

# Child & Youth Care

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

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**THE HIV AND AIDS EPIDEMICS: ARE WE READY?  
CROSS-CULTURAL VIEWS ON CHILDREN'S PAIN  
SOME OUTCOMES FROM CURRICULUM 2005**

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# Young people in trouble with the law: what should we do?

Enclosed with this issue of the journal is a questionnaire which you are asked to read through and complete. This request comes to you from the South African Law Commission which is at present preparing recommendations regarding youth justice legislation in this country.

**Your business**

What does this have to do with you, you may ask. For one thing, you may be (or may soon be) a victim of youth crime. We cannot read a newspaper without being made aware of this problem in our country and in many others.

For another thing, you are in the business of working with troubled children and youth at risk, and not only do you have a viewpoint which the SA Law Commission would value, but you also have some experience and knowledge gained from your practical involvement with difficult young people.

But most of all, your future in South Africa is bound up with the healthy functioning of all of its people — and tomorrow's success in reaching this goal is predicated upon today's youth.

**Victim, offender?**

In South Africa today, few people take the simplistic view that young people in trouble with the law are alone to blame for their misdeeds. When we take into account the massive shifts in population, a struggling economy, the crippling rates of unemployment, the rocky road travelled by education in the past decades, the appalling models of dishonesty and corruption across every stratum of our society — and then focus on the results of these macro-phenomena at community and family levels (such as poverty, despair, family disintegration, alcohol and drug abuse, crime, violence and gangsterism) it is easy to

conclude that youngsters in trouble with the law may be victims of an ailing society as much as offenders against it. South Africa's response must, therefore, also avoid simplistic solutions. Our solution will inevitably reflect the complexity of the phenomenon of youth crime.

We applaud the district attorney of an American county who warned youth criminals: "I am going to hold you accountable to the last cent for the crimes you commit — *but I am going to do everything in my power to prevent you from ever getting to that point.*"

The principles of restorative justice suggest that in dealing with young lawbreakers, while making them fully responsible for their actions, we should at the same time aim at *engaging and bonding* with them — rather than *expelling and rejecting* them. These are complex imperatives.

**Pilot studies**

Five of the eight pilot programmes undertaken by the Inter-Ministerial Committee on Young People at Risk were specifically related to youth justice.

In a moving reflection on a family group conference at which a clothing chain manager was brought face to face with a young girl who had stolen goods from his store, he said: "This process teaches offenders to take responsibility, and it gives alternatives to the more guilt-driven punitive measures. It also gives me more insight and understanding of the background of this young person, and what drove her to steal."

You would not be off-target if you were to conclude that one of the major expectations which the country has of the child and youth care service right now is for help with this group of youngsters — which

**"... Precisely because they are children, society simply cannot give up on them. Special measures are required to bring young people back into society where they can play a constructive role."**

includes preventive, early intervention, treatment and after care programmes. Such expectations, more than anything, make this issue your business as a child and youth care professional.

**The questionnaire**

So contribute a couple of hours of your time over the next couple of weeks — to think about the problem of young people in trouble with the law, to talk about it with your friends and colleagues, and with the young people in your care — and go through the questionnaire and fill in your own thoughts and suggestions.

Send it off to the SA Law Commission, Private Bag X668, Pretoria 0001 by the end of October 1997. Or drop it off at your nearest NACCW office no later than 20 October.

## New Internet addresses —

Please note that as from 1st of August 1997, our web sites have moved to the following locations:

**NACCW**

<http://www.pretext.co.za/naccw>

**CYC-Net**

<http://www.pretext.co.za/cyc-net>

*CYC-net*

Are you connected? Send e-mail to [cyc-net@iafrica.com](mailto:cyc-net@iafrica.com) and you will be connected to a network of child and youth care colleagues world wide. **You are welcome!**

# Child & Youth Care

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

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*Cover photograph by Andrzej Sawa*



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International Federation of Educative Communities (UNESCO)



Association internationale des Educateurs de Jeunes Inadaptés  
International Association of Workers with Troubled Children

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## People



**Drinie Booyesen**

Drinie is a trainer for NACCW and currently holds the post of Assistant-Director of the Department of Welfare, Northern Cape, based in Kimberley. She was born in Worcester and when she was 10 her parents moved to Cape Town where she matriculated in 1976 at Trafalgar High School in District Six. Having always wanted to become a teacher it was much to the surprise of her parents that she opted for social work. She studied at the University of the Western Cape, gaining her Social Work degree in 1979 and completed her BA Hons in Social Work in 1990.

### Child and youth care experience

Drinie was exposed to a wide experience in the field of child and youth care work. Her interest in child and youth care services emerged whilst engaged in practical work at a children's home during her second year of studies. She then started her professional career at the old Klaasjagerberg State Children's Home which was later closed down. She transferred to Atlantis School of Industry where she worked as a residential social worker for three years. In these early years she developed a great interest in working with troubled and hurt children, challenged by their vulnerability and powerlessness. She worked as a Probation Officer for three

and a half years and then gained broad experience in social work services in the Department.

During 1989 Drinie moved to Kimberley where she was appointed Manager of the Mimosa Place of Safety. Here she was faced with the challenge of children from deep rural areas, the frustration of poor infrastructure, and low morale in care staff. This drove Drinie to initiate training for child and youth care workers in the Northern Cape, and with the support of a few co-workers and the Gauteng Region of the NACCW, she succeeded in starting the training of the BQCC in March 1990. To date 83% of all their child care workers have undergone the BQCC. She regards her placement at Mimosa House as Superintendent as a highlight in her career as she experienced growth and a deeper understanding of child care services. During 1996 Drinie was transferred to Galashewe Place of Safety as Manager to a staff of 92 and 100 awaiting-trial boys.

### IMC

During November 1995 Drinie was appointed Provincial Co-ordinator of the IMC — in addition to her tasks as Assistant-Director in co-ordinating all the residential care services in the Province. She finds this transformation process extremely exciting and challenging. Her enthusiasm and commitment to this process is evident and her greatest concern in this transformation process is the development and professionalisation of the Child and Youth Care Workers. Only then, she believes, will an efficient and effective service be rendered to our children in care. Drinie is a single parent with a 13-year old son.

# Children in Pain:

## A culturally sensitive view for child care workers

**Suzan Banoub-Baddour and Maureen Latyea**, writing in the *Journal of Child and Outh Care*, discuss the rationale for a multicultural perspective in dealing with preschool and school-age children in pain. Starting with the definition of pain and how it relates to suffering, they present a brief overview of the experience of pain in children and the various factors affecting it, and then propose intervention strategies for child care professionals dealing with children at risk of or experiencing pain.

For many years, particularly in North America, health and child care professionals have used the Western medical approach as the only way to care for children in pain regardless of the child's cultural background. Yet the literature shows that individuals from different cultures and ethnic groups have set norms of appropriate behaviour to express and cope with pain, which in turn influence the ways members of these groups perceive, interpret, and respond to pain (Koopman, Elsenthal & Stoeckle, 1984).

Among professionals, the situation is further compounded because care givers are often from different cultural backgrounds, bringing their own beliefs and ways of evaluating pain. In the health care setting, Davitz, Davitz, and Higuchi (1977) showed that nurses of different cultures varied remarkably in their perception of patients' pain. The same could be expected to hold true for child care workers and other health care professionals.

### **The Need for a multicultural perspective**

In the care of children, pain is the most common and one of the most challenging phenomena facing health care professionals and child care workers. We believe that in our society children are the silent majority: their voice is hardly heard. They depend on adults to interpret their feelings and level of pain and suffering. When a child's pain is identified, the interventions used are usually monocultural and "Westernised," taking no account of the

child's uniqueness and cultural background. This kind of approach can compound the level of pain and could create much suffering.

Cassell (1982) defined suffering as a state of severe distress associated with events that threaten the intactness of the person. Suffering occurs when an impending destruction of the person is perceived, it continues until the threat of disintegration has passed or until the integrity of the person can be restored. Cassell postulated that "personhood" has many facets, and that ignoring them could actively contribute to suffering. Suffering goes beyond the physical realm and is as disabling as physical pain. For instance, children facing threatening situations (e.g. marital discord, child abuse, performance anxiety, or school phobia) suffer. They often experience psychogenic pain, or pain of psychological origin, which could be manifested as physical pain, such as abdominal or leg pain (Pillay & Lalloo, 1989).

Collins and Colorado (1990) discuss Native American child care issues and emphasise the need to shift from a monocultural to a multicultural approach in the care of these children. Although Native American affairs are a political issue that needs to be recognised and properly addressed, we believe that a broader, multicultural perspective is an appropriate approach in dealing with all young children in pain. Kim (1990) defined multiculturalism as "willingness to understand, appreciate and adopt, where appropriate, the values,

beliefs, ideas, viewpoints and life practices from traditions other than our own" (p. 13).

### **Pain as a puzzle**

Pain is a complex phenomenon that is difficult to describe and measure. Looking through the literature, we note that its definition varies with the perspective of the person using the term. For example, the International Association for the Study of Pain (1979) defines it as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage" (p. 249). Physicians define pain from the physiological perspective (for example, tissue damage) or as a symptom of a disease or dysfunction. McCaffery, a nurse, still uses the definition she created in 1968, that is, "pain is whatever the experiencing person says it does" (McCaffery & Beebe, 1989, p. 7).

Although the nature of pain is still a puzzle, these definitions show an interplay of sensory and physical factors with psychological and cognitive factors. For children, the puzzle is further compounded by the following factors: children's constant development, their relatively limited cognitive ability, their limited verbal skills, and their limited behavioural competencies (McCrath & Unruh, 1987).

### **Children's experience of pain**

The experience of pain varies between children and even within the same child, depending on a multitude of factors. Developmental changes in pain perception and tolerance, memories of pain, and the

child's personality characteristics are but a few of those factors. Most importantly, children's thinking about pain, its origin and meaning, greatly influences their experience of pain. This set of mental ideas that children have about the attributes of pain — that is, their concept of pain develops through a process of assimilation and interpretation that is mainly affected by the characteristics of the individual child and his or her family and culture. Like other aspects of the child's cognitive development, the concept of pain evolves through various stages. A description of these stages is presented in the research study conducted by Hurley and Whelan (1988) on a sample of preschool and school-aged children. The way a child perceives, responds to, and communicates pain depends on what he or she knows and understands about pain. The impact of children's concept of pain on their experience of pain can be observed in the case of children whose pain has been present for relatively long periods of time, or has remained unchanged or when increased gradually. It is believed that in these children the pain sensation has almost been incorporated in the child's body image. For them, pain and suffering may seem "normal" and they may not communicate it (Meinhart & McCaffery, 1983). Examples of such instances may include sexually abused children, humiliated Native American or immigrant children, and other victims of school bullies.

In every society, the child learns how to respond to pain, to whom pain should be reported, and what kind of pain-relief measures are helpful. The child also learns indirectly how to behave in painful situations, by observing parents', siblings', or other peers' behaviour when they are in pain. The parents' approval or disapproval of a child's behaviour will determine whether the specific behaviour is maintained or extinguished (Abu-Saad, 1984a). A child will use the vocabulary commonly used at home to express or define pain. In cultures where complaining or reporting pain is discouraged, a child in pain may not even admit its presence.

Another cultural influence is exerted upon the child through the family's religious and spiritual beliefs. Often a child interprets his or her pain as a punishment for some misbehaviour. Some children, on the other hand, resort to prayer as a means of coping with pain. This was observed by Abu-Saad in her cross-cultural study of pain among children from different ethnic backgrounds (1984b). She also reported differences as well as commonalities in the pain experiences of children within given ethnic groups.



### **Culturally sensitive strategies for caring for children in pain**

There is now a renewed interest in Native and other cultural issues: the next step is to ensure that a multicultural approach to the care of children at risk of or in pain is adopted, and that culturally sensitive strategies are developed. Besides Native Americans and the Inuit, in Canada immigrants would constitute the main target of such strategies. According to Hrycak (1990), the most common groups of immigrants are from Southeast Asia, Eastern Europe, Latin America, Africa, and the Middle East.

Although a comprehensive knowledge of every ethnic group is not possible or even necessary, the child care professional needs to know some of the important cultural characteristics of children in his or her caseload. Moreover, child care is social process to which the professional brings his or her set of beliefs, expectations, and practices. Hence, recognising the influence of one's own ethnicity and culture is essential (Waxler-Morrison, Anderson, & Richardson, 1990). In addition, child care professionals need to be able to acknowledge and work with value conflicts. Particularly when dealing with children in pain who may not have adequate language skills, professionals must be sensitive to the critical components of cultural sensitivity as described by Jackson (1990). These include an awareness of cues, an accurate interpretation of such cues, and an appropriate and prompt response to them.

Since there are many intergroup and intragroup differences, professionals should be careful to avoid stereotyping and overemphasising the cultural di-

versity. In order to help a child in pain, from the child's perspective, one needs to look at that child as an individual within a cultural group (Abu-Saad, 1984a). Although researchers have not yet resolved the problem of pain assessment in very young (pre-verbal) children, or children with limited language skills, we believe that the child care professional has an important role in identifying children in pain.

According to Stacey (1989), the child care professional is not expected to make a formal assessment of the child's pain in hospital. Yet in most other social settings, such as the home, school, residential care, or other welfare facility, that practitioner is often the one who may first identify much of the child's pain behaviour. It is essential to empathise with the child within his or her life and cultural context and to closely observe the child's behaviour, biological or foster family dynamics, and relationships with peers. It is necessary to ask questions in an appropriate language and at an appropriate level in order to assess what the child feels, and to identify what he or she believes will help relieve or minimise the pain. Even the term used synonymously with the word "pain" must be one to which the individual child is accustomed. The assistance of the parents, other family members, friends, primary care-givers, or an interpreter may be needed. Depending on the situation and on the child's age, the role of that third party may be kept in the background. In other words, the communication should primarily be between the professional and the child in order to facilitate the building of trust. However, the presence of the child's parent (or

friend or older children) must be encouraged, since research has shown that the child is able to cope much better with pain when a loved one is present (Abu-Saad, 1984b; Jerret, 1985). Based on the child's experience of pain, its cultural context, the overall situation, and the child care practitioner's preparation and skills, the latter may assist the child in dealing with or in controlling the pain. Being understanding, available, and supportive can help the child share his or her suffering and in this way alleviate the pain by minimising the associated fear and anxiety. A multidisciplinary approach with consultation and possible referral to other appropriate professional(s) may be needed to provide comprehensive or complementary long-term pain management. Yet more important is providing consistent, culturally sensitive advocacy on the child's behalf.

Because of children's limited language and cognitive skills, their pain behavior or cues may be misinterpreted by child care professionals who come from a different culture. Hence, it is crucial that child care professionals be culturally sensitive and willing to adopt values, beliefs, and life practices other than their own in caring for children in pain. In conclusion, it is imperative that in the 1990s, child care and other professionals shift their views and practices from a monocultural paradigm to a multicultural perspective in the care of children in pain.

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**Maureen Laryea**, RGN, RMMTD, BA (Hons), M.Phil., trained in South Africa as a nurse and a midwife. She has worked as a nurse and a lecturer in Namibia and Great Britain. She is currently an Associate Professor at Memorial University School of Nursing, St. John's, Newfoundland.

## THANK YOU. HAMBA KAHLE.



**"WE MUST BRING THE CHILD BACK INTO THE CENTRE OF OUR CARE AND CONCERN.**

**THIS IS THE ONLY WAY THAT OUR WORLD CAN SURVIVE, BECAUSE OUR CHILDREN ARE THE ONLY HOPE FOR THE FUTURE.**

**AS OLDER PEOPLE ARE CALLED TO GOD, ONLY THEIR CHILDREN CAN TAKE THEIR PLACES."**

— MOTHER TERESA

### NACCW

THE NATIONAL ASSOCIATION OF CHILD CARE WORKERS

# The World of Child Care Workers

## LETTERS

### A year at a time?

I refer to our recent interview published under the title "Rands and Sense" in the August issue of the Journal, and am prompted to write in response to your editorial "To-day is the first day of the rest of your (child and youth care) career."

I have a fears for the future of the child and youth care career once programme funding is implemented. My concern is that when programmes are funded and evaluated on an annual basis, they can just as easily be terminated by the State (by not funding them in the following year), leaving employers and employees in a somewhat precarious position. Not many people will wish to build a career in a field of service which cannot offer a degree of employment security beyond the current year. Such a lack of continuity of funding also has serious implications for the development of child and youth care as a profession. In my view all professions need recognition from the State and a measure of employment and service security to develop into a truly worthwhile field of occupation. At the moment, I don't see this happening if all the rumoured proposals and recommendations concerning child and youth care become a reality.

**Ernie Nightingale**  
*Durban*

### Giving notice

I was interested in Lyn Perry's letter about terminating relationships and changing jobs. Of course I agree with her, but have a related question:

What would happen to my job if next year another organisation won the tender for the job my employer/organisation is doing this year?

My employer would then have to give *me* notice, he would lose all his staff, and wouldn't ever be able to tender for the job at all in the future!

**Here today (Gone tomorrow?)**  
*Gauteng*

## The Child and Youth Care Worker PAS

The NACCW, along with representatives from YPAG, Auxillary Social Workers and the Public Service, have been meeting with the Department of Welfare to discuss the concern which exists in our field around the current Personnel Administration Standard (PAS) under which Child and Youth Care Workers are employed — namely the occupational class of "Social Auxillary Worker".

### Commitment to change

The Department of Welfare has acknowledged that a significant dissatisfaction exists around the current PAS and has committed itself to developing a PAS which is acceptable to both workers and managers in the field. At present the IMC has been requested to table the PAS which it previously developed for Child and Youth Care Workers. This includes recommendations which are in line with the long held principles of the NACCW, including registration of child and youth care workers, career pathing, linking training and qualifications with promotion. The Department of Welfare has expressed commitment to changing the PAS to make allowance for these principles. Discussions are under way in this regard. A draft document will be produced and distributed to stakeholders during a consultation process and thereafter finalisation of the document will take place.

### NACCW committees

In the meantime, it is imperative that NACCW members remain informed of these developments and that steering committees in each of the Association's Regions apply themselves to serious study of the document during the consultation phase.



UNISA First Year students attending Practice Laboratory 2 of the Certificate in Child and Youth Care in Pretoria recently. We express condolences to family and friends of Mokgadi S. Betha (standing, centre, with African print skirt) who has since died.



## Child Care Worker

EPWORTH CHILDREN'S VILLAGE believes in demonstrating integrity and compassion for all people.

Do you have these qualities and are you prepared to join a team that is making strong headway in breaking the cycles of abuse and despair? We are only interested in individuals who have positive attitudes towards life, and towards children in particular.

We offer residential care and support to children from our rainbow nation between the ages of 4 and 21 years. Our houses are situated in a middle-income residential area on the East Rand in Gauteng. A driver's licence is essential and Matric + BQCC is a minimum requirement.

Please call Thabang or Megan for an appointment on (011) 827-5732 between 9:00 and 12:00 weekdays

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

# HIV-AIDS epidemic: are we ready?

Over the past few years, the welfare community has tended to take a back-seat to the health sector in confronting the HIV/AIDS epidemic. However, as the social implications of the disease become increasingly evident, and the predictions by demographers and community health professionals ever more frightening, social workers and others are beginning to understand that their professional lives are about to change fundamentally, and unavoidably. This report is extracted from the 1997 Mid-Year Review of the CINDI (Children in Distress) programme in Pietermaritzburg, which provides not only a graphic vision of the future, but some insight into the kind of strategies we will need to deal with the most worrying by-product of AIDS — the orphans.

### Wake-up call

The question in the title of this article is clearly rhetorical, but it is one which we need to confront. It is a sobering thought that it takes a city with the unfair title of "sleepy hollow" to wake us up!

More than sixty percent of the world's HIV cases are in sub-Saharan Africa. By 2010, AIDS will have reduced life expectancies in southern African countries by half. Official figures

show that 2,5 million South Africans, or 10% of the adult population, are already infected, including one-in-seven of all women of child-bearing age (15-50).

In KwaZulu-Natal the figures are worse than the average, with about one in six adults already infected, while between 25% and 33% of all women being seen at ante-natal clinics in the KZN midlands are testing positive. The prevalence is similar in Free State, Gauteng and Mpumalanga, and worse in North West province. Neighbouring Botswana has one of the highest prevalence rates in the world, with 43% of pregnant women in Francistown testing positive.

Horrible as these prevalence figures are, mortality levels will be worse. In Uganda, adult prevalence levelled off at (only!) 8%, yet the average life-time risk of dying from AIDS in that country is around 32%. It is estimated a thousand South Africans are being infected with HIV each day, which means that by the year 2004 a thousand people will be dying from AIDS daily.

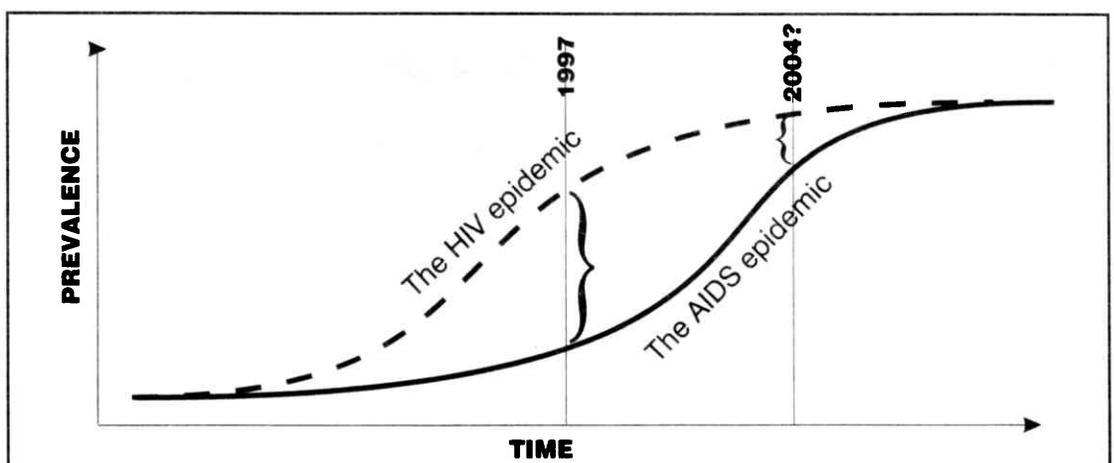
To understand the challenges posed by the virus, it is important to know there are effectively two epidemics; an HIV epidemic, when the virus spreads among sexually active

adults, and an AIDS epidemic — when people then get sick and die. The first epidemic is invisible because the virus produces no symptoms for several years. When the symptoms appear, we have the second epidemic, which is extremely visible.

The illustration below may help to visualise the pattern: The first curve represents the increasing number of people who contract the virus and the second curve is the same people becoming ill and dying. The time between the two curves varies, but will probably average around seven years in South Africa.

The first vertical line represents where we probably are, by mid-1997 in KZN (which is said to have the most "advanced" epidemic in South Africa), with the HIV epidemic (the first curve) showing signs of reaching a plateau in some areas while the AIDS epidemic (the second curve) is still gathering momentum.

At this stage, roughly 750 000 people in the province are infected. The number of people suffering from AIDS-related illnesses is still relatively small — yet is enough to account for more than half of the medical in-patients at general hospitals around Pietermaritzburg. The second vertical line is



where we will probably be in seven years time. By then, HIV prevalence (the first curve) will be level. Unfortunately, this doesn't mean people will no longer be getting the disease, but rather that the number of new infections will be equal to the number of deaths, so that the number of people living with the virus will be static. This twin-epidemic pattern means that health workers spend their time trying to persuade the public to modify their most intimate behaviour in order to prevent something which they cannot see or even imagine. Indeed, work elsewhere in Africa suggests that men don't start using condoms until they see members of their community dying in large numbers, and can no longer explain their deaths away as anything other than AIDS, or the mechanism of contracting it as anything other than sex, and until they are convinced that there really is no cure — conventional, traditional or otherwise. Unfortunately, by then, millions of people are already condemned to die. And tragically, we are already at this stage in much of South Africa. In the meanwhile, a small but growing number of social-service and community-development agencies in South Africa have recognised that they, too, cannot hide behind the hope that tragedy will be averted, and they are starting to grapple with the implications of the disease for our economy, our society, and our future. The epicentre of the disease, and the focus of this social research, is KwaZulu-Natal — specifically its capital, Pietermaritzburg.

### The Affected

One of the horrors of AIDS is that it targets the second or middle generation, with 85% of deaths taking place among people between the ages of 20 and 45. They are the parents, breadwinners, and taxpayers. Worse, it affects more women than men, and at younger ages. They are the caregivers. This combination of factors means that, not only will we have a shortage of people to care for the elderly, the children and the disabled — but we will also have a shortage of breadwinners to provide for them. And because the numbers are so big, and because so many taxpayers will die, we can predict that the state will not be able to find the money to take on the burden of supporting so many families, for example, through social security grants and pensions. The HIV/AIDS epidemic will present our nation with a huge bill, in terms of medical and social services and in loss of income — a bill which is simply beyond our means. But there is one area where a failure to

provide these services will haunt us for a century. And it's an area which has largely been ignored until now.

### The Orphans

UNAIDS estimates that, world-wide by mid-1996, there were:

- 3 million HIV positive children;
- 9 million maternal orphans;
- 30 million children living with HIV positive parents.

Estimates of the orphan epidemic in Zimbabwe, based on research by Simon Gregson of the University of Oxford, corroborated by the US Bureau of the Census, predicts that:

- fewer than 20% of women can expect to live throughout their child-bearing years;
- only one-third of girls aged 15 will survive to their 35th birthday;
- by 2010 the number of children without mothers will increase ten-fold, and
- one-third of all children under 15 will be orphans.

Research done by Professor Alan Whiteside and others for the KZN Town & Regional Planning Commission in 1995 predicted the province would have around 200 000 AIDS orphans by the year 2000, growing to 500 000 by 2005, and 750 000 by 2010.

However inexact these numbers may be, they lead to a few simple and inescapable truths:

- we are not ready for this flood of orphans, no matter how you define "ready";
- the quality of upbringing which these children are given will directly affect the quality of life in South Africa, long after the AIDS epidemic is relegated to the history books.

**Children in Distress (CINDI)** is an attempt to find some answers, before we are overwhelmed by the problem. This month we will introduce our efforts so far, and in next month's issue we will describe some of our programmes and plans in more detail.

### Cindi Programme

About 60 representatives of government and NGOs in the welfare and



**“The quality of upbringing which these children are given will directly affect the quality of life in South Africa, long after the AIDS epidemic is relegated to the history books.”**

health fields attended a two-day meeting sponsored by the Transitional Local Council of Pietermaritzburg over the weekend of 6–7 July 1996 to discuss practical models of care for the anticipated flood of orphans, and to address the disruptive effects of the epidemic on families.

At the meeting, social workers reported that a diagnosis of HIV within a family invariably led to the mother being ejected with her children, while extended families were at breaking point already, as a result of prolonged violence and economic hardship.

Research showed more than a quarter of all households were already caring for a child without its mother.

The meeting's great concern was that, without proper planning, in 30 years South Africa would find itself ruled by a generation which grew up in militaristic youth camps or, even worse, scavenging on the streets, with few choices and no experience of parental love.

They agreed that the question was not just about survival, but about the quality of up-bringing, and that the solution lay in developing a series of orphan-catchnets, and these were considered in descending order of desirability:

- the preferred catchnet was the extended family of the orphaned child, which may need to be empowered to accept children, and to raise them effectively;
- the next-best catchnet was a neighbourhood- or community-based structure, enabling children to be raised in familiar surroundings;
- the meeting explored a third level of

support for children (and mothers) detached from their communities, which attempted to reproduce the traditional extended family — which is economically self-sustaining and raises children collectively — and could be developed by a consortium of agencies; and

- the last-resort catchnet would be institutional care. Institutions are too expensive, and too impersonal, for anything but short-term emergency care and assessment (except for certain children who benefit from a more structured environment).

On the second day of the Summit, delegates attempted to visualise pilot projects located within the four-catchnet model, and produce a series of action plans to turn them into reality. These are detailed in the Summit Report and Executive Summary drafted by an editorial committee after the Summit, available from the CINDI office. However, most of these ideas have been incorporated into the pilot projects.

### Pilot Projects

Each of the CINDI pilot project is "owned" by a particular NGO, but is run in close collaboration with the other CINDI role-players and stakeholders — which include local, provincial and national government structures and funders. Indeed, the role-players are unanimous that it is this collaboration which is CINDI's greatest strength, and that it is unlikely any of the pilot projects would have got as far as they have if it were not for the practical support they get from each other. NGOs do not always make happy bed-fellows, and it is even rarer to find them working collaboratively with public bodies such as the Department of Welfare and the local authority. Yet that is precisely how CINDI was founded, and works. For example, the CINDI committee meets in the local offices of the Department of Welfare, and reports monthly to the TLC's AIDS sub-committee, although neither has any executive control over the projects. This capacity for constructive networking is possibly rooted in the regional Welfare Forum initiative, which predated the establishment of a national Welfare Forum and has been actively promoted and supported by the Pietermaritzburg Community Chest — which played a key facilitatory role in the establishment of CINDI — since 1993. But it may have just as much to do with the size of Maritzburg, the kind of people, the level of HIV infection, or something in the water! ■

You can contact Mark Loudon on cell 083-440-9394, or his e-mail address is [lga@pixie.co.za](mailto:lga@pixie.co.za)

Around the world each day, scores of child and youth care professionals open their daily e-mail to find a number of discussions on the go which relate to their work. This discussion forum is the NACCW's 'CYC-Net' which is available to you free of charge if you have an e-mail address. What are you missing? Here is an extract from recent discussion on design of residential accommodation

# CYC-Net

I am currently planning the replacement of a number of outdated residential units. Our specification is for buildings to accommodate six young people aged 12 to 17. The design should be as like normal housing as possible. Information on design features which have proved to be effective would be very welcome.

**Sandy Cameron**

Hi Sandy. I teach a master's course at Nova Southeastern University in Florida US on the design of therapeutic programs. One of the assignments is to design or renovate a space to be used for residential treatment. I have been amazed by the failure of many programs to begin with *the purpose* for which the space is being designed. First, consult the experts — the people who work in these units every day. They often have the best tips about what works and what does not. They can tell you how to arrange traffic flow, privacy, access, lighting, comfort level. Connect the design with the therapeutic model or program which you use in your agency. For example, if you use a Positive Peer Culture model, it will be necessary to plan for group meetings. Build solidly — remember that the building will be under heavier use than the typical home; this means that the windows, doors, cabinets, stairways, etc., must be designed for heavier-than-normal use and abuse. This can be done without sacrificing the warmth and home-like atmosphere you are seeking. Consult with other agencies regarding their experiences — ideas as well as horror stories. Talk with the residents about their ideas; they also know firsthand what works and what does not. Some literature on design I would suggest: Maier, Henry. (1987). *Developmental group care of children and youth*. New York: The Haworth Press. Especially Chapter 8: The space we create controls us, pp. 153-160. Sommer, R. (1969). *Personal space: The behavioral basis of design*. Englewood Cliffs, NJ: Prentice-Hall. Esp. Chapter 6: Designed for refuge and behavior change, pp. 153-160. (An older book, but still quite useful.) Wilson, M. Robert; Soth, Nancy; & Roback, Rebecca. *Managing disturbed behavior by architectural changes: Making spaces fit the program*.

Send your name and e-mail address to [cyc-net@iafrica.com](mailto:cyc-net@iafrica.com) and you can be part of this international child and youth care network immediately.

Residential Treatment for Children & Youth, 10(2), 63-74.

**Nick Smiar**

University of Wisconsin-Eau Claire  
Eau Claire, WI USA

Sandy: Barbara Kahan's *Growing up in groups* has a useful chapter, and she has written a couple of short general articles on the subject in *Child Care Forum*. I can let you have copies of these, but they are fairly general. There are also, of course, the various standards documents. It might be worth contacting services that have recently had new premises built. I know that Gielsland School have some new accommodation buildings in the form of small units with only a few beds each. They will perhaps be rather more "institutional" than what you have in mind, but it might be worth speaking to Randal Mair about the architectural considerations.

**Alan Macquarrie**

Centre for Residential Child Care  
University of Strathclyde, Glasgow

Sandy: The goal in thinking about space is to consider how it enhances development. Is this a place where workers and children can be and grow together, does the atmosphere welcome and invite children to interact, connect, and discover? Is it conducive to sleep and being awake, does it express who the inhabitants are, how can they get the most growth out of being in these spaces, what meaning does it have? These are the kinds of questions that should be asked. We had a student here who spent a year trying to work out why youth hung out in certain places—the answers weren't surprising: They like spaces they created and places where they could anticipate something happening. Baizerman and others have made this point: are we creating spaces where kids can anticipate? In architecture and urban planning there is also an interesting literature on the meaning of space similar to Maier's comments about how the space we create defines us ...

**Mark Krueger**  
Milwaukee

Mark: Thanks for your comments. I am reminded of Fritz Redl's phrases to describe a therapeutic milieu: "a house that smiles," "props that invite." You

also make an excellent point regarding the creation of space by those who inhabit an area. No matter what you do to create a building or space which reflects your own ideas, the inhabitants will make every effort to "re-create" those same spaces into their own images and for their own uses. Thus, we are best advised to include the youth in the planning for the space.

**Nick Smlar**

**Sandy:** As a line staff member, I would also like to add that we should keep in mind that sometimes things don't go as well as we would like. When this happens it may become necessary to keep a client, or clients under close observation. Having a well thought out plan to do this with the needs of both staff and client in mind will go a long way in getting through what might be a very stressful time.

Don't forget the sleep time in this scenario. Many kids have more difficulty feeling safe at night time to begin with. If you make it any more uncomfortable for either the staff or the client, the risk of additional difficulty, or possibility of inattention, goes up also. Perhaps an area closer to where the night staff are normally located would be helpful. Sometimes just having a clear line of sight will be enough. I have at times, seen clients put in a hallway to sleep because of various safety concerns. When this happens I find myself wondering how the client feels about being placed in such a visible position at a time when they may already be overwhelmed with other issues. At the same time I know all too well that it is a prime responsibility of staff to ensure the safety of the client as much as possible.

**Ed Edgerly**

*Portland, Oregon*

A few thoughts from my own experience:

1. A key issue is where to eat. I think a large 'dining kitchen' is probably a good option for providing a warm and informal environment in which staff and young people can interact while cooking as well as eating. You may have to fight off health and safety officials however; in one situation I heard about these officials tried to ban young people from the kitchen on the grounds that it is 'dangerous'!

2. Another crucial issue is whether you intend to have an office in the home as well as staff sleepover accommodation. I feel we should avoid offices in smaller homes. There is no reason why a secure filing cabinet and cupboard cannot be kept in a sleepover room, and the sitting room used for business or meetings during the day.

3. In terms of bedrooms it needs to be decided whether all rooms are to be single rooms; I feel that some flexibility needs to be built in, e.g. making some rooms suitable for two young people to allow for siblings to share or friends. I wonder if it is possible to have the building capacity designed to be flexible say with a maximum of between five and eight, so

that if a sibling group is admitted the overall numbers go up and extra staff are brought in to cover the larger number of residents.

4. A very interesting layout is used in a home I visited in Dublin, Ireland. This consists of two adjoining semi-detached houses with a linking door inside at ground level. The outside was maintained to look like two dwellings, but inside it largely worked as one. At night they had two sleepover staff, one in each house, and the boys and girls slept in separate halves of the unit, i.e. the upstairs of each house. (I would be happy to elaborate on their reasons for adopting this approach if you're interested).

**Ian Milligan**

*Langside College, UK*

More on Sandy Cameron's query:

I have had the opportunity to supervise the design and renovation of a few programs for adolescents ...

1. As Henry Maier has so well taught us (someone pointed out) 'Space speaks'. Space can, for example, say 'control' or 'don't play here' or 'no privacy allowed' or 'we don't trust you' or 'relax and be at ease' or 'you are a person too'. Space speaks this way through design, layout, color, light, and furnishings. The question is then, what do we want the space to say?

2. The living environment reflects the values, beliefs and attitudes of those who design or maintain it. If, for example, you believe that youth have the right to privacy, then ensure places to talk, make calls, have private meetings with their parents, etc.,. If you have other beliefs, values, etc., take them into consideration when designing the environment. So, the question is, what values do we want to reflect in the design?

3. How do you think the youth will respond to the various possibilities? For example, while we might like an open environment, they might experience themselves as 'on display'. While we might like a certain kind of furnishings, ornamentation, etc., they might find it too adult, or uncomfortable, etc. In one experience, we hired architects who were willing to meet with and facilitate the input of the youth as part of the creating process. They had some wonderful input. The more that youth feel as sense of ownership for the final environment, the more they will respect that environment. So, the question is, How can we get the input of the youth in to the design?

4. How will parents experience the design, layout, furnishings, etc? If we build an environment that is way beyond their means, it may help them to think of themselves as unsuccessful; If the design says we are afraid of youth, they may fear their own child. So, how can we ensure that the environment is also a comfortable one for the parents/guardians?

5. If a design reflects too strongly one set of cultural values, some people may feel unwelcome if they come from a different culture. So, how can the various cultures your program will serve be reflected in

the physical context?

This has been a wonderful discussion topic and a wonderful read. Thanks for raising this question. I have enjoyed reading the various inputs. I'm curious if any of the input you received has been helpful to you.

**Thom Garfat**

*Transformactions, Canada*

More — There is an excellent chapter in Alan J Davison, *Residential care: the provision of quality care in residential and educational group care settings* (Arena, Aldershot, 1995). A copy is available in the Centre Lending Library.

**Alan Macquarrie**

*University of Strathclyde, Glasgow*

Don Bosco Hostel is seeking a

## Youth Care Worker

The ideal candidate will have experience in residential child care or youth work, have a desire to work with street youth and be able to lead and energise youth. We are seeking a Xhosa speaking man with a driver's licence, who is willing to work on a shift basis.

Please fax or post the CV to the Co-ordinator, P.O. Box 870, Cape Town 8000, or fax 419-1312 asap.

## Tennyson House

(a shelter for the girl child on the streets) invites applications for a new position as

## Social Worker

The ideal applicant will — have experience in the field of social work; be Zulu-speaking; be committed to working in a team; possess a driver's licence; embrace the values of the organisation; desire to be part of a dynamic team

The shelter cares for girls from 10-16 years old on Christian principles.

Interested persons to fax applications / CVs to (031) 23-3404 or post to: P.O. Box 74574, Rochdale Park 4034.

e-mail address: yfc@dbn.lia.net

a project of Youth for Christ

Four presenters at a recent conference at UWC consider the Child Care Act, the Social Assistance Act, the Mental Health Act and legislation on Education

## Legislation and its impact on children with disabilities

### The Child Care Act

*Mike Masutha of the Department of Welfare argues that the Child Care Act of 1983 does not properly address the needs of children with disabilities.*

Since its implementation in 1987, there have been repeated calls for substantial changes to the Child Care Act, some of which were dealt with by the Child Care Amendment Act of 1991. The welfare legislation of the past was fragmented, punitive and disempowering — assuming, as it did, that all children had basically similar needs.

The 1996 Amendment to the Child Care Act saw two notable changes: a paradigm shift from a parent-centred to a child-centred approach regarding the protection of children, and the removal of the provision allowing the child to be removed from the parent if the latter is severely physically or mentally disabled. In addition, it introduced regulations regarding the inspection of children's institutions and the responsibilities with regard to reporting abuse. Masutha raises the issue that, in defining disability, old legislation had used handicap, impairment and disability interchangeably.

The Discussion Paper on the Framework for the Development of a National Integrated Disability Strategy for South Africa (Green Paper) states that people with disabilities have rejected traditional medical traditions of disability, maintaining that

disability is, in fact, the failure of a structured social environment to adjust to the needs of citizens with disabilities. It is essential to ensure that this paradigm shift occurs before any discussion regarding children with disabilities takes place.

The World Programme of Action Concerning Disabled Persons identifies the equalisation of opportunities for people with disabilities as crucial, applying to all countries regardless of different levels of social development. South Africa's Disability Rights Charter strongly emphasises the need for this. Rehabilitation is not enough — it is the environment that is at fault.

Masutha reiterated that South Africa's child welfare legislation has assumed that all children have similar needs. He emphasized the need to challenge this — particularly as budgetary processes are closely linked to this legislation, and the provision of resources for children with disabilities is at stake. In the redrafting of the Child Care Act — planned for 1997 — it is important to ensure the equality of children with disabilities. The challenge now is to identify the specific needs of children with disabilities, to ensure that they are

protected, and to select the best model for South Africa.

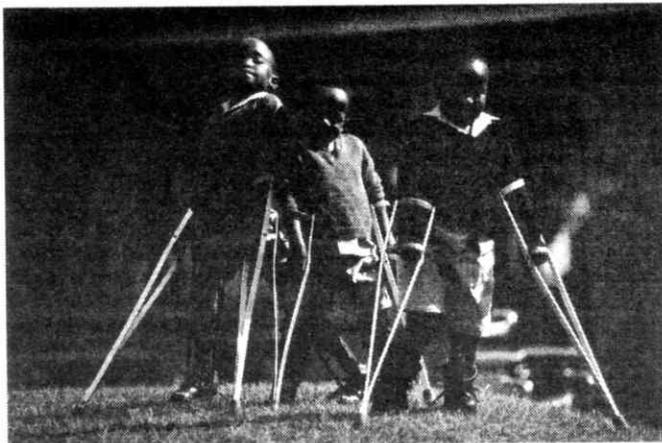
### The Social Assistance Act

*Colleen Howell DPSA argues that the Social Assistance Act (1992) should be seen within two sets of parameters: its place in relation to the situation of the majority of children with disabilities in South Africa, and its historical development as a result of a wide range of processes over the past few years.*

Two important issues arise from this perspective. The first is the enormous dependency of parents of children with disabilities on South Africa's social security system. This raises the question of the extent to which legislation can actually meet needs in the context of a number of other socio-economic factors. The second issue is that fundamental aspects of the Act itself are flawed with the result that it does not meet the needs of children with disabilities and their parents.

The United Nations Development Programme, and the International Labour

Organisation, see poverty in terms of the extent to which people are excluded from basic goods and services because of inadequate income or poor infrastructure. This is particularly pertinent in South Africa where parents of children with disabilities, especially single mothers, are amongst the most poverty-stricken in the



country. The majority of parents lack the income to provide for their children and live in underdeveloped areas with very little infrastructure. The birth of a child with a disability actually contributes to poverty, as the father often divorces the mother as a direct result. Children with disabilities are thus discriminated against threefold: as people with disabilities, as children in general, and in terms of the discrimination against women inherent in society. The Integrated National Strategy on Disability (Green Paper) also looks at the provision of education for children with disabilities — of whom 50% do not go to school, with the majority not making it past Standard 6 and only a handful ever reaching tertiary education. Children with disabilities are also mainly placed in 'special' schools, which are isolated from the mainstream education system — as well as being few and far between. All of this has placed a massive burden on South Africa's social security system, especially as there is no other provision for children with disabilities. Legislation should be seen in this context.

The existing legislation has developed out of an apartheid tradition. Not only was there incredible fragmentation along racial lines, but there were three different houses of Parliament, and some of the legislation was covered under health rather than welfare. Most of the existing legislation fell under health legislation, particularly the Mental Health Act which provided single care grants for parents of children with disabilities. The majority of those in need were excluded.

The Social Assistance Act (1992) failed to resolve these problems. Its effect has, indeed, been to undermine rather than to address the needs of children with disabilities. The Act provides for two kinds of grants: care dependency grants and maintenance grants. Most people with disabled children fall under the latter. To qualify for a care dependency grant, the parent must be a citizen of and resident in South Africa. Other conditions, though not unreasonable in themselves, suffer from uneven interpretation and application. (Provisions for maintenance grants are subject to similar problems).

The care dependency grant pays out R400 a month. After the publication of the Welfare White Paper, the Lund Commission was established to make recommendations on the family and child maintenance system and, in its investigations, found that a significant number of families were totally dependent on the grant for their livelihood.

Other concerns about the Social Assistance Act (1992) include: the need to train pension officials to interpret and

implement the Act; the enormous lack of information on how to access benefits, who qualifies for them, what the role of the social security system is, and how to use it; lack of uniformity among pensions offices and provinces.

## The Mental Health Act

*Terry Dowdall, of the UCT Child Guidance Clinic, argues that mental disability should be removed from the Mental Health Act of 1973 or the Act should be amended.*

Dowdall identifies education as a concept broader than simply 'syllabus'. Schools, as social microcosms, train children how to fit into society and establish attitudes to peers and figures of authority. They are equally crucial to the socialization of both the disabled and the abled in terms of roles, relationships and possibilities. Early segregation enforces estrangement between the two groups.

However, Dowdall emphasises that the inclusion of children with disabilities in mainstream schools must go hand-in-hand with the necessary structures to support them. This requires a good understanding of differentiated needs, and the mechanisms aimed at meeting needs. He reiterates Carlsson's argument that disability only becomes a handicap when the local environment is not adjusted to the needs of the individual. The majority of children with disabilities will have a miserable time in mainstream schools if there are no support systems in place. For some, it may only entail basic architectural adjustments (such as wheelchair ramps); for others, it implies a much more flexible approach to schoolwork, moving away from rigid syllabi and towards a co-operative rather than a competitive environment. Well-supported pilot projects are crucial to this process.

In order to achieve this, two things are necessary: the education of the general population about the importance of inclusion in order to reduce ignorance and social stigma, and the education of parents and care givers — giving them the skills to look after children with disabilities, as the best place for them is within their families.

Special care institutions, on the other hand, cannot be abandoned as they are needed by children with multiple disabilities. All children, however, benefit from education of some kind.

In conclusion, Dowdall argues that either mental disability should be removed from the Mental Health Act (1973), or the Act itself should be amended. The focus of the amended legislation should be on reintegration

**"It is important that all policies being developed, especially in Government, must ensure that children with disabilities have effective access**

**to and receive education, training, health care services, rehabilitation services and are prepared for employment and recreation opportunities. The goal must be to do these things in a manner conducive to the child's achieving the fullest possible social integration and individual development. I believe that there is a core of people, both within and outside Government, who can work towards this end. And, as the various policies and programmes of Government are developed, this core should ensure that they are always abreast and on top of the process. And finally, through a campaign aimed at broader awareness, we must ensure that we take the country along with us."**

— **Geraldine Fraser-Moleketi**  
Minister of Welfare and Population Development.



into society. As it stands, the Act is a depressing reminder of times past.

## The Educational Challenge

*Sigamoney Naicker of the Western Cape Education Department argues that there is a need to apply the precepts of the Integrated National Disability Strategy Document (INDSD) to the current South African realities.*

This process needs to be speeded up as there is a growing frustration on the part of people with disabilities about their dire situation. Four key factors of the INDSD are of relevance. First, the needs of each individual must be given equal importance. Second, persons with disabilities are members of society and have the right to remain within their local communities. Third, reconstruction and development involves recognising and developing the needs of disabled people. Fourth, development's ultimate goal is an inclusive society which rec-

ognises and values individual differences and acknowledges common human equality.

Naicker notes that the INSD is a forward looking document which moves away from the dependency welfare model (creating little space for empowerment) towards a rights model, drawing on important international documents.

He notes that the INSD proposes that all learners be educated in a common environment as far as is practicably possible. Due to the lack of collaboration on this issue, however, disability issues are not taken seriously and there is a great need for the creation of spaces and possibilities for collaboration to ensure joint policy and decision making.

Naicker proposes the development of a national co-ordinating structure to monitor transformation towards an inclusive model with mechanisms that create space and possibilities for collaboration. Various institutions and documents have called for the development of a single inclusive education system for all in South Africa. These include the South African Federal Council on Disability, the interim Constitution and the Government Draft White Paper on Education. This signals a clear commitment to the philosophy that society is a function of education. There are four critical obstacles in the rights model. First, although fiscal constraints could have a great impact on integration, these constraints are unexplored. International research from Germany and the UK points to the positive fiscal implications of integration. Second, there is a need for ideological socialisation — changes in the way in which people think about integrated education — before it can successfully occur. Third, is the issue of large classes and its challenge to the rights model. The costing of segregated education and the possible redeployment of resources could be a solution. The fourth point relates to special schools. Naicker notes that pilot projects and policy work is essential before embarking on integration, but that research has shown that special schools can play a pivotal role in developing and maintaining an inclusive system. Although there should not be automatic referral of children with disabilities to special schools as at present, there are children who may not benefit from mainstream schools (for example, those with multi-disabilities). The purpose of special schools should be to educate children so that they become, to the best of their abilities, contributing citizens in the new South Africa.

## New Family Programme for Street Children

The Homestead in Cape Town has a simple mission: 'To help street children restructure their shattered lives', and to this end a number of programmes provide a range of services to the street children in the city. The Homestead was established in 1982 and launched its fifth project in April 1997.

### Not yet streetwise

Masithethe (Let us speak) is a mediation project aimed at reconciling children newly arrived on the streets with their families and communities of origin. Masithethe's philosophy falls well within the current climate of reconciliation and reconstruction. The programme is simple: An outreach worker makes contact with new children on the street, who are not yet "streetwise," nor have they at this early stage lost all contact with their families.

A home visit is conducted and the family encouraged to come to a mediation session with a professional mediator. A food parcel to the families will form part of the incentive to attend the mediation.

In the early phases of the project, home visits are conducted each week, and the eventual aim of the project is to return twelve to fourteen street children to their families every month.

Since poverty is the overriding cause of the problem of street children, future phases of Masithethe would attempt to provide income generating opportunities for mothers of these children.

Linda Ntshinga is a street worker on this programme. In the first two

months of the programme, he managed to get Nathan and six other children off the streets and back to their homes. He also interviewed 69 further new children. Of these, 38 were new to the streets, 23 had been attending the Yizani Drop-In Centre and eight were runaways from existing Homestead programmes.

### Work on the streets

Linda, a 24-year-old SACS matriculant, together with Shane Egypt, co-ordinator of Yizani, are entrusted with making Masithethe a success. Linda's job is to patrol the streets, making contact with the children and establishing which ones are new arrivals. He has to gain their trust and try to refer them to Yizani, where many street kids come for meals and a little much-needed attention. Linda then tries to make contact with the street kids' families to see what the home environment is, with a view to getting them off the streets and back home.



Linda Ntshinga

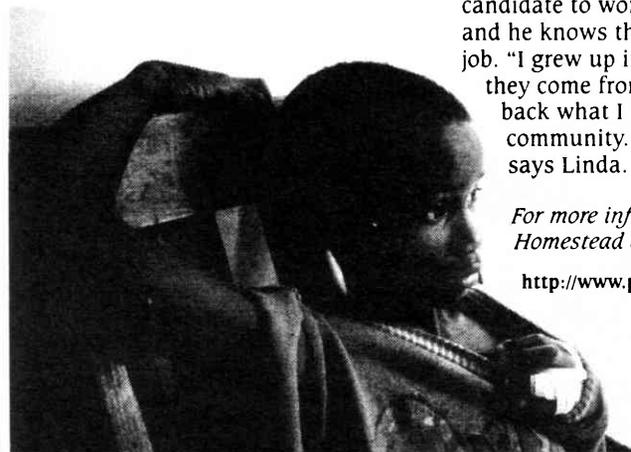
Once they are at Yizani, Shane and Linda try to motivate them to attend formal programmes and get them to sleep at Homestead shelters, and then try to contact the families.

What makes the Masithethe programme different from others is that it does not stop once the kids return home. Linda and Shane try to network with community structures, such as soccer clubs, to try and get the children to fit in. They do follow-up visits and take food parcels to the families.

Poverty is the umbrella cause. In some cases, there is a total breakdown of family structures and children are left to their own devices. The outlook for street kids is bleak in most cases, but Linda is the perfect candidate to work with these kids, and he knows the importance of his job. "I grew up in the communities they come from, I am ploughing back what I have got from the community. It is a great job," says Linda.

For more information contact the Homestead on (021) 419-9764.

<http://www.pretext.co.za/homestead>



# Children's footsteps still echo in the silence



**A**lone in our house, I listen to the echoes of children. For close to thirty years my life was tuned to the Swiss school day. There was always a child coming or going, a child home for lunch, a child home from class. Now for the first time the house is empty. I walk on tiptoe. I hear early echoes from when we first arrived and tried to make room for everyone — father, mother, and five young children. Large families were not the rule in Switzerland, and housing was hard to find. We found a small house with lots of windows, and moved the beds around until we found a corner for everyone. The front door opened and closed heavily as the children followed one another to school. I worked against the clock preparing for the long lunch break. Then I began to listen for their bicycles. The oak door swung back and forth — one thud after the other. It stays shut this morning. I open the hall window to let in some sun. Shadows play on the stairs. They keep me company. Other early echoes linger from when we made more room for child number 6, who came from Vietnam. We turned the garage into a playroom and the wine cellar into a bedroom. We bought bunk beds and gave the small bedroom to our new son. The walls of the little room rang from his wartime nightmares. We were eight then, and some of the Swiss habits of discipline were help-

ing. The children didn't bump into one another, they didn't push, they didn't shove. Even on the staircase, they stayed in line. The stairs were wooden. Listening to the steps, I could tell which child it was, going up, coming down. They took turns playing the piano. Six practice periods every day. Bach, Mozart, Schumann— Schumann, Mozart, Bach. The sounds came from the cellar, where we put the upright piano. There were also a few flutes and guitars, but the piano remained everyone's favourite. There was an extra piano stool for playing duets. I hear sounds of birthday parties: musical chairs, pin the tail on the donkey, potato races, all those American games organized each year for their Swiss schoolmates. And the sounds of Christmas, when we decorated the tree in the middle of the front hall and the children's excitement ran up and down the staircases. We listened to Christmas carols over and over, until we'd hear sleigh bells in the snow outside. Soon came the noise of mopeds in the driveway, Beatles records, and teenage voices filling the house. I remember the first dance party in the cellar for our oldest son's 15th birthday. The parties gradually moved upstairs to the living room. The furniture was moved out; and sometimes so were the parents. The house grew noisy, the sounds collided. Doors banged shut and banged shut again. There were arguments —

when to say no, when to say yes — curfews respected, curfews broken. Rooms cleaned, rooms in rampant disorder. Homework done, homework not done, never done. Promises. I longed for quiet. One by one they started to move on. When the oldest boy left for university, the voices in the house shifted. The next two were girls. The sounds were feminine. We sat in the kitchen and talked about literature and love. The were slumber parties, mattresses on the floor. The telephone rang and rang and rang. After the two older girls went to university, it was the turn of their younger brother, No. 4. He played jazz on the piano and brought in his musician friends with a set of drums and a bass fiddle. Late at night they played Risk and Monopoly on the Ping-Pong table. There were sounds of dice and muffled voices, and then we'd hear his buddies leave, just below our bedroom window.

**T**hen again, the sounds were muted as the youngest daughter studied in the mornings at home for her bachelor's degree exams while dancing at the conservatory in the afternoons. Quiet was kept, and I sat at my desk, catching my breath and writing. In the evenings there was a boyfriend and softer music, back to the Beatles. Dream time. Soon she left as well, for a dance school in Paris. Only our youngest remained at home. He moved into the bedroom in the cellar. The sounds crescendoed with raucous "house music." He made loudspeakers; the wooden boxes stood more than three feet high, and the sound bounced off the walls. The lights blinked on and off as the playroom became a disco. His friends came, their mopeds were souped-up and raced down our driveway, brakes screeched to a halt in front of the old oak door. And now he too, our youngest, has left. The house is empty. There is silence. I tiptoe from room to room, touching forgotten books, dusting left-behind trophies, looking at photographs. It's like an accordion contracting, getting ready to open still wider. My writing desk looks out the window into the trees. Our oldest children are married; we have grandchildren. They come to visit. I recently pulled down the carton of toys from the attic. My first grandson rolls the little blue and yellow cars up and down the front hall. My second grandson plays with the wooden blocks, the ones his father played with. The sounds condense on the windows. Will the echoes be the same?

— Susan Tiberghien in *The Monitor*

Fritz Redl used to say that we come into contact with three kinds of young people:

1. those we feel comfortable and competent with, 2. those with whom we need professional support while we work with them, and 3. those who challenge us and stir up strong feelings in us. Those of us who work with troubled and at-risk young people are often helped by working with a supervisor — someone who understands the work we do and can act as a monitor, guide and resource in supporting us.

Other child careworkers may be interested in training to become supervisors.

In this ERIC Digest **Dr L. DiAnne Borders** introduces the subject.

# The Good Supervisor

It has been my very good fortune to have been supervised by several good supervisors. These supervisors were quite different from each other in personality and their supervision style, focus, and goals. One insisted that the person of the counsellor is of greatest importance, and then struggled with me to discover who that person was for me and how to use it in my relationships with clients. Another focussed on more concrete behaviours and cognitions, forcing me to learn how to articulate what I was doing and why. A third introduced me to a new theoretical perspective on counselling, broadening my conceptual understanding of clients and my interactions with them. With each, I felt tremendous challenge to stretch and grow, supported by an implied belief that I could achieve their goals for me. Each seemed to have been assigned to me at just the right time in my professional development — or they recognized my needs at that time and were able to provide what I needed. The influence of each of these supervisors can be seen in my counselling and supervision work today. Only one of these supervisors had received any supervision training.

## **The good ... and the not so good**

Like other counsellors, I also have had less memorable supervision, and have heard numerous colleagues' and students' horror stories about their unpleasant experiences as supervisees. Some describe busy supervisors or those who lacked interest in their supervisees and the supervision process. Some mention supervisors who seemed most interested in putting in the minimum required time with as little work and as few hassles as possible.

Others remember mismatches in theoretical orientation or critical personality traits. All of these experiences, and my own professional work in the area, have convinced me that potentially good supervisors are born, but also that all benefit from training experiences in which they focus on supervision knowledge and skills, reflect on their role and responsibilities, and receive input from others about their work as supervisors. These experiences also have led me to ask questions about what distinguishes "good" supervisors from "bad" supervisors and how counsellors become effective supervisors.

Thus far, there are too few answers to my questions. The supervisor has, by far, received the least attention in discussions on supervision. To date, only a few researchers have focused on supervisor qualities and skills, and only three very brief models of supervisor development have been proposed. What we do know is summarized below, drawing from reviews by Worthington (1987), Carifio and Hess (1987), Dye and Borders (1990), Borders et al. (1991), and Borders (in press).

## **Characteristics of Supervisors**

Good supervisors seem to have many of the same qualities of good teachers and good counsellors. They are empathic, genuine, open, and flexible. They respect their supervisees as persons and as developing professionals, and are sensitive to individual differences (e.g. gender, race, ethnicity) of supervisees. They also are comfortable with the authority and evaluative functions which are part of the supervisor role, giving clear and frequent indications of their evaluation of the

worker's performance. Even more, good supervisors really enjoy supervision, are committed to helping the counsellor grow, and evidence commitment to the supervision enterprise by their preparation for and involvement in supervision sessions. These supervisors demonstrate high levels of conceptual functioning, have a clear sense of their own strengths and limitations as a supervisor, and can identify how their personal traits and interpersonal style may affect the conduct of supervision. Finally, good supervisors have a sense of humour which helps both the supervisor and supervisee get through rough spots in their work together and achieve a healthy perspective on their work. Such personal traits and relationship factors are considered as significant as technical prowess in supervision.

In terms of professional characteristics (roles and skills), good supervisors are knowledgeable and competent counsellors and supervisors. They have extensive training and wide experience in counselling, which have helped them achieve a broad perspective of the field. They can effectively employ a variety of supervision interventions, and deliberately choose from these interventions based on their assessment of a supervisee's learning needs, learning style, and personal characteristics. They seek ongoing growth in counselling and supervision through continuing education activities, self-evaluation, and feedback from supervisees, clients, other supervisors, and colleagues.

Good supervisors also have the professional skills of good teachers (e.g., applying learning theory, developing sequential short-term goals,

evaluating interventions and supervisee learning) and good consultants (e.g., objectively assessing problem situation, providing alternative interventions and/or conceptualizations of problem or client, facilitating supervisee brainstorming of alternatives, collaboratively developing strategies for supervisee and client growth). In fact, good supervisors are able to function effectively in the roles of teacher, counsellor, and consultant, making informed choices about which role to employ at any given time with a particular supervisee.

### Development of the Supervisor

Existing models of supervisor development (Alonso, 1983; Hess, 1986; Stoltenberg & Delworth, 1987) give brief descriptions of supervisor stages of growth, and are quite different in their theoretical perspectives. Two assume that supervisors receive no training for their role, but change with experience and age. Only a few researchers have investigated novice supervisors; even fewer have compared novice and experienced supervisors. These writings provide a fairly consistent profile of novices, but little information is available about how novices learn about supervision and develop a supervisor identity, how they think and behave at various stages of development, and what factors encourage (and discourage) their development.

In general, novices are characterized as self-doubtful, avoid being evaluative or confrontive, tending to be highly supportive and/or didactic, concrete, structured, and task-oriented. There is little flexibility in approach, with novices relying on their more familiar counselling skills and focussing more on the client and client and counselling dynamics than on counsellor development. Novice supervisors also seem to have personalized supervision styles that remain stable across supervisees. Perhaps surprisingly, comparison studies have yielded few differences between novices and experienced supervisors. In general, more experienced supervisors seem to use more teaching and sharing behaviours, and they and their supervisees are more active. Ratings of effectiveness, however, find novices to be equally effective as experienced supervisors.

There are several plausible explanations for these results. First, novices typically supervise beginning counsellors, which may be the pairing that allows novices to be and/or to be seen as most effective by their supervisees. Second, "experienced" supervisors in these studies often are relatively inexperienced and, most importantly, typically have received no training in supervision. In other words, comparisons of inexperienced and experienced

are not representative of comparisons of novice and expert. In fact, the expert supervisor has yet to be described empirically, particularly in terms of their actual behaviours and conceptual skills.

### Conclusion

One joy and challenge of being a supervisor is the necessity of using skills from a variety of professional roles and knowing when to use each one. I must draw on my teaching, counselling, and consultation background, but integrate them in a unique way. During one supervision hour I may be highly structured; at the next, I may deliberately avoid giving suggestions. With each I am operating on today's goals within a larger context of long-term development.

A second challenge is the necessity of attending to several different levels at the same time. I am responsible for what happens to the client and to the counsellor. I must be aware of counsellor-client dynamics, supervisor-supervisee dynamics, and any similarities between them. I must think about what the client needs, then determine how I can help the counsellor provide that for the client. I must consider the impact of the client on the counsellor, client on supervisor, counsellor on client, and counsellor on supervisor, in addition to the supervisor's impact on counsellor and client. I must assess the counsellor's readiness for my intervention, taking into account a myriad of factors (e.g. developmental level, skill level, anxiety and typical ways of handling anxiety, motivation, learning style, response to authority figures, etc.).

I must be cognizant of maintaining an optimum balance of challenge and support during the supervision session and across time. I have to be aware of all of these dynamics and then, almost instantaneously, create an elegant response.

As a novice supervisor, these were the exhilarating aspects of my new professional role, and they are the aspects that my students repeatedly cite as the great fun in doing supervision. When I think back to time spent with my own good supervisors, this is, gratefully, what I received. Today, as an experienced supervisor, these are the standards I set for myself—and sometimes achieve. And, as a supervisor educator, these are the measures I offer supervisor trainees so that they, too, can become "good supervisors."

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"Forget about the *staff* needing supervision. After a school week it's *me* that needs supervision!"

Writing in the journal *Recovery*, **Noreen Ramsden** of the Southern Natal Children's Rights Committee, looks at the opportunities provided by Curriculum 2005 for laying the foundations of a human rights culture, and for achieving — as part of the formal curriculum — those outcomes which good teachers have always valued.

# Cultivating Rights and Responsibilities

A Constitution, incorporating a Bill of Rights, might entrench those rights legally, but laws will only be successful if they are accepted by the majority of citizens.

Human rights can only be upheld in a society where everyone is aware of rights and will help to maintain them -- even for the weakest and most vulnerable sectors of the population, women and children.

What is needed is a culture of human rights and children's rights which permeates the fabric of our society.

## Rights

Through Curriculum 2005, schools will be in the forefront of bringing awareness of human rights to all schoolchildren and, incidentally, to teachers and parents. There is a strong component on human rights in the curriculum and, because it is 'outcomes based', it is particularly concerned with attitudes, values, and behaviour patterns. This is essential, as human rights cannot be learned as a list of facts: they concern relationships and how one feels about oneself and others. This is emphasised in Curriculum 2005 where the following 'Specific Outcomes' can be found in the Life orientation learning area:

1. Understand and accept themselves as unique and worthwhile human beings.
  2. Use skills and display attitudes and values that improve relationships in family, group and community.
  3. Respect the right of people to hold personal beliefs and values.
  4. Demonstrate values and respect for human rights as reflected in Ubuntu and other similar philosophies.
  5. Practise acquired life skills and decision-making skills.
- The second relevant learning

area is Human and social sciences and, in particular, these 'Specific Outcomes':

3. To participate actively in promoting a just, democratic and equitable society.

7. Address social and environmental issues in order to promote development and social justice.

## Peace education principles

Under Curriculum, 2005 teachers should look at ways children can explore and experience what is traditionally seen as 'peace education' —

- self-identity and positive self-esteem
- respect for others (anti-bias) and self assertion for traditionally oppressed groups ('race', class, gender, age and ability are relevant here)
- a multi-cultural approach
- the meaning of peace — that it is not submission;
- the meaning of 'violence/abuse'; the need for justice
- recovery from violence and hurt (for self and others)
- conflict management including communication and negotiation
- mediation
- positive role-models, male and female
- wider issues of peace and justice in the world, including environmental issues, for older children.

This balance of rights and responsibilities is sorely lacking in our schools, which tend to reflect the violence and gender discrimination prevalent in our society.

Because the basis of aggression, bias, and other anti-social attitudes lies in the emotions and experiences of babyhood and early childhood, these are difficult to modify in children over eight, and extremely difficult in teenagers. The Foundation Phase of the curriculum

(six to nine years) is, therefore, vital for peace education. Older children may need to be 'reparented' through counselling, therapy groups, and positive role-models among adults and peers.

There is a crisis of authority in all our institutions, from the family to the highest levels of government. Children need opportunities to develop self discipline, an acceptance of 'legitimate' leadership, and authority within a democracy; this also can be undertaken through Curriculum 2005.

## Teachers and environments

The human rights outcomes are concerned with relationships, attitudes, feelings and values, as well as knowledge and skills. They therefore cannot be learnt unless the environment is conducive to these, and the teacher is a role model.

Reorientation of teachers is, therefore, a priority, so that they themselves demonstrate these outcomes in their lives and in their classrooms. They need:

- life-skills workshops, so that they understand and accept the content and learn new strategies to help children adopt a culture of human rights and safe personal life-styles;
- anti-bias courses with regard to 'race', class, gender, age, ability;
- help with recovery from hurt, so that they accept themselves as worthwhile human beings. (We note that one in four women in South Africa is raped or sexually assaulted by the time she reaches adulthood, and that almost everybody has suffered from political or criminal violence. When teachers participate in our courses on helping children recover from violence, they

usually need counselling themselves before they can help others);

- alternative forms of discipline so that they can maintain the right of the child not to be hurt or humiliated, as well as the right of the child to be educated and the responsibility of the teacher to educate;
- to minimise competition between pupils.

### Responsibilities

It is very important to hold meetings with parents and with community leaders, so that they are assured that the children are learning about their responsibilities as well as their rights. Parents need to be involved in, and supportive of, the establishment of a participatory and co-operative ethos throughout the school. Children, teachers, and parents need to develop a school Bill of Rights and Code of Conduct, which would include anti-bias aims and practices. Parents and the community would need to collaborate with both teachers and pupils to develop policies stating the unacceptability of human rights violations, such as sexual harassment and violence, together with awareness programmes and procedures to deal with instances of human rights abuse.

Raising awareness would require the participation of all in creating safe classrooms, while the Curriculum would need to be used to help children understand the nature of sexual abuse and to change attitudes about relationships between the sexes.

### Society

Strategies for achieving the Specific Outcomes in relation to transforming the community and society, mentioned above, might include:

1. A focus on a theme such as 'The Child's Right to Develop to Full Potential', 'The Right to Peace', 'World Food Day, Human Rights Day, and so on. This could be cross curricular and would involve parents and the community through open days, concerts, displays in local shopping malls, etc.
2. Actions for justice. Children could identify a human rights issue and plan an activity around it, identifying sources of power to approach. 'Do-able' actions are important, such as: a poster campaign, letters to the newspaper or other media, visits to local councillors, a sketch at school assembly, items for a parents' concert, and so on. Issues might be gender bias, unemployment, lack of libraries or sports facilities, the need for better roads.
3. Support for campaigns. Children can identify campaigns being run by other organisations to support — nature conservation, anti crime, anti-child abuse, clean water, etc.



4. An opportunity to be heard. At Senior level, Children's Forums should be established at school (and inter-school) to debate issues of human rights at all levels: family and community, local, provincial, and national government. This would also prepare children for democratic participation in elections. At Intermediate level, informal gatherings of children would give them a voice to discuss their needs, wants, and wishes.

### Self knowledge

The Curriculum offers lots of scope; though there are areas that could be further developed in imaginative and creative ways. It states, for example, that children are expected to identify and name feelings. While this is important, children need to start at Foundation level, and to continue at all levels, to work through their feelings. They need:

- To be able to identify their feelings and describe them, non-verbally and then verbally;
- To accept their own 'negative' feelings as natural, but be able to distinguish between appropriate and inappropriate expressions of them;
- To be able to express feelings in socially acceptable ways and be able to demonstrate creative expression of all their feelings in art, music, stories, poetry, and drama.

Education on sexuality, as part of human relationships, is extremely important at both adolescent and pre-adolescent level. Children themselves have identified this as a right (see Children's Charter of South Africa, 1995).

In Curriculum 2005, children aged 6 to 9 are expected to be able to "differentiate

between safe and unsafe situations" and to "cope with all hazards inside and outside the home, at school and in the environment in general". This is unrealistic and can make children feel guilty when they are unable to keep themselves safe; at most, they can begin to do such things. In particular, it is very seldom that children can prevent sexual abuse, as most cases occur at home or in other situations where they are vulnerable and powerless. Children need to know they have a right to safety and protection and that they can and should tell someone if this right is abused.

Stress management is only mentioned in passing in the Curriculum, but the opportunity is there for teaching this important life skill. Simple techniques to reduce stress and to encourage emotional self-control can be taught even at the Foundation Level (like counting to ten before you say or do anything to hurt anyone!) This is an important contribution to a positive self-esteem and helps provide the emotional space to recognise the rights of others. Children also have the right to recovery from hurt; this is not mentioned in the Curriculum, but could fall under stress management. Teachers should have the capacity to help them as necessary and to identify those who need expert counselling.

Children themselves should also learn how to help anyone who has been exposed to hurt, bereavement, or disaster. They can learn to identify the needs of peers for friendship, inclusion in activities, an opportunity to talk about the problem, the need for patience with long-term symptoms of stress, and so on. They can try to de-

wise ways to meet these needs; 'Child-to-Child' materials are a good resource. (See April 1997 issue of this journal, page 18.)

Opportunities are also provided for teaching Conflict Management and Peace Education. Children need:

- To analyse conflicts (using a problem-solving approach) and to learn not only to negotiate, compromise, and manage conflict themselves, but also to act as mediators and peace-makers for others.
- To value peace as a positive quality of life and to understand the escalating and destructive nature of violent 'solutions'.
- To look at issues of justice and revenge and the need for reparation and reconciliation.
- To be critical of the portrayal of violence in the media, especially on television.
- To be exposed to positive role models of peace-makers.
- Opportunities to take action for peace and justice and to join campaigns, such as the Gun-Free South Africa campaign.
- To be involved appropriately in community policing.

During the 40 years of Nationalist rule, South African schools had a curriculum that not only supported apartheid but also the narrow ideology of so-called Christian National Education. Curriculum 2005, and, in particular, its human rights component, is based on a vision of a united, democratic, just, and also caring, society.

One hopes that teachers will introduce this human rights component into their lessons, even before it becomes compulsory.

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## A Lesson from Soccer Rules

Cape Youth Care is a cross-cultural centre for boys found in need of care. The Centre combines the work of two former organisations, Teen Centre and St Johns Hostel, working to assist fifty boys with the life skills necessary to function within the wider community.

### Referee services

Schoolboy discipline within a strengths based programme can sometimes be hard to define. For example, what constitutes acceptable assertiveness and what is destructive aggression?

Fritz Redl suggested that one of the tasks of child and youth care workers was "to provide referee services" — that is, to apply and arbitrate within a set of fair rules in the active life space of the youngsters. The idea was to see that justice was done and that "the action" was confined to the normal rules of the programme.

The staff at Cape Youth Care have used a familiar model through which to implement this — the well-known card system of warnings and time out used in soccer: the yellow card and the red card.

The purpose is to make clear to all who operate within the daily routine what is acceptable, what is verging on the unacceptable, and what is frankly unacceptable.

A yellow card is a warning that "This is serious" and it signals a heightened watchfulness on the part of staff. Boys are acquainted with this level of warning on the soccer field. They know that two yellow cards equals a red card — off the field!

### Neutral ally

There is a helpful analogy in what has been called the "neutral ally" role of child care workers. This is seen as an approach by which the adults act as the referees and coaches

for the kids who are engaged in learning the game of life. Teaching them the skills and pointing out to them the boundaries and limits of the game, gives child care staff the role of consultants and teachers "on the sidelines" of the real game which is managed by the school and the city at large.

### Red card

Unlike a real soccer red card, which excludes a player from the game for three matches, a red card at Cape Youth Care is a signal that "This is very serious". A staff member is assigned to accompany the youngster through this period of "time out". Together they have to go through certain consequences and relearning programs before the youngster is free to "rejoin the game" and continue as before.

Cape Youth Care is committed to returning youngsters to their families and the community as soon as possible, but better able to manage. Hopefully the yellow and red cards teach them some of the expectations and reactions of normal society.

