are just plain afraid to help." Child care workers cannot afford to ignore the problem. Below are some helpful tips from this important book which is now available in South Africa.

DOING SOMETHING ABOUT BULLYING

What is Bullying?

Bullying is the use of aggression with the intention of hurting another person. It results in pain and distress for the victim, who has in no way provoked the attack. Usually the bullying is a campaign against a child, but there may be just one incident.

Bullying can be:

- physical — pushing, kicking, punching, hitting or any use or threatened use of physical violence
- verbal — name-calling, sarcasm, spreading rumours, nasty teasing, writing hurtful things about someone, leaving hurtful notes
- emotional — excluding someone from activities or conversations, being deliberately unfriendly, tormenting someone, racial taunting, making threatening or rude gestures
- menacing — demanding that someone hand over money or possessions, demanding to copy someone's homework, or threatening violence should the victim or bystanders report the bullying

Signs of Bullying

Often children don't come right out and say that they've been bullied, so all parents need to be aware of the signs. Ask your child if he or she:

- becomes frightened of walking to or from school or changes the normal route
- doesn't want to travel on the school bus
- begs to be driven to school
- is unwilling to go to school or 'feels ill' every morning
- begins to bunk school
- begins to do poorly in schoolwork
- comes home with clothes or books destroyed
- has unexplained scratches or bruises
- comes home starving (bully has taken lunch money or lunch)
- asks for money or begins to steal
- becomes withdrawn, starts stammering, shows lack of confidence
- becomes distressed and anxious, stops eating



- becomes aggressive, surly and unreasonable
- attempts or threatens suicide
- cries in bed at night, has nightmares
- refuses to say what is wrong
- begins to bully siblings or other children

Who are the victims?

Most victims of bullying are sensitive, intelligent and gentle children who have good relationships with their parents. They don't come from families full of conflict and shouting, so when bullies attack them, they don't know what to do. From the bully's viewpoint, they make excellent targets because they are nice and won't fight back.

They might even cry — a bonus for the bully. There are, however, some children who get bullied everywhere — at school parties, activities, clubs. It is as if they invite bullying because it confirms their low opinion of themselves — that they are worthless and deserve what is happening to them.

What sort of child bullies?

According to Michele Elliott, children and young people who frequently bully do seem to share certain common characteristics. They often:

- feel inadequate, unable to cope with everyday events
- are bullied themselves within their families
- come from families where bullying is seen as a form of strength
- are victims of some kind of abuse
- don't know how to or aren't allowed to show feelings
- are not succeeding in school
- feel no sense of self-worth

There are also bullies who are self-confident, spoilt children who expect, as their right, to get their own way. Some bullies simply enjoy being in charge and may obtain status from their position as leader. Other children may bully once in a while because of some sort of upheaval in their lives, such as problems at home, bereavement in the family, birth of a baby and so on.

Where is it likely to happen?

Bullying usually takes place out of sight of the school staff:

- in the lunch room
- on the playground
- in corridors between classes
- on the way to and from school

What to do if your child is being bullied

- Encourage your child to talk to you about her or his feelings. Be direct. Say, 'I think you're being bullied or threatened and I'm worried about you. Let's talk about it.' If your child doesn't want to talk immediately — children are often ashamed of being bullied — say that you're there and willing to listen, night or day, when he or she is ready.

- Try not to overreact, even if you're furious. It might frighten your child into silence, and victims need to talk, not retreat.
- Ask if he or she has any suggestions about changing the situation.
- Find out how fearful your child is and make sure that he or she feels protected.
- Keep a watchful eye, because children can become desperate when they're being bullied and may run away or take an overdose, because everything seems so hopeless to them. Take any threats of suicide seriously and seek help.
- Praise your child, make it clear how much you love and support him or her.
- Encourage your child to develop a sense of humour and a way of throwing off taunts.
- Try to sort out the bullying as quietly and constructively as possible.
- Contact a class teacher.
- Try to give the situation time to change.
- If there is no improvement, contact the principal or, failing that, the school's governing body.
- If that doesn't help, contact your local education authority.
- If you feel confident enough, you may contact the bully's parents, but obviously it will depend on the family — some people not only bully their own children but threaten anyone who comes near them. It's best to check out the situation carefully before getting involved.
- If your child has been injured, contact the police.

Is your child a bully?

Once in a while, a child could lash out and suddenly start bullying. Sometimes it happens because the child was being bullied himself and could stand it no longer. Be very careful not to start blaming your child until you have all the facts about why the bullying has started.

Possible reasons why a child may turn into a bully:

- jealousy of a brother or sister or other children
- stress because of school work or exams
- worry about a problem that has cropped up at home, such as parents fighting or separating, a bereavement, money problems, the death of a pet
- quarrelling with a friend and venting their anger on someone else
- boredom
- frustration due to learning or language difficulties
- having a bad day, when everything seems to be going wrong

Some children go from incident to incident, from school to school, bullying and hurting others. These children

may eventually end up being excluded from mainstream education. Many have certain characteristics in common. They may:

- often act aggressively
- be unable to control themselves
- have a positive attitude towards violence
- feel insecure
- be disruptive
- blame the victims for the bullying
- have no empathy with anyone
- be bullied by family members
- be the scapegoats in the family, who are blamed for everything, even if it's not their fault
- feel under pressure to succeed when they're in fact failing
- have poor social skills
- feel different, stupid or inadequate
- come from a home with a 'culture of violence'.

Some chronic bullies are children who are overindulged to the point of being worshipped by their parents and expect that everyone should do likewise.

Crack the code of silence

1. Become 'telling' communities. The principal makes it clear that bullying is unacceptable; that bullies will not be tolerated. The children have an obligation to tell if they're bullied or witness bullying.

2. Children must be able to rely on a sympathetic and helpful response if they do tell. In this way, they learn that speaking out will make things better; keeping quiet will make things worse.

Experience has shown that bullying is less likely to happen in schools that have a clear policy against it.

As she is
spoke

Some encouragement for those who were having trouble with English anyway ...

The European Union commissioners have announced that agreement has been reached to adopt English as the preferred language for European communications, rather than German, which was the other possibility.

As part of the negotiations, Her Majesty's Government conceded that English spelling had some room for improvement and has accepted a five-year phased plan for what will be known as EuroEnglish (Euro for short).

In the first year, "s" will be used instead of the soft "c". Certainly, sivil servants will relieve this news with joy. Also, the hard "c" will be replaced with "k". Not only will this klear up konfusun, but typewriters kan have one less letter.

There will be growing publik enthusiasm in

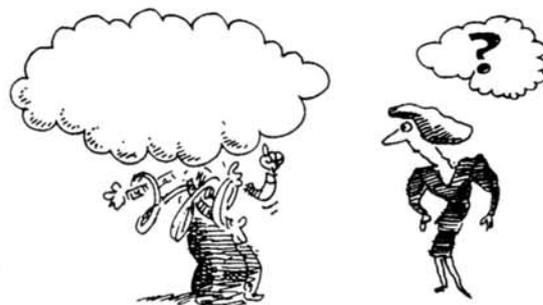
the sekond year, when the troublesome "ph" will be replaced by "f". This will make words like "foto-graf" twenty persent shorter.

In the third year, publik akseptanse of the new spelling kan be ekspekted to reach the stage where more komplikated changes are possible. Governments will enkorage the removal of double letters, which have always ben a deterrent to akurate speling. Also, al wil agre that the horrible mes of silent "e"s in the languaj is disgrasful, and they would go.

By the fourth yer, peopl wil be re-septiv to steps such as replasing "th" by "z" and "w" by "v". During ze fifz yer, ze unesesary "o" kan be dropd from vords kontaining "ou", and similar changes vud of kors be aplid to ozer kombinations of letters.

After zis fifz yer, ve vil hav a reli sensibl riten styl. Zer vil be no mor trubls or difkultis and evrivun vil vind it ezi tu understand ech ozer.

Ze drem vil finali kum tru!





My Story

My name is Rakesh. In a family of five children I am the second eldest. On this NACCW function on Youth Day, I am here to tell you my own story as a child in care — about where I come from, where I am, and where I want to be.

Going into care

This is how it happened that I ended up at the Lakehaven Children's Home. I was born into a poor family. My parents were not educated at all. Because of my father's personal circumstances he took drugs, hoping no doubt to suppress his awareness of the conditions we were living in.

I remember, when I was about seven years old, because my dad could not afford to pay the rent, we were kicked out of the house. My mum took us to our uncle's place hoping that we might get some help. However my uncle was alcoholic, and every time he got drunk he normally became very violent with his family.

I can vividly remember one particular day he became so violent that the police had to be called. And that was the time when we were taken to the Valley Place of Safety. We lived there for about nine months. Then we were moved to the Lakehaven Children's Home. And this is where my life was formed.

Sports

While at the children's home, I was actively involved in playing sports like soccer, tennis, swimming, table tennis, karate, badminton and volley ball. My involvement in sports taught me a lot of discipline and dedication, and to have initiative. And these qualities have continued to be applied — in my studies and now in my work.

The highlight in my sporting career was when my team won the Madfil Knock-Out Cup valued at three thousand rands in these grounds. I also represented my school and technikon in their soccer teams.

Career

Who likes doing their homework? I did not like it, but it was made clear that if we did not do it, we were going to get punished at school. During my time, there was a set time where everybody would be busy with their homework. That helped us to be disciplined in order to be successful at school.

Compared with other kids, we even had a library in the children's home. How many of you make use of the library? I encourage you to use the library because you will grow in knowledge and in wisdom. Your dreams and goals are locked up in that library. And you have the key to the library. The key is your desire to learn and grow and succeed.

My Matric Year

In my matric I was elected to be a prefect. Irrespective of all the responsibilities that I had, in being a prefect and playing soccer for the school, I was still able to pass my matric with an exemption. This did not just *happen*, because in order to achieve this, I had to be very disci-

plined, organised and self motivated. One of the highlights during my exam preparations were the times when my child care worker and social worker would bring me snacks and coffee! To me that was very motivating and inspiring, and I really appreciate that very much. It was such encouragements that brought me to where I am today. And I really thank everyone for their support.

Tertiary Education

After matric I enrolled at the M L Sultan Technikon to pursue a diploma course in Mechanical Engineering, which I completed within the prescribed period — with a couple of distinctions. Then I went on to my National Higher Diploma in Mechanical Engineering, in order to be better qualified in this field.

This would not have been possible without the children's home securing for me a bursary from the Hexagon Trust Fund — again, much appreciated support.

After completing my tertiary education I was able to secure a job in Johannesburg with Eskom's Technology Group as a Mechanical Technician. I have been with them until now. This is a dream come true and it would not have happened if it was not for all the necessary help, support and encouragement's from this home. This is my home

Dreams

My dream is to see my family getting together because I never had that opportunity. I also want to study towards being a technologist in Mechanical Engineering, and to be successful so that my children do not need to experience what I went through.

I also know that none of this would have been possible without the belief I have adopted, which is Christianity. My life took a new direction the day I learned about the man called Christ. His life was more of an inspiration for me to follow, and to have a relationship with God.

My dream in this regard is one day to be able to see this man who has become my hero and my God.

There are many thousands of young people who have been cared for in children's institutions in South Africa — and who have gone on to make a great success of their lives. It is entirely wrong (and unhelpful to today's youngsters in care) to portray institutions as necessarily bad places for children.

We would like to hear of more success stories, like this one from Durban, which can encourage child and youth care workers and offer reassurance (and role models) to youngsters in care.

Send your story to the Editor, *Child & Youth Care*, P.O. Box 23199, Claremont 7735. Fax to (021) 788-9423 or e-mail to pretext@iafrica.com

Mark Loudon of the Children in Distress (CINDI) programme concludes a two-part series on the urgent development of solutions to a problem which is not going away.

HIV-AIDS epidemic: are we ready?

Early Intervention

The experience of many other African countries in the grip of an AIDS epidemic, has been that many children find their way onto the street, where the boys tend to live by begging, stealing or doing menial tasks, and the girls through commercial sex work.

A major concern of CINDI, expressed at the founding Summit, is to reach these children before they become used to this lifestyle, which makes them very hard to rehabilitate. This is particularly true of the boys who form gangs and engage in criminal activity. Indeed, the founding Summit was dedicated to the memory of Khayaletu street worker Tennyson Shange, killed after interceding with this kind of criminalised youth.

The objectives, then, are rapid intervention with new arrivals on the street, and overcoming the reluctance of long-standing street children to be 'tamed'.

Khayaletu's plan is to have a 24-hour presence on the streets, and a reception point where children can be evaluated and either repatriated to their families, or referred to other CINDI role-players for more intensive intervention and appropriate placement.

CINDI successfully motivated for R100 000 for this pilot project from the RDP.

Rapid evaluation & placement

It takes a lot of time and effort to refer children to a children's home and, once there, they tend to be left there. This, along with limited capacity, high cost, and the undesirability of raising children this way, means that children's homes are a non-starter when it comes to raising the orphan generation. At the same time, social workers have been horrified to learn that some crèches in the midlands are spontaneously turning into informal children's homes, as increasing numbers of children are

simply abandoned.

While institutions, formal or informal, may be impractical as a model of (long-term) care for AIDS orphans, delegates to the CINDI Summit felt they could play a vital role as a kind of 'half-way house' where children are quickly evaluated and placed in more appropriate models of care. It was in this role that institutions were defined as the last level of support within the four catch-net model — although it might be more accurate to liken them to a trampoline, 'bouncing' the children up to a preferred catch-net.

Put another way, if one could reinvent existing institutions so they place children back into the community within an average of 10 days instead of, say, a year, one would increase their effective capacity nearly 40 times over — without spending a cent on buildings, and very little extra on running costs.

However, this kind of re-orientation assumes a profound change in the environment in which these institutions operate — their legal and procedural frameworks, for a start, and of course a paradigm-shift in the capacity of society to absorb the children, which is where other CINDI role-players such as Thandanani and Child Welfare are active.

In order to tease out the implications of re-orienting existing institutions, the Pietermaritzburg & District Society for Child & Family Welfare (Child Welfare) is in the process of establishing a short-term Place of Safety, within the framework of CINDI. The idea is that children will be referred to this institution by other role-players within CINDI as well as their own staff; will be rapidly assessed (and given shelter, nutrition and necessary health care); and will be placed within appropriate models of care, being developed as part of the CINDI process.

CINDI successfully motivated for

R200 000 in funding for a pilot Place of Safety from the RDP, which included provisions for staffing, furnishings, food, clothing and services.

Cluster foster care programme

Child Welfare have had considerable success in arranging the adoptions of children within black families, despite the commonly held belief that 'black people don't adopt'. However, as Dr McKerrow's research showed, the willingness of prospective surrogate parents diminishes sharply when the children are thought to be infected by HIV, or to have been orphaned through AIDS.

The increase in the abandonment of HIV positive children became apparent to Child Welfare during 1996, when referrals grew from two or three cases a month at the beginning of the year to nine per month in January 1997. Institutions willing to take in HIV positive children were already full by mid-1996, forcing Child Welfare to look around for alternatives.

What they came up with was the concept of 'Cluster Foster Care,' in which a woman might accept up to six children.

Their research showed there were, in fact, many women and couples who were quite willing to take in one or more 'high-risk' children, as long as they were given adequate training to cope with the onset of symptoms and, where they were from low-income households (which is the norm), some form of material support such as food, school- or medical-costs, or another room to their homes.

Community outreach programme

It has become trite to say 'the community must take ownership of the problem' but the experience of community workers is that it is seldom so easy. For example, if one says that orphans should be kept within the community (which was the

unanimous view of the CINDI Summit) then who exactly do we mean? Who identifies children in need and families capable of taking them, or persuades their own families to keep them? What skills and resources do they have at their disposal? And how does society-at-large, which has an overall responsibility for the well-being of its children, make sure they are doing their job properly?

Fortunately for CINDI, the Thandanani Association were already committed to finding answers to these questions. The model on which they work is to facilitate the setting up of Child Care Committees in target communities, and then to empower these committees to:

- set up a register of children in distress/at risk (from HIV or anything else);
- identify potential surrogate families for children orphaned/abandoned;
- help them access various forms of support, such as training, home-based care programmes, counselling, and material or financial assistance.

Obviously, this implies a host of related activities, such as developing awareness and support within the community, training members of the Committees, helping them to access skills and resources, and making sure those resources exist.

The real challenge is to do this in such a way that the Committees don't simply hand back the responsibility to Thandanani — which is very likely, given a culture of dependency, high expectations and doubts about the impact of AIDS.

Thandanani was founded in 1989 to care for children abandoned at Edendale Hospital. A temporary closure of that hospital early in 1996 led them to work with Child Welfare in order to place these children in foster- or adoptive homes, and created a strong link between the two agencies — to the extent that Child Welfare made an office available for a Thandanani worker.

Since then, Thandanani's hospital programme has expanded to other hospitals, and forms an essential point of entry into the CINDI programme.

While Thandanani had conceptualised their community outreach (aka AIDS orphan) programme before the Summit, most of the progress has taken place since it was officially launched in November 1996. CINDI managed to raise R200 000 for this programme from the RDP.

Economic empowerment of care-givers

The point has been often made that AIDS is as much an economic problem as a health issue. It spreads and kills faster among poor communities. The pain it inflicts is as much economic as physical, since it deprives people with AIDS of

their ability to work in the latter stages of the disease, and condemns their family to heightened poverty.

Clearly, the chain of AIDS-orphan intervention must include a link to address the economic impoverishment of the family and the community and, in particular, to assist those who are willing to be care-givers, against a backdrop of worsening unemployment and reduced government social spending.

Many agencies are already at work in the arena of job creation and economic empowerment, with projects ranging from project planning and fundraising, to adult literacy programmes and block-making.

Within the parameters of CINDI, however, it is important to identify activities which benefit orphans (through their care-givers) rapidly, at low cost, and which are capable of being reproduced elsewhere.

The Summit was informed that it is common for women and their children to be ejected by their husbands after he or she is diagnosed HIV positive. This raises the spectre of thousands of women left homeless and penniless, with their children.

To address this need, our first thought was to set up what might best be described as 'artificial extended families'. Traditionally, extended families were made up of the sons of a family patriarch, together with their wives and children. The women would till the land and raise their children collectively, while the men were away in search of wealth — from hunting, conquest or, more recently, migrant labour. In recent years, various factors such as over-population of rural land, unemployment in the cities, urbanisation and what might be called 'western materialism' have weakened this structure. Nevertheless, the concept of women who are related only by marriage, collaborating to feed and house themselves and raise their children, is still very strong.

Our idea was to recreate this social structure in economically self-sustaining collectives — whether the ac-



tivity was agricultural, industrial or commercial. These collectives were given the acronym CREC Centres, for 'Collective Residential, Employment, Education and Clinic' Centres.

Project Gateway, a large church-based NGO engaged in various forms of community economic upliftment, undertook to explore the concept. CINDI motivated successfully to the RDP for R150 000 for this pilot project.

Non RDP-funded pilot projects

The above are seen as 'core' projects since they touch on the critical areas of the continuum of child care — points of entry; assessment and referral procedures; and models of care.

However, each of these projects assume changes will take place in related areas such as regulation, resources and attitudes, and CINDI has pilot projects in these areas as well.

Material aid programme

For the reasons given earlier, the Summit agreed it was highly unlikely the State would be able to find the money to sustain present levels of social security grants.

The Lund Committee recommendations, that maintenance grants be substantially reduced to R100 per child, and limited to children up to the age of six, appears to bear out that belief. (It may be

significant that Neil McKerrow served on that committee, and that the findings of the CINDI Summit were presented to Ms Lund before the report was published.) The future of foster-care grants is currently in the balance.

However, the Summit recognised the findings of Dr McKerrow's CINDI research, which showed that many families would only be prepared to take in orphans if some sort of material support was available — even if this was not money.

Meanwhile, the Pietermaritzburg Community Chest had been working for some time on broadening its activities to include raising and distributing non-monetary donations, in the belief that monetary giving would soon fall short of social need. In partnership with the Rotary Club of Pietermaritzburg, the Chest had already channelled around a million-rand's worth of food and other goods to NGOs and CBO's.

The CINDI Summit identified the need for food banks, which could channel food (and, potentially other goods such as school uniforms) to families who could only take in children if they received this support. The need for basic building material (for extra rooms), medical supplies (for caring for people in the terminal stages of AIDS) and targeted funding (such as school bursaries) was also raised.

Prior to the Summit, the Community Chest had relied on windfall donations from industry and individuals, intending to progress to active solicitation of goods and the inclusion of non-monetary donations in their annual fundraising targets, from the beginning of their new financial year in April 1997. However, they were overtaken by events when, in November 1996, the local branch of the Department of Welfare exhausted its budget for food-parcels for people awaiting social security grants.

At a crisis meeting, the Chest offered to launch a Food Bank immediately, on the basis that the Department and welfare NGO's would screen and refer clients who would normally have qualified for state-funded food parcels. This Food Bank was a great success, with the Chest succeeding in raising enough staple food items to make up food parcels for hundreds of families, and the Pietermaritzburg Benevolent Society co-ordinating the distribution with the help of Rotary Club volunteers.

From April 1, when the Department of Welfare's new financial allocation became available, the Food Bank was re-oriented to cater for people who did not qualify for state assistance, but who were nevertheless thoroughly screened by reputable agencies.

The relationship with the Benevolent Society as managers of the Food Bank was also formalised (with the Chest continuing to solicit the necessary dona-

tions) while Rotary's Aladdin project was asked to focus on non-food donations such as a clothing, blankets and children's toys.

Professional and organisational empowerment

One of CINDI's major concerns is the capacity — or the lack of it — within the social work community to cope with the social consequences of the AIDS epidemic.

We understand there are (only!) about four thousand practising social workers in the whole of South Africa. We also know that many — perhaps even most — are so disenchanted with their work and their prospects that they would leap at an opportunity to work in another field if it presented itself.

This is especially true of those social workers employed by non-governmental organisations, who shoulder the bulk of social service delivery in South Africa and yet are paid considerably less than those employed by the government — even though, for the most part, their salaries are paid indirectly by the State through subsidies.

To add to their unhappiness, the methods by which government assesses subsidies to NGOs have been in a state of flux for several years, and no clarity yet exists on the criteria which are to be applied, or the amounts involved, except that it seems to be common cause that social welfare will not get a bigger slice of the national budget.

What social workers know is that a social welfare delivery system, designed to cater for the needs of the privileged few in apartheid South Africa, is now expected to provide the same level of service to the entire nation, with just a tenth of the welfare budget (the balance going to social security grants) at their disposal.

This tiny, ill-funded and very demotivated group is the vanguard of South Africa's response to a social crisis which will reduce parents and breadwinners by a third while increasing the orphan population ten times over.

The Summit's response was three-fold:

- Firstly, we must empower social workers in a rapid and dramatic way, so that those who have left the profession are tempted to return, others are encouraged to join, and each social worker's precious skills are 'geared' to reach many more people;
- Secondly, we must revise the kind of services which social workers deliver, both in nature (to be more appropriate to the needs, location and culture of the people of South Africa) and cost (to perhaps one-tenth of the existing cost-per-intervention);
- And thirdly, we must re-orient and bolster the organisations for which

they work — especially by enabling them to join forces with each other, and with organisations outside the welfare field, so their combined impact is greater than the sum of its parts.

These objectives may sound high-flown, but we believe we have some very practical ways of implementing them:

- **Social worker auxiliary programme:** The idea, in a nutshell, is to transform social workers from case-workers (where social work is generally done one-on-one by a qualified social worker) into supervisors of social work auxiliaries or community workers, who are trained and overseen by social workers. In this way, the skills of social workers can benefit hundreds more people over a given time; we can lower the cost of each intervention; and we can take that intervention into the community, instead of delivering it in a city office.
- **Review of social service norms.** The use of auxiliaries assumes a change in the nature of social services — at present these services involve a great deal of paperwork, appearances in court and so on. In addition, many legal requirements in social work — such as those affecting adoptions — were clearly drafted with the white population in mind. Many social workers feel this calibre of service is not sustainable, even without the HIV/AIDS epidemic. But the epidemic puts the question beyond debate: these standards are simply not appropriate to the level of social upheaval which will accompany the epidemic. When these norms are rationalised and — dare one say it: Africanised — it is important to ensure that the new regulations are drafted with delivery by auxiliaries, rather than de-greed social workers, in mind.
- **Organisational empowerment.** It is not difficult to conceptualise the transformation of a social-work agency to accommodate these new practices and personnel. One could, for example, select a few of the most suitable staff for re-training as supervisors, at the same time as the auxiliaries themselves are being prepared. The remaining staff would continue as before, until the 'transformation group' is operational, and has taken over some of their work, allowing a second group to be retrained.

There are a few snags, however. The most obvious problem is the availability of auxiliaries — there are said to be barely 300 in the country, and there is currently no mechanism for their large-scale recruitment, training and accreditation — the latter enabling the agency to apply for government subsidies to

cover their salaries.

Secondly, auxiliaries will not be in a position to deliver statutory services, in the form required by the relevant legislation, which means they will be of limited value in taking on the work-load of social workers until the laws are changed. They could, of course, take on other developmental work, but in many welfare agencies this represents a limited part of the social workers' activities, and few agencies would be prepared to shoulder new work until they have the capacity to deal with their existing obligations.

Thirdly, selecting and retraining social workers implies commitment and enthusiasm on their part — qualities which are in short supply, for reasons already given.

We believe a successful transformation process will be dependent on upgrading the status and income of the social workers first — at present they are likely to see such an undertaking as the last straw.

Conclusion

CINDI is not a formally constituted organisation, but a *process* involving agencies running pilot projects, funders, policy-makers and affected communities. This allows role-players maximum autonomy and flexibility, maximum efficiency, minimum distortion of information and, most important, limits the possibility that a collapse of one project would mean a collapse of all.

But informality should not be taken to mean either a lack of commitment, or a lack of accountability. The role-players are all registered, reputable NGOs while the Coordinator is accountable to the CINDI committee. CINDI accounts are maintained by the Community Chest in terms of an agreement with the Nelson Mandela Children's Fund and the CINDI committee.

Nor is CINDI an exclusive club. CINDI meetings have been open to all from the beginning — indeed, it has gone out of its way to invite participation from city councillors and central government officials through to interested NGOs and funding agencies.

CINDI would be happy to provide copies of the documents referred to in this report, or to put interested agencies on their mailing list for future reports. Their Coordinator, Mark Loudon, can be contacted at 083-440-9394; fax 0838 4409394; e-mail mark.loudon@pixie.co.za; or post P.O. Box 971, Pietermaritzburg 3200.

For Administrators

Six Keys to Motivation

When a supervisor says "I wish I could motivate John," that usually means "I wish I could get John to do his job better." Here are six keys to doing exactly that.

1. Ask for performance. Describe how the job is being done now, and how you want it to be. Then ask the employee to do it that way.

2. Use lots of positive reinforcement — and personalise it. Don't take acceptable work for granted. Thank people for it. And praise them every time they improve. Remember, though, that while everyone likes to be recognised, what motivates one may leave another stone cold — or even irritated. So find out what works with each of your people, and use it.

3. Build relationships. This doesn't mean be buddy-buddy with your employees. But it does mean that you should treat your people like real, live human beings. That's what they are, and they will respond best when your actions show that you respect their individuality and trust their intentions.

4. Understand your employees' point of view. Make a habit of listening to your people and asking their opinion before you give directions or offer advice. If you listen first, and listen with an open mind, people are much more likely to co-operate when you decide something has to be done differently.

5. Model what you want. Approach your own work with a sense of urgency, use your time efficiently, and meet the goals you set yourself. Show employees, by your actions, that the job really does matter, that quality is important, and that deadlines are real.

6. Refuse to accept poor performance. Though textbooks on motivation seldom admit it, supervisors do have to tell employees when their performance is not acceptable. Sometimes it means a reprimand. At other times you can handle it through coaching. But either way, you're demonstrating that standards matter — and that, in itself, is motivational. As the old saying goes: "It's better to aim for 'excellent' and hit 'good' than aim for 'good' and hit 'average.'"

THE ADMINISTRATORS



"Here, read this 2000-page report on how to use your time effectively."

The World of Child Care Workers

Active NACCW Region

The annual camp for child care workers in this region is going to be held from the 21 to 23 of November at Stilbaai and the end of the year function will be held on that Sunday (the 23rd) at the Albertinia Hotel.

This function is held to thank the child care workers for their loyalty and dedication. It promises to be a weekend to be remembered.

Child care workers from many institutions will be attending, including those from St Mary's, Huis Triomf, Pacaltsdorp, Huis Outeniqua, Dorothy Broster, Street Children in Plettenberg Bay and Mossel Bay and some folk from as far afield as the Eastern Cape.

IMC Principles

On the 16th October a workshop was held at Huis Outeniqua where the new principles of the IMC were discussed with the staff. On the 7th November a further meeting will be held to discuss the changes and specifically the abolishing of Section 29 of the Correctional Services Act next year. Not all institutions in the Region attend meetings and functions, and we hope others will join our activities in the future — invitations are always extended to them.



Courses

The students in this region have just completed their BQCC Modules 1 and 4 and are looking forward to continuing next year (some students pictured below). There are a number of truly dedicated students in this region. This is shown by the lengths that a few students have gone to, to attend the BQCC sessions. Louis Joseph from Oudtshoorn hikes over the mountain to George every Tuesday to attend the course, and Margaret Matsoto takes a taxi from Plettenberg Bay to Knysna and then from there to George town centre — and after all that out to Huis Outeniqua. This costs her R21 for a single trip.

An unemployed BQCC student who has also attended project upgrade courses has just been appointed as a child care worker at the Street Children's shelter in Plettenberg Bay.

Two students from Germany are at present doing their practical at Huis Outeniqua. One, a food scientist will be there for five months and the other, a social worker, will attend for a year.

Events

A number of children from various institutions recently took part in NICRO's 'Blow a Whistle on Crime' day. They attended a march in George and then took part in activities on the sports fields.

At the last Regional meeting, an idea was put forward to produce a video on child care work and the NACCW. This could be shown at schools, to guidance teachers and in guidance class to promote child care work as a career for school leavers.

The membership in the Southern Cape region continues to grow steadily. This is thanks to an active and dedicated team who encourage all those in child care to participate in events and give each other support.

Worth knowing

Most of what I really need to know about how to live, and what to do, and how to be, I learned in pre-school. Wisdom was not at the top of the graduate school mountain — but there in the sandpile at nursery school.

These are the things I learned:

- Share everything.
- Play fair.
- Don't hit people.
- Put things back where you found them.
- Clean up your own mess.
- Don't take things that aren't yours.
- Say you're sorry when you hurt someone.
- Wash your hands before you eat.
- Flush.
- Warm cookies and cold milk are good for you.
- Live a balanced life.
- Learn some and think some and draw and paint and sing and dance and play and work every day some.
- Take a nap every afternoon.
- When you go out into the world, watch out for traffic, hold hands and stick together.
- Be aware of wonder.
- Remember the little seed in the plastic cup — the roots go down and the plant goes up and nobody really knows how or why; but we are all like that: goldfish and hamsters and white mice and even the little seed in the plastic cup — they all die. So do we.

Everything you need to know is in there somewhere — the Golden Rule and love and basic sanitation, ecology and politics and equality and sane living. Take any one of those items and extrapolate it into sophisticated adult terms and apply it to your family life or your work or your government or your world — and they hold true and clear and firm. Thank what a better world it would be if we all — the whole world — had cookies and milk about three o'clock every afternoon and then lay down with our "blankies" for a nap. Or if South Africa had as a policy to always put things back where it found them and cleaned up its mess.

And it is still true, no matter how old you are — when you go out into the world is best to hold hands and stick together.

— Mary Lane



The Little Drummer Boy

Miena had met Amos twice before. Once when the social worker had first brought him to the children's home, and again the previous week when he had come with his grandfather to meet the staff prior to moving in. On both occasions he had seemed rather an angry child. He had looked crossly at the floor during all the introductions and discussions, and last week when offered a mug of coffee he just wagged his head and frowned. Usually the staff were pleased to meet a new boy, but Amos didn't make any friends on this visit. "A cheeky boy," said Flora, the cook, when he had gone off. "Not good." Flora took no nonsense from anyone, and would always speak her mind.

Several of the other staff agreed. "He didn't have very good manners." "He had nothing to say to anyone; hardly answered our questions, and not very polite," they said, as they headed back to their various tasks.

Miena thought — "Well, I suppose that's why he's coming here. Both of his parents are dead, his only relation is his grandfather who is not well, and he has spent ten years of his life looking after the old man, not going to school, and not learning much about life. That's probably why he got into so much trouble." Amos had been in trouble. Over the past year there had been two or three tries to get him into the local school, but he was certainly not up to the standard of the other ten-year-olds, and he had been bored and embarrassed by having to sit with the little children of six and seven. The class teachers had been irritated by his disruptive behaviour so when he ran off nobody minded.

There were times when Amos stole bread for his grandfather and himself from the Indian shop in the village because it was still ten days to go before pension day and there was nothing to eat. There were also the times when he stole an electric toaster and an alarm clock to sell on the roadside for spending money. But he wasn't very good at this, and he began to get a bad name with the local police. His clumsy and unpolished manners did not endear him to the few people who tried to help — like Mrs October from St Wilfred's Sunday School and Mr Paulse

from the Boys' Brigade band — and when the social worker from the nearest town was called in it seemed to her that Amos was just small trouble waiting to become big trouble, and grandfather was not able to be of much help.

"Well, let's see," said Miena. "We've had worse kids coming here, and most of them have done just fine."

Amos's first afternoon was a disaster. It had rained steadily through the whole day, so the children were all inside — on top of each other and getting on each others' nerves. Miena had talked to them about welcoming the newcomer and giving her "remember what it was like when you first came" speech. But kids having to stay inside on a rainy afternoon soon lost their good intentions. She could see Amos feeling very uncomfortable, looking outside at the rain and longing to escape into fresh air and privacy. The older boys were quick to have some fun at his expense. "Amos? Where did you get that name?" asked one. "He sounds like he escaped from the Bible." "A mos?" scoffed one. "Looks more like a *mo!*" Everybody shrieked with laughter. Amos got up and walked outside into the rain.

Miena knew the narrow line she had to walk — between protectively taking his side against the others, and allowing him to be damaged by these experiences. She drew the children's attention away from what had happened by asking the older children to help her unpeg the laundry which was drying in the kitchen so that Flora could start with the evening meal, while the smaller kids went off to their rooms to wash up before tea. She grabbed the chance to "leave the ninety-nine" (she often used this biblical analogy of the lost sheep when seeking out the lone kids in difficulty) and went outside to find Amos.

He was just walking back and forth between the garage and the big oak staring at the ground. She strolled alongside him, trying to figure out what to say, but in the end just kept silent. "Maybe just by being here with him and keeping my big mouth shut I can let him know I understand how he's feeling," she thought. Amos just looked cross again.

That night, just before she went off duty, Miena went in to say good-night to each of the children in her section. They seemed more tired from the noisy indoors afternoon than they would have been after an active sporting programme. She peeked round the door of Amos's room, expecting a deep scowl from an angry young boy — but he was lying with his eyes tight shut, and tears rolling slowly on to his sleeve. He didn't hear her come in. Miena looked at him, thinking — "no parents, a dying grandpa, no schooling, in trouble with the police, and about as friendly as a bad-tempered bear — what a start!"

Humans have a natural tendency to want to tame wild animals, to make friends with them, to stroke them ... but they also know that they can easily get bitten. Once again Miena could think of nothing to say. She just put her hand on the boy's head. For a moment he didn't move, and then he pulled the blanket over himself and curled up into a ball.

The next afternoon things had got worse. The children were full of stories from school. The other children had teased Amos to the point where he had kicked out at one of the older boys — and got a smack for his trouble. He had walked into his new class at this point, and had refused to speak to the teacher. She sent him along the passage to the office. The class had giggled when he came back, and he sat hiding his face in his arms for most of the day. He had walked back from school by himself.

"At least he came back from school," thought Miena. Not that he really had anywhere else to go, but she felt quite moved that he came back to the children's home of his own accord; after his not-very-successful 24 hours here he might quite understandably have been tempted to run off.

Miena had been taught in a course to try to "translate" what children said, especially when they expressed themselves clumsily — or maybe when they didn't use words at all. She looked back over the past day, at what had happened, at how the other children had behaved. She also thought of the two occasions when she had been alone with Amos. Even though they had not exchanged a word, both when walking next to him in the rain and when going in to say good-night, she had tried to convey some companionship, some reassurance.

Maybe he had "translated" her wordless message — and coming back might be his wordless reply: "OK, here I am. What now?" She decided to go ahead on this basis.

Tea time was the usual time when everyone talked excitedly about their day. It was encouraging how they got involved in things at school. This one had been chosen for a class bus

trip to an aquarium; this one had been asked to talk to his class about his pet tortoise; this one was going off with the choir on Sunday to some event on a nearby farm; this one was going to practice kicking for the posts so that he might get into the under 14 second rugby team. Amos had nothing to offer. All this seemed way beyond him. But at least he was listening to the others, and sometimes looking up at someone who was talking. The novelty of his arrival yesterday had worn off, and was at least taking up some physical space in the group. "Hey, Amos, pass me that teaspoon, man," asked Philip, one of the bigger boys. Silently he passed the teaspoon, and so took place the first fragment of positive "dialogue" between Amos and one of the other boys. Again no word from him, certainly no "thank you" from Philip, but the action (or interaction, or transaction) was a start.

The following day saw the first brief conversation between Miena and Amos. The school was not sure which class Amos should be placed in, and he had been rather passed from one class to the other throughout the day. He arrived home with no books at all, and with nothing to do while the others did their homework. Miena saw him sitting on the edge of the sandpit, doodling with a stick.

She joined him, and was immediately surprised to see that he had dampened with water an area of the sandpit so that he could draw quite accurately with the sharpened stick. "Is that your house?" she asked. He looked down at the picture in uncertain agreement — and only then did Miena realise how verbally handicapped he was. The minimal language he had been exposed to was itself a mixture of Afrikaans, English and Zulu, never enough of any one to become dominant. The use of language had always been fraught with anxiety for him, because people had become impatient with his slowness to understand and his hesitation in answering, and so had begun to shout at him.

Even now, as he looked down at his picture, he seemed to want to reply, but was afraid to. Miena asked again, quietly, and this time in English, in Zulu and in Afrikaans, "Is that your house?" He seemed so grateful that someone had helped him answer — and he explained in a halting mix of all three languages that it was.

He tried to ask her a question, and this time *she* could not understand, and as she struggled to make sense of it they both saw the funny side of the roles being shifted, and they laughed. It seemed that the name "Miena" sounded like the Zulu word for 'me', and Amos was wondering why she called herself this and didn't have a proper name like he did.

Pointing at herself, adding sign language to the other three, she explained. "My name is really *Helmi*ena, but people just call me Miena. You can call me Miena or *Helmi*ena."

In talking with Amos over the next weeks, Miena came to know how inferior he felt to the others children. He looked in awe at such things as hockey sticks and rugby boots, and the formal rules and skills of the games that went with them were quite beyond him. He would never learn all this. Alas, the other children were also soon to realise his limitations and his inability to participate in their games. It seemed only natural to toss a rugby ball forward to a fellow player ahead of him, and he was crushed by the angry disapproval of his team mates. He came to be left out of pick-up teams as a definite liability, and watched the games, confused, from the sidelines.

One day one of his sand pictures had an unexpectedly military look about it: there were clearly uniforms and lines of marching troops, as well as serious-looking weaponry and what looked like tins or casks. He tried to explain but it went way above Miena, and she was left to smile politely and both of them knew they had lost contact.

Two days later, as she was desperately trying to find some strengths for Amos to build on, she was re-reading his file and suddenly it hit her. One of the people who had taken some trouble with Amos was Mr Paulse from the Boys' Brigade band. She tracked him down through St Wilfred's Church in the small town near his grandfather's village.

"Yes, I remember Amos," he said. "How's he doing? I hope he's playing in the band!"

"We don't have a band here," she said. "I didn't know he was good at that."

"Good?" shouted Mr Paulse over the rural telephone lines, "That boy has got rhythm! You must just try him on the drums!"

Miena thanked him, but regretted that there was no band either at the children's home or at the school. And *that*, she realised, was what his drawing was about — the Boys' Brigade band, and the tins and casks were drums! But we have no band, no drums, no drumsticks. But every journey, Miena remembered from somewhere, "begins with the first step." And that is what we are looking for for Amos. She had a plan.

In three weeks' time was the children's home's Carol Singing Concert. Because not all of them were musical, the staff had tried to accommodate all of the children's skills and enthusiasms (sometimes just enthusiasms!) in the Concert, so it had broadened out into more of a variety concert, sometimes very un-Christmassy indeed! But this time there would be a new carol on the programme, *The Little Drummer Boy*, starring a real little drummer boy.

It turned out truly to be Amos's "first step". Not only was this a real link with the positive side of his past life, and not only was his rhythm a great hit with the other children, both older and younger, but Amos had a remarkable gift. In the dusty street outside a remote church in a country village, Amos had learned all of the drummer's rolls, along with the discipline of a secure beat. And from the enthusiastic Mr Paulse he had also learned the beginnings of jazz drumming. The afternoon was a huge success. Amos was included in several of the songs and plays, but most especially in his "own" carol, the rhythm of which saw him doing something important together with others — and this is what he went on to do in all others aspects of his life during the time he was at the children's home. And of course they bought a proper set of drums!

The really exciting end of the story was that just over a year after he came, he was adopted by his old mentor Mr Paulse and his wife — and next year, at the age of 20, he will be writing his matric.



Writing in *Reclaiming Children and Youth*, **Howard Muscott** takes us through the process of understanding *our own feelings* when working with aggression

Avoiding counter-aggressive responses in work with youth with aggressive behaviours

Youth professionals may be more aware of the increase in violence than of their own contribution to its escalation. Even the most caring adult is vulnerable to counteraggressive responses when youngsters in his or her care exhibit violent behaviours. But relationships are transactional in nature, and professionals can easily mimic the negative characteristics of their students' behaviour. By understanding how conflicts escalate, adults can use techniques for disengaging from the anger process. Unlike much of the information available on the subject, this article attempts to focus on techniques for helping adults, rather than students, cope with conflict and crisis. Understanding adults' counteraggression includes understanding four components:

1. How the conflict cycle operates to produce counteraggressive responses,
2. The escalating stages of youth aggression,
3. Behaviours or stressors that trigger anger in adults and youth, and
4. Strategies for de-escalating behaviour.

The Conflict Cycle

Developed by Nicholas Long, the Conflict Cycle is a model for understanding how interactions between students and teachers follow a circular process that mutually and continuously affect each other. According to this transactional model, a stressful situation starts a chain of events that can lead to a behavioural crisis. A student's behaviour follow-

ing a stressful situation can directly influence the attitudes, feelings, and behaviour of the adult. Left unresolved, conflict cycles multiply, intensifying the feelings and polarizing the behaviour of both the student and



the adult. According to Wood and Long (1991), a crisis is really an uninterrupted series of conflict cycles.

The process contains five steps.

1. *A negative self-image* in students makes them highly vulnerable to stress.
2. *Stressful events* are interpreted in a manner to cause
3. *Uncomfortable feelings* which drive an emotional, rather than rational, behavioural response.
4. *The behaviour response* tends to be primitive, regressive, and defensive in nature, and often involves aggression directed at the adult. The aggression can take the form of verbal abuse, overt noncompliance to directions, destruction of property, etc.
5. *The adult reaction* may entail taking the student's defiant behaviour personally, and ultimately reacting emotionally as well. According to Long (1990), "One of the most amazing concepts of interpersonal relationships is that students in stress can actually generate their own

feelings and, at times, their behaviour in others" (p. 8). The chances for successful outcomes from these negative exchanges are almost nil.

Predictably, the behaviour of both teachers and students often continues to escalate into more aggressive and counteraggressive interactions. Breaking the cycle is hard work for adults as well as students. To do so, the teacher must recognize the developing pattern and intervene as early as possible. This involves learning alternative ways of thinking, feeling, and behaving. This also requires constant rehearsal and reflection before, during, and after the incident.

The nature of aggression in youth

Youth exhibit aggressive behaviour for a number of reasons and purposes. For some, their behaviour serves as a way to control their environment and feel powerful. For others, aggression is the easiest way to get what they want. Taking the possessions of others may compensate for a lack of belonging or connectedness. Students who are unable to gain academic skills and rewards may find status in aggression. Others exhibit aggressive behaviours in response to overwhelming feelings of frustration, anxiety and/or anger. In most cases aggressive behaviour serves one additional purpose of confirming a world view in which hostile adults can be made to show disrespect, anger, and ultimately counteraggression towards them.

Whatever the underlying need, adults must recognize that students are trying to engage them in power struggles which almost always escalate student behaviour to more aggressive and dangerous states. Unless we are aware of the transactional nature of this lure, we stand a good chance of being baited and hooked. The end result of this fishing expedition is a well-intentioned but frustrated and angry teacher who runs the risk of losing control and either threatening, yelling, devaluing, or harshly punishing students. Predictably, all of these possible outcomes will provoke further student aggression.

The acting-out behaviour cycle of students with aggressive and antisocial behaviours

Aggression occurs in stages. Students almost always show precursors prior to violent acts and the challenge is to learn how to decode the behaviour and intervene prescriptively. Walker, Colvin and Ramsey (1995) describe a seven-phase process in which the interdependent dynamics of teacher-student responses can either heighten or de-escalate the conflict. Their model explains a coercive behaviour process in which antisocial students carrying high levels of agitation can explode like a powder keg when triggered by seemingly innocuous events. They label their phases as Calm, Trigger, Agitation, Acceleration, Peak, De-escalation, and Recovery.

1. In the *Calm Phase*, a student's behaviour is cooperative, compliant, and desirable.
2. In the *Trigger Phase*, the student's behaviour involves a series of unresolved problems or stressors. If those problems are not resolved at this stage students will move to the next phase.
3. In the *Agitation Phase*, behaviour is unfocused and off task. Agitation can be manifested by either increases or decreases in student behaviour such as darting eyes, restlessness, subdued language, or withdrawal from groups.
4. In the *Acceleration Phase*, the student's behaviour is teacher-engaging. This is the baiting stage with observable behaviours such as whining, avoidance, threats, verbal abuse, and destruction of property. If left unchecked, unsupported, or worse — met with counteraggressive reactions such as threats, yelling, or disrespectful verbal communications such as put-downs by the teacher — the cycle can escalate further.
5. The *Peak Phase* is characterized by student behaviour that is out of control and dangerous to self and others. Assaults, self-abuse, and destruction of property are common. As the crisis ebbs, the student enters the sixth stage.
6. During the *De-escalation Phase*, the

student displays confusion. Avoidance of discussion, withdrawal, denial, and blaming others characterize student behaviour in this stage.

7. In the *Recovery Phase*, the behaviour has run its course and returns to a nonagitated state. The person may still be subdued and defensive, particularly during debriefing. A student in this phase shows an eagerness for busy or independent work.

Knowing the seven different phases and the appropriate interventions at each stage can significantly reduce the frequency, duration, and intensity of violent acts in schools. It is important to note that teachers can mirror the behaviour their students display along this continuum, albeit usually with less intensity and duration. Sometimes by provoking teachers, aggressive or passive-aggressive students can get their teachers to mimic the entire sequence in the anger chain from agitation to recovery.

Understanding stressors and triggers

Teachers must know both their own triggers stressors and those of their students. Stress can trigger the anger cycle. Student triggers can be almost anything from a math problem that appears too hard to complete to a look that one student gives another. Typical teacher triggers might include being cursed at or having one's directives ignored. Frequently both teachers and students can identify the events which make them angry. If these cannot be easily identified through questions, a functional analysis of behaviour serves as a useful tool for pinpointing the antecedents or triggers that ignite the anger cycle. Once the stressor is identified, a teacher can modify, eliminate, or learn to live with it.

Techniques for de-escalating escalating behaviours

Teachers must use both *self-monitoring strategies* for dealing with their own feelings, behaviours, and cognitions as well as *prescriptive strategies* for helping students with aggressive behaviours during each phase of the anger cycle. Since interventions for students are available elsewhere, what teachers need to do to help themselves during each phase is outlined here.

De-escalating Behaviours during the Calm Phase. A teacher has four important tasks to accomplish when things are calm. First, the adult should focus on developing positive relationships with students based on mutual respect. Get to know them as people, focus on their strengths, catch them being good, and reinforce appropriate behaviour. Second, provide effective, relevant, and motivating instruction. Third, develop a plan for managing each aggressive student's behaviour in

the classroom, which includes instruction in prosocial skills training, and share it with them and others who work with the youngster. *Aggression Replacement Training* by Goldstein and his colleagues (1987) is an excellent resource for teaching social skills and anger reduction techniques. Finally, develop a personal plan for self-control in which both personal triggers and a plan of action are identified. A problem-solving model which includes identifying the problem, brainstorming possible solutions, weighing the consequences of each possible solution, picking the best solution, trying it out, and evaluating its effectiveness is an important tool in the process. The plan must also include a system of self-monitoring, self-evaluation, and self-reward. Once completed, put it in writing. Remember to monitor and evaluate the results of each stage in the anger cycle regardless of whether the adult's behaviour terminates in the agitation stage or further along the continuum.

Avoiding counteraggression during the agitated phase. Buddha once said, "Those who really seek the path to Enlightenment dictate terms to their mind. Then they proceed with strong determination." Effective teachers must implement techniques for de-escalating escalating behaviours so that they can help themselves calm down once a trigger introduces an agitated response. These techniques must be rehearsed before the anger cycle begins under as real a set of conditions as possible to facilitate transfer of training. However, once a student's aggressive behaviour triggers agitation, the most important teacher strategy involves learning to decode one's own behaviour in order to identify the beginning of the anger cycle. Using self-talk such as "I'm beginning to tense up, my neck muscles are getting tighter, I must be getting angry" can serve as a prompt to begin the search for a de-escalating behaviour or cognition. Next, focus on the first phase of the student's management plan for misbehavior. Interventions might include (1) providing redirection; (2) giving the student choices, stating the consequences of each, and asking the student to make a choice; and (3) giving the student a clear "I" message in which the behaviour of concern, the feelings it produces, the effect it has on the environment, and the prosocial alternative to be followed next time are all identified. Having the plan written down can often help a teacher in this stage.

Avoiding counteraggression during the acceleration and peak phases. If the situation accelerates and a teacher becomes angry, he or she could try count-

ing to 10, envisioning the student as a vulnerable child, imagining a peaceful spot or breathing deeply. Teachers can also tell themselves not to take the student's behaviour personally. Using self-statements such as "I can control my anger," "He's trying to get me to play the game," and "Power struggling will increase the likelihood he will become aggressive again" may also be quite effective. If staffing permits, a teacher could temporarily remove the student to allow both parties time to calm down. Teachers should also follow their management plan for the student's misbehavior. Calling for back-up and putting the crisis plan into effect if the student is peaking are also important interventions.

Avoiding counteraggression during the de-escalation phase. The best strategy for avoiding counteraggression in this stage is to allow both the teacher and the student time to take space from each other if possible. If the student is compliant, he or she could complete independent work at his or her desk or in a quiet area. The teacher should not try to process the incident at this time. If staffing is adequate, the teacher can take a walk to calm down or compose him- or herself. If necessary, relaxation strategies can be very useful.

Avoiding counteraggression during the recovery phase. The recovery stage offers an opportunity to reflect on the interactions, to review and monitor behaviours, and to evaluate how successful one's self-control strategies have been. Teachers should keep an incident log in which antecedents, behaviours and consequences are identified. The teacher should also reflect upon the interventions selected and consider how effective they were during the incident. Reinforcement for improvement in self-control should be provided or identified. Re-establishing positive contact and processing the interaction with the student using life space intervention and/or active listening techniques when both parties are calm are also essential tools in this phase. If transgressions in professional behaviour were made, apologies can also take place here as well. Teachers must also ultimately accept responsibility for their actions and set a goal for improvement should the situation happen again. Processing these issues with supportive colleagues and members of the team is an important aspect of the healing process.

Conclusion

This article has tried to help teachers with one of the most difficult tasks in education today, namely responding therapeutically to anger-producing situations with aggressive students.

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Universal Precautions for our Work with Children

(All situations involving blood.
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- Prevent Contact
- Avoid touching another person's blood
- Do not share materials that may contain blood, such as tooth brushes, pierced earrings, quills, and razors.
- Create Barriers
- Leave scabs alone
- Wear gloves when caring for a cut or bloody nose
- Put disposable items soiled with blood in plastic bags
- In an emergency situation use plastic bag or material that is not easily soaked with blood.

Hint: Keep your hands in good condition so that you do not have cuts and cracks which could become infected if in touch with infected blood. Also, you may be infected and could infect a child this way if you clean a sore or cut.

- Kill germs
- Use a 1:10 bleach-water solution to rinse blood spills after absorbing with a paper towel and washing with soap and water.
- Rinse blood out of clothes by using peroxide or cold water; let clothes which can only be dry-cleaned hang out to dry in fresh air.



NOTE: Children's body fluids do not create a risk unless visible blood is present.

Martha Mattingley of the Program in Child Development and Child Care at the University of Pittsburgh has collected material on a subject of great importance to all who work with troubled children and youth at risk. There is much here which would be useful for discussion at staff and Association meetings.

The *Ethics* of Child and Youth Care Professionals

Description of the field

The following description has been adopted, among others, by the Academy of Child and Youth Care Professionals, Child and Youth Care Education Consortium, International Leadership Coalition for Professional Child and Youth Care and NOCCWA — as well as by South Africa's NACCW in relation to the registration of child and youth care professionals in this country:

Professional Child and Youth Care Practice focuses on infants, children, and adolescents, both normal and with special needs, within the context of the family, the community, and the life span. The developmental-ecological perspective emphasizes the interaction between persons and their physical and social environments, including cultural and political settings.

Professional practitioners promote the optimal development of children, youth, and their families in a variety of settings, such as early care and education, community-based child and youth development programs, parent education and family support, school based programs, community mental health, group homes, residential centers, day and residential treatment, early intervention, home-based care and treatment, psychiatric centres, rehabilitation programs, pediatric health care, and juvenile justice programs.

Child and youth care practice includes assessing client and program needs, designing and implementing programs and planned environments, integrating developmental, preventive, and therapeutic requirements into the life space, contributing to the development of knowledge and practice, and participating in systems interventions through direct care, supervision, administration, teaching, research, consultation, and advocacy.

Code of Ethics

(International Leadership Coalition of Professional Child and Youth Care, June 1995)

Preamble

Professional Child and Youth Care is committed to promoting the well being of children, youth, and families in a context of respect and collaboration. This commitment is carried out in a variety of settings and with a broad range of roles including direct practice, supervision, administration, teaching and training, research, consultation, and advocacy. In the course of practice Child and Youth Care Professionals encounter many situations which have ethical dimensions and implications.

As Child and Youth Care Professionals we are aware of, and sensitive to, the responsibilities involved in our practice. Each professional has the responsibility to strive for high standards of professional conduct. This includes a commitment to the centrality of ethical concerns for Child and Youth Care practice, concern with one's own professional conduct, encouraging ethical behavior by others, and consulting with others on ethical issues.

This ethical statement is a living document, always a work in progress, which will mature and clarify as our understanding and knowledge grow. The principles represent values deeply rooted in our history, to which there is a common commitment. They are intended to serve as guidelines for conduct and to assist in resolving ethical questions. For some dilemmas, the principles provide specific or significant guidance. In other instances, the Child and Youth Care Professional is required to combine the guid-

ance of the principles with sound professional judgment and consultation. In any situation, the course of action chosen is expected to be consistent with the spirit and intent of the principles.

Principles and Standards

I. RESPONSIBILITY FOR SELF

A. Maintains competency.

1. Takes responsibility for identifying, developing, and fully utilizing knowledge and abilities for professional practice.
2. Obtains training, education, supervision, experience and/or counsel to assure competent service.

B. Maintains high standards of professional conduct.

C. Maintains physical and emotional well-being.

1. Aware of own values and their implication for practice.
2. Aware of self as a growing and strengthening professional

II. RESPONSIBILITY TO THE CLIENT*

A. Above all, shall not harm the child, youth or family.

1. Does not participate in practices that are disrespectful, degrading, dangerous, exploitive, intimidating, psychologically damaging, or physically harmful to clients.

B. Provides expertise and protection.

1. Recognizes, respects, and advocates for the rights of the child, youth and family.

C. Recognizes that professional responsibility is to the client and advocates for the client's best interest.

D. Ensures that services are

sensitive to and non-discriminatory of clients regardless of race, colour, ethnicity, national origin, national ancestry, age, gender, sexual orientation, marital status, religion, abilities, mental or physical handicap, medical condition, political belief, political affiliation, socioeconomic status.

1. Obtains training, education, supervision, experience, and/or counsel to assure competent service.

E. Recognizes and respects the expectations and life patterns of clients.

1. Designs individualized programs of child, youth and family care to determine and help meet the psychological, physical, social, cultural and spiritual needs of the clients.

2. Designs programs of child, youth, and family care which address the child's developmental status, understanding, capacity, and age.

F. Recognizes that there are differences in the needs of children, youth and families.

1. Meets each client's needs on an individual basis.

2. Considers the implications of acceptance for the child, other children, and the family when gratuities or benefits are offered from a child, youth or family.

G. Recognizes that competent service often requires collaboration. Such service is a co-operative effort drawing upon the expertise of many.

1. Administers medication prescribed by the lawful prescribing practitioner in accordance with the prescribed directions and only for medical purposes. Seeks consultation when necessary.

2. Refers the client to other professionals and/or seeks assistance to ensure appropriate services.

3. Observes, assesses, and evaluates services/treatments prescribed or designed by other professionals.

H. Recognizes the client's membership within a family and community, and facilitates the participation of significant others in service to the client.

1. Fosters client self determination.

J. Respects the privacy of clients and holds in confidence information obtained in the course of professional service.

K. Ensures that the boundaries between professional and personal relationships with clients is explicitly understood and respected, and that the practitioner's behavior is appropriate to this difference.

1. Sexual intimacy with a client, or the family member of a client, is unethical.



III. RESPONSIBILITY TO THE EMPLOYER/EMPLOYING ORGANIZATION:

A. Treats colleagues with respect, courtesy, fairness, and good faith.

B. Relates to the clients of colleagues with professional consideration.

C. Respects the commitments made to the employer/employing organization.

IV. RESPONSIBILITY TO THE PROFESSION:

A. Recognizes that in situations of professional practice the standards in this code shall guide the resolution of ethical conflicts.

B. Promotes ethical conduct by members of the profession.

1. Seeks arbitration or mediation when conflicts with colleagues require consultation and if an informal resolution seems appropriate.

2. Reports ethical violations to appropriate persons and/or bodies when an informal resolution is not appropriate.

C. Encourages collaborative participation by professionals, client, family and community to share responsibility for client outcomes.

D. Ensures that research is designed, conducted, and reported in accordance with high quality Child and Youth Care practice, and recognized standards of scholarship, and research ethics.

E. Ensures that education and training programs are competently designed and delivered.

1. Programs meet the requirements/claims set forth by the program.
2. Experiences provided are properly supervised.

F. Ensures that administrators and supervisors lead programs in high quality and ethical practice in relation to clients, staff, governing bodies, and the community.

1. Provides support for professional growth.
2. Evaluates staff on the basis of performance on established requirements.

V. RESPONSIBILITY TO SOCIETY:

A. Contributes to the profession in making services available to the public.

B. Promotes understanding and facilitates acceptance of diversity in society.

C. Demonstrates the standards of this Code with students and volunteers.

D. Encourages informed participation by the public in shaping social policies and institutions.

** Client is defined as the child, family, and former clients.*

Some issues for discussion

As our Child and Youth Care professional community proceeds with ethics work there are many issues which we must discuss and clarify. Here are some issues to begin with. Keep them in mind and identify additional issues which should be added for our attention.

- How do we meet spiritual needs ?
- Should there be a standard related to a client's right to learn from success and failure?
- How can a strong developmental perspective be included?
- It is critical to describe the limits of confidentiality, e.g. subpoenas, funding sources, risk to client or others, danger to self and others.
- How do we define client, what is the time period?
- What action is necessary if conflicts arise between these ethics and employer/employing organization policies and/or practices?
- What are the conflict of interest issues?

Direct responses to: Martha A. Mattingly, Fax (091-412) 624-6361, e-mail: mattgly+@pitt.edu



Minimum Standards for the Child and Youth Care System

The IMC has been preparing a draft on minimum standards which aim to (a) assist organisations to keep "in step" during the transformation period; and

(b) provide on-going policy and practice guidelines, together with quality assurance instruments for use when transformation is complete.

It is intended that the Minimum Standards package will eventually include: **Policy Manual:** Finalised policy for the child care system which is official government policy which is then built into legislation.

Minimum Standards: These will be divided into prevention, early intervention, statutory process, the continuum of services, and resources.

Practice Guidelines: Guidelines to inform practice and training regarding the implementation of standards — with specific guidelines for each sector, discipline and differentiated programme on the continuum.

Quality Assurance: Guidelines on how the minimum standards should be monitored — both internal voluntary quality control and external statutory monitoring.

Components

Each standard is broken down into clear components:

- a statement or description of the

- standard
- outcomes for young people
- programme practices
- management actions

There are standards for all aspects of the *process* of care (e.g. engagement and admission) as well as of other features of a programme such as physical environment, emergency and safety practices, and reportable incidents.

Example

The standard for engagement/admission reads: "*Young people are received in a manner (and into a climate) which is caring and safe, and which minimises trauma and maximises development opportunity during engagement/admission processes.*"

All standard statements then continue by pointing out what is intended *in practice*, in terms of outcomes for young people, programme practices and management actions. In the current example, the outcomes are set out as follows:

"Young people confirm —

- that they are given the maximum appropriate choice and involvement in decision making regarding their present personal circumstances, the involvement of their family and/or significant others, and their immediate future;
- that they feel physically, emotionally and socially safe and cared for during the engagement/admission process;
- that they are given information regarding themselves and the centre which orientates them regarding the placement, the plan for their immediate future, their expectations of themselves, their rights and responsibilities, complaint procedures, and their expectations of staff and the programmes;
- that they experience interactions with service providers as respectful of their individuality, their strengths, their capacity, and their cultural, religious and linguistic heritage;
- that they are given the name and telephone number of the probation

officer or social worker responsible for their case management, and that contact with or access to this person is facilitated;

- that they are introduced (at the point of engagement/admission or as soon after as possible) to the caregiver who will work directly with them, and are received by this worker in such a way as to build rapport and establish a sense of belonging and relationship."
- The relevant programme practices then set out the service provider's measures for providing the appropriate orientation and information giving, and their methods of engagement with the young people which, for example,
- acknowledge and contain their feelings and trauma;
 - demonstrate respect, care and compassion;
 - acknowledge and respect their relationship with and need for contact with their family and/or significant other;
 - facilitate the building of rapport with their caregiver(s);
 - provide opportunity for choice and decision making;
 - meet basic needs, etc.

Information

The above details, it is stressed, are taken from the *draft* minimum standards. However it is intended that the draft will be completed and available for circulation by late November.

Copies may be requested from provincial IMC Co-ordinators or appropriate departments.

It is possible that the IMC documentation will also soon be available on the Internet.

The IMC management points out that the proposed minimum standards will be phased in, and will be used together with the practice guidelines to turn the "theory" of the transformation of the child and youth care system into practical reality — over the next five years. It is intended that this will take place alongside the development of new funding procedures.

IMC Dialogue

As a contribution to positive dialogue on the transformation of the child and youth care system in South Africa, a page in this journal will in future be devoted to information giving and discussion relating to the work of the Inter-Ministerial Committee on Young People at Risk.

Readers may expect to find the latest news about the process and be directed to relevant information and documentation. In particular readers are invited to submit their own questions and comments which will be taken up directly with the IMC management for reply on these pages.

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