

Child & Youth Care

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

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**PROFESSIONALS:
IS TRAINING AND
EDUCATION ENOUGH?**

**WORKING WITH THE
STRENGTHS MODEL**

**ON TRANSFORMATION
TRANSITION & CHANGE**

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Guest Editorial

The IMC Pilot Projects report back

The progress and finalization of the IMC pilot projects has made an important contribution towards finding new directions in the child and youth care system in the country.

Innovative teams have envisioned and designed new ways of thinking about and working with young people and their families within the IMC policy recommendations. In the period they have altogether serviced three to four thousand young people and their families — plus a large number of family and community members who have in numerous ways benefitted indirectly from the impact of these services.

The projects have included adjustments to some projects, extension to others and the addition of new projects.

There were nine pilots, but the following is a brief comment of the four finalised projects.

The Reception, Assessment and Referral project attempted to provide an integrated service to ensure that:

- young people coming into contact with the criminal justice system are supported by parents, guardians and significant others,
- young people spend as little time as possible within the system,
- access to diversion is facilitated,
- intervention is effective and followed upon by effective support programmes.

2712 young people received services during the period June 1996 to July

The Alternatives in Residential Care was the only IMC pilot project to be placed within the context of residential care services, and was piloted from April 1996 to September 1997.

57 young people were involved in a project which considered the specific role of outdoor or wilderness experiences as part of an integrated and holistic approach to residential care. This project explored a partnership with Outward Bound [SA], and there has been a great deal of learning to be shared with the field. According to both the researcher and project manager "the successes are substantial and truly developmental, for the young people and the children's home, as both have created paths of potential along which will be found the route for further development."

Family Group Conferences are an innovation in youth justice which bring together victims, offenders and their families in an attempt to restore the brokenness which has been brought about crime, demonstrating a new way to work with young people in trouble with the law. A total of 42 family group Conferences were held involving 280 participants.

The Family Preservation pilot project was based on a collective model of family strengthening and family support services for the protection and development of young people within their families and communities. The four interrelated components of the project included intensive

support for at-risk families, family re-unification, community conferences and youth empowerment. The combination of these four approaches proved very successful and 228 children and families have benefitted directly from the project.

Five other pilot projects are continuing, two of which are in the field of residential services, one in foster care and two in youth justice.

The Reports

The end-product of most significance to our field will be the reports and practice manuals developed during the pilots. These pilots, both in their design and in cost effectiveness, are a valuable source of ideas for existing programmes who wish to develop their services in ways suggested by the IMC. The projects give some very clear indications of how we might work with children and families in different circumstances — and more importantly, *where* we will work, for certainly the pilots have demonstrated some very effective work, not only within residential programmes but also outside of institutions where child care worker skills will be essential.

— Zeni Thumbadoo

To enquire about copies of the reports, please contact Zeni at P.O. Box 18295 Dalbridge 4014 or telephone (031) 305-3872.

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Peanuts

By Charles M. Schulz

SEE, MARCIE? HERE ARE THE NAMES OF EVERYONE WHO'S UP FOR "OUTSTANDING STUDENT OF THE YEAR"... THERE'S MY NAME, SEE?



I COUNTED THEM, SIR... YOU'RE FOUR HUNDREDTH ON THE LIST..



FOUR HUNDREDTH AND MOVING UP FAST!



Child & Youth Care

A journal for those who work with troubled children and youth at risk

Volume 16 Number 3 March 1998

GUEST EDITORIAL: THE IMC PILOT PROJECTS REPORT	2
KNOWING WHAT WE ARE DOING TODAY — AND WHY	4
EKUSENI YOUTH DEVELOPMENT CENTRE: WHAT WENT WRONG	6
NEWS — THE GRADUATIONS	9
BRIAN ROBERTSON ON CHILD MENTAL HEALTH WORKERS	10
WORKING WITH THE "STRENGTHS APPROACH"	12
INTERNET DISCUSSION: STRUCTURE IN CHILD CARE WORK	14
"NOBODY EVER DOES ANYTHING ABOUT STREET KIDS!"	16
THINKING ABOUT PROFESSIONALISM	17
A FIVE-MINUTE WORKSHOP ON CHANGE AND TRANSITION	18
A VISIT TO BOTSWANA: TALKING ABOUT CHILD CARE	19
ALL THE GRADUATES	20

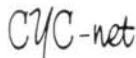
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International Association of Workers with Troubled Children



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The National Association of Child Care Workers is an independent, non-profit organisation which provides the professional training and infrastructure to promote healthy child and youth development and to improve standards of care and treatment for troubled children and youth at risk in family, community and residential group care settings.

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The views expressed in *Child & Youth Care* are in all cases those of the writers concerned and do not necessarily reflect the views of the National Association of Child Care Workers.

The Child & Youth Care Scene

The reports of the **IMC's Pilot Projects** which become available at the beginning of April dominate the child and youth care scene this month. The four



projects so far completed include two in the field of youth justice and two in child and family welfare. The latter two are on family preservation and on the potentials of adventure training within a residential care programme. Five further pilots are continuing — two more on youth justice, one on professional foster care, one on a secure care facility, and one on a "life centre" (an early intervention option concentrating on self- and skills development).

Child and youth care workers have featured prominently in many of these pilots, most of which have been *outside* of residential institutions. For example, a social worker on the Inanda Family Preservation project remarked

"Thank goodness for the child care workers without whom this pilot would not have been as successful." Child care workers were also involved in the Professional Foster Care pilot, in the Life Centre and in the adventure training projects.



Both where they work and what they do as child and youth care workers will be influenced by these pilot projects. The projects working with families and foster parents showed that in future many child care workers will be working out in the community, involved in early intervention work and also at keeping "at risk" youngsters from coming unnecessarily into care. Those



involved in the youth justice pilots have been learning much about our attitudes to punishment, to healing and making right what has gone wrong, and to networks and support systems — all of which will impact on the way we work with

children and youth in our own daily practice.

The pilot projects will also have something to say to both **existing organisations and new ones**.

No existing organisation should ignore these new pathways being mapped out — they indicate the direction we should all be taking. Neither should they ignore the new models and methods being developed — they will, as we adapt and further extend them, be useful to us. Of course it is also likely that whole new organisations will spring up concentrating specifically on the task areas of some of these pilot projects.

In whatever way **organisations** may choose to study the reports of the pilot projects, it seems clear that the new grouping of **professionals** known as child and youth care workers, youth workers and probation workers, will go on to play key roles in prevention, early intervention, residential work and after care or re-integration with troubled and at-risk children and youth in South Africa.

David Moloto recalls three questions once asked by well-known educators — and poses them afresh to child and youth care workers today

Knowing what we are doing — and why!

Perch reminds us of our goals and objectives, that an important task of the institution is to re-educate minors whose development, prior to their coming into care, has not turned out to be satisfactory with regard to their social adjustment.

Residential settings in general, and child and youth care workers in particular, cannot assume merely custodial roles when the children who are placed into our care show greater or lesser behavioural disturbances and who are in need of psychological and educational support and treatment.

Postman and Weingartner once asked three challenging questions of teachers — which are just as relevant and appropriate to us as child care administrators and workers. We will take these one by one below.

As long as the roles and tasks of child and youth care workers are not clearly defined in their job descriptions, and skill-building curriculum is not stated within the institution's policies, then more and more emphasis gets placed on conformity to monotonous institutional routines.

And it is a fact this will not prepare the child very adequately for life outside the institution.

Asking the right questions

Postman and Weingartner's first question is "What am I going to have my students do today?" In order to come up with a more relevant curriculum we should take into account the nature and reasons of placement for each individual child. How do we re-educate, resocialise and re-teach children and youth in our care? The daily programme activities which we plan should assist children and youth to live and adjust better within their homes, their

communities and among their peers.

For example, actively teaching life skills and problem solving would empower children and youth to deal with real problems in their daily interactions with other people. In contrast, when we plan no activities beforehand, Gannon indicates that staff will soon find themselves putting out fires because the kids have grabbed the initiative and they are driving the action through their behaviour.

Gannon (1986:5) asks informal educators, child care workers, the question: How do we help this child to overcome his fears



and anxieties, his emotional blockages and log-jams and hang-ups, his impulsivity, his defensiveness, his pessimism, his incapacity? He points out that we have much to teach children about health, economics, spirituality, personal relationships, sexuality, trust — the many things that help them to make sense of their world.

While the formal school curriculum prepares a child for a career and employment, does the curriculum in the residential setting assist the child to adjust, adapt and integrate into the community? Is our curriculum relevant and portable so that children can take their learning with them on return to the community?

Most importantly, we have the benefits of our relationships as a tool to re-educate and re-socialise children in our care. Brendtro agrees that the relationship is a

spiritual force of the first order, the centre of the re-education process. In writing of brain-friendly learning, he suggests that education cannot be separated from nurturance, that we will have affective (caring) education or none at all.

So we have to consciously ask ourselves the question: What am I going to have my students do today — and this will lead us on to the second question ...

Relevant, important, urgent?

The second of the three questions is "What is it good for?" To determine the importance of every activity we plan, the following questions are necessary.

Why is the activity chosen, and how will it affect the child's life?

Let us think about Postman and Weingartner's second question in the child care context.

Is the activity initiated in order to enforce the institu-

tion's routine — or is it to impart to the child a sense of mastery, of learning — even if this is achieved through opportunities to try and fail.

The young people's individual needs and problems, and the reasons for their placement in residential settings, should be taken into account.

Some children may prefer certain activities over others. If such activities are not of harm to children they should be encouraged. What is important is how the very activities would assist the child in later life.

Institutional routines can be monotonous, but Gannon reminds us that these activities can contribute much in terms of structure and predictability. But routines must be worked with thoughtfully if they are going to teach children to attempt things on their own.

Activities don't always have to be teaching for the future. Good fun is in itself a reassurance that life is good, and for many that is an important thing to realise. Molepo (1996:13) quotes Dewey who stresses that 'education is a process of living and not a preparation for future living'.

But in every case, when we think we know the purpose or value of an activity, we have to move on to question three ...

Evaluation

The previous question asked what is my planned activity good for? Question three asks "How do I know?" How do we evaluate our programmes? It is in terms of the way children and youth conform to institutional routines and are expected to behave and not to fail — or is it in terms of our purpose of reconciling children with their families and communities, and thus equipping them with better skills to adjust to their communities — and be able to contribute to them?

The residential setting is a means to an end, not an end in itself. We can evaluate our programmes positively when the youth are more able to problem solve, are resilient and strong in dealing with their own issues — when they are more confident and are able to attempt things and to learn through their mistakes.

We will know what our activities were good for when the children return to their homes and families — or to their communities as young adults — and do not relapse into further institutional life because all we taught them was to adjust and live in structured, rigid and routine environments.

Perch sums it up saying that 'institutional life has no meaning in itself. It is a means leading to something else: normal life outside the institution.'

So tomorrow morning, fellow child care worker, start your day by doing something radical: ask yourself these three questions — what am I going to have my students do today, what is it good for, and how do I know?

Gannon, B. Curriculum Building in Child Care. *The Child Care Worker*, Vol.14 no.11, 1986.

Molepo, P. What are we doing today? *Child & Youth Care*, Vol.14 No.11, 1996.

Perch, P. The Specialised Educateur, the institution and the community, in *International Child Welfare Review*.

Postman, N. and Weingartner, C. *Teaching as a subversive activity*. Harmondsworth: Penguin

Who's reading the journal?

Disappointing number of people responded to our Readership Survey which was included in the January issue. We are told that a response of about 3% is quite good on a mail shot to the general public. However when everyone approached was already a reader of the journal, 3% is far too few for us to draw any conclusions about what people are wanting to see. For what they are worth, here are some results:

Readers

The largest group of readers (40%) are principals/directors while 35% are child care workers and senior child care workers. 20% of our readers are "other professionals" in the field, mostly social workers but also one or two psychologists and nurses.

Only two respondents were members of management committees.

42% had been in the field for 4 to 9 years and 40% for ten or more years. Only a small proportion had been working in the field for three years or less. All but two of the respondents lived and worked in urban areas.

Training

87% of the respondents had post-school qualifications, nearly 60% having post-graduate degrees. Only two respondents had not completed Standard 10. 18% were studying and 29% were planning to study further. Two-thirds were English speaking while 23% spoke one or other African language, and 10% Afrikaans. All but one of the respondents found the language in the journal easy to manage; one said it was reasonably easy.

Likes and dislikes

The material in the journal generally pleased those who replied. There were 10 expressions of "little interest", 76 of "average interest" and 181 of "high interest" in the subjects included.

People asked us to include material on the following:

- Child care workers' experiences
- Programme management
- Coping with transformation in SA
- Financial survival
- Basic management
- Special problems as bed-wetting
- Staff motivation
- Work with parents

- Community-based interventions
- Research
- The role of social workers
- Supervision
- Practice in secure care facilities
- More book reviews

Other comments

People also asked us to consider these ideas: Sharing the perspectives of various team members; how do child care workers relax, have fun? What causes conflict? Creative problem solving; poetry; practical guidelines for dealing with problems like gangs; relationship between state and NGO sector; more information on neighbouring countries; more debate on issues like state funding; cultural diversity; spirituality in child care work; accountability in the field; discipline; staff issues and teamwork; dealing with child abuse; local news about people doing things in new ways; more of "who's who" in child care; write-ups on specific care facilities; child care workers sharing the experiences; work with young people in trouble with the law; dealing with vandalism ... lots of ideas there!

Some unexpected answers

"Other things you would like?" we asked. Reply: "Nothing! this is a well balanced, accessible and unpretentious journal, thanks." A North Sotho speaking reader: "Keep up the good work — the journal is more educative, informative, enriching ..."

"We are social workers in a hospital setting — we would like the journal to continue with concise, accessible articles, pertinent editorials and humour ... we really look forward to the journal."

"You manage to bridge my own interests and my child care worker needs — and I use the articles for teaching."

One respondent said "This journal is a highlight even though child care is not our field!"

"... and tell them we want more cartoons!"



The Ekuseni Youth Development Centre for young offenders in KwaZulu Natal, received a bad press in February following reports of erratic, even "chaotic" programmes. We talked to **Hilton Rudnick** of RAU, one of the founding partners of the project, to ask what went wrong and what is planned to regain the original ideals of this R40-million project.

Plans and Pitfalls in Young Offenders Programme

What is the size and shape of this project (number of inmates, expected through-put, location, physical "plant" and so on?

Ekuseni (Zulu for "dawn" or "new beginning") is situated 26 km from Newcastle in KZN, in an area called Normandiem. It's a beautiful setting, in lush countryside, with stunning views of majestic mountains.

In its original form it was a mining operation, I think called Natal Coal, and much of the infrastructure was in place, particularly the staff village, and the mine dormitories. Naturally, substantial refurbishment took place in order to make the place liveable. The entire complex, including the staff village is 365 hectares, but the fenced part is considerably smaller.

Exactly who are the clientele?

It is designed to hold 600 male students. (They are never referred to as anything but students, not prisoners, inmates offenders or anything else.) We try continually to reinforce the idea that it is a centre of learning and development. The idea is to have the students spend at least two years at Ekuseni, as that was seen as the minimum time necessary for sufficient personal development and skills training. Taking parole into account, if a student is to have two years at Ekuseni, their sentences are generally in excess of 4 or 5 years. We also stipulated that the students who came to Ekuseni should be volunteers. They should come with the understanding that they are entering into a demanding programme. No one is sentenced to Ekuseni directly; they come from other prisons in the country.

In the end it did not work out so neatly. Many prisons ignored the

lists of volunteer students and sent the prisoners who were giving them the most trouble. Now, about 18 months later, the student population has been rationalised a lot and it would seem most students are reasonably committed to learning. There have also been a few students who had less than two years of their sentence remaining. Age range is something like 15 - 30, though it is supposed to be contained to 14 - 21. The bulk are 18, 19 and 20. The type of offence was not a criterion.

Ekuseni was opened to students in October 1996. There was a month of staff training for those staff who had already arrived in the previous month. At that time there were about 550 students who all arrived in the space of a week. It was a little chaotic. There are three student villages. The smallest, Village A, has 30 students. Village B has about 170 and Village C about 300. The students live in dormitories of ten beds, each with its own ablutions. There are no bars on dorm windows, and there is relatively free movement within the centre. It looks more like a campus than a prison. The main buildings are the student villages, and dining room, a therapeutic block, school, vocational centre, computer centre, clinic and admissions section. These are all inside the perimeter fence. There is also a ropes course and sports "fields" (not as level as they could be).

Who make up the partnership running Ekuseni?

The Ekuseni management structure is quite complicated. The five founding partners were the Ministry of Correctional Services, the Private Sector Initiative (PSI), Nelson Mandela Children's Fund (NMCF), Joint Education Trust (JET) and Rand Afrikaans University (RAU). The

responsibilities and roles they started with and those they have now have changed over time. The PSI is a consortium of companies that provided the money (about R40 million) for the project development. The NMCF bought the property. They have also provided support in a wealth of different ways. JET is a funding NGO, and developed the learning programme through using other NGOs which it funds to develop sub-programmes. For example, ProLit did the literacy programme. RAU's expertise was in creating the personal development programme (therapeutic) made up of psychology and social work courses. RAU also developed the management model and is responsible for implementing the model and the therapeutic programmes. We share with JET overseeing the evaluation of the project, which we have outsourced — it wouldn't have been credible to evaluate ourselves.

There is a board of management consisting of the Minister or Commissioner of Correctional Services, RAU and JET, and a number of other Correctional Services officials who change regularly.

The Director of Ekuseni reports to the board, though his work is not made easy by the constant stream of instructions he gets from Head Office, the Ministry, RAU, JET, the Provincial Office, the ministerial advisors and anyone else who has an opinion about how things should work, including his own staff. It's a tough job, particularly since Ekuseni breaks new ground, and struggles to survive entangled in a web of Correctional Services bureaucracy.

Staff numbers?

There are about 150 staff and 600 students, a ratio of 4 to 1. Of this, the security staff are about 60, the teachers about 25, and



therapeutic 12 (one psychologist, seven social workers, two family coordinators, one community integration person, one religious co-ordinator), four sports officers, and the rest being administration, clinic, etc.

Not all posts are filled. We hope to replace about 20 of the custodial staff with youth care workers. Correctional Services pays staff salaries. RAU and JET, although sometimes lending a hand with material things, are now mostly focussed on the implementation of the model and the programmes and in providing training.

What were the intentions which would have made Ekuseni "special" or "different"

Ekuseni is very different from any other prison in the country. It is a full-scale rehabilitation programme. Although there are some similar initiatives in other prisons, they are rather *ad hoc* and under-resourced in regard to staff, etc. Ekuseni is a pilot project; other projects based on the same model are also expected to be implemented soon.

Unlike most other prisons where inmates sit around all day, Ekuseni students have very active days divided between learning development, personal development, sport and recreation.

Students walk around pretty freely and we've had very few escapes (none in 1997). Compared with regular prisons, Ekuseni is prison heaven. Facilities are relatively good, it is comfortable, not overcrowded, there is an active SRC, and students should be busy with programmes.

Of course this is an over-idealised picture. It often does not work out that way, with both students and teachers bunking classes.

The planners seemed to have covered all the bases – education, treatment, care. What went wrong with this three-point plan?

There are no short answers to the questions of what and why things have gone wrong. Ekuseni detractors could supply lists of problems while its advocates could give an equally long list of successes. There have been huge blunders and excellent successes. The plan was also not really a three-point plan but a multi-faceted approach which included a comprehensive management model, the development of programmes, constructing buildings, hiring staff, developing an IT system ... it goes on and on. There was also a political agenda which demanded delivery within a ludicrously brief time-frame (nine months in the end). So there are certainly explanations, but unravelling them is difficult.

How did Ekuseni characterise its education, treatment and custodial roles. Were they integrated within some unifying philosophy?

The unifying philosophy of the Ekuseni programme, referred to as the Holistic Rehabilitation Model, could be expressed essentially in one question "What are the best interventions, for this particular student, at this time?" We aimed to have fully integrated education, therapeutic, recreational and sport programme. The unifying mechanism should be case management. This works by using a small team of staff to monitor at various levels — daily, weekly, monthly — the rehabilitation journeys of a small group of students. It is in this area where we have encountered problems which we are only just beginning to surmount. The key person in the team is

the life-space counsellor/youth care worker, plus someone from education, someone from therapeutic and the student himself. Originally we hoped to train the youth care workers from the pool of interested custodial officers, but we hit so many labour issue snags, that it became unworkable. We have now employed a Chief Child Care Worker who is beginning to set up the necessary infrastructure so that we can pilot the case management system in the next three to six months, and then build a bigger team. Because this is so late in getting off the ground, integration with other sectors has not happened.

One of the big mistakes made at Ekuseni was not to use youth care workers from the beginning. Correctional Services does not have an occupational class for youth care workers, and the bureaucratic struggle is now under way to remedy that.

What methods or techniques of youth management and influence were used?

A reward and discipline system was developed as a part solution in trying to influence behaviour. It requires very close monitoring of students and hence can only come into effect once the case management system is sorted out. When students give serious problems at present, there are crisis case management meetings which take place, and if there is consensus, the student is sent back to a regular prison. Ekuseni also has counselling services, offered by the social workers and psychologist, to deal with day-to-day issues which are not criminal in nature. Ideally we would like to have one youth care worker responsible for two or three dormitories of students, who will have the skills and close contact with the students to deal with their everyday problems.

Were there some special considerations given to the central presenting problems – the deprivation behind the crime, gang affiliation and group processes amongst inmates, etc?

Ekuseni was obviously conceptualised around the issues you refer to as "central presenting problems". Crimes are often committed due to prevailing socio-economic conditions. When people are desperate, more crimes are committed. This is influenced by the huge divide between the haves and have-nots, the gang situation, broken families ... the list is endless. We address these problems by having group sessions around offences, why they are committed, etc, and also try to deal with issues such as peer group pressure, leadership programmes, etc. As it happens most of the students have such external loci of control, blaming everything but themselves for their incarceration, that these issues must be

We have a lot of confidence in the model and the programmes, but the huge gap between the model on paper and the implementation of it is what a pilot study is all about.

handled delicately. Students do ultimately need to take responsibility for their actions, and the maturer students do. The usual gangs exist in Ekuseni, 26s, 28s, air force, big-5, etc., though because there is less of a survival need, they are less empowered than in other institutions. We don't encourage gangs, but they are a fact of prison life, and their leaders are often a useful pool who can provide constructive leadership.

What categories of staff were assembled for this project – and what preparation and training did respective staff sectors receive – separately, together?

The main staff categories are administration, educational, therapeutic and custodial. There is a big teaching component of about 25 teachers, covering basic literacy, academic (matric prep), and vocational. The structure of the therapeutic department was described earlier. Together, educational and therapeutic constitute what is really the programmes component at Ekuseni, including sport.

The custodial staff are essentially security staff, making sure there are no escapes, etc. The most problematic interface between students and staff occurs here. We made a big mistake by not employing youth care workers in this position. We are trying hard to reverse that now. Some of the custodial staff have undergone PART training, though most have a security type approach which does not mesh well with the ethos we tried to create at Ekuseni. Custodial staff find it quite difficult to compromise their power advantage and treat the students as equals.

Given the rush to fill Ekuseni and get it up and running, the training was not as comprehensive as we would have liked. It was a six-week rushed job, and during the last three weeks of this the students were already there, and we had to scale down our plans as staff became increasingly occupied by their duties. I think you need a longer period of training with smaller learning groups in order to cover everything adequately. Of course the training just covers the specific model; it assumes people know how to do their jobs. So it would cover areas like youth-at-risk, the sociology of crime, the

Ekuseni mission and vision. There was also computer literacy training, as well as more specialised training, so for example the therapeutic staff were trained on specific programmes.

What changes or additions to the programme do you think could help now? And what has Ekuseni learned from its initial experiences?

We have learnt a fortune:

- *I suppose the key thing is that a project of this nature needs to be staffed by special people. We were not able to hand-pick staff. Because new ground is being broken, we need people who can think on their feet, are passionate about the concept and highly motivated. We had several unilateral (ministerial) appointments which did not work at all. The management team at Ekuseni has changed three times, in a desperate bid to find adequate people.*
- *It is also difficult to have one group of people develop a concept and then have another group of people take it over and implement it. There should have been a much more extensive overlap — possibly even employing the management team six months early and letting them help develop the concepts. There has been significant resistance to people being told how to do something they have been doing differently for so long.*
- *As mentioned earlier, departmental red tape can completely strangle a project like this. If you need textbooks today you cannot wait one to three months for a tendering process to be completed. The centre needs to have a different type of ac-*

cess to funds.

- *The students also have to be quite carefully selected as originally envisaged. Although rehabilitation should naturally be available to everyone, a pilot project like this is designed to be of help to a specific group and the model should be given the best possible chance of working.*
- *I mentioned earlier the mistake we made of not insisting on youth care workers being employed from the beginning.*
- *The project should have been piloted properly, using a small group of student only.*
- *There should have been more comprehensive training*

We have a lot of confidence in the model and the programmes, but the huge gap between the model on paper and the implementation of it is what a pilot study is all about. It is also tricky with Newcastle being so far away. None of the developers, who are all from Johannesburg, can spend adequate time there. I go there normally for a day a week, but one needs to live down there to achieve continuity and get things done. In reality, Ekuseni has been in crisis management mode since it opened. It has never got near to operating comfortably.

I think one positive is that the students enjoy it there and I think there has been some rehabilitation happening, but nowhere near to the level we originally conceived. We know there have been mistakes, but that's what pilots are for. I believe that someday Ekuseni will really work. The lessons we have learned will all need to be taken into account and thoroughly addressed. That will mean that either DCS puts its money where its mouth is, or that the centre is privatised.

PRACTICE POINTERS

The Improving Child

What is it that tells us our efforts are being rewarded? The signs in the beginning are so very subtle and so very small that we could very easily miss them.

We need to notice when one of the boys asks the child and youth care worker at the dinner table "Hoekom bly die tannie so lank hier by ons?" and the person who replies is the boy whom everyone is trying to support through a really difficult time – He says "Dis omdat die tannie van ons hou."

The same boy has been stubborn and resistant and doesn't want to do his kitchen duty. The tannie is firm, but kind. She sends a younger child in to

read to the boy while he does the dishes — and he does the dishes!

The next night he tries to evade his duty again – asks if the tannie will stay with him. She says she's busy but cleverly pops in and out – and he does the dishes!

The next time he tries to refuse and says the other boys can do his job.

They firmly say no.

He asks what will happen. The tannie says no one will be able to eat because the dishes are dirty.

He does the dishes.

This is the child slowly 'coming round.'

Slowly he weighs up the demands and the trustworthiness of the group. And we must not miss one moment of his trying so that he can really feel seen and cared for — and whatever else, we keep trying.



Gauteng Graduation held in historic church

Graduation was held on Friday 28th February 1998 at Christ the King Church, Sophiatown.

After the official welcome Malcolm Montgomery (director St. Joseph's) gave us a brief background to the church and its rich history during the forced removals of the 1960s. This historic background set the trend for the rest of the graduation ceremony.

The road ahead

Guest-speaker, Dr Jackie Loffell spoke on "The Road Ahead" and gave us an excellent vision of where we're heading to. She successfully incorporated the struggle of the past and used Project Go as sign-post to our future destination.

The graduation ceremony was an important encouragement for the road ahead. It was exciting to see so many child care workers coming to graduate and to register as professionals. This graduation bears testimony to the fact that we are called to contribute to the rebuilding of our country. We can only do this by acquiring the skills and education which we need.

Shosholoza!

The presentation of the poem by Syvion Dlamini from Epworth was a most appropriate way to conclude this ceremony. The poem *Shosholoza Child and Youth Care* (which was published in the February 1997 issue of the journal) was accompanied by singing and rhythmic dancing. The National Anthem officially concluded the ceremony.

Brian Robertson addresses Western Cape Graduation

The Annual Graduation Breakfast was held on 27 February 1998 at the Bellville Inn.

More than 82 graduates, their families and friends attended this auspicious occasion. The graduates were very splendidly attired with graduation gowns. Professor Brian Robertson was the Guest-Speaker and his talk to the graduates (published on the next page) was on the topic of "Tough Kids, Tough Times."

Professor Robertson said that the graduating child and youth care workers were joining the ranks of those who provide mental health services to the children and adolescents. He said that this work is most challenging and rewarding but is also one of the most stressful and unrecognised work. He also said that Child and Youth Care workers are usually poorly compensated because we are still in an era when technological and intellectual achievements are valued above human dignity and life itself.

Two speakers in KwaZulu Natal

The two guest-speakers were Himla Makhani and Mertrude Makhaye who between them have 20 years experience as child and youth care workers in the Region. They spoke about their journeys in the field.

The hotel venue was a good

idea, although on that day, the air-conditioning was not working!!

43 students received BQCC certificates, 12 the Training of Trainers certificates, 14 Consultative Supervision certificates, 5 Unisa certificates and one the DCCA certificate. Four people were registered as child and youth care professionals at the meeting.

45 at Border Region Graduation

A very successful graduation ceremony was held at the Nahoon Methodist Church Hall on Wednesday 25 February 1998. There were 45 people present. The East London Children's Home hosted the graduation and provided a wonderful spread of tea and refreshments. There was a warm, relaxed atmosphere.

Felicity Coughlan, the Head of the Social Work Department at the East London Branch of Rhodes University was our guest speaker. Felicity is on sabbatical at present and is busy doing her

doctorate in social work. She gave a short motivational talk, using the letters of the words "CHILD CARE". Commitment, Hope, Integrity, Love, Discipline, Courage, Attitude, Respect, Empathy.

The certificates handed out were for the BQCC, Training for Trainers Course, Consultative Supervision Course and the Congratulatory Award from NACCW for those who passed the Unisa Certificate.

We also had three ladies visit us from the former Transkei, having completed their UNISA Certificates. It was tremendous as they have to travel approximately two and a half hours to arrive in time for Regional events.

GAUTENG TRAINING

Module 3 of the BQCC has been successfully completed by 31 students in Bronkhorstspuit, and the Orientation to Child and Youth Care was attended by 120 students in Pretoria and Johannesburg.

Training which has commenced includes BQCC Module 3 in Pretoria and in Johannesburg. Module One will start in Pretoria and Johannesburg in April with an expected 140 students.



Tough Kids, Tough Times

At the Graduation Ceremony of the Western Cape Region of the NACCW, **Brian Robertson**, Professor of Psychiatry at the University of Cape Town talks about the times we work in.

Today those of you who are receiving a certificate are joining the ranks of qualified child mental health workers – you are joining the team of child psychiatrists like myself, social workers, special education teachers and educational psychologists, psychiatric nurses and any other child mental health workers. What we all have in common is a *qualification* which equips us to provide mental health services to children and adolescents – the most challenging and rewarding, but also one of the most stressful and unrecognised types of work.

We welcome you to the child mental health profession and we congratulate you on your achievement in gaining your qualification in the field of Child and Youth Care.

Technology or human dignity

I said that our work is often unrecognised for the vital service it performs. It is also usually poorly compensated. That is be-

cause we are still in an era when technological and intellectual achievements are valued above human dignity and life itself. It is up to us to change that, on behalf of the children we care for – the child survivors of family trauma and the breakdown of parenting. We cannot sit back while other sectors like Housing, Transport and Education are fighting harder more successfully than us for a share of the State Budget. We Child Mental Health professionals must surely be the last group of professionals to become empowered. We must now find one voice and learn how to play politics on behalf of our children.

I had personal experience of this last year regarding the plans to close Valkenberg Hospital. There were a number of similarities:

- the historical lack of improvements for mental health professionals (especially carers i.e. nurses) and of service users (that is, the children and families).
- there was a call to action
- there was an overwhelming response
- the result was the withdrawal of proposal to close the hospital.

Networking

One of the main reasons why we were able to rally this support was because over the last few years we had been building up a network between the different organisations which provide mental health services in the community, a network representing them and their families, and the relevant University and Health Departments.

We need to do the same with regard to children. Last year we started a forum for child mental health workers and for service users (children and their families). The forum was for child



care workers, teachers, social workers, psychologists, psychiatrists, nurses ... all those working with children came together and agreed on the need for a child mental health forum to advocate for better mental health services for children. We don't have many organisations representing children and their families. We need to help them get organised so we are ready to fight together, if necessary. We have already got ourselves represented in the Disability Forum, which is a Task Group in the Western Cape Government mandated to improve services for disabled children, and is part of the National Programme of Action for children.

High priority

President Mandela's commitment of South Africa to the principle of 'a first call for children' which means that the needs of children should be given high priority in the allocation of resources, in bad times as well as good. The Government responded to the call by establishing a National Programme of Action for children, to be implemented in each province. Seven priority areas were identified, two of which directly involve us: 1. Social Welfare development including the provision of services for children with special needs, and 2. Child Protection services.

I would like to say something about children with special needs and about providing services for them.

Special needs

Children in special needs includes:

- children of disrupted families
- abused and neglected children
- children exposed to violence
- street or homeless children
- substance abusing children
- and we can add: more depressed and suicidal children and adolescents.

Firstly, all these problems are becoming more common so that we are seeing more disturbed children now than we were a generation ago. This is due to a number of factors, including greater numbers of children living in poverty work-circles, increasing domestic and community violence, increasing breakdown of families, increasing substance abuse and the earlier onset of depression. These are tough times — and sometimes the kids we deal with are also tough.

Violence

A few years ago I did a study on the Cape Flats about how many children experienced violence and what happened to them emotionally. We compared children in a certain school and children in a Children's Home. We found that all children except three had witnessed violence and that 34 (more than half) had personally experienced violence di-

rected at them — attempted or actual physical or sexual assault. The others had been witnesses to assaults and killings.

We found that 8 of the 30 children from the Children's Home had post-traumatic stress disorders (PTSD) compared with 5 of the 30 children from the school. Many of these children were also depressed and some displayed antisocial behaviour.

The worrying thing is that none of the 5 children in PTSD from the school had been recognised as having PTSD, and only one or two of the 8 children from the children's home were recognised by the child care workers as having PTSD. Sadly, parents too are often unaware of their children's PTSD.

On-going problems

What happens to children with PTSD? Many of the milder cases get better, fortunately. The others? They continue to suffer from anxiety or depression as adults, have relationship or work-related problems, abuse substances, attempt suicide or become perpetrators of violence themselves.

What can we offer children like this and the many others that come into our care?

Firstly, early identification of emotional problems followed by adequate psychological assistance. The courses you have just successfully completed will have introduced training in this area. However, we also recognise today that there is a potential danger of *overtreating* children with special needs. Historically there have been few guidelines in what services to provide for these children, and different organisations and departments have done their own thing, often leading to fragmentation and duplication of services. As an American child psychiatrist put it recently, "Children followed the money." (Where was the money? In institutions i.e., hospitals, places of safety, children's homes. And families were often left behind.)

Now a new set of guidelines is being devised and they are:

1. Children should be placed in the least restrictive setting.
2. A range of services should be considered, varying from residential to non-residential, and including intensive care in home and community settings.
3. Families are the first line of caregivers.
4. Different service providers need to collaborate to provide integrated services.
5. Services must be culturally sensitive. Traditionally children with severe antisocial problems have been placed in some type of residential care because of the difficulty (and often lack of success) treating them at home or on the community. I have been seeing increasing numbers of severely antisocial children in

black township areas where there is no easy access to residential care, and where outpatient treatment is not readily available.

I decided to see if we could be innovative and adapt the best outpatient treatment (which we don't even provide at Red Cross Hospital) to township conditions. We found a black male psychology student and a black male occupational therapist and trained them in group work using cognitive-behavioural approaches. Every Saturday for 12 weeks they went out to the township and ran a group for these boys. We provided food and the occasional outing as an incentive, and were surprised and pleased when most of them came to all the meetings. As you know the biggest problem with children like this is getting them to attend treatment sessions.

We evaluated the treatment, comparing them to a control group, and found that there was significant improvement, particularly in school attendance, but also in relation to their antisocial behaviour.

Developing new skills

I think that in South Africa, to balance all our other problems, we have the opportunity to show the world how to develop innovative approaches to mental health services. Something else we should be able to teach them is how to provide culturally sensitive services — but we still have a long way to go in this area.

A culturally sensitive (competent) system of care if defined as one which acknowledges and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, awareness of the dynamics that would form cultural differences, the increase of cultural knowledge, and the adaptation of services to meet culturally unique needs. Culturally sensitive systems of care acknowledge of work in conjunction and the natural and informal support networks of service users and their community. Yes we are lagging behind in this important area: look at me, speaking in only one of our many official languages!

In conclusion, we work in increasingly tough times where there are more problems, fewer resources. The kids we have to deal with are getting tougher too — more and more we are seeing child offenders committing gruesome crimes — sometimes they are less than 12 years of age.

How can we help them and the many other kids with special needs? It feels better knowing that there are people like you, committed to child care, committed to improving your knowledge and skills like those you have studied for the certificates you are receiving today.

May you go from strength to strength.

We hear much about the strengths approach today – that we should assess clients not in terms of their problems but in terms of their strengths. There is a danger that I could see this just as a simple “either-or” choice – the simplistic idea that I should merely switch the stuff I write down on my “to do list” for a particular youngster or family – from problems to strengths.

I agree that this would help me see things more positively. But the fact that this family or this child has found themselves in so many difficulties that they had to come in to our agency suggests that maybe there aren't enough positives to outweigh the negatives in their lives right now.

It's not enough to say to someone whose life has come to pieces: “Just count your blessings.”

The trouble with problems

The “problems approach” always worried me. We would go through a list of problems and tick them off – perhaps getting a list like this for Mike who came into care in February:

- Tells lies
- Poor neighbourhood
- No father at home
- Has stolen
- Chronic ear problem
- Disobeys mother
- Influenced by friends
- Doesn't get on with others
- Not very bright
- Moody ... and so on.

The real problem with a list like this is that we get conned into the idea that *only when we solve all these problems will Mike be OK again*. Worse, we also get conned into the idea that *we can solve all these problems*, or even that when we've finished with him *Mike will be perfect again*.

And, of course he won't really, will he? With his poor neighbourhood and absent father, his lower intelligence, his mood swings and chronic illness, Mike will always be something of a struggler. But what we *could* hope for is that, in spite of these difficulties, Mike will eventually be able to *cope* with his life again – that he will be able to function, and not break down as he has now.

Functioning

The point is that *everyone*, including you and me, carries about with them a pile of problems – guilt feelings, a sense of failure, a lack of skills, things we are ashamed of, illnesses and sadnesses, laziness, disability, bad temper and so on – but in spite of these things we have enough positives (strengths) to outweigh the problems – so that we can cope. We are able to get up in the morning, look after ourselves, go off to our place of work or study, keep out of serious trouble and generally get on with people.

“What does it mean?” many child and youth care people ask.

Brian Gannon wonders:

“Mmmm, what *does* it mean?”

Working with the “strengths approach”



That is all people expect of us, really. That we balance our troubles and weaknesses with enough strengths so that we can *manage* without being a drag to others.

What is really important to us as care workers is not the number of problems we can tick off against Mike's name, but whether he is able to function reasonably well.

There is a helpful clue for us in the World Health Organisation's definition of health: “*Health is a state of optimal physical, mental and social well-being, and not merely the absence of disease or infirmity.*”

So, what went wrong?

By concentrating on *ability to function* rather than *problems* (or just strengths) we find ourselves asking entirely new questions.

Until a few months ago, Mike was functioning alright. At least he was staying at home with his family and hadn't yet been referred to a social worker. With all

of those problems, somehow he was managing.

What went wrong? What stopped him being able to function?

The point is, instead of trying to solve all those problems, *can't we just get him back to where he was just before February?* Because then, it seems, his strengths were balancing out his problems, and he was managing to function.

Keeping people going

You would be surprised at the complex packages of small and great “strengths” which actually keep people going from day to day: the small supports and encouragements they receive; the daily events, rituals and habits that they look forward to because they have meaning and offer reassurance; the satisfaction of finishing their homework or settling their monthly account at Edgars; the knowledge that they have a skill or interest which gives them a hobby or a job; the approval or acceptance of friends and family – even somebody not so significant to tell about what happened to them today; the small pleasures of a familiar food or neighbour or TV programme ...

When just one of these small strengths is disturbed or lost, the whole balance between “feeling OK” and “feeling not-OK” can be upset and the person has to re-adjust – or not be able to re-adjust. People, especially those who are vulnerable and have had bad experiences of loss, get “stuck” in their “now” needs and they lose sight of tomorrow; they lose hope. Humans (and that includes child care workers!) know all about offering a little TLC* to people whose balance has gone a bit wrong, and how to ease them back into their slightly changed lives – to *keep them going*.

Least restrictive, most empowering

In all our dealings with troubled families and young people at risk, therefore, we try to change as little as possible in their lives – to keep intact all of the links and supports and skills and activities that we can, in the hope that by “topping up” the depleted energies and strengths they can continue to function.

But when, for example, we have to remove or move a child, we interrupt nearly all of that system, we break the whole cycle of functioning – and it's a hell of a job to get it all going again.

Remember Hoghugh's advice: “Stop what is wrong and destructive, enhance what is good and helpful, and leave everything else alone.”

The child and youth care worker is careful to discover the things that keep kids and families going (the strengths), and in the words of the IMC Principles, to deal with them in the “least restrictive and most empowering” ways.

* “Tender loving care”

Hendrina Secure Care & Youth Development Centre

APPLICATIONS ARE INVITED FOR THE FOLLOWING POSITIONS IN THIS ORGANISATION

Assistant Director:

Child & Youth Care Services

SALARY: R84 423 p.a.

REQUIREMENTS: An appropriate Bachelor's degree or an equivalent qualification (preferably in Child and Youth Care Development) or Matric plus 6 years experience in Child and Youth Care. DUTIES: Manage a secure care facility for children/youth in conflict with the law, and ensure that new practice principles relating to the child and youth care system are implemented. Attend to financial and Human Resource Management. Involvement in the selecting and training of staff and policy development. Organise structures and procedures for smooth running. Co-operate, co-ordinate and liaise vertically and horizontally. Ensure and monitor participation of all relevant stakeholders (families, communities etc.) SKILLS NEEDED: Experience in working with troubled youth. Interpersonal strengths. Assertiveness, Leadership, Compassion, Facilitating, Management and Negotiation skills. Accountable to the child/youth, family, community, employer, staff and self.

Chief Child and Youth Care Worker (Assistant Manager)

SALARY: 69 381

REQUIREMENTS: Certificate in Child and Youth Care plus 6 years appropriate experience in a Residential Care facility. Valid code 08 drivers license (From the successful candidate will be expected to pass a K53 practical driver evaluation.) Experience as a trainer will be an advantage. Knowledge of UN Conventional Children's Rights and the Interim Policy recommendation of the IMC, which was accepted by Cabinet, will be an advantage. DUTIES: Assist Manager in managerial tasks. Assist with development and ensure implementation of appropriate, individualised developmental programme for youth under the age of 18 who are in conflict with the Law to provide a safe and secure environment. Ensure implementation of developmental programmes for young people of the community in collaboration with a multi-disciplinary team and within a inter-sectoral approach. Assist with developmental assessment and regular review of each persons programme and placement. Ensure statistical data of each young person's movement. Ensure capacity building and enrichment programmes for staff. Supervise Child and Youth Care Workers and are responsible for regular assessment of job performance and on line functions. Assist with policy development and programme design. SKILLS NEEDED: An honest interest and ability to deal with troubled young people between the ages of 14 and 18 years of age to create learning opportunities for the young people and staff. Belief in the inborn capacity of people. Good participation, managerial and developmental supervisory skills. Ability to influence behaviour

change through modelling. Ability to lead, communicate, organize, co-ordinate and function within a team are essential. Assertiveness for the need of continuous self development and developmental opportunities, a high level of self awareness.

Occupational Therapist

SALARY: R44 514

REQUIREMENTS: Registration with Interim Medical and Dental Council. Experience in vocational therapy with young people will be a recommendation. Driver's licence important. Understand IMC Paradigm Principles. DUTIES: Development programme for youth in conflict with the law and youth from the community. Conduct research on adolescence development. Support staff. Liaise with social worker, manager and chief child and youth care worker. Supervise and implement life-skills programme. Ability to work in a team.

Professional Nurse

SALARY: R44 514

REQUIREMENTS: Registration with the SANC as a Professional Nurse with extra registration in psychology. Other qualifications will be an advantage plus appropriate experience. Driver's licence essential. Understand Paradigm Principles of IMC. DUTIES: Perform nursing duties for young people. Organise and implement homecare/life skills programme for young people. Liaise with social worker and occupational therapist on developmental programmes for children and youth. Administering of medicine and accompanying of children to doctor or District Surgeon. Training of young people on sexual behaviour, relationship building and parenting.

Social Auxiliary Worker (18 posts)

SALARY R25 659

REQUIREMENTS: Senior certificate or equivalent qualification (Basic qualification in Child and Youth Care) plus code 08 driver's licence. Embrace the UN Convention on the Rights of Children and Youth. Willingness to attend training in Secure Care and work shifts. DUTIES: Implement preventative and developmental programmes for youth. Create a therapeutic, caring and safe environment for youth. Build positive relationships, teach problem-solving techniques to youth. Accompany youth to community activities and hospital. Write progress reports on youth. Form integral part of multi-disciplinary team. Liaise with school on premises, and social worker, professional nurse and occupational therapist. Conduct life-space interviews and intervention with youth. Work in a team. Interview children and youth and parents. Adhere to the IMC Paradigm principles. Effective communication, organisational, co-ordinating, supervisory, counselling, management, liaison, interpersonal, listening skills are very essential.

Social Worker

SALARY: R44 514

REQUIREMENTS: Degree in Social Work and registered with the Interim Social Work Council. Preferably three years experience in service rendering to troubled young people and their families. Valid code 08 drivers license (From the successful candidate will be expected to pass a

K53 practical driver evaluation.) Knowledge of UN Convention of Children's Rights and the Interim Policy recommendation of the IMC, which was accepted by Cabinet, will be an advantage. Preferably a knowledge of the Child Care Act, Criminal Procedure Act and Probation Services Act. Child Centred approach. Willingness to work overtime even during weekends.

DUTIES: Assess young people admitted and establish an appropriate, individualised developmental programme in collaboration with the young person, his/her parents/significant others and the professional team members. Responsible for specific short term social work intervention to capacitate the young person and his/her parent/significant others with the aim of re unification. Ensure and facilitate appropriate placement of each young person at all times. Principle of least restrictive and most empowering placement to count at all times. Liaise at all times with other team members in the facility as well as social worker rendering re unification services in the community. Ensure fast tracking of court procedures, Write, develop and implement preventative programmes/ services in collaboration with staff members and the community. Ensure that all legal aspects are adhered too. Ensure statistical data of each young person's movement. Assist with capacity building and enrichment programmes for staff.

SKILLS NEEDED: An honest interest and ability to deal with troubled young people between the ages of 14 and 18 years of age and to create developmental opportunities for the young people and staff. Belief in the inborn capacity of people. Ability to influence behaviour change through modelling. Ability to lead, communicate organise, co-ordinate negotiate, advocate for young people and function within a team as a team member are essential. Assertiveness for the need of continuous self-development and developmental opportunities. A high level of self awareness; work within the strength perspective towards reunification.

APPLICATIONS

Applications should be made on form Z83 and Z27 obtainable from any public service department. A complete Curriculum Vitae with certified copies of qualifications and previous work experience with the names of two (2) contactable references must accompany the application.

ENQUIRIES: Mr H Malgas, Ms S de Lange. Telephone. (0135) 656-6226.
Closing Date: 20 April 1998

Mpumalanga



Provincial Government
Department of Health and Welfare

Another brief report on a debate from CYC-NET, the NACCW's international child and youth care network on the Internet

STRUCTURE

A request for advice from a secure care practice setting:

Within minutes of arriving in the secure facility new students seemingly instinctively identify fellow gang members and/or align themselves with one or other power group — and thus effectively insulate themselves from or neutralise the child and youth care workers' potentials and influence.

Can CYC-NET members offer and ideas — theory, practical strategies, experience — to help us think around this problem?

In response to this question, I remember the first time I ever entered a secure setting and felt the door lock behind me. Someone else was holding the key as I was new to the program and I had a sense of having no power — that I could only leave this place with the consent of the person who held the keys. I also had the feeling that whatever influence the staff had over these young people was tenuous at best — it seemed more based on the power of the facility and the program than anything else. I was frightened and felt 'insecure' during this experience and, given the opportunity, I would have probably chosen to align with one of the power groups of the youth — for then I would have somehow had a sense of being more 'okay' and safer somehow. For power, not just control, seemed to be more in the youth group than in the staff group. Now, obviously, this was a certain kind of secure setting — one which was based on power and control, and I know that there are other models out there. But this experience also exists, in modified form, in other group settings. The feeling of power in the youth group, the sense of insecurity of a new worker, the need/desire to align with a power base so as to feel more se-

cure, the wanting to feel safe: the desire to connect with youth — it seems to me these are normal human reactions, and they get exaggerated in a secure setting. So, now that I am beyond that experience, what would I suggest:

1. New workers/students need to have a way to access/be aware of self so that they can identify what is going on.
2. They need to know that there are a normal range of human reactions which may be exaggerated in certain settings.
3. They need to understand systemically the implications of alliances and coalitions in team work/group care.
4. They need to have an identified mentor/supervisor within the program who is committed to processing their experience with them.
5. They need to debrief their experiencing on a daily basis during the first while.
6. They need on-the-floor supervision to interfere with any tendency to align inappropriately, when that is happening.
7. They need specific structure around their early interactions with youth.

Anyway, those are a few ideas that come to this non-secure mind. But I know there are some cyc-net members who work in secure settings and I hope you jump in right now.

— Thom Garfat

In addition to Thom's other six excellent points, I'd like to elaborate on the 'structure' because this can be crucial — ask any social group worker. Consider what the new client encounters — in an undefined or unstructured situation — that is, the youth mingling around 'doing nothing' — undesirable group dynamics can quickly emerge. Planning very carefully for a newcomer — and using the world's greatest 'structurer' — ACTIVITIES — can make things go very differently. What can the kids be doing, that is interesting,

productively, engaging, and — even in detention — perhaps welcoming, in a prosocial way?

— Karen VanderVen

Structure is good, but structure without anticipation is boring and boredom leads often, especially in detention, to trouble. So the question is, in our efforts to provide structured activities how do we do it with a sense of anticipation and hope so participants will leave the activity and the structure behind and move forward with curiosity and insight that will lead to new discovery? In detention of course this is couched with the message: What you did to get here was wrong, but now you're here so how can we connect and be together in a way that help insure you won't come back?

— Mark Krueger

From time to time this word "structure" gets used here (by myself as much as others) and I think it might be useful to describe what we mean by structure. While there is a tendency to think of it as 'the rules' and organization of a program, I prefer to think of it as relating to the amount of ambiguity in the environment. What about others?

— Thom

Activities 'in themselves' provide structure — they 'are' the structure — depending on how they are selected and conducted. Activities promote the ego function of 'anticipation' which is another reason they are so important: helping to anticipate the beginning, or the end, or the next stage or component.

— Karen

For me the "structure" in activities is the sort of inner skeletal structure that underlies the activity which we plan, giving it the shape that fits it in with our developmental goals. Mark's point is well taken, that activities could just be something "to keep the kids busy". We could "shape" the activity in such a way as to add value.

In South Africa soccer is a common activity with boys. This could just be a game to fill half an hour — without the "added value" this could be no more than a period of high stimulation, and one which youngsters might well use to express their own stuff, often quite negatively. But by building the game into a

league, say, five or six to a team, with scheduled games three times a week, a whole lot of positive stuff gets built into it — team membership and belonging, your fellow team members being interested in improving your skills, the achievement of winning a match (or the challenge of working at winning next time), being able to operate within the rules of the game which are entirely neutral, opportunities for role-free contact with adults (as coaches, referees, supporters), the status of playing in a particular position in the team (striker, full-back, wing, etc.), being able to look forward to the next game, etc, etc.

The same structure could be built into other activities — a variety concert, an exhibition, a sale of work, a dance, a race or whatever. In my experience the best activities are those which build towards a climax, a celebration, a match — with the intervening weeks filled with plans, preparation, building (everyone can play a role: lights, signs, electricians, decorations ...).

The move from larger institutions to family-scaled units in some way lost us the "critical mass", the numbers needed for group activities like these which are helpful for more difficult kids who need opportunities to work through developmental stuff like this. In the new order of things we often have to create these opportunities within surrounding communities — which adds even more value!

— Brian Gannon

Thanks for the thoughtful piece Brian. I'm pondering it now.

I think of structure as dynamic rules, activities, organizations, as well as the internal human structures, that can be so effective when applied with sensitivity and flexibility to the development rhythms of children and the contexts within which structure is needed.

— Mark K

There have been a lot of responses to the query about gang behaviour in secure institutions. The main response has been that a structured program is essential for the well being of all.

Structure is paramount to a good program, but if we as workers want to effect real and positive change in our clients, there needs to be cognitive restructuring over and above the structure of a secure program itself. Challenging anti-social beliefs and thought patterns needs to happen as well as identifying each youth's criminogenic factors. These combined with skills teaching (i.e. anger management, problem solving) are more effective in preventing recidivism than just a structured program.

— Greg Rousell

I enjoy the dialogues that are becoming more frequent. The 'structure' topic is a great one. I had a student yesterday de-

scribe the awareness that she came to that the true challenge for CYC staff is to use creativity and intervention strategies every day and not to just maintain the structure as your role.

The use of a framework (structure) as the safe and predictable tool that allows you to begin to take risks to create change as opposed to maintaining the structure as the key ingredient in your work with youth is a major learning step that we all need to rediscover regularly.

There are some structures that create inertia or work against creative risk-taking, I immediately think of level systems, discipline policies based on a "justice" model, activity programming systems that are planned the same way regardless of group dynamics (like the monthly meal menu).

Thanks for the ongoing stimulation.

— Jack Phelan

Structure, structure, structure! Are the structures we create not in themselves the factors that most so often create, facilitate and perpetuate patterns of behavior associated with gang norms? The very fact that we incarcerate kids in secure facilities with other kids who have engaged in same type gang-related behavior must surely be a significant factor in perpetuating the problems — encouraging the establishment, renewal or continuation of gang affiliations among youth?

So many institutions place youth in large institutional type settings, with dorm-like sleeping arrangements, limited privacy, communal environments that encourage "gang formation" etc. Surely therefore, addressing the problem begins with evaluating the model that informs us as to the physical structural arrangements that in themselves mould behavioral patterns? If we want to promote gang formations, want to limit personal space and privacy, want to encourage in-groups and "out groups" as well as large-scale contamination at behavioral levels, then the way to go is large institutional type settings with inappropriate careworker-youth ratios! In this context careworkers can then be confronted by large groups, with limited opportunity for developing meaningful relationships — and with ample reason to resort to external modes of control (restraint, seclusion, etc) rather than being able to rely on "relational factors". In the worst type of secure facilities, power and control issues dominate, and the very fact that these youth are "secured" feeds into this dynamic. I think that power and control issues, both from the careworkers perspective and the youth, are better managed in smaller group contexts that promote "relationship" and not simply "mechanical management".

It is my personal opinion that the problem raised in the original query to CYC-

NET must be addressed at the basic structural level I have suggested above. There is no reason why, for example, small cottages on a large environmentally sound campus setting cannot meet "secure" needs as well as the needs of the youth for a more humanised, normalised and intimate context within which "structured activities" can be implemented to promote skill development etc, while "disabling" the negative interactions that depersonalised institutional settings tend to promote.

Unless we take the time to care about the physical structure, the ecosystem as a whole, and are willing to spend the money to establish effective contexts and staff ratios, we simply serve to perpetuate the negative and antitherapeutic aspects of many so called "secure care" facilities.

— Sydney Samakosky

We all 'construct' (or structure) our notion of program. Program 'is' or creates the, a structure in a setting. One perspective would be a program with a skills focus — certainly anger management, etc., — but also (and to me this is crucial) with content in it as provided by activity programming would help create the holistic and implicit structure which would lead to (and I agree absolutely) the cognitive restructuring needed.

— Karen

SITUATION WANTED

A female child care worker with four years experience working at a Place of Safety in KwaZulu Natal is looking for a position. She has completed three Modules of the BQCC. Please contact Elizabeth Shange on (039) 685-5540 or leave a message with Enoch on (039) 682-5640

Training for Trainers

The NACCW in the Western Cape Region invites registered child and youth care professionals who are tolerant and self-aware and who have both the self-presentation skills and the available time, to consider training as child and youth care trainers. Good language skills, active involvement in and awareness of the practice field will be advantages.

Phone Jeannie Karth, 697-4123
Fax CV to 697-4130 by 15 April
e-mail: naccwct@iafrica.com

NACCW

National Association of Child
Care Workers

Nobody ever does anything about street children!

A common cry in the media. But the Western Cape Street Children Forum has for some time had as its Mission Statement that our purpose is to facilitate the networking of service delivery organizations in the Western Cape and that we undertake to provide a co-ordinated and comprehensive range of services to children and youth living on the streets, as well as to those at risk of becoming Street Children.

In March 1996 the Forum published a set of proposals in a booklet titled *A Service Provision Model*, which presented its work over the previous two years. The process involved several meetings, workshops and discussions for the purpose of —

- Engaging in an information-gathering process to identify services rendered to Street Children within the province.
- Networking and bridging past structural and relationship barriers that existed between the formal, state and informal welfare stakeholders.
- Contributing to national discussions on the White Paper input.
- Contributing to The Inter-Ministerial Committee Youth at Risk and to The Child Care Act Task team.

Background

The Forum has its roots in The Street Children's Interest Group which came into being in 1987. It grew out of the initiative of Jane Keen, then Manager of the Street Children's Department of Child Welfare Society, and Annette Cockburn, Principal

of the Homestead Shelter. Both saw the need for those in the field of Street Children to meet on a regular basis and to co-ordinate services. With time, the purpose of the forum expanded to include the following —

- dissemination and sharing of information
- sharing of resources
- identification of needs and gaps in the existing service rendering support for the role players
- advocacy

Task areas

Over the past few years the Street Children's Interest Group and lately The Forum co-ordinated by PAWC dealt with issues crucial to the plight of Street Children. These have included —

- Advocating for the release of awaiting trial juveniles from prison,
- Identifying the need for a Police Liaison Group to reduce police brutality of Street Children which was then set up.
- Identifying the need for an alternative to formal education and bringing this to the attention of the relevant authorities. Submissions were made to the Ministry of Education in this regard.
- Submissions from the forum to the Government reference draft amendments to the Child Care Act of 1983 to make provision for Street Children and Shelters.
- The forum has also functioned as a sounding board for organizations and new role players to test their ideas and strategies in their work with street children.
- It has also striven to reach consensus among its role players with regard to values and principles in working with Street Children.

Strategies and resources

More recently the main objective of the Forum has been to formulate strategies to deal with the phenomenon of Street Children in the short medium and long term and to formulate a Service Provision model for the Western Cape.

As part of this task it drew up the following list of resources — no small contribution to this most marginalised group of children. Part of this task included the formulation of a set of Underly-

ing Assumptions and Principles, Definitions of Key Terms, descriptions of the various programmes offered, and a statistical analysis of services provided in the Region at the time.

Projects for Street Children in Cape Town

These figures illustrate the seven types of services for street children which are offered in Cape Town. The name of each project is given (the parent organisation in brackets), and the number of children which each project has the capacity to accommodate or work with. Because of the 24-hour nature of the work, in many cases one child may receive services from more than one project.

Outreach: Street work and family mediation	396
Ons Plek (Child Welfare)	40
Mobile outreach (Child Welfare)	56
Straatwerk (NG Kerk)	50
16+ (Salesian Institute)	60
Parow (CMR)	30
Brackenfell (CMR)	15
Goodwood (CMR)	35
Beautiful Gate (Youth with a Mission)	50
Masithethe (The Homestead)	60
Drop-in centres	140
Elsiesrivier (CMR)	30
Yizani (The Homestead)	35
Ethel's Place (Cape Town City Mission)	50
Community Development (Streets)	25
Shelters	64
Don Bosco Hostel (Salesian Institute)	24
The Bridge (The Homestead)	40
1st Phase children's homes	110
Ons Plek (Child Welfare)	16
Claremont Shelter (Child Welfare)	16
Homestead (The Homestead)	24
Beautiful Gate (Youth with a Mission)	12
Highway Home (Child Welfare)	30
Kids' Shelter (Cape Town City Missions)	12
2nd Phase children's homes	116
Siviwe (Child Welfare)	14
Margaret's House (Child Welfare)	20
James House (Child Welfare)	16
Highway House (Child Welfare)	26
Patrick's House (The Homestead)	40
Educational programmes	115
Learn to Live (Salesian Institute)	60
Ons Plek (Child Welfare)	16
Siviwe (Child Welfare)	14
Philippi Alt. Ed. (Child Welfare)	25
Skills training	55
Learn to Live (Salesian Institute)	25
Community Development (Streets)	30
TOTAL CAPACITY	996

As child and youth care feels its way towards professionalism
Neal O'Donnell asks what is needed beyond training and education

Thinking about child and youth care as a profession

There has got to be something else to the questions: "What constitutes professionalism?" and "When are the boundaries of professionalism transgressed or crossed?"

Some inherent factors

I would like to separate two factors: education/training on the one side, and attitude on the other. With regard to the former, the Western way is such that there is a continual flow of information on all aspects of the various professions, child care work being just one. If one looks at the amount of work being reported by individuals in South Africa it becomes plain that the quest for improved child and youth care methods is a continuous process. The article by Kathy Scott on James House in Hout Bay is a wonderful example of how far we have moved from Charles Dickens' *Oliver Twist*. The standardisation of the BQCC and other NACCW courses, alongside the development of post-matric level courses are signposts of our movement towards professional status.

But this is just one leg of the process. Education and training provide some of the skills needed by people who choose to work with children at risk. As van Weezel and Waaldijk (1997) point out, training has the purpose of elevating the status of the child care (or life space) worker in relation to the other disciplines involved — not an easy job considering the prejudices that remain with regard to the traditional role of those at the coal-face of the work. But education and training do not constitute professionalism yet.

Attitude

What does arise out of the literature on this work is that *the attitude* of the child care worker is too often taken as a given. Van Weezel and Waaldijk point to a serious problem, common in similar professions: "On the

other hand, the (poor!) life space worker has to function intensively and sensitively on all three levels:

- his or her way of being there amongst the residents is of utmost importance;
- doing the right things at the right moment; and
- understanding people and analysing situations by reflecting on them,

is the only way in this work to avoid walking in the dark at random." (Their italics)

Add to this an extract from a UNISA lecture: "This means that the mother, foster mother or child care worker needs to be able to trust her own ability to care for the child" (my italics). It becomes clear that there is a rather dangerous assumption being made.

I once found myself standing to rigid attention in front of a hospital matron (as they were called in those days) being dressed down for some apparent transgression. When I presented my side of the story, her rejoinder was "but, Mr O'Donnell, you are a registered psychiatric nurse and so should have been able to handle the situation better! It was apparent that the good lady was supporting some fanciful concept of professionalism which assumed that the process of training and registration automatically means that the individual is also psychologically or emotionally prepared for the work.

The "baggage" we bring

I am suggesting a shortcoming in our debate around the question of professionalism. Any person entering a profession brings with him or her a set of life circumstances and prejudices. Of course, there is some modification of these attitudes during the education phase of the work but, ironically, the more our training or education is based in tertiary institutions (universities, technikons, etc.) the less our oppor-

tunity to temper knowledge with personal awareness and growth from our experience. The principle here is that if anyone is going to work closely with the "beingness" of another, every attempt must be made to ensure that that person is someone who not only knows the material but is also fit to do the job.

The educative process does not, in itself, cater for this level of professional readiness and intra-personal growth.

The danger of assumption

We cannot assume that anyone registered with a professional body is automatically "professional". Someone complained once that the counselling psychologist she had consulted had informed her of being "threatened" by her blindness. The psychologist had been consulted because it was assumed that her registration with the Medical and Dental Council was a sign of professionalism. The client's complaint was that the psychologist's apparent struggle with blindness was "unprofessional". In the client's mind, registration with the SAMDC implied that that body regards the psychologist to be emotionally fit to deal with the public; i.e., is professional.

The danger is continued in van Weezel and Waaldijk's tentative definition which includes "... and by their way of reflecting on the process in close co-operation with others, help the clients to live their lives and to solve or handle their problems in the most effective way." (my italics). A pessimistic view of modern education with its emphasis on technical skills is that it precludes reflective skills. A look at the many courses available on problem-solving will show the focus upon logic and analytical skills, which are all too often mistakenly classified as reflection. Unfortunately, the ability to reflect entails the ability to be quiet and allow intuitions and

feelings to rise — a process that is rather frowned upon in a patriarchal society bent on action and rationality. To continue the pessimistic vein, with the decline of philosophy departments (the traditional training ground for reflection in the West) in our larger universities, and the reduction of artistic expression in our schools, it is difficult to see how it can be assumed that people have learned to be positively reflective. Add to this the remarkable rise in religious sects vying for congregations and the pervasive materialistic basis of the media, the assumption that the child care worker is able to respond spontaneously and positively to any given situation becomes more and more problematic.

Conclusion

What I am trying to say is that the path to professionalisation for the child care worker must contain two elements:

- The first is the present move towards increase of knowledge. Over time this will, hopefully, be deepened and widened to include, in the South African context, cultural anthropology.
- The second, I would suggest, must include attitude or therapeutic development.

The average child care worker is a person just like every one else and so subjected to the same negative valencies as everyone else. The difference is that he or she is in a very special place in society and so must be given a little more personal attention than, for example, people who do not work with troubled children. It is well accepted that the child-at-risk is more fragile, and it could be argued that being exposed to caregivers who have not developed this two-fold professionalism could constitute another form of abuse — by caregivers who are “un-professional.” Technically, professionalism can only be achieved when workers are properly trained — and when, having dealt with unresolved issues in their own psychosocial development, they can “be there” with young people with a sound ability to understand, analyse and reflect.

Du Toit, L. 1993. Certificate in Child & Youth Care: Study Guide 3: Applied developmental psychology for child and youth care. Pretoria: UNISA & NACCW.
 Scott K. 1997. From soup kitchen to community programme. *Child & Youth Care*, August 1997.
 Van Weezel, LG & Waaldijk, K. 1997. Life space work, child and youth care work, (semi) residential work – is this a profession? *Child & Youth Care*, August 1997.

TRANSITION, TRANSFORM- ATION AND CHANGE

Zeni Thumbadoo presents a workshop in Durban

Transition is the difficult process of letting go of old situations, suffering the confusing nowhere of the in-between-ness and launching forth again in a new situation. It is a process of disorientation and re-orientation that marks a turning point of the path of growth.

The timetable of growth

Growth involves periodic acceleration and transformations. Things go slowly for a time and nothing seems to change — then suddenly things happen: the egg shell cracks; the branch blossoms; the tadpoles tail shrinks away; the leaf falls. Transition times are the key times in the renewal process.

People go through three stages of the psychological process of change:

Ending

Change begins with ending; letting go of someone; letting go of something. There are certain tasks needed, especially from those in leadership. People are struggling with a grief process. They have to give up some of their powers and expertise and replace them with new knowledge as their old knowledge becomes obsolete because it is not working anymore. Some things we used to say and do have to change. We lose expertise and with it, the confidence we had in our position. One way to help the process is to provide information. New information must be widely shared. Treat fellow practitioners who are

committed to the old ways with respect. They have worked to the best of their knowledge at the time. Endings ensure continuity. We have to say good-bye to things in order to initiate something new.

Neutral zone

Old ways have gone — but it doesn't feel comfortable yet. There seem to be too many expectations and this takes away motivation to work. Our old habits and weaknesses start coming back. This seems to be a pattern in times of transition. Disorganisation, chaos and emotional strain make people tired.

Yet this is also the most creative time. Some ideas —

- Create temporary systems and let them work for a while, subject to change.
- Team relationships and working together are critical. Don't blame. Everybody is struggling. Be supportive of each other.
- Monitor. See what is working and what is not. Be flexible.

New Beginnings

People want new ideas and new plans — but are anxious about finances. Questions arise: Will they get the necessary training, will they get support, where will the money come from? Risk is involved, and there are no guarantees that the new ways are going to work. You have to take the leap.

The goals and achievements change, and with them the rewards and what makes us feel good. Bear in mind —

- The team needs a purpose — a picture of what we aim to achieve.
- Do one thing at a time. The next phase gets clearer as you go along.
- Provide for participation of each child care worker.

Soon we feel we have completed the transition. We get comfortable. It's time to move on again ...

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Talking child care and AIDS in Botswana

Marian Murray, who has worked in Cape Town over the past year or two in the field of emergency foster care, with special attention to care for young children who are HIV-positive, recently spent three weeks in Botswana to consult on child care options. *Child and Youth Care* talked with her on her return to SA



Group who worked with Marian in Botswana

CYC: Why Botswana?

Marian: Botswana has realised that it has an Aids problem which will translate into many orphans needing care: in a population of 1.5 million they expect the number of orphans to be 65 000 by the end of the decade. A board member of Childline, who is also a lecturer in social work at the University of Botswana, had asked how welfare organisations were approaching the problem in South Africa – both at macro and micro levels. The trip was funded by the American Embassy in Botswana which is keen to fund programmes in this area.

CYC: What has been your own involvement in this?

Marian: Having worked with Child Welfare Society on their emergency foster care programme, this soon began to involve HIV-positive children. I began a special study of this area and devised a training programme for foster mothers who would accept these children. I then undertook a specific training contract with the Agape project of AGS Community Services in Bellville, working with the community of Delft.

CYC: If Delft was a special need area in South Africa, how did this compare with what you found in Botswana?

Marian: Two big differences, related to each other. While the needs were qualitatively similar, the numbers there were overwhelming. Whereas in my work in Cape Town one was still looking at individual children and knowing them by name, in Gaborone the numbers were of the order that all one could see were large groups. The second difference is that in terms of welfare infrastructure – organisation, knowledge base, support – we are a zillion times better resourced in South Africa, while in Botswana this is relatively undeveloped.

CYC: What sort of resources are there? For example, in primary health care, and in child and youth care?

Marian: Primary health care is quite good. Formal foster care and residential care services, apart from one 140-bed children's village, is virtually non-existent, and people are only now starting to talk about services at this level. Even with a reasonable economy (tourism and mining contribute to this), as in

all urbanising societies there are problems which get beyond the capacity of the informal caring systems. Social work is itself a relatively new field there, with workers being trained at two-year certificate, three-year diploma and four-year degree levels.

CYC: Aids awareness?

Marian: Generally mixed – and slow getting started. Organisations like Rotary invited me to talk about initiatives like Nazareth House in Cape Town and the Durban Child Welfare foster care project, as they would like to contribute to such developments there. At the same time, for most people Aids is still a "radio disease" – something you only hear about but don't experience directly. However, as infection spreads more and more people experience HIV through colleagues at work and in their families, and people are realising that Aids "is for real". There is also the "myth" stage in the growth of awareness, for example, homophobic attitudes somehow getting hooked on to Aids, but people are becoming more aware. Also, the better primary health care plays an inhibiting role through generally good basic hygiene and infection control by inhibiting opportunistic diseases.

CYC: What people did you work with in the training?

Marian: It was a small group from social work, nursing, police, home-based care workers – the right "mix" of fields to think about Aids and young children. We stayed with very practical material because this is essentially where the action is. There are important links, though. For example, we had

three home-based care workers sponsored by UNICEF who have two project officers in Botswana and run a programme called Bobirwa which works within families and communities. This offers a good model on which to build a care system for HIV children – though Bobirwa is near Francistown where they are seeing less HIV infection. These home-based carers get around to twenty or thirty children each week, and one could immediately recognise their immense value to families since they were easiest to identify with. These workers showed such spontaneous relating skills with children – even with the demonstration doll "Jamie" who came with me to Botswana!

CYC: What did you leave behind – and what did you bring home with you?

Marian: I left them some homework. For example, someone has to take responsibility for advocacy so that there are pro-active steps taken by government – both in terms of policy and budgeting. Also there are plans for a formal foster care system in Gaborone – and for developing through the Bobirwa home-based care system some fostering capacity, even if informal. What I brought home with me was gratitude for the support systems and infrastructure which we have here in South Africa. When you get to feel so very isolated and unsupported as in Botswana, you appreciate what you have at home! ■



With Gloria Jacques of University of Botswana, and 'Jamie'.

The 1998 Graduates

The following students received their certificates at the recent Graduation Ceremonies held around South Africa.

The NACCW's members, Executive Committees and staff, and your colleagues in the child and youth care profession, congratulate you all.

Diploma in Child Care Administration (DCCA)

Gertrude Basi
Phineas Molepo
Kathy Scott
Marian Murray

UNISA Certificate in Child and Youth Care

Duncan Roger Bennett
Nonelwa Irene Blaai
Irma Blake
Alida Botha
Rita Lindiwe Gwala
Rodney Heathcote
Nomashumi Agnes Mamkeli
Nombulelo Gladys Manala
Eunice Siphwe Masumbuka
Thabisile Benedictor Mokhethi
Pleasure Boitumelo Molokoane
Ncediwe Faith Ngwane
Tracey Nola Pillay
Alan David Pitt
Catherine Emma Pitt
Karen Vince
Carol Potgieter
Nola Lindsay Riley
Anna Mamotshela Sepeng
Nomvulo Cynthia Sineke
Joyce Siquzo
Lizelle Steyn
Yvonne Sarah Edwards
Roné Gerber
Francina Johanna Hanekom
Magrietha Aletta van Wyk
Paul Cyril

Consultative Supervision in Child and Youth Care

KwaZulu Natal
Seethama Munthree
Edmund Lawrence
Cyril Pretorius
Lorna Walstroom
Maya Moodliar
B.W.Jili
Sylvie Pillay
P Pillay
D. Van Der Byl
Ursula Von Benecke
Chrysostomus Ungenzelutho Gasa
Phoebe Bam
Thokozani Mkhasibe
Bonginkosi Henry Ncwane

Umtata
Zoliswa Mbalane
Sr Agnes Mary Limbeck
Nomthandazo V. Nyumbeka
N.C. Xengana
Nonelwa Blaai
Nozuko Nonkonyana

Border

Moira Freitag
Beatrice Cross
Rose Ker-Fox
Daphne Strydom
Siziwe Njongi
Grace Adams
Nobantu Malibiji
Nomsa Mandoyi
Nomonde Dingiswayo
Margaret Thandazo
Pat Heyman

Training of Trainers

KwaZulu Natal
Juanita Mackay
Paul Cyril
Himla Makhan
Laila Ramnarayan
Elizabeth King
Prudence Geraud
Boniface Tshabangu
Mbongiseni Nzuza
Freedom Zaca
Metruide Makhaye
Molly Myeza
Matilda Morolong

Gauteng

Lenah Jwili
Jean Kelly
Adina Menhard
Phineas Lesiba Molepo
Joyce Siquzo

Border

Moira Freitag
Beatrice Cross
Nobantu E. Malibiji
Elmarie Kennedy
Pat Heyman
Karen Vince
Sr Clare Sangweni
Nomsa Mandoyi
Mpho Plaatjie
Nomonde Dingiswayo
Rosemary Ker-Fox
Annamarie Van Aardt

Western Cape

Ruth Bruintjies
Kathy Scott
Sandra Oosthuizen
Elliot Somdakakazi

Basic Qualification in Child Care (BQCC)

Kwazulu Natal
Angel Dlamini
Yoganayagie Govender
Salvatoris Mjoli
Nava Naidoo
Gwendoline Koopman
Albertina Mzantsi
Parvathee Pillay
Jacqueline Stapelberg
Melta Jali
Thokozani Mkhasibe
Betty Ndwalane
Bernadette Donnelly
Joseph Cibane

Beauty M. Goge
Dayawanthee Govind
Devendree Govinder
Gloria F. Gumede
Gugu Mildred Kheswa
Patricia Lettman
Rachel M. Malinga
Mercy Lulu Mchunu
Janet Mchunu
Christine Mdletshe
Ntombizodwa Mjwara
Nokuthula Mkhize
Tryphina Mkhize
Lindiwe M. Mlangeni
Pretty Mthembu
Thembi Mthimkulu
Patience Makhosazane Ndlovu
Charlotte Ngcobo
Sandra Ngcobo
Mamisa Z. Ngcobo
Irene Ogle
Irene Pavey
Cynthia Shangase
Pinkie Sibiya
Nonhlanhla Siwela
Nombulelo Cynthia Skhosana
Ritta Mdabe
Inbarani Naidoo
Lindiwe Goodness Gwala

Gauteng

Annatjie Badenhorst
Annaleen Bester
Elizabeth Booie
Dudu Sarah Dladla
Kate Dreyer
Mabel Dube
Barbara Engelbrecht
Winnie Gasas
Elias Thomas Mbali Khoza
Bongane Humphrey Khumalo
Daisy Queenie Khumalo
William Lekokoana
Nokwanda Cynthia Lupuwana
Margaret Mahadeo
Elizabeth Nonhlanhla Mahlangu
Phyllis Mamaloka Maluka
Mapule Margaret Mashapa
Caroline Matona
Jabulani Mbala
Thabita M. Mojela
Ntsoaki Ellen Mokale
Rebecca Molekoa
Elizabeth Motileng
Elizabeth Mphela
Eve Mtsweni
Stanley Ndlovu
Elizabeth Ngqongwana
Julia Makhosazana Nhlapho
Constance Nyebelele
Khuzo Michael Ramarou
Florence Ratselane
Sibongile G. Sesing
Elizabeth Sehloidi
Beauty Sithole
Millecent Zuma
Busisiwe Zungu
Julia Joyce Motloun

Western Cape

Arthur S. Abrahams
Gaironessa Abrahams
Mareldia Achmat
Hysinth L. Alexander
Dorothy Arendse
Amanda Bauer
Malcolm Bell
Gwendolene Bell
Noel Bester
Petro Bezuidenhout

Hendrik Bezuidenhout
Allan Neil Da Silva
Antonio H. Dunn
Moira February
Gaironessa James
Elizabeth Jonkers
Vuyiseka V. Khathi
Zulaiga Khatib
Mary Le Keur
Moegamat Manuel
Phil Markgraaff
Mercy Matanda
Colin Douglas Medell
Shafiek Meyer
Nomthetho M. Mgushelwana
Noel Milner
Mzonke Mkoka
Faniswa Muba
Stephanus Muller
Margaret Mzimkulu
Mary-Anne McCleod
Ntsikelelo Njokwana
Maria Pekom
Elizabeth Pick
Millicent Rebe
Zochara Samsodien
Stephen Savage
Joyce Sethole
David Andrew Stevens
Flora I. J. Strauss
Sharon Thompson
Estrelita Visagie
Lamkelo Vutuza
Cheryl Wesso
Marlene October
Denise Wyeth
Jennifer Ziervogel
Elvis Mnyakama
John David Solomons
Kathleen van Blommestein
Gerhardus John Lourens
Mathilda Fielies
Elizabeth Caesar
Adam Meeran
Deon Potgieter
Samantha Manas

Border

Fundiswa Baneti
Sakhumzi Bavuma
Thandeka Bonase
Isaac Gabathole
Kelebogile G. Ngqoyiyana
Margaret van Wyk

Eastern Cape

Lindi Bray
Carol Claasen
Lindiwe Daba
Gloria Dom
Elizabeth Dulwana
Ncediwe Dyantyi
Eunice Fezi
Jennifer Honsbein
Matilda Kapp
Lynette Ndileka Kula
Marlene Leuschner
Morgan Z. Maqaga
Veronica Matthews
Cosman Mbete
Lizzie Nogqala
Maxwell Poro
Juliet M. Sopazi
Lillian Ncula
Constance Stofile
Nombeko G. Tsendze
Regina Ntshanyana
Caroline Scheepers
Anton Van Der Merwe
Natalie du Plessis
Kathleen N. Nomjila