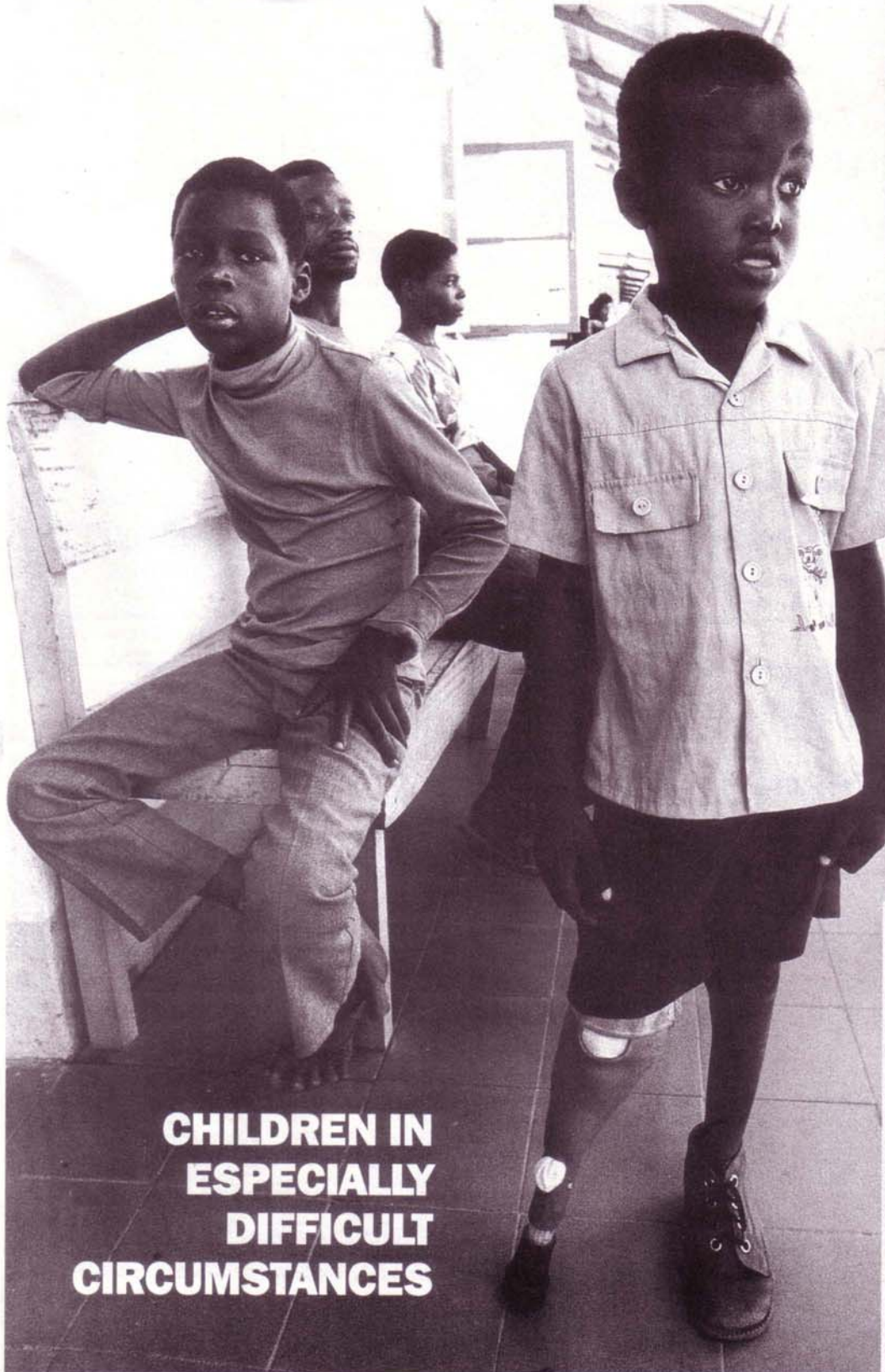


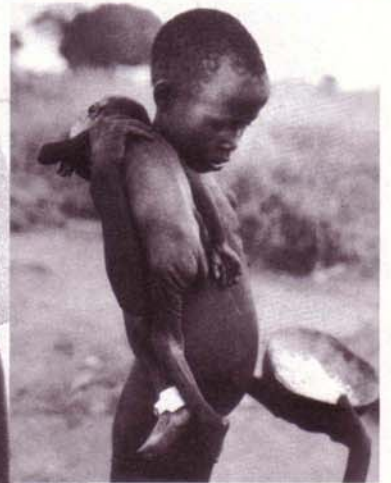
A JOURNAL FOR THOSE WHO WORK WITH
TROUBLED CHILDREN AND YOUTH AT RISK

Child & Youth Care

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**CHILDREN IN
ESPECIALLY
DIFFICULT
CIRCUMSTANCES**



GUEST EDITORIAL

New learning — both for students in academia and practitioners in the field

By now those child and youth care practitioners around the country registered for the B.Tech: Child and Youth Development will be in the full throes of their academic year. Hopefully they will be experiencing and enjoying a course very different from any previously undertaken.

As they progress through the theoretical material, students will be recognising that they are asked to do far more than simply read (and perhaps think about) and then absorb material for purposes of regurgitation at exam time. Instead they will already have been asked to interact with the material — to explain concepts in their own words, to apply theories and ideas in the work situation and to record observations.

In this way our ground-breaking degree in child and youth care attempts to go much further than any similar training course to en-

gage the student, to bring a liveliness to what can be a lonely task of distance learning, and to introduce a course designed to engage the student in a holistic manner.

Give and take

More than this, students are also asked to contribute to the development of knowledge in our field, to research and generate material on particular themes.

Care has been taken in drawing up the material to produce a South African degree which reflects as much indigenous knowledge of child development as possible.

However limited sources of indigenous knowledge were available for this initial compilation. Students are thus asked as part of their coursework to interview community members, grandmothers, mothers to record different culturally appropriate ways of ensuring healthy development of young

people. Information gathered in this way will be carefully accumulated by tutors and used in a later re-drafting process to provide a more thorough picture of child and youth development from a South African and an African perspective. Readers should look out for this material being published in the pages of *Child & Youth Care* as part of the effort to reclaim valuable and previously disregarded indigenous ways.

Other themes running through the material which tutors will help maximise for students are creativity, working in the movement; a broad spirituality and its role in working with dispirited young people; diversity and, of course, the developmental perspective.

With these themes to enliven the course material it is hoped that students will have a rich and practical learning experience and that young people at risk will already begin to feel the impact of our collective focus of energy in this way.

The times they are a-changing ...

Yes, but the subsidy for children in care appears to standing remarkably still. As we know the new funding policy brought out by the National Department proposes welcome and far-reaching changes to the way in which child

and youth care facilities are funded, and are thus enabled to go about transforming service. In the meanwhile however many non-governmental organisations are themselves at risk as a result of increasing overheads, a difficult fundraising climate and static subsidy levels.

The NACCW is hereby asking organizations who are in extreme financial difficulty to document the broad facts surrounding their financial situation and to share these with the Association in order to make collective representation at both provincial and national levels. Those concerned should forward the relevant information to the NACCW's Head Office, at P.O. Box 36407, Glosderry 7702. Telephone: (021) 696-4247 or 697-4123, Fax: (021) 697-4130. Information could also be e-mailed to naccwct@iafrica.com.

— Merle Allsopp

Telephone/fax changes:

From May 1999 the NACCW's Publications Department will be located at the Association's Head Office, numbers as in the box at the bottom of this page.

Telephone number 788-3610 and fax number 788-9423 will no longer be in use.

IMPORTANT CHANGE OF ADDRESS

From May 1999 the address of this journal is no longer P.O. Box 23199, Claremont 7735 but will be the same as that of the NACCW's National Office:

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Child & Youth Care

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

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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.

Website:

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Phand'ulwazi Life Centre

In October 1997 this Life Centre came into being as pilot project of the IMC — based on the infrastructure of the King William's Town Child and Youth Care Centre. Phand'ulwazi ("knowledge discovery") offers an early intervention option to the surrounding areas, and a diversion option in the youth justice system. The goal of the project has been achieved — 113 at-risk youths have been served — and this has substantially broadened the Centre's capacity to work within the new paradigm.

Many youth in our communities are at risk of placement outside of their families — some into the child and youth care system and some into the juvenile justice system. Residential care is an expensive option with limited positive outcomes for youth who only make contact with the system in their middle to late adolescence. The White Paper and the IMC policy call for preventive programmes that are able to target youth at risk and prevent such placement. Most of the youth served by the programme are from families where all the responsible adults are unemployed or are in unskilled low paid labour. Poverty has a limiting effect on a youth's ability to complete formal schooling and to access other training programmes. The programme is unique in its focus on an intensive developmental curriculum model — it does not seek to provide only

vocational skills because until young people reach a point of personal understanding of their value, their place in society and the impact of their behaviour on their own lives, it is difficult to generate the motivation to remain in a training programme or at school. At the Life Centre, students are not anonymous and staff aim to pour personal attention into the lives of each student, thus making up for failures in the formal schooling system.

Objectives and outcomes

The objectives of the programme are:
 a) To run four intakes of 25 youths each in the pilot year, then keeping this at three intakes per year on a sustainable basis.
 b) To offer vocational skills training for youths in at least three vocations;
 c) To offer family support services to each family involved at the Centre;

This service functions on the premise that youth who display troubled behaviour may need a training environment able to tolerate more than a mainstream facility.

d) To offer adventure training courses throughout the year as and when needed — at least three for the Life Centre and four for those in residential care. The ideal outcome would be that all youth who participate will complete at least the three month adolescent development programme (ADP) and will leave having a greater sense of self that will enable them to make choices that will reduce their risk status. However, the aim is to meet the needs of the individual and outcomes are determined for each youth. Similarly for each family, according to its needs.

Roots of the Model

The model is based on a system of Life Centres in Trinidad. These are highly structured, though highly flexible life skills programmes covering three months of intensive self development and skills education and at least a year's vocational skills training for those who do not return to conventional training or education at the end of the initial life skills process.

It is of course not possible simply to bring the model to SA. The need to balance language and other cultural needs and differences along with creating a "curriculum" that is South African calls for training that is specialised and focussed.

The Life Centre is a non-residential community based programme for youth at risk, with the specific aim of developing a sense of self-worth and capacity in each youth, including a sense of belonging, mastery, independence and generosity.

This programme teaches skills which help the youth to experience a positive and productive life, and set on a new course to play a constructive role in society. Youths have to make life choices that will result in them taking a greater personal responsibility for their future.

The programme aims to keep youth within their communities and with their families. Thus, the Life Centre is a preventative and early intervention option for youths in our area. It is also offered as a diversion option within the youth justice system.

The model is divided into three central components namely —

- the adolescent development programme (ADP);
- community intervention;
- vocational skills training.

There are four main processes employed:

1. The *Adolescent Development Programme* is a 12 week full-day non-residential programme which seeks to enhance the self-esteem and personal development of the youth in the programme. The curriculum for the programme is flexible with staff planning in general outline and then moving with the group at the pace with which the group is most com-



fortable. This means that at times a whole morning may be used dealing with prejudice and conflict in the group even if the planned session for the day was to be on sexuality.

2. *Community work* occurs at the interface between the youth, their families and communities. It includes working with families on communication and relationship skills, keeping youth motivated to attend the programme, following up on youth who withdraw or whose attendance drops, advocating for youth with community resources such as schools, working with the youth justice system, running parent education groups in the community, recruitment and general follow up with youth.

3. The *Vocational Skills* service targets only those youth who are unable or unwilling to return to mainstream training or education. It functions on the premise that youth who display troubled behaviour may need a training environment able to tolerate more than a mainstream facility. The skills of leatherwork, sewing, building and carpentry are the central skills offered while input in "business skills" is provided to all of these youth. The Life Centre also acts as a referring agency to existing and appropriate youth training providers.

4. In *Adventure Training*, youths can participate in courses run in the wilderness. Courses may be made up of hiking, climbing, abseiling, orienteering, camping, games, rafting, canoeing and community service. Groups go out on courses ranging from extended weekend courses to two-week courses, at various locations in the Eastern Cape.

Staff

The service is staffed predominantly by child and youth care workers. The staff structure has evolved as the different components of the Centre have come on stream. It has not always been easy to find staff skilled in work with youth at risk and also able to offer skills in other needed areas. Other staff include ADP facilitators, skills trainers and interns.

Youth Profile

In the first and second intakes there were a total of 61 youth involved (40 boys and 21 girls) of which 39 completed their full programme. 34 of 41 entrants completed the third intake. The average age of the groups was 18 (boys 17, girls 19). The average school standard passed for the group was Std 5. Most had been out of school for 3 years. 25 had left school as they were not making progress or had failed more than twice. 20 said they would have stayed if they had had more money and 12 left 'because they felt like it'. Poverty characterises the families: 28 of the families are entirely dependent on one or other form of social grant while only 33 of the families had someone living in the house who was employed or earning some form of income from self employment. All other families are

maintained by relatives working and living elsewhere. Ten young people were referred to the programme by the courts while 17 admitted to having been arrested at least once for crimes ranging from culpable homicide to housebreaking.

In the three intakes, 73 youth have completed ADP — this means a completion rate of 77%.

Reactions of the youth

50% indicated widely that they were very happy to be part of ADP and that the experience was good for them. All of the others were positive more than half of the time with comments ranging from the experience being a privilege to "very interesting."

The youth were given files to keep their completed worksheets, drawings and handouts. These files (kept private from the group and from the facilitators) are a rich source of information about the experiences of the youth — a stark reminder of the how much they differ from each other and of the need for a curriculum that is indigenous.

For instance the literacy levels vary and at least half are not able to write at age appropriate levels even in their home languages. Five files had nothing in them at all.

The files reveal an increasing ability on the part of the staff to adapt material for the youth. There is poignant and powerful material in the files, and while the privacy of these has been respected, certain themes are repeated: First there is a *high level of violence* in dealing with conflict and while most report that ADP has shown them choices the violence itself seems to be quite extreme.

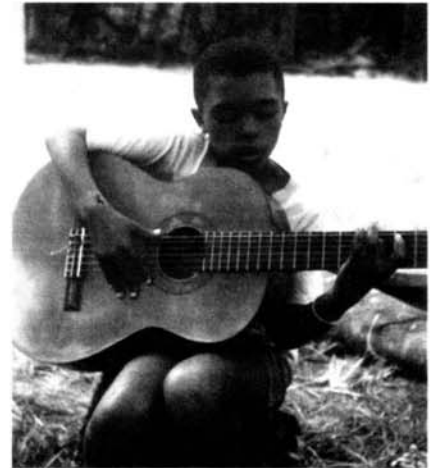
Second, youth enter the programme with a stylised view of *gender relationships* and almost all indicate that they have changed their perceptions.

Third, *substance abuse* is endemic and involves a combination of alcohol and dagga, significant in terms of the motivational problems often associated with this combination. Fourth, *poverty* robs these youth of choices — at school and outside of it.

Fifth, *family relationships* are generally volatile with youth experiencing a sense of being left out or considered unimportant. Mothers are viewed either more positively or more negatively by the youth — the extreme emotions are associated with mothers and reference to fathers is almost entirely absent.

Sixth, there is no doubt that the youth *want more for themselves* than life has delivered. Almost without exception they write of wanting something better, of earning a living that will enable them to be proud and of giving up violence and substances and poor relationships. They say how impossible this appears without access to money and support from your family.

Seventh, even the youth who do not appear to fully comprehend the exercises sense that the programme is *changing the options* they



have. Most speak of how the staff and ADP make a real difference; how they experience for the first time a relationship of respect and of how they want this to work. Even the youth who did not complete the programme comment on the value of ADP before they leave. Eighth, the *boys and girls are similar* in their comments in the files.

Ninth, the *power of music* and some fairly destructive lyrics impact on at least a third of the youth. Many comment with lyrics or slogans such as "I love all but trust none" and "I live and die by the rules of the gang".

Staff challenges

Staff struggle with the current staffing arrangement as it does not provide for "back up" or "spare capacity" and there is a strong need for an additional skilled facilitator.

Other problems included how to manage behaviour — the need for some structure as against the realisation that the youth would not be able to keep to rigid rules. The ADP includes issues of punctuality, reliability and sharing responsibility for shared physical space, but with youth not willing to buy into these values the team found setting consequences quite difficult.

By the beginning of the third intake there were procedures in place for dealing with most violations of the principles and procedures of the Centre but almost all staff still viewed this as the most difficult aspect of the work — especially when the troubled behaviour involves violence or threats of it.

The staff agree that the youth who complete the ADP and go on into some form of training are those who reflect the real success of the Centre as they are able to move out of ADP genuinely wanting other options. About 25% do not go on into some kind of training and appear to settle back into what their relatives describe as "doing nothing."

Skills Training

Not all of the skills trainers were trained initially to work with youth at risk and thus had some difficulty in getting youth to participate.

Another difficulty has been around accreditation and certification. Ideally the Life Centre would like its skills training registered with the NQF. For skills such as building the occupational health and safety requirements are formidable and the costs associated with this make it a very risky undertaking for a Centre of this nature. For skills such as sewing and leatherwork there appear to be no SAQA's or SGB's and thus no framework in which to register the training.

All youth in skills training spend their mornings for the first three months in business skills classes. 40 youth from the first two intakes entered some form of skills training.

Community

The community workers function at all of these levels:

- recruitment of participants and community education for referral purposes
- community based support for the families of youth in the programme
- follow up on youth who are experiencing difficulty in the programme.

Records indicate an average of two to three contacts made per family per intake.

The central challenge centres on the unwillingness of parents to share responsibility for the youth. Many families have written youth off before they come into the programme and do not contribute to seeing that the youth complete the programme. While there is little active resistance, families are burnt out and do not want to engage in anything new — some claim not to be able to take time off work to come to the Centre but are able to take time off for other things; others ask the community worker not to come to their homes because of a feeling of shame but do not follow up on promises to come to the Centre.

Diversion

At least 10 youth were diverted to the programme from the youth justice system. None of these has re-offended in the short period since completing the programme.

While initial indications are positive it will be important to follow this up in the future as the youth justice system continues to be erratic. The cases against all 10 were withdrawn — including the cases of four youth who never participated in or did not complete the ADP process. If the Life Centre is to act as a diversion it will be necessary for the court to make participation compulsory — it is not the mere referral to the programme that should be the reason for withdrawing the case.

Adventure Training

The Life Centre appointed an adventure trainer who has had experience working with youth at risk and who has been trained by EDUCO who also offer training to three staff. Other staff at the Centre have participated in in-service training. There is thus a move to of-

fer training in-house and which equips as many of the child care staff as possible to work creatively with the outdoors. Two of the current interns are very involved with adventure training.

Sport, Activities

As part of the programme the team offers team sport opportunities for the youth at least once a week. Staff who work with the youth in other aspects of the programme are involved in the sport. The purpose of sport is to increase the capacity of the youth to work in teams, to promote healthy competition and a sense of pride and to enable youth to experience a sense of mastery of the sporting skills. Various activities have been experimented with to make the afternoon programme exciting for the youth and all have met with limited success. The trend appears to be high levels of initial excitement on the part of the youth which wanes quickly and results in erratic attendance.

Suggested solutions include training for the volunteers, and a limited programme of afternoon activities offered by the staff who are already working with the youth in the morning so that the experience is integrated. Some of the activities that have been introduced include dancing, karate, working with clay, beadwork, drama.

Youth who drop out

It is evident that the youth who do not finish are those who are least-willing to be followed up and are least willing to share their reasons for not finishing. It is only in this group of youth that the community workers were ever refused access to homes. We thus know very little about the youth who do not complete and their reasons for this. What is evident from an analysis of both their weekly evaluations and their files is that in most cases these are the youth who do not "buy in" early in the process. There are however youth who seem quite involved but still drop out.

Some indications of success

With a 77% completion rate for a voluntary programme for troubled youth that makes the youth focus on themselves it hardly feels necessary to say anything else. There has to be some real power at work that makes these youth, with a history of not seeing things through, keep coming back. It is so difficult to argue whether or not the Life Centre 'works'. There are stories in each and every case history which reflect some work happening in the life of youth — from requests for help with substance abuse or with breaking out of a gang, to young people sharing for the first time their own experiences of pain, abuse and humiliation. That the Centre contributes to their sense of being valued as individuals is evident in all their assessments, with comments about staff caring being made at least

once by most of the youth.

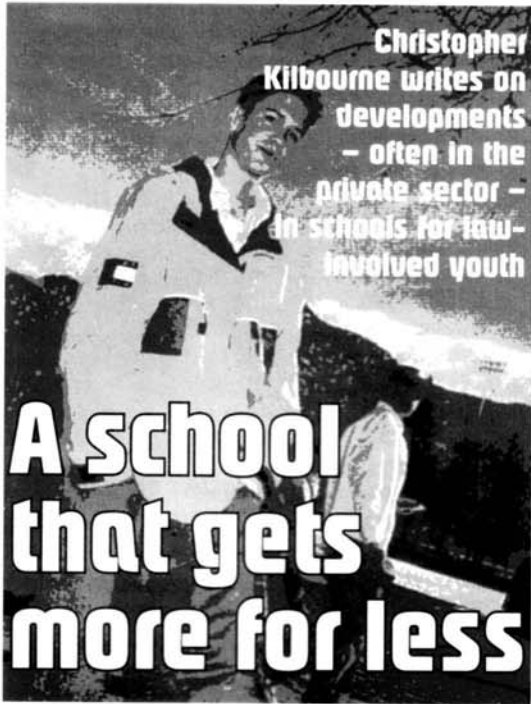
That most of the youth who finish leave ADP to go into some form of training is also evidence of the fact that the Centre works. This report fails to provide evidence in the form of measurement of success for a number of reasons. From a research point of view it has been difficult to develop an assessment framework which is accepted by all. Thus while it is impossible to measure the extent to which the programme works, the following examples are illustrative:

- Youth A had left school as it meant nothing, had no plans for his future and attended only because he had to. He is now able to make and sustain friendships, is planning for his future and contributes in all sessions.
- Youth B started with behaviour that led to other youth scapegoating and rejecting him. One day he told a facilitator how he thought his attitude and behaviour were affecting others, and how they react to you when they find your actions offensive.
- Youth C was resistant to the whole process as one of control, displaying anger and disruptive behaviour ... in an effusive moment he told staff they had rescued him from prison, where he felt he had been heading.
- Youth D did not participate much and her staff evaluation indicated a youth not willing to risk as part of a group. Her file is now filled with intensive indications of high levels of involvement in all that she does. Other indicators of success are more abstract, but many youth show a new sense of hope and pride in themselves — and even those who do not realise they are equipped with knowledge and skills they did not have before.

Cost benefit analysis

For an intensive experience aimed to keep youth out of the residential care system, the Life Centre is a cheap option. Any programme with a 77% completion rate is in itself worth almost any amount of money. Given that the programme will have run over 15 months and reached 113 youth in that time the cost of R405 per youth per month could be misleading as each youth did not receive services for the full 15 months. The alternative calculation would be R6075 per youth for three months of ADP and up to six months of skills training. Whichever way the maths is done, the cost is not high.

*More information available from Phand'Ulwazi Life Centre, P.O. Box 482, King Williams Town 5600
Also visit <http://www.pretext.co.za/kwt>*



Christopher Kilbourne writes on developments - often in the private sector - in schools for law-involved youth

A school that gets more for less

Sam Ferrainola says that one thing above all else separates Pennsylvania's Glen Mills Schools from their closest counterpart in New Jersey, the Training School for Boys near Jamesburg: "We send our kids to Penn State," said Ferrainola, Glen Mills' executive director. "They send their kids to the state pen."

Although an obvious exaggeration, the statement is not just empty boasting and self-promotion. In 18 years as executive director of Glen Mills, Ferrainola has seen more than 180 of his students go directly on to college, including 44 on athletic scholarships.

That is no mean feat considering that the school's students have been convicted of crimes up to and including drug dealing, armed robbery, aggravated assault, and even murder.

Two hours away in Harrisburg, Pa., Daniel Elby has achieved impressive results at Alternative Rehabilitative Communities, an award-winning network of small, community-based facilities of the sort touted by experts as 'the wave of the future' in juvenile justice.

Private sector involvement

Both of the private, non-profit programs are products of a state system that has shifted the bulk of the responsibility for juvenile rehabilitation into the private sector while retaining just over 600 state-run beds for its most serious young offenders. The "unique blend," as it is described by one Pennsylvania official, has developed into a nationally acclaimed and cost-effective system that offers a wider array of programs capable of adapting to

the changing problems and needs of the state's juvenile offenders.

In the early 1970s, policy-makers in Pennsylvania and New Jersey recognized that most juvenile offenders would be better served by separating them from chronic and violent delinquents in large institutions, and placing them in a variety of smaller programs designed to address specific needs, such as emotional or learning disorders.

But where New Jersey tried to achieve that goal mainly through state-run programs, Pennsylvania called on the ingenuity and competitive drive of the private sector. Today, more than 75 percent of Pennsylvania's delinquents who are placed outside their homes are sent to privately run programs, compared with less than 10 percent in New Jersey. Pennsylvania uses its purse strings to encourage placements in small, privately run programs. After taking into account any federal reimbursement, the state pays counties 80 percent of the remaining cost of committing a juvenile to a private program, but reimburses only 60 percent of the cost of placing a youth in one of the 600 beds in state-run programs.

The transition to a primarily private-run system has not been without bumps, and many programs that were ill-conceived or poorly managed have fallen by the wayside. But the private-public mixture is now well-established, officials say.

"I think the private sector has to be part of any state's solution to the juvenile crime problem," said James E. Anderson, executive director of the Pennsylvania Juvenile Court Judges Commission. "There's no way we could be dealing with it if the state were still running the show. We need the private sector to take even more kids."

The figures

Anderson's enthusiasm is supported by the statistics: From 1991 through 1993, about 36 percent of Glen Mills' students and 29 percent of ARC's juveniles earned high school diplomas or equivalency diplomas, compared with just 13 percent of the youths at Jamesburg.

Studies have shown that about 39 percent of Glen Mills' students and 32 percent of ARC's youths commit more crimes after they leave the facilities. New Jersey does not keep track of those numbers, but a corrections official estimated that 65 percent of Jamesburg's juveniles return to a life of crime.

Glen Mills charges \$89 a day for each youth at the school. It costs Corrections \$90 a day for each juvenile in Jamesburg, and another \$25 a day per student is paid by the Department of Education for the

youths' schooling, making a total of \$115. The fees for ARC's residential programs range from \$144 a day to \$168 a day but, unlike the other two facilities, ARC provides a strong program of post-release services, including counselling and school and job placement.

"You get what you pay for," Elby said.

The Glen Mills Schools

There are no guards, fences, or bars marking the 756-acre Glen Mills campus, 20 miles southwest of Philadelphia. With its stately red-brick buildings, manicured quad, and state-of-the-art athletic facilities, Glen Mills looks for all the world like an elite private school.

That's just what it is, said Ferrainola, the school's larger-than-life director and chief cheerleader. "I made it an academy for rich kids, except my kids don't happen to have a lot of money," he said.

About half of the school's 750 students, who are 15 to 18 years old, are from Pennsylvania; the remainder come from a score of other states that have entered into contracts with the facility. "We get the toughest inner-city gang kids from Baltimore, Washington, New York, Detroit, and Chicago," Ferrainola said.

Academics is the stated priority of the school, though it is clear that athletics runs at least a close second. Students spend four hours a day in classes divided into five academic levels, ranging from special education to college prep. Students advance an average of 1.8 years academically for every six months they spend at the school, Ferrainola said. The average stay at the school is 13 months. Much of the focus is on preparing students for a general equivalency diploma. More than 1,000 Glen Mills students have passed the exam in the past six years and the school's GED passing rate consistently exceeds the statewide average, Ferrainola said.

Students are given three hours in the evening for studying, tutoring, gym, or vocational programs that include journalism, art, photography, printing, carpentry, electrical construction, and optics lab, and small-engine and auto-body repair, among others.

The school has varsity and junior varsity teams competing in 14 sports and has won state high school championships in basketball, football, and power-lifting. Opposition coaches grouse that Glen Mills does not field a truly "local" team because half of its students are from out of state. Some have even suggested that Ferrainola "recruits" students, accepting delinquents based on their ability to bolster his already powerful teams. Ferrainola smiles at the accusation. "Less than 1 percent of my

A school that gets more for less

kids have ever played a varsity sport, and they think I recruit?" he said. Later, standing in the lunch line between two of his larger students, he winked mischievously. "Even if we lose a game, we still win the fights," he said.

Rules

The Glen Mills program revolves around a few basic rules:

- No one has the right to hurt another person either physically or psychologically.
- The classroom is sacred.
- Students must take pride in themselves and never behave in a way that brings a negative image to themselves or their school.

Other rules — or "norms," as they are called — are explained to a new student by the big brother he is assigned and by the other students. The norms are enforced through what Ferrainola calls "peer-group culture." A student who misbehaves is confronted verbally by his fellow students who "stay in his face" until he conforms. Only in rare cases are staff members summoned. The peer-group system seems to work. Members of the notorious "Crips" and "Bloods" gangs talk and mingle with each other around the spotless campus, their former allegiances forgotten, or at least put on hold.

"The campus is so peaceful that one is at first fooled into thinking that the population at Glen Mills must be comprised of lightweight offenders," Steve Lerner wrote in his book *The Good News About Juvenile Justice*: "A review of the admissions records, however, proves this not to be the case." The absence of guards and other security measures at the school holds down costs, and the school's \$89-a-day fee, including education costs, is less than half the \$200-a-day cost of some facilities for serious offenders.

New Jersey officials are well aware of Glen Mills' methodology and track record. During the 1980s, the Division of Youth and Family Services had as many as 20 youngsters at the school. But DYFS stopped sending juveniles in 1989, when school officials refused to give the agency free rein to investigate an abuse complaint involving a New Jersey youth.

In the 1980s, New Jersey corrections officials so admired the school that they tried to re-create Glen Mills at the now-defunct Lloyd McCorkle Training School for Boys and Girls in Skillman. "It took hold for a while, then it dropped off," said Frank Gripp, the Corrections Department's director of operations. "Maybe we didn't have a good grasp of their system. Instead of trying to blend their culture with ours, we tried to transplant a culture, and that didn't work."

A major roadblock to the change, officials say, was resistance from the corrections officers' union, whose members did not want to shed their uniforms or share their authority with the juveniles. Corrections officers are not the only ones who question Ferrainola's methods. Some experts contend that Glen Mills is too big to provide the individual attention needed by some students, and that the system of reporting minor transgressions creates a rigid and oppressive environment. Critics say that Glen Mills' success is misleading because the school admittedly turns away sex offenders, fire-setters, and juveniles with mental health problems. They also deride the program for not having adequate follow-up programs. But that all sounds like sour grapes to Ferrainola. "New Jersey is destroying kids," he said, returning to his hyperbole. "Glen Mills is evidence that there is another way, at half the cost."

Alternative Rehabilitative Communities

Gauging the success of programs for juvenile delinquents is difficult at best, but Elby sees a key difference between state programs and their privately run counterparts.

"When you are a private agency, you don't have a sugar daddy to make sure your bills are paid," he said. "If you don't get referrals, you don't survive."

Elby's organization, Alternative Rehabilitation Communities (ARC), has not only survived, it has thrived. Since its creation 19 years ago, the non-profit agency has grown tenfold and now provides services for 115 youths with a typical waiting list of a dozen or more.

ARC's six residential programs and

one secure facility for serious offenders are located in middle-class neighbourhoods in and around Harrisburg. In addition to a general rehabilitative regimen, the agency offers specialized programs for girls, sex offenders, youths with mental health problems, and drug offenders, and also has day treatment and foster-care programs. ARC was launched in 1975, when Elby heard that Pennsylvania was looking for private-sector programs to accommodate youths from the soon-to-be-closed State Correctional Institution at Camp Hill. Of the dozen proposals accepted by the state that year, only ARC and one other are still around. Elby attributes much of the program's success to a nurturing staff and a low-key atmosphere where only the facility for the most serious offenders has bars on the windows.

"We provide a safe and secure environment," he said. "Kids need to feel safe for treatment to work.

Here you have kids willing to take risks and to deal with issues they would have fought in the past."

The emphasis at ARC is on schooling, which takes place within the facilities, and counselling inside and outside of the programs. A detailed treatment plan is devised for each new arrival based on a social and psychological evaluation and history of the youth's problems.

The programs' small size and good staff-to-student ratio (about 3-to-1) help students attain the short- and long-range goals that are developed for them.

A primary focus is getting youngsters back into school or, for those who are older or more difficult, getting them to take the GED test. About 90% of ARC students who try to earn a GED pass the exam, Elby said.

Youngsters are assigned a big brother or sister to serve as a role model and to help persuade them to work with the program rather than resist or run away. Those who excel are given rewards such as home passes, trips to the store for soda and candy, or extra television and recreation time. Misbehaving youths are sanctioned with the worst household chores and "contracts" that require them to work or study during their free periods.



Youngsters are assigned a big brother or sister to serve as a role model and to help persuade them to work with the program rather than resist or run away.

More than 92 percent of the youths complete the program, Elby said, and a study conducted a few years ago showed that 68 percent of those who graduated from an ARC program stayed out of the criminal justice system for the next two years, a recidivism rate considered very good in the juvenile justice arena.

The average commitment to one of ARC's residential programs is for nine to 12 months, and the average stay in its secure facility is six to 12 months, with some of those youths later transferred into the residential facilities. ARC's sexual offender and mental health programs can last up to two years.

ARC provides follow-up care through outreach counsellors who oversee the youths' transition back into the community. The counsellors start accompanying the juveniles on home visits while they are still serving their sentences in order to get insight into their family and social situations. They maintain regular contact — including face-to-face meetings — for six months after release. The contacts gradually decrease over a two-year period.

Acknowledgements: Bergen Record Corp.

I'm quite happy that you should know that I was born in 1940 because I want to tell you about 1952 when I was 12 years old. In that year I underwent major surgery. I was told that I would have to wait until I was 21 years old and go to America for the operation, but exploratory surgery was done and the risk was taken to correct a congenital defect of the oesophagus. I'm told that this same operation is performed today, 47 years later, on new-born babies! We're told that some congenital defects may even be corrected *in utero* by genetic engineering.

In 1952 I had never seen television. Today I have a friend who has a satellite dish and he can watch over 20 channels — if he had 20 TV sets he could watch from his home what was happening in twenty different places throughout the world — all at the same time!



- the cities;
- middle-city informal settlements;
 - poverty and unemployment for large numbers of people in urban areas;
 - central city and peripheral areas experiencing overcrowding and a shift to the central city areas becoming largely residential
 - thousands of children in the inner city;
 - classic conditions for family stresses and even dysfunction and breakdown.
- These predictions have been proved accurate but they did not consider other things like the influence of HIV/AIDS,

the probability of large numbers of orphans, high concurrent crime with violence rate; the impact of micro business and entrepreneurship. All in all, these demographic changes — even over a few short years — have changed the nature of child care service needs.

We can predict that these needs will continue to change into the new millennium — not necessarily for the worse, but certainly different.

We have already had to make major gear shifts in our thinking, taking us away from our traditional models. There has already been a shift in the focus of child care from suburban residential to urban community-based intervention services.

Social and technological changes will impact on what children need to know, what skills they will need to cope with as yet unpredictable lifestyles.

If life has changed so much in the last 50 years, even more so in the last 5 years, then we get some idea of the pace of change we can expect after 2000.

Lateral thinking

De Bono in giving an example of lateral thinking, says that some people when drilling for oil, keep on drilling deeper down the same bore-hole. It's like saying that we just need to keep on doing what we already do perhaps just doing it better. But some people, he tells us take the drill bit out and try drilling in many other places to find oil.

An example from this century has been the Dr Barnado Homes in England who provided a residential service for boys. Their expertise and programmes were to move into the streets of cities throughout England. Then, instead of reaching 400 boys in homes, they reached 4,000 boys, and their "success" became the reduction of juvenile crime rate in these areas.

This is an example of taking the drill out of the borehole and drilling elsewhere — and

this time finding good oil. Pilot studies and new approaches to child and youth care in this country are also showing lateral thinking at work. The point is that our present residential care models cannot serve the needs of even the predictable trends of the new millennium. We are forced to take child care services into schools, community centres, activity centres, and into the communal areas of informal settlements, city centres, the streets, hospitals, places of detention, the police and justice systems, wherever families are — in fact anywhere where children, families and youth at risk tend to cluster. As the work of professional child care is directed into different contexts, so our skills will need to be different.

New tools for new tasks

Already there are demands for new skills, methods and knowledge for professional child and youth care workers. The professionalization of care work has been considerably advanced in this country over the last twenty years. Fortunately we have in place the Basic Qualification in Child Care (BQCC) to jumpstart us into the demands of a new millennium. Last week the BTech Degree in Child and Youth Development was launched, and we already look forward to a Master's degree that will be recognised nationally and internationally.

* * *

We are all poised on the launching pad of this new period — and you here today are to be congratulated on achieving the BQCC. I urge you to use your qualification not only in your daily work but also as a foundation for further study and acquisition of skills.

There is little doubt that the new millennium will demand a lot of you, and that our field will spiral into new and exciting areas of work, different ways of thinking and different techniques.

There is little doubt that as a professional you will be required to record and measure and be accountable for the growth and success of the children and youth you will work with.

There is little doubt that you will be asked to make a unique contribution to the reclaiming of children, youth and communities. And there is little doubt that you will be finding your own new solutions to problems that cannot be foreseen.

Today you become the professionals that will take us into the new millennium — hitch your wagon to a star!

On being a professional in the new millennium

Barrie Lodge addresses the recent NACCW Graduation Ceremony at Bronkhorstspuit

Change

In my lifetime, and I am sure in yours, we have experienced rapid and complex changes. One thing we do know about the new millennium is that it will be a period of increased rapidity and complexity — but what that will really mean in terms of life in, say 2050, we can't say. One thing that is certain is uncertainty, and we can't tell what problems children will have to face then. We can only look at trends. A research project carried out by the Urban Foundation, predicted certain trends for city life after 1994. They predicted:

- large numbers of people coming into

A LETTER TO TWO YOUTHS WHO HIJACKED MY CAR

First – you must know that I have forgiven you. As God forgives me for my sinfulness so I have forgiven you. I have not forgotten. It seems that God's forgiveness may include the possibility that, if you ask Him, the incident will no longer exist. But in my humanity I have not forgotten. Maybe because I am reminded every day that I can't use the car and the car made my life and ministry in this Parish more possible. Also I had a firm belief that the car was a gift from God so that His ministry could be done. God did not take the car away. I would like the car back. I would like to meet you again, peacefully and without malice, face to face, so that I can share with you how I felt as your chosen target for robbery at gunpoint. I think you must know how it affected me to be on the receiving end of a real threat to my life, and to have your gun pushed against my side.

What made you do it?

I also would like to hear how your lives have unfolded, to hear your thoughts and feelings, and beliefs, the things you hold important in your lives that in the end resulted in your need to use power, fear and threats of death to take the car. It can't be poverty or hunger because your professional, well rehearsed, clockwork-like performances were almost admirable. You both have such ability. If I better knew and understood what drives you, I could perhaps help you to use your abilities so that you can be useful to people rather than threaten their destruction. I can't think that we shall ever have this conversation, as much as I wish for it. So, I record for you some of the ways in which I was affected by what you chose to do.

I am sure that you chose to make yourself look like the faceless crowd, into which you would disappear and be lost to recognition. But the faceless crowd became you. For a while all people seemed filled with the potential to do harm. It was a reversal of a long-standing belief, built on my life-long experience of people – that people are essentially good. No wonder we are asked to look for Jesus in all people. It took time and is still taking time for my suspicion and distrust – even fear – of people to fade; for me to see something of Jesus in everyone again. After all, we are made in God's image and God is good. It became for me a conscious discipline, an effort that had to be made, to experience people as individuals again, and to avoid lumping everyone together as a mass, as a risk to life, and a risk to the social order. Fortunately there are some people that stand out and help to rebuild the picture of the humane human, filled with God's goodness. You didn't just take my car, you robbed me of something inside me – you robbed me of something of who I am – of my world view. I am learning to find it again but my trust is fragile. Suspicion and distrust are now giving way to caution – sometimes an almost irrational overcautiousness.

Healing

Yet as I find the centre of my being again, and as I can see it return in others, so I am stronger; more empathetic with other people's hurt and fears. I am more prepared to comfort others who have had to succumb to threat, power and fear. I am more conscious of life on the frontier and what it means to live in a violent, menacing world. But you left me with something even more important. The change in my world view changed me – the moment of anger, resentment and the drive for revenge made me like you. For a moment I became you. And because for a moment I became you, I know that we can talk, and talk on equal terms. We can meet for each other. There is hope for all three of us.

Yours

Father Barrie Lodge

COVER STORY

Children in difficult c



Every week 500 are killed or injured children, like this the most common their working rolelecting firewood

This month Save the Children launched a massive campaign to draw attention to the plight of an estimated 300 000 children forced to fight in wars around the world. It is estimated that 120 000 of these children are in Africa – in Angola, Burundi, Congo-Brazzaville, the DRC, Rwanda, Sierra Leone, Sudan and Uganda. With some countries recruiting children as young as seven into government armed forces, Save the Children estimates that two million children were killed in conflicts between 1985 and 1995, predominantly in Africa, Asia and Latin America.



Some of the children seeking shelter at this pastoral centre in Sierra Leone were abducted by rebels and forced to maim and kill.

The Coalition to Stop the Use of Child Soldiers, meeting in Maputo on April 20, highlighted the many children around the world who are forced to live and work

under appalling. Nearly 300 children trained by one battalion in Sierra Leone on the town of homes ablaze and plies. For their children are fearful fellow villagers. ambush and nowhere to turn. Bongiovanni with



The body of a young child lying on a pavement, a victim of a killing in Sarajevo

Europe

Life under difficult restricted to determine the world of families and

in especially circumstances

... 500 people around the world
... or injured by landmines. Among
... like this young boy in Angola,
... common cause is related to
... taking roles — for example, col-
... Newwood to herding.

There are many countries where children and families try to continue with their "normal" activities — their work, their schooling — alongside continuing war and conflict. The last couple of years, for example, have seen a fragile peace process taking shape in Northern Ireland after a quarter-century of violence and a constant military presence on the streets.



A British soldier, hardly older than these three schoolboys who stop to talk in a street in Belfast.

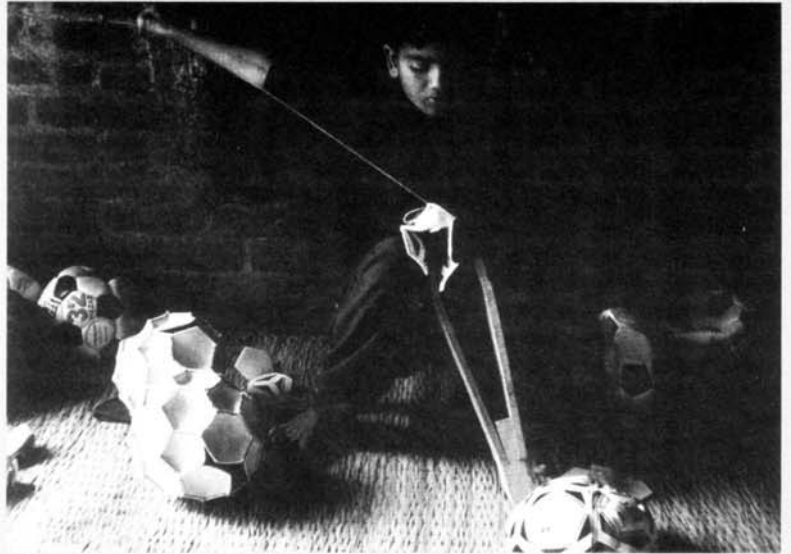
In 1996 we looked at terrible images of the survivors of Ceausescu's orphanages in Romania, and at the hundreds of children living in the sewers under the streets of Bucharest, or in the parks and abandoned buildings in that and other cities. Like street children everywhere, they find solace in their group, in their survival skills, and in glue sniffing.



An eleven-year-old girl sniffs glue, a habit that harms the brain, lungs and liver.

Hard labour

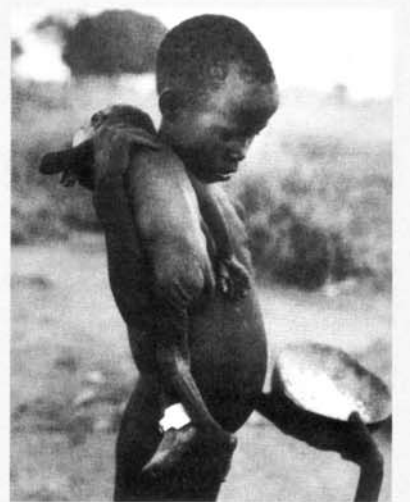
Three years ago Time Magazine wrote in an exposé of companies such as Nike: "Human rights groups guess that there may be 200 million children around the world, from China to South America,



working full time — no play, no school, no chance. All of which raises the question, once the news lands on the front page: How much are Americans willing to sacrifice the children of other countries to give their children what they want?"

Of course it is not only America which benefits from the labour policies of other countries. Time highlighted the working youngster in the picture above with the caption: "Child's play in Pakistan isn't kicking soccer balls, it's making them. Despite some reforms, kids still work."

When we think of hungry children, and especially those in our own country, do our minds see images like the one on the right from Northern Africa? When we hear news of child soldiers, do we imagine young boys like these Tamil 'guerillas' on the right? And what of the future of these young people. An aid worker wonders whether there is any normal future for children who have no schooling and no hope — "they are only trained to fight and kill."



... appalling circumstances.
... 00 children kidnapped and
... by one Revolutionary United Front
... in Sierra Leone were unleashed
... town of Makeni for months to set
... blaze and steal food and sup-
... their other brutal crimes, the
... are feared and loathed by their
... villages. They were taught how to
... and how to kill, and now have
... to turn for help," says Father
... anni who runs the centre.



*... of a young boy lies on the
... at, a victim to the Serbian shell-
... jarajev.*

... difficult circumstances is not
... to developing countries. At this
... world is aware of the suffering
... and children in the Balkans.



Eastern Cape child and youth care workers included in support group

Trauma counselling for Transkei tornado victims

A group of child and youth care workers formed part of the team of helping professionals who provided individual and group counselling/play therapy for children and youth in Mount Ayliff and surrounding areas after the January tornado.

Cecil Wood of the NACCW's Eastern Cape Region and Sbo Manyathi of the Association's Natal office shared in the co-ordinating of this team with Nomtu Ncume of the Department of Welfare in Umtata. Child care workers Nomsa Mandoyi and Nomonde Dingiswayo of King William's Town and Nosisa Jongile of Umtata participated.

Training helpers

Cecil Wood consulted psychologist Ellen McClaggan, experienced in counselling trauma victims, in compiling notes for counsellors. On 27 January the first training sessions began. "Most people were keen to help in some way, but felt that they did not have the necessary skills," reports Cecil. Members of the team joined the 800 mourners attending the memorial service in S'pundu.

Cecil continues: "After the service we asked for a member of the community to share his story with the team. He took us to where his home had been and on the way we saw the utter devastation. Homes were literally flattened and sheets of zinc roofing were strewn across the valley. Army tents had been erected near to where houses had stood. Power lines had blown down and lay lifeless

on the ground. We saw groups of children playing games in the streets, illustrating their resilience in times of hopelessness."

The following morning the training took a dramatic turn when one of those training to help others told us that she had herself lost her home in the tornado. She agreed to participate in that capacity in role-plays, and in offering an invaluable learning experience for others she felt that it was very helpful for her. After the teams had discussed and modified their strategies with the whole group, they felt that they "knew what to do and how to do it." One team visited the Mount Ayliff Hospital and worked with children who had been injured. Another worked with thirty children at S'pundu and visited the Kokstad Hospital on their way back. The following day the teams worked with about sixty children at Tutiyini and Mceba. "What impressed us greatly," says Cecil, "was the spirit of ubuntu in action – people working together for the sake of the larger group, for example, women cooking food for all the helpers. Also the generosity and bravery of so many of the children and young people who had helped other children and old people during the tornado."

Child and youth care worker Nomsa Mandoyi says: "Some of the children felt guilty at not being able to help their grandparents, parents, siblings and pets. Nevertheless they have both courage and generosity in being willing to share their experience with others." Said colleague Nomonde Dingiswayo: "Some of the children in hospital were so injured and traumatised. I felt strong because they were strong enough to talk about what they had lost. It was very sad to hear from a nine-year-old how her twin brother had died. I feel better because we were able to offer help."



Working with injured children in the hospital

Below: A moving moment during the training when one of the victims of the tornado who had lost her home participated in a training role-play



Reaching Angry and Unattached Kids

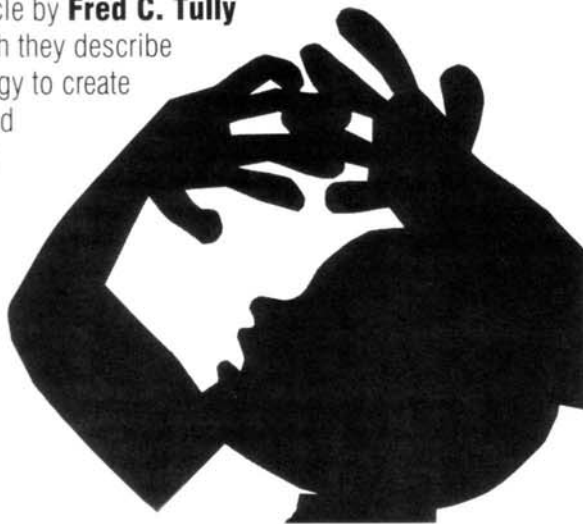
The conclusion of a two-part article by **Fred C. Tully and Larry K. Brendtro** in which they describe a comprehensive treatment strategy to create positive bonds between adults and troubled children diagnosed with "reactive attachment disorder."

The Stages of Treatment

Many troubled children are extremely angry and wary of any adult. We conceptualize our treatment approach as 10 steps designed to address the issues that caused these children to rage at or retreat from adults.

1. Creating a Safe Environment — "You Won't Get Hurt Here."

With a child who is abused, the first and most critical step in the treatment process is to convey to the child that he or she is entering a safe environment. We stress that because of adequate staffing and our philosophy, no adult will use corporal punishment or physically injure a child in any way. At first, children assume that adults are not truthful, so we rely upon children who have been in residence for a while to provide testimonials to the truth of our assurances. Distrustful children may actively try to elicit physical abuse, testing us again and again. They look for our weaknesses and "push our buttons." They are masterful at testing our patience, at trying to push us over the edge. Although staff members are patient, we are not devoid of emotions. We learn not to overreact to testing, but our strong feelings are legitimate if children hurt one another or are willfully destroying property. The children must feel our unhappiness and our anger in such circumstances and yet see that we are able to control ourselves. Although staff members have emotions and may be upset, we will not hurt a child, become petty, or indulge in name calling. Children need such proof that adults can be trusted to behave responsibly toward them. The new child may be quite fearful and attempt to ingratiate him- or herself with adults through smiles and a compliant attitude. This honeymoon is often short-lived and then the rage erupts. If a child must be physically managed to protect him- or



herself—or others—we need to have adequate numbers of adults available to provide protection and control. Additionally, children are not allowed to be out of sight of adult supervision in this treatment environment, which offers high levels of both structure and nurturance.

2. Experiencing the Child's Rage — "Boy, Are You Angry!"

For children who are aggressive, rage comes easily. They constantly encounter people or objects in their environment to attack, and they explode over the most minute incidents. A direction to pick up a pair of socks may create a reaction akin to being bludgeoned by the adult. Tantrums may last minutes or hours, with infantile screaming, sobbing, and highly negative, repetitive statements such as, "You hate me." The child attempts to scratch, bite, kick, break items, or run away. Just as the infection in a sick body may produce vomiting, these children are vomiting out their rage from previous rejections and emotional wounds. Staff members learn to maintain a calm demeanor, even in the presence of verbal and physical attacks. Still, they are ever vigilant to prevent injury to the raging child, as they are constantly being reminded of this by the vivid protests of the child, who may honestly believe he or she is under attack. With children who hate, our temporary external

controls send a therapeutic message: "Adults will take care of you, and soon you will be able to take care of yourself."

3. Connecting rage to its source — "who are you angry with?"

During a behavioural crisis, we have an opportunity to address the source of a child's rage. We recognize that this outburst is not connected to our direction to pick up a pair of socks; it signals something else entirely. Perhaps an expected phone call from a parent, which did not occur, has reopened old rejections? Might it be the news that the stepfather is moving home again? We explore a variety of the child's emotions, often touching a raw nerve that raises emphatic denials wrapped in profanity. Repeated sessions eventually may yield results: The child discloses that the source of his or her anger is past abuse. He or she may burst forth with a specific outburst directed toward an abusive adult or a parent who did not protect or provide for the child. Pearlman (1979) described children who had been severely abused as vessels with narrow, constricted openings that only allow small drops of nurturing at a time; smothering affection only spills over. Adults therefore should look for times when children are more receptive to affection. For some children, this is at bedtime or when swimming or playing. In crisis, children may cuddle close to the adult—crying and sobbing, and in regression. During these moments, they are susceptible to our warmth. It is our philosophy not to isolate youth in time-out procedures. It is particularly important to maintain a close proximity to adult-wary children, who must learn that no amount of anger will drive the adults away. Instead, we stay with them through the storm, responding to the messages implicit in their behaviour and conveying the message that we care about how much they are hurting.

"They look for our weaknesses and 'push our buttons.' They are masterful at testing our patience, at trying to push us over the edge."

4. Enhancing self-worth — "you are a person of great value."

Healthy childhoods are made up of mental images that recall holidays at the grandparents' home, sports activities with neighbour children, an important achievement, and other positive, happy memories. Our children are void of many of these images, and we must help to create some for them during their stay. We begin building positive memories from the moment the child arrives. Attention is paid to the child's physical appearance, including personal grooming, haircuts, well-fitting clothing, and communications to help the child understand that he or she is beautiful. Photography can assist in remoulding a

Reaching angry and unattached kids

child's self-concept. We capture moments of individual and group happiness, thus "freezing" memories of joy. Most of our children believe they are physically unattractive, so we take photographs that show them at their best to counter those inner negative messages. An album is kept for each child in which pictures are inserted to establish a visual history of his or her progress in the program. These albums offer proof of good times, are testimonials to friendship, and demonstrate that each child is loved. Any child who feels alone can be reassured by spending time with these photographs.

Hobbs (1982) indicated that troubled children need to feel some joy in each day to offset the hopelessness of their lives. We are "party people"—we use just about any occasion as an excuse for celebration. Birthdays, Valentine's Day, Thanksgiving, Easter, May Day, Christmas, Halloween, or even invented holidays enable children to sing songs, have secret friends to whom to send gifts, do things anonymously for others, have parades, receive awards, feel the warmth of applause, feel success as a performer, and be valued as a member of a team.

For many of our children, school has been a "bad" experience that has damaged their self-concept. They have felt "stupid" in the classroom, and our task is to create the opposite feeling — that learning is fun, challenging, and within their grasp. They must discover the delight and joy of "knowing" an answer. We believe that each child is on a quest for mastery but is sometimes held back by the fear of failure. As our children create beauty with colours, grasp the power of stories, experience success with numbers, or complete a hard assignment, they are taking charge of their lives.

Encouragement is a powerful tool in healing damaged spirits. To be told, for example, that you are beautiful, you are talented, you are tall, or your hair is radiant makes one feel distinctive. Nothing must ever be done to attack the child's positive sense of self-worth. To a child who assumes the worst about herself, one cutting remark, one piece of sarcasm, one time of name calling by an adult can erase hundreds of instances of validation.

5. Retracing the Abuse – "Returning to the Scene of the Crime"

As the abused child reveals feelings of hurt and identifies those who have been the source of his or her pain, we attempt to draw out the specifics for an accurate recollection of the timeline of the destructive event. With the child who has been sexually abused, understanding of what happened may be diminished, due to his

or her feeling of responsibility for the act, confused emotions, and embarrassment. If the child says, "It only happened once," we realize this may mean it happened numerous times and the act that is being described may not be the most horrendous one experienced.

As we process the specifics of those acts, the child returns mentally to the scene, and the moments of fear and strong anxiety are vividly recreated. His or her body wrenches with discomfort, he or she sobs deeply and becomes sick to the stomach as the adult pushes the child to describe the specific circumstances. It must be emphasized that this is done cautiously and in the context of a trusting relationship. We reassure the child that we are there to protect him or her and that this will not happen again. As a child learns to talk about the horror felt, he or she conquers fear and gains control over the previous abuse. Thus, the child can overcome injury, reframe what really happened, and perhaps eventually even forgive.

6. Relieving the Feeling of Responsibility: "It's Not Your Fault"

It is an axiom in treatment that children who have had terrible things happen to them usually assume they must be terrible persons. Individuals who have been physically abused believe that they are inherently bad and can give great evidence as to why the parent needed to use physical pain to "teach you a lesson" or to punish them for their misdeeds. They have learned that they are worthless and deserve only the harshest treatment from the adults of this world. As the burden of self-blame is lifted, we unleash great reservoirs of rage. Managing anger is a common focus throughout the treatment process as the child consolidates gains made in each stage of the treatment process.

Individuals who have been sexually abused often harbor feelings that they are inherently bad and assume that they have always been sexually damaged. They also feel guilt if they felt any pleasure during sexual acts. If they were given any gifts by the offending adult, they will feel as if they had been prostitutes. We explain that they do not have control over the physical pleasure their body experiences when stimulated and that their perpetrators were just using them. Expressions of anger toward the assailant is the foundation of healing. Repeatedly, the child must be told that the terrible things that were done could never have been his or her fault—the adult carried full responsibility.

7. Attachment—"Falling in Love"

Our next element of treatment involves at-



Tantrums may last minutes or hours, with infantile screaming, sobbing, and highly negative, repetitive statements such as, "You hate me."

tachment of the child to a healthy adult. This is actually also a part of all the treatment stages. However, the attachment process usually solidifies after a child has been relieved of responsibility for his or her own rejection or abuse. From the first day, we immerse the child in a variety of interactions with numerous caring persons. The cook may form a special relationship with the child to help to "break the ice" and to begin the formation of trust. The maintenance worker, secretary, speech therapist, or family therapist might be the one person the child can trust and idealize. The foundation of all that we do is to enhance relationship building between an adult and the child.

The individual who has the closest relationship with a child does not have interactions that are always pleasurable and momentous. The depth of the relationship allows this adult to admonish the child for misbehaviour and have an enormous impact upon him or her. The displeasure of this adult toward negative behaviours motivates the child to extinguish them out of fear of disappointing this significant other. Disciplining the child is important to his or her development, but the discipline needs to be from a caring adult.

Our colleague, the late psychologist Albert Trieschman, used to tell childcare professionals that the most important observation they would ever make is when they saw the adult become a glimmer in the eyes of a child and the child become a glimmer in the eyes of the adult. The intensity of the bonds that can develop between caring adults and children who have never known real attachments can make some professionals nervous, particularly those persons who work in organizations or roles where "professional distance" is the norm. We sometimes simplistically describe the bonding process as "a child falling in love with us." As we become hero or heroine, the child begins

Reaching angry and unattached kids

to quote our wisdom, imitate our physical gestures, and glory in the knowledge that he or she is special to us. Because genuine relationships are reciprocal, this bonding also enables the adult to see the child as especially engaging, humorous, and bright, and as the possessor of extraordinary potential. The adult communicates these positive qualities to the child, who begins to really believe that he or she is lovable.

Although adults may develop strong feelings toward the child, the goal of the relationship is not to meet the adult's needs for affection. Boundary problems arise not because adults become close to a child, but because they use the power of this bond for some reason other than helping the young person. The primary developmental need of youth with attachment problems is to extend this fledgling trust to other significant adults and peers.

Some adults contend that a child should not get overly attached to us because we are temporary figures in his or her life. But most adults can recall powerful short-term attachments that were very meaningful, such as bonding to a camp counsellor. When the relationship ended, we were saddened but not rejected. Just as we would provide food to a hungry child, so we are generous with attachments for a lonely child. Children benefit from many close relationships in their lives. When they leave those relationships, they feel a sense of loss and sadness, and they cry and grieve. This is a measure of how much they have been loved.

8. Family Decisions — "To Go Home or Find a New Home"

For the child who will return to his or her own family, intensive work must be done to create change within the family, deal with the unhealthiness of certain family members, and ensure that the family can provide for the child. Frequently, the offending parent must make an admission of responsibility for his or her own behaviour if progress is to be made. Our work with natural parents is directive and confrontational but also warm and non-rejecting. We may argue that a child should not return to a parent's home, but we do not reject the parent as a person. We must clearly establish that the child will be in a safe environment, that he or she will not be abused again, before he or she can return. The parent must understand the extent of the injury that occurred to the child and the resulting anger. In our country, there is considerable pressure to preserve the family in virtually all cases. Some authorities seem to assume that even the worst family is better than the best foster home—which, of course, is not true. We must be an advocate for the family as long as that unit is viable and meeting the child's needs without the presence of danger. However, if safety cannot be assured or the parents cannot provide for the basic needs of the

child, a healthier family must be sought. Children are not the property of any adult. If termination of parental rights is required, we try to make the separation as positive as possible. We tell the parents that the greatest gift they can give to their offspring is a healthy farewell and permission for the child to have another family.

9. Transition to a Family — "Go Slowly"

The transition from treatment to family is done in a very careful and deliberate manner. If this is a new family, we use the six steps of placement developed by Kathryn S. Donley (1989) of New York Spaulding for Children (see box on right).

We address all of the potential behaviours that may be exhibited, and we communicate to the parental figures the difficulty this child can present throughout the remainder of childhood and perhaps even into adulthood. We talk of the need for assistance through the various stages of development and of the particular issues that will arise in adolescence. In the past, some children were depicted to potential families as tiny cherubs who merely needed love, which ultimately was damaging to both the child and the parents.

10. Healthy Farewells — "Crying Time"

A final — but very significant — stage of treatment is to provide a healthy farewell as we "send along" a child to his or her family. We celebrate this passage with a ceremony: We use candles, recollections of our good and bad times spent together, messages of love, and an affirmation that the child has the strength to do well. It is an open expression of feelings. Tears are common in this ritual and enable our recent admissions to see the emotional investment that we have in the child and that the child has in us. It is a time for us to give permission for the child to move on, to attach to other adults. It is a time for us to model for the children the necessity of formally saying good-bye.

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The Six Steps of Placement (Donley)

1. **Linking** — a specific child is selected as appropriate for placement with a particular family;
2. **Presenting** — information on a specific child is provided to a particular family in order to make the critical decision to proceed to the next step in placement;
3. **Showing** — the specific child and particular family are brought together in a situation designed to offer the family an opportunity to observe the child's appearance or behaviour without risk of rejection;
4. **Introducing — child and family meet face to face for the first time;**
5. **Visiting** — a series of contacts, usually of progressive duration, are carefully planned to move the child and family toward placement; and
6. **Moving in** — the child is physically placed with the new family.

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OUR 1999 PRACTICE THEME

Purposeful engagement



ILLUSTRATIONS: GWEN GREEN

There are times when we have to engage formally and urgently, as in confrontation regarding serious issues or problems.

We referred last month to "the smiling dentist" – the "this won't hurt you a bit" smile with which children (and adults!) are lured into the chair. We were saying that troubled kids often need no more than a rational and hospitable environment, and that within this can develop the individual relationship in which a youngster feels acknowledged, valued and significant.

But there are many cases when we *do* have to engage with kids more formally and urgently in order to deal with specific problems. Perhaps these are behaviours which are bringing him into conflict with others – drug taking, assaultive behaviour, stealing or truancy – or preoccupying personal difficulties such as unconfidence, withdrawal, fears. Most parents, teachers and child care workers feel awkward about having to confront difficult or troubled youth. One can so often expect hostility, denial or open challenge. Also, it is uncomfortable to raise possible conflict issues while trying to build or maintain a relationship.

Day One

Those responsible for planning the placement or receiving a youngster into the programme bear the first responsibility for engagement when there is a clear referral problem. It is not enough for the referring agent to say vaguely "I'm sure you'll be happier at Such-and-Such Centre" or for the admissions staff member to comment on the delightful view from the bedrooms! Our ethics require that the youngster is fully informed as to the purpose of the referral and the nature of the programme. Avoidance of the issues which led to the placement will only raise anxiety. The child will wonder "who knows what" about me and what my problems are?

There should be no surprises after the placement, and it should certainly never be left to a line staff member to breach a subject which is really central to the placement. On the first day it should be made clear that "Here we work with young people who are in trouble with drugs" or "Our staff here help with family problems/aggression/stealing ... whatever."

The message must be clear that "We will be

talking about and working at these issues in this programme."

Another value of such an up-front approach is that the staff are seen to be responsive and hospitable *in spite of* whatever problems brought the child to the centre. There is a level of commitment and acceptance implicit in the respect and encouragement shown by staff members at this stage.

Different approaches

Usually young people who are admitted to a programme because of their difficult behaviour have been through the whole gamut of blame, punishment, labelling and rejection. It is important for staff to know not only what the problems are but also *how these have been dealt with previously*, so that we never appear to be offering only "the mixture as before".

We are often tempted to step into the same old roles which have failed before — authoritarian, parental, adversarial, accusing, disparaging. This offers nothing new, and no hope to the child, who thinks "You're all the same" or "Here we go again ...". The youngster will simply assemble all of his old ammunition from the previous war, and all we will do is inherit the old hostilities and mistrust. Dumb move. We must think harder!

The "strengths" approach, for example, asks us to reframe positively as many behaviours as we can, finding qualities which can be turned to good rather than blame. Acts of daring can be construed as *courageous*, "not rattling" on fellow gang members as *loyalty*, confronting behaviour as *assertive*, and so on. This is not verbal trickery; these qualities are indeed strengths, and probably very necessary coping skills in the young people's world which we can consider plusses in the treatment plan.

The "neutral ally" or "coach" approach puts the child and youth care worker in a supportive role *alongside* the child, so that together they can work at meeting the expectations of the programme or the community. The staff member is thus seen as on the young person's side, not opposed to him or "in his face".

Good activities curriculum shifts the focus altogether away from the problems, the idea of

which is to rapidly change the youngster's own self-image, his expectations of himself, his position in the group. Careful placement in an activities group can change his status, for example, from a failed, hostile outcast to a skilled and reliable team member.

So we don't have to play the parent or the school teacher or the policeman. The non-oppositional approach is a great aid to engagement. Standing beside a youngster is always better than standing eyeball-to-eyeball in front of him.

Getting to the point

We must resolve the demands between building a relationship before tackling client goals — and getting straight to the client work because of time and fund constraints. This will naturally depend on the nature of the work to be done, for example, the level of trust needed.

However the quality of daily activity in the programme is the key to all engagement issues — especially those which are formal and urgent. A good programme will always be simultaneously building positive skills and attitudes and building relationships between adults and youth. Doing tasks, playing games, and sharing the day's timetable will build bonds at the same time as promoting a feeling of competence and well-being. (Read the article on pages 7 and 8, where you will find Sam Ferrainola, the principal of Glen Mills Schools, standing in the lunch queue with his juvenile offender students in the cafeteria. *This is engaging!*)

* * *

As was suggested in last month's article, such a positive and active milieu will often achieve even complex client goals by itself. An empty daily programme which does not consciously plan these levels of activity and doing things together, will probably fail on client goals anyway.

A Guideline for a sibling bereavement programme in a children's home — a social work perspective

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OPSOMMING

Hierdie studie ondersoek die ervaring van 'n kind wat treur oor die verlies van 'n broer of suster wat gesterf het in die kindershuis. Die doel is om 'n riglyn daar te stel vir 'n sibbe rou Program. Die populasie bestaan uit twee stalle sibbe (onderdom 6-18 jaar). Speltherapie sessies is uitgevoer met elke kind en vyf temas is gebruik om struktuur aan die sessies te verleen. Die kind se ervarings is ge-eksplorieer teneinde die sibbe rou program te formuleer. Aangesien geen ander studies voorheen ten opsigte van sibbe rou in 'n kindershuis uitgevoer is nie, is die verkennende navorsingsontwerp gebruik. Ontwikkelingsnavorsing is gedoen deur die implimentering van Thomas se ontwikkelingsmodel.

INTRODUCTION AND MOTIVATION OF CHOICE OF SUBJECT

This study was undertaken in order to explore a child's experience of sibling bereavement in a children's home. In exploring this experience the goal of this study was concerned with developing a guideline for a sibling bereavement programme which will enable the child to grieve his sibling's death totally in the context of a children's home.

The strength of sibling relationships and the effects of the death of a sibling on a surviving sibling deserves further attention and research.

The importance of sibling relationships is overlooked: sibling's protect one another, they teach one another and share times of learning; they come to each other's defense on the playground; they confide in one another's secrets from the rest of the world; Sibling relationships may not be particularly harmonious but they may have an element of continuity — shared history (compare Lindsay & Elsegod, 1996:151; Papadatou & Papadatos, 1991:126). Literature expresses the significance of sibling bond with reference to social behaviour and personality development of the surviving child. (compare Rosen, 1986:65; Balk, 1983:139)

Bereavement is defined by Berg (1990:3) as the reaction to the loss of a close relationship through death. Surviving siblings do not grieve alone. They grieve within the context of a grieving family and an interpersonal network. The devastating consequences of sibling bereavement on children have been noted in studies already conducted. Common reactions are acted by various writers: guilt and depression; sleeping and eating disorders; psychoso-

matic disorders; behavioural problems, suicides, poor academic performance, personality disorders (compare Krell & Robkin, 1979:472; Balk, 1983:144; Rosen, 1981:213; Blinder, 1979:472, Balk, 1990:113; Cobb, 1956:748). Coming to terms with a sibling's death as early as possible decreases vulnerability for a variety of pathological disorders in adult life. However Davies (in Papadatou & Papadatos, 1991:131) reminds professionals not to make the same morbid mistake of thinking that a sibling's death bodes only negative consequences for the surviving children. According to Balk (1983:38) sibling's death may provide teenagers the impetus for psychological growth.

Early therapeutic intervention with the bereaved sibling may prevent potential disorders or maladaptive functioning in the sibling's adult life.

Additional reasons to justify this study:

- An alarming number of infants/children who are admitted to children's homes today are abandoned or orphaned. To add to this social problem a high percentage of children are HIV positive. As known their life span is therefore short. There are presently thirteen sets of siblings who are committed to the concerned children's home. In respect of the set of siblings one child is HIV positive.
- The child committed to a children's home have experienced several losses in their past which they have to deal with simultaneously. According to Rapheal (1984:63) previous losses, especially in childhood, may increase the risk of poor loss resolution, especially if these losses have themselves been poorly resolved. Implementing a sibling bereavement guideline may facilitate the emergence of past losses.
- Social workers in children's homes in Kwa Zulu Natal expressed the need for a therapeutic program which can be rendered to the surviving bereaved child. It was further noted by the social workers that children from children's homes relate to one another as brothers and sisters because of the constant interaction amongst themselves and their accepting of the children's home as their home.

2. THE RESEARCH METHODOLOGY

Bereavement in a children's home is an unex-

plored field in South Africa. No research has yet been conducted in this field. In this study the exploratory design was used. An hypothesis was therefore not formulated. Developmental research was used — Thomas' Developmental Research Model specifically in order to develop the guideline for a sibling bereavement programme. The first two phases of this model is discussed: the analysis phase and the development phase.

The population of this study consisted of five surviving siblings, two sets of siblings of African culture who serve as the respondents: the B Siblings — Kim, age 13 and Alf age 6; the M siblings — Amy, age 18 and Mdu age 17, and Ronald age 13. The B siblings lost their sister Candice through death (age14) in June 1997. The M siblings lost their brother Cyril (age 17) in November 1994. Both siblings died suddenly and unexpectedly

Before the therapeutic intervention an assessment in the format of a structured interview was conducted with the four surviving teenagers. The fifth respondent, the youngest respondent, did not undergo an interview due to his being young. This child's child care worker participated in the interview and information was gathered. The assessment indicated the children's experience. Their emotional, behavioural and cognitive difficulties as a result of losing their sibling.

The therapeutic method of play therapy using the Gestalt approach was conducted with the five children in individual five to six sessions. Play is the language the child best knows how to master. Play as defined by Landreth (1991:14) is the medium for expressing feelings, exploring relationships and self-fulfillment. The three forms of play therapy was used in this study: creative play, presented in the forms of art such as clay, sand play and drawings; dramatic play presented in the form of dolls, puppets and telephone play and biblio-play which includes the use of books, magazines and pictures. By "acting out" their conflicts through guided play as pointed out by Segal (1984:594) the child may gain a sense of control over his anxiety and situation. Through the method of play therapy and its forms the researcher entered the world of the child who grieves the loss of his sibling. Oaklander (in O'Connor & Schaeffer, 1994:143) echoes Fritz Perls view point that Gestalt therapy is a humanistic, process oriented model of

therapy that is concerned with the healthy functioning of the total organism – senses, body, emotions and intellect. According to Thompson & Rudolph (1992:110) the Gestalt's view of human nature is positive in that people are viewed as capable of becoming self regulating beings who can achieve a sense of unity and integration in their lives. In the opinion of Clark (1982:51) Gestalt therapy is the essential and most powerful therapeutic orientation for the labor of mourning because of its emphasis on present experience and the moment. The here-and-now (present) is synonymous with Gestalt; ie: there is no feeling that cannot be taken care of in the present moment. Therefore it is important to help the bereaved child to focus in the present tense and allow him to give expression of his feelings and thoughts in the here-and-now. Also unfinished business according to the Gestalt theory is explained in terms of unexpressed feelings or concerns and unsatisfied needs. Unfinished business may signify unresolved grief. The child with unfinished business is not in control over himself and his world. Unfinished business needs to be resolved in order for the child to attain balance in his life and control.

To explore the children's experience of sibling bereavement five themes were used as a framework for the therapy sessions namely:

- to establish a therapeutic relationship between the therapist and the child
- to explore the child's perception of death
- the child's relationship and experience with the deceased sibling
- the child's relationship and experience with other surviving siblings
- the child's relationship and experience with staff at the children's home

3. CONCLUSIONS

The following conclusions are drawn from the empirical studies and the findings thereof. The five themes were used to explore the child's experience of sibling bereavement in a children's home.

3.a The therapeutic relationship

It is essential that in order for therapy to be successful the relationship between the therapist and child should have elements such as respect, honesty and trust. Unfinished business should be brought to the surface and dealt with. In this study the therapeutic relationship with the respondent was established.

3.b The child's perception of death

All four respondent's accept the death of their sibling as being universal, irreversible and non-functional. The youngest respondent denies the finality of death. The B respondent's drew guns to represent their perception of death and one respondent (age 13 – boy) from the B sibling modeled a gun out of clay. Guns to the children means hurt and pain. Be-

fore their admission to the children's home these children were exposed to political/faction conflict.

A respondent (age 17) drew a car of a particular colour to represent death. This car, she believes, was the cause of her mother's death. Another respondent (age 18) drew her family. She believes death took her family away. The children's perception of death allowed for unfinished business to emerge.

3.c The child's relationship and experience with the deceased sibling.

The four teenage respondent's acknowledged their relationship with the deceased sibling as being unique and special because the respondents share a mother. This they admitted is what makes sibling relationships different to other relationships.

Three teenage respondents (age 17, 18, 13 – girl) described their relationship with their deceased sibling as the "partial degree of identification". This type of relationship between siblings allow the siblings to have emotional access to other people without a fixed insistence that their sibling relationship comes before all else.

One teenage respondent (age 13 – boy) indicated his relationship with his deceased sibling as the "close type of identification". This type of relationship between siblings tend to create a rigid relationship between siblings which is not desirable and which complicates mourning.

3.d The relationship and experience with the surviving sibling

The two eldest respondents of the two sets of siblings feel very protective towards their younger siblings. They occupy new roles now: The younger respondents of the two sets of siblings feel protected by the older sibling. In exploring the relationship with their surviving sibling much unfinished business emerged from the respondent's past. A respondent (age 13) projected feelings of pain and hurt on clay about a sister whom he felt bullied by. Another respondent (age 18) came into contact with powerful feelings related to an abuse she was subjected to years ago. The other one was the death of their mother. The respondent (age 13 – girl) said blood relationships are special and siblings cannot be separated. All siblings should live together in the same cottage.

3.e The child's relationship and experience with staff at the children's home.

The B respondent (age 13) experienced anger with the child care worker for:

- not being warned about the sibling's death;
- not letting their deceased sibling's friends attend the funeral; and
- not having visited the sibling the day before she died.

The same respondent felt also that even though the relief child care worker was new at the home she ought to have made the effort to talk to the respondent.

The M respondents experienced an open and supportive relationship with the child care worker at the time of their sibling's death. The respondent's felt the child care worker was like a "mother" or "best friend" in this cottage. The children felt comfortable talking about the deceased sibling openly and the child care worker was included in this discussion. The respondents felt that much attention was given to the respondents by many people who knew about the death. Shortly afterwards when all this attention subsided within time the respondents would have liked the social workers to give them ongoing emotional support.

In the sessions the four teenage respondents remembered the principal breaking the news about their sibling's death. They did not mind this. They believed it was her role as the head of the home. They experienced her to be warm and empathic and "she felt my pain". If a sibling should die the surviving siblings would prefer to be taken to their safe place for example a bedroom and be told there by somebody whom they feel closer to. This being a child care worker or mother.

4. RECOMMENDATIONS

In light of the conclusions drawn from the findings of the study the following recommendations can be drawn:

- When a sibling is admitted into hospital the sibling that remain at the home need to be informed, as much as possible, on an ongoing basis about the medical condition of the sick sibling;
- In a residential setting, such as in a children's home, manpower and resources are limiting. As much as possible however the siblings should be able to visit their sick sibling in hospital. Perhaps volunteers from the home could work on a roster basis and assist with transport and/or supervision.
- When a sibling from a children's home dies, as many children as possible, especially the deceased sibling's friends and as many staff members as possible should attend the funeral. Most of the respondents experienced the children and staff in the cottage as their family. A funeral therefore ought to be seen as a family function.
- Most sibling's experienced an open and supportive relationship with their child care worker. However, children should always feel they are allowed to express negative, angry and sad feelings openly about the death to their child care workers. These feelings need to be validated and accepted by the child care workers.
- Ongoing support and therapy should be rendered to the surviving siblings by the social workers even after the volume of attention provided to them by all who know about

A sibling bereavement programme in a children's home

the death has subsided.

- Siblings should, as much as possible, be placed in the same cottage. However, this does render difficulties on a practical level when there are no vacancies in a cottage to place the siblings in or when the age of the child is not suitable for a specific cottage.
- The loss of a sibling brings unfinished business of the past to the present and must also be dealt with.
- In the individual sessions with the children clay was a play therapy medium used to release feelings of hurt, pain and anger. This emotional cathartic expression is therapeutic. These negative feelings could be an impediment to relationship building.
- The child care worker could be made aware of the value of play therapy mediums and its role for emotional catharsis which is therapeutic for the child. The child care worker could be encouraged to use play mediums.
- The number of children who are HIV positive is alarmingly high. Their life span is short. It is recommended that staff in the children's home come to know and become aware of all aspects of grief especially with reference to the child: the child's developmental stages, the grief process and ways in which it is manifested, ways of coping with the bereaved child. Also in order to deal with another person's grief the counsellor needs to deal with her unfinished business: to come to terms with all her losses and grief and keeping in touch with their limitations.
- Group sessions could be conducted with bereaved children. In group interaction the child realizes he is not alone in his pain and is able to identify with another. A supportive emotionally milieu is created.

5. RECOMMENDED THEMES FOR A GUIDELINE FOR A SIBLING BEREAVEMENT PROGRAMME

- The child's perception of death;
- relationship with the deceased sibling;
- funeral;
- feelings;
- changes; and
- look to the future.

6. HYPOTHESIS' — FROM THE IMPLEMENTATION OF THE GUIDELINE

It is envisaged that in the event of the above lines being implemented the following points may be hypothesized:

- problematic grief reactions such as behavioural problems, psychosomatic disorders or disturbances in cognitive functioning can be prevented from occurring;
- the child will regain control of his world and of himself when he resolves his unfinished business and feelings of anger, hurt and pain and comes to terms with his loss;

- the professional staff at the children's home will be better equipped to manage the bereaved child. Regarding this Marks & Bruyn (1992: 2) mention the following: "The most important criterion of residential programmes is quality, training and dedication of the staff in the institution"; and
- unfinished business which is related to the other losses the children in the home have experienced in their past will surface when the unfinished business which is related to the sibling's death is dealt with.

CONCLUSION

Death is an ever present reality. Children are the most affected by the untimely arrival of death. Children depend on adult support to grow in awareness, knowledge and understanding after the death of any loved one — a sibling perhaps.

It is hoped that the guidelines for the sibling bereavement programme can enable the child to move into adulthood with resolved feelings concerning the death of a loved one and to be well prepared to face what for many is the most frightening aspect of human consciousness — the fact that we will all die.

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Child and Youth Care Worker

A vacancy exists for a suitably qualified child and youth care worker to work as part of a team. Must have a valid driver's licence. To start soonest.

We are a child and youth care centre focussing on individual and group interventions, through residential, day and community programs. Competitive salary and usual benefits apply.

Oranjia Children's Home

Please apply with full C.V. Fax: (021) 4621256 or to P O Box 1204, Cape Town, 8000 for Attention: Program Director. Please ensure that you provide a contact telephone number.

DURBAN CHILDREN'S HOME is looking for experienced **male child and youth care workers** for two areas of their programme:

1. **Family centred residential programme** for troubled boys and girls aged 2 to 18.

2. **Short-term residential programme** for the development of young boys and girls between the ages of 11 and 15, who are **dependent on substances**.

Please send application to: The Principal, **Durban Children's Home**, 222 Manning Road, Glenwood, Durban 4001 or Fax: (031) 221330 for consideration.

St Anthony's Children's Home

BLAAUWBOSCH NEAR NEWCASTLE

Child Care Worker and Social Worker

Post available for a child care worker and a social worker. Full time with children from birth to 18 years or age.

Please fax to (034) 366 7223 your CV, South African Council for Social Work Registration with certificate with two references to St. Anthony's Home, P.O. Box 1824, Newcastle 2940. Attention: Sr Margaret Donnelly or Telephone (034) 366 1312.

SITUATION WANTED

Young woman seeks child care position. She is currently studying the BOCC and has completed Modules 1 and 3. She is at present a volunteer at St Vincent's Home in Durban. Please contact Mary Zungu, P O Box 50261, Pinetown 3600 (Tel. (031) 7041150/ 493838

Masihambeni

into the new millennium

NATIONAL ASSOCIATION OF CHILD CARE WORKERS

Twelfth Biennial Conference

SA TECHNIKON CONFERENCE CENTRE, 2 VINTON ROAD,
ORMONDE EXT 1, JOHANNESBURG, SOUTH AFRICA

5, 6 and 7 JULY 1999

CONFERENCE FEE

Full Three Days: Individual members of NACCW: R330.00
Non-members: R440.00 (Members receive a 25% discount)
The above includes lunch, teas and cocktail party (cash bar)

Daily Rate: Individual members of NACCW: R120.00
Non-members: R160.00. Daily rate includes lunch and teas only
Cocktail party R30.00 extra per person (cash bar)

FINAL CALL FOR PAPERS

Papers, workshops, presentations, display and exhibitions should focus on developmental programmes and practice which have relevance for South African child and youth care in the new millennium.

See Call for Papers enclosed with our February issue

Please send your proposals to NACCW Conference, P.O. Box 751013, Garden View 2047, or fax to (011) 484-2928. Assistance is available to any who need help in developing their proposal.

NACCW

Conference Web Site
www.pretext.co.za/naccw/conference
e-mail: masihambeni@iafrica.com

CONFERENCE 99 NEWS

Themes

Four broad themes are emerging in the Conference Planning — these follow roughly the four levels in the new paradigm.

1. Community based preventative and supportive programmes
2. Intervention programmes around specific areas of risk and concern
3. Institutional Care
4. Secure Care

Following the opening after the Biennial General Meeting, Keynote Speakers in plenary sessions will be Lesley du Toit and Thom Garfat, who in that first day will give Conference a South African and International perspective on issues of Child and Youth Care into the new millennium.

Accommodation

1. Limited accommodation will be available at Children's Homes, Retreats and Hotels — information will be provided on receipt of Conference Registrations
2. Technikon Venue Accommodation: This accommodation has to be booked through the NACCW office:

R58-00 per person sharing

R73-50 per person single

Breakfast at R22, Dinner at R24-50

These prices *exclude* VAT.

This accommodation is filling up and bookings need to be made as soon as possible through the NACCW Gauteng office.



"It says that he's an egotistical, shallow, insincere little bore, and that if he's not careful he could end up having his own television chat show!"