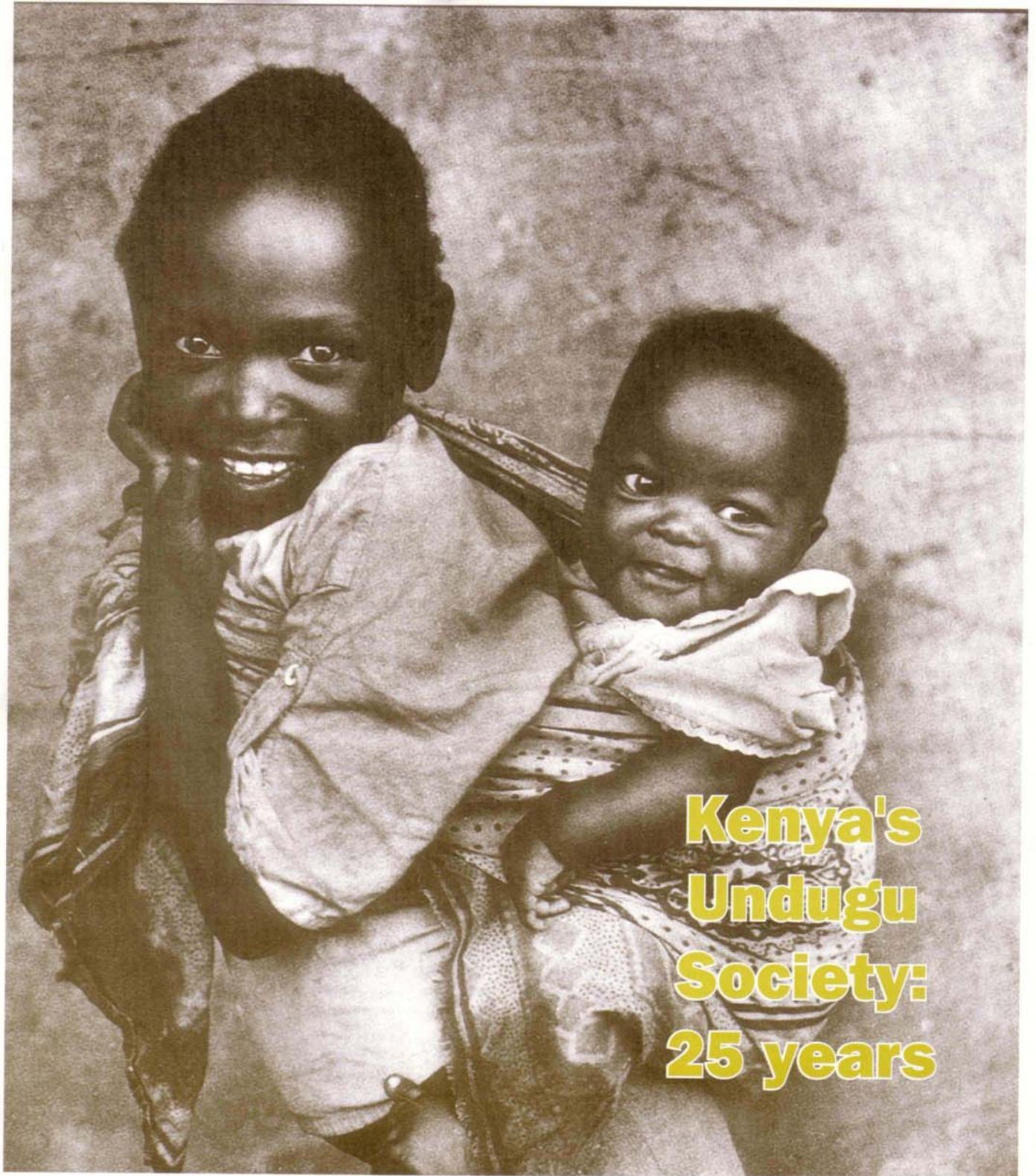


A JOURNAL FOR THOSE WHO WORK WITH
TROUBLED CHILDREN AND YOUTH AT RISK

Child & Youth Care

ISSN 0258-8927 VOL 17 NO 3 MARCH 1999



**Kenya's
Undugu
Society:
25 years**

GUEST VIEW

Reflections on the New South Africa and the Transformation of the Child and Youth Care System

The Honeymoon

I remember that incredible time, April 1994, when the New South Africa was not just born, but was sent hurtling forth onto the world stage like a magnificent turbo-train? Oh, the power and the roar! The whole world rejoiced with you, and wept tears of joy as prisoner Mandela took his rightful place at the centre of the political universe, as President Mandela — Madiba — now recognized as perhaps the greatest statesman to ever walk this planet.

Looking back on it, the turbo-train was more like a magnificent roller-coaster, and no one in this country could jump off of it even if he or she wanted to. And in July of 1994, the NACCW invited me to leap on board the coaster for a three-week joy ride. How vividly I remember that magical time! It was still the honeymoon period, and the election confetti, so to speak, was still in everyone's hair and all over the streets, everywhere. Even the cynical journalists rejoiced in the afterglow of what seemed to have been a real miracle, and they revelled in the notion of "the new South Africa" in virtually every article they wrote.

My very first working stop in the country was in Port Elizabeth; how could I ever forget! Cecil Wood, then at the SOS Children's Village there, drove me back from the airport straight into one of the nearby shanty towns in his minibus, casually mentioning that the Irish nuns who worked there had just had their vehicle hijacked a week or two before on this very spot. Then we arrived at the village, and were standing on the front steps when an ominous sight appeared on the road in front of us. It was a police Caspir, one of those large armoured vehicles that only months before had been the source of rubber bullets being fired into the surrounding neighbourhood. I saw

those around me stiffen as they watched. The side door of the Caspir opened, and two large soldiers in army fatigues jumped out ... carrying a rugby ball! They turned and tossed it to some nearby children and proceeded to play ball. I had just had my first taste of what the new South Africa was all about. Come to think of it, that was probably my first taste of the transformation of the child and youth care system as well.

That afternoon, I was to offer a workshop to a regional NACCW gathering. "We usually get about 30 to 35 people; could you please do a hands-on, experiential workshop?", I had been asked. So we went to the Place of Safety (was it for MY safety, or whose, I wondered), and we walked into the gymnasium ... to discover about 200 people waiting there! "Right", I gasped to myself, "now what?" So as the introductory singing and dancing gained momentum, I uttered under my breath a few desperate prayers for divine assistance, and tossed my plan in the rubbish bin. When it was my turn, I simply did my best to engage with this sympathetic, eager rainbow crowd. It was indeed a baptism by fire, as I attempted to respond to the intense curiosity and pent-up hunger for a perspective from outside of the reality of the old South Africa. What was child and youth care like in a "normal" country? How do you deal with cultural diversity in Canada? And so on. Since that time, over the course of 8 visits totalling about 30 weeks, my workshop experiences have taught me how to tackle almost any topic, for any length of time, in any format, to any size of group, on the shortest possible notice! (How well I succeed is another matter.) Coming to South Africa has also taught me never to be surprised; the surpris-



James Anglin

ing has become quite normal over the past five years.

The Engagement

At the conclusion of that whirlwind visit, travelling from Pretoria to Port Elizabeth, Cape Town, Durban, Johannesburg, and back to Pretoria — including glimpses of hippos, crocodiles, rhinos, warthogs, and my beloved giraffes along the way — I was totally enchanted by this country. But I was even more moved by the fervent dedication to the child and youth care profession that I found in every place I visited. The NACCW oyster (work with me here), with its impressive membership and staff, had created a real pearl of a profession from chafing on the sands of apartheid for so many years. It was with very mixed feelings that I prepared to leave this amazing country and to end my first visit to the continent of Africa. Just before my departure, Lesley du Toit, (then Director) informed me that the NACCW board had met and decided that they wanted me to serve as the organization's "international consultant" for a period of 5 years. I was flabbergasted! 5 years? A lot can change in 6 months; why don't we make it for 1 year? "No", was the reply, "we want you to make a commitment for 5 years." I should have known then not to take the NACCW's determination lightly. I was, of course, deeply honoured, and wondered what I could possibly contribute over 5 years. Neither of us really knew what we were committing to, but we agreed to leave the details to be worked out (which I don't think we

ever really did!). At a moment like that, one does not tend to become distracted by details. And when I was flying back over the Arctic icepack, I knew I had left a piece of myself behind. Since that time, I have not been truly happy unless I knew when I was next returning to South Africa.

Fortunately, I have been able to come back quite frequently since then, and to strengthen my connections with so many wonderful people and places in this magnificent land. I now consider South Africa to be my second home, and in my heart I feel I have a kind of dual citizenship.

Moments and Lessons, in Reflection ...

On my initial visit, after I had enjoyed handing out certificates at a ceremony in Durban, I was overwhelmed when Lesley handed me my own certificate, and was granted the status of "child and youth care practitioner" as recognized by the NACCW. I consider being recognized as a registered child and youth care worker in South Africa to be the greatest honour I have received in 30 years of child and youth care practice. I carry my membership card with me always, and I (perhaps perversely) enjoy the act of paying my annual dues as I experience it as a symbolic renewal of my commitment to the present and future of the profession in this country. You may be interested to know that there does not yet exist a mechanism for me to become a registered child and youth care worker in my own country, Canada.

Lesson #1: Those who are last shall be first. The NACCW has already become in a number of ways a leading child and youth care organization internationally.

A highlight of my second visit, in 1995, was attending the 10th Biennial Conference in Cape Town. Only after I had reluctantly agreed to deliver the opening address was I informed that President Mandela had been invited to offer the opening welcome. My blood ran cold. "I beg your pardon ... you mean to say that the greatest statesman in the universe, a Nobel

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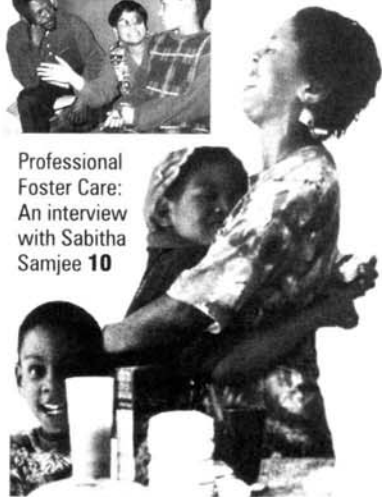
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Child & Youth Care ISSN 0258-8927 is a non-commercial and private subscription journal, formerly published in Volumes 1 through 13 (1983 to 1995) as *The Child Care Worker*. Copyright © 1999 The National Association of Child Care Workers. P.O. Box 23199, Claremont 7735, South Africa. e-mail: pretext@iafrica.com Telephone: (021) 788-3610 Fax: (021) 788-9423. *Child & Youth Care* is published on the 25th of each month except December. Copy deadline for material is the 10th of each month.

Subscriptions: Individual Membership of NACCCW is R90 p.a. which includes a free copy of the journal. Non-member, agency or library journal subscriptions: R90.00 p.a. post free. Commercial advertising: R312 per page *pro rata*. Situations Vacant/Wanted advertisements for child and youth care posts are free to Corporate and Individual Members. All enquiries, articles, letters and new subscriptions may be sent to the Editor at the above address.

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Fund Raising Organisation Number 08-800448-000-2



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Resilient Kids

ANNE MCKAY, formerly Durban Co-ordinator of the Programme for Survivors of Violence and presently studying at the Tavistock Clinic in London, looks at why some children survive better than others.

Resilience is something of a buzzword in the 'children and trauma' field: how to identify what it is, how to help children be more resilient, how to create communities which are resilient in the face of difficult and painful events such as war, chronic crime and violence. And, one might add, chronic poverty; although poverty is not often listed as a 'traumatising' event, or something which children need to be helped to be resilient about.

Why some, not others?

Resilience seems unfair — some children have it, others don't, and it isn't easy to understand why this is so. Some children come through horrible circumstances with vitality, enjoyment and an ability to relate, while others become withdrawn or aggressive and easily very anxious. "You can see it in the classroom or the home or the playground," says Maureen Fox, Convenor of the Workshop on Refugees at the Tavistock Clinic in London. "Some children are playing with others, laughing, go to their teacher, carer or parent for help, know how to engage attention from adults in a way which makes the adult feel happy and helps the child. Other children, even from the same family or circumstances, are dull, switched off; it takes a lot of motivation to engage them." Such children are hard to cuddle, don't ask for help, maybe sulk and make it unpleasant to be near them. Some of these children can seem very compliant, obedient, anxious to please, but there is a sense that this is not real, that they are somehow frozen, there's a lack of genuineness in their responses. Although they might need attention and affection more than the resilient children, they are very unrewarding to be with; so they often get overlooked or only given negative attention. And other children avoid or bully them.

The present, not the past

It is important, both to respect children who are resilient and not to *pathologise* them because they have, for example, been exposed to war or abuse. The events of a child's life are not as important as how they are in the present. It is equally important to notice which children are not resilient, especially when their behaviour seems designed to alienate them from support, and then find ways to help them. It is best to start with the child, rather than with a theoretical position about what is or isn't traumatic. Often professionals working with children in difficult circumstances take one or other polarised position — either seeing all children who have experienced very frightening or painful events as 'psychologically damaged'; or, rejecting individual or psychological approaches and focussing on restoring community and family economic and social functioning.

It is easy to find evidence for both views. Resilient children support the latter argument, because they are well able to make use of anything positive happening in their families and communities, they are active and participating. The example of non-resilient children can be used to support the theory that 'we are all damaged'/'lost generation', etc., because they are passive, angry and unable to move forward (they take to drugs, drop out of school, fight with their families).

"You can't build resilience, it's either there or not," says Bruce Irvine, former SA student leader and now Consultant Child and Adolescent Psychologist working in a London Children's therapeutic community. "If you say someone is resilient, they *have* survived a trauma successfully. If they are not resilient, if they are struggling to cope, then we're out of the realm of resilience and are talking about trauma and mental health". Bruce said that in his 15 years' experience with children in trouble he has learned that it is the adults around a child who make the difference. "Trauma disturbs a child's ability to think, to make links. Children who are traumatised don't link up their life experience in a coherent narrative. Their memory of themselves

"It is these children who really need carers who won't retaliate or give up on them."

jumps from trauma to trauma, and they can't remember any good things that ever happened." And if they can't remember any good ever happening, it's hard for them to relate to the very adults they need for support; or sometimes to other children.

Some children even seem to have a tendency to give a negative meaning to events which are not 'traumatising'. Some professionals say this is constitutional; others say it is something to do with the 'match/mismatch' between a child and its carers; yet others put it down to psychological factors closely connected to how the child and its carers manage the first few years of life. Whatever the reasons, there are children who make their carers feel very tired and hopeless. "They don't reward your efforts," says Fox. "A carer can feel that she has slogged her guts out for a child, who can't say thank you, or even use it."

Containers

"It is critical to provide children with adults who can be containers [see box], who can understand children's 'bad' or withdrawn behaviour as a communication of their feelings. Children's difficult behaviour works for them: no matter how bad it is, it is successful in getting attention, engagement, connection with adults. For them to give it up they have to feel safe; they have to be able to take the risk that behaving differently will have the same result," says Irvine.

"The containers have to persevere with those children who feel so bad inside that they seem to 'spoil' every good effort or attempt at helping them. Sometimes children are so taken up with negativity and worry about their angry and destructive feelings that they really can't allow themselves to feel grateful or helped by anyone else. And it is these children who really need carers who won't retaliate or give up on them. It is important that the carer does not start feeling persecuted by the child. The child is often in real terror of its own anger. In many of these situations, 'anger is healthy, something to be heard and contained' says Fox. The carers, of course, need help (such as parenting classes, clinical supervision, someone to talk to) so that they aren't flooded with nega-



tive feelings.

"Adults have the power to change children's behaviour by being a container, and providing an environment where something different can be tried out, for example talking about missing mummy instead of sulking or starting a fight. Children do best when around self-reflective adults, who can think about the experience of the child," says Irvine. Some practical tips are in the box (page...)

Resilience is Relationships

Resilient children come across differently. They have a capacity to enjoy living, to retain curiosity, to make the most of resources (environment, people, thinking, feeling), to use physical and intellectual vitality, to connect with others, to give and take, to attach and 'belong to' others — importantly, but not exclusively, family and community. They have an expectation that adults, siblings, and others are potentially positive people; they want to know, reach out, take in the world.

Maureen Fox gave the example of two siblings, refugees from the Horn of Africa, who came to the Tavistock Clinic for help (details have been changed to protect identity). The older child, a boy, Z, now 18 is very anxious, depressed, and does not seem to be getting any better after several years. The younger girl, P, 11, is a 'prima donna' — very demanding, wanting things from people, wanting fun, enjoying clothes and time with friends.

P started out very angry in London. She treated adults, especially her teachers and therapist, with contempt and kept telling them off for being useless. But they did put up with her for years and years. There was something about her even wanting so much which helped them stay engaged with her. Now she is a lively girl, and can make the best of what is done for her. Her older brother, however, is melancholic, quiet, doesn't take up offers of help. He seems to have identified with their dead and powerless parents, and cannot move forward. He has stuck rigidly to their traditional culture, which doesn't help him adapt to a new country or make friends in a new culture. P can use her traditional culture, but is also fitting in to the local culture, dressing in British style and making friends at school. This has caused conflict between the children, as her brother wants her to return to the old ways.

P is desperate not to get sucked into her brother's misery, but does not want to leave him behind either, they have come a long way together. It is very difficult sometimes for resilient children not to feel guilty about the ones who are not.

Fact FILE

BEING CONTAINERS

C To be a successful container, the first thing is to be consistent. This is not the same as being rigid. Consistency is being flexible within boundaries. The adult needs to know where the boundary is, be confident, e.g. all children must have breakfast, but not all have to eat the same thing.

O The need to be an observer, observing the child, yourself, and using your understanding of your own feelings, to know what the child could be communicating by his or her behaviour.

N An adult needs to be able to negotiate. Being able not to have to impose your will on a misbehaving child, but negotiate prosocial behaviour.

T can mean sticking to the primary task. This means being focused on what is important at the moment and not being distracted into trying to control everything.

At night, a parent or carer wants the child to sleep. If the child goes to its bed but is being rude, then forget about the rudeness and praise it for achieving the primary task of going to bed. If a teacher is trying to get a child to concentrate on maths and it is chewing gum, first succeed in getting the child to work; only then start mentioning the gum. Otherwise you can end up fighting about the other issues and not the task.

T can also stand for thinking, to create a space between feeling and action. What happens is that a child who isn't able to think, moves from feeling to behaving. If the adults and parents are not able to think, they feel something (annoyed, upset) and behave back. What should happen is that child behaves, the adults parents think, then behave. Along the lines of 'if this child is irritating me, maybe this child seeks attention. I have a choice to ignore it, or to respond with telling him or her what I expect of them and what the consequence will be if they don't do it'

A Awareness, of self. Because adults who are caught up with their own problems aren't available to children. A teacher with a hangover isn't going to be able to pay attention properly. Parents who have just received a pile of bills will be upset. Unless the adults are aware of what is happening to them, they might not be able to stop these anxieties coming out in their interaction with children. Adults also need to be aware of how they use their authority. That authority exercised with compassion enhances growth, while authority exercised punitively further crushes and stifles.

I Investment in relationship, to work on repairing relationships, being available to the child, enabling him or her to find new experiences. This means patience, and putting up with difficulties, and being confused and trying to understand. This takes investment in that child, and the child will feel it. When the child feels contained and invested in, appropriate intimacy becomes possible.

N Novelty. Don't do it same way every time. If you give a child a biscuit every time she has a tantrum, you will have a fat child - next time use another method of distracting or stopping a negative behaviour.

E Experience. Containing is learned from experience; it doesn't 'come naturally'; it can be taught and it can be learned. The parents are the only people with absolute experience of their own children. Carers can empower parents or other carers to use their own experience to face the emotional onslaught that caring for children involves.

R Responsibility. Being a container is being responsible for one's actions and developing this in children. Children need to experience the consequences of their actions; to protect them provokes dependency. The other side of this is allowing a child to 'repair' when it has done wrong or caused hurt. A carer has to find ways in which the child can do things differently next time and to accept apologies if they are sincere.

S Structure is what provides the glue that enables daily life to continue. We create structure so that we don't have to think and make decisions about every detail of every day; we can just do what is good or good enough in a routine way.

B. Irvine

Actively engaging adults take care of the basic structural aspects of a child's life as best they can, providing warmth, shelter, food, clothing, access to education. "These really are the basics — talking comes later."

Building resilience?

"The dictionary defines resilience as restoring, putting back to normal. But in these situations, we're not talking about anything in a child's life going back to normal, or what it was before it was disrupted," says Fox.

"Resilience is not *one thing*, it is about a child in interaction with the people in its environment," says Irvine. "It is a complex interactive process. All the 'resilience skills' of mastery of the environment, curiosity, a capacity to engage people are all dependent on having adults available to engage with."

Actively engaging adults take care of the basic structural aspects of a child's life as best they can, providing warmth, shelter, food, clothing, access to education. "These really are the basics — talking comes later."

Again, it is important to remember that some children *are* resilient without any further intervention. For those who are not, the carer or

adult will most likely have to observe their behaviour to understand what is happening inside them. The carers will also have to observe their own feelings in relation to that child — what feeling gets stirred up in you by his or her behaviour? Is this a communication of the child's state of mind: a child who feels helpless might communicate this by making the adults around them feel helpless. A child full of anger might annoy or irritate adults to make them angry, thus relieving it of the necessity to feel its own rage. This is complex and tiring, and requires carers to be able to think before reacting, over and over again. Just providing a containing structure is the very basic and essential first step. Nothing else can work well without it, no matter how sophisticated. A child needs to feel safe with the adults caring for it, before it is easily able to use any other form of intervention.

The type of containing structure illustrated in

Box 1 will do a lot to help a child learn to behave in ways which encourage others to give it attention, love and help — the essential social components of living. With these relational skills, a child is or becomes resilient — because he or she then becomes able to be part of a family, a community and a society.

Other interventions which can help

PLAY THERAPY: a therapist or trained carer uses play, drawing, and toys to understand what is happening inside the child. This is communicated to the child, who then has the experience of his or her difficult feelings being accepted and understood. This takes much time and can be difficult to find funding for.

HELPING CHILDREN PROBLEM SOLVE: in the family, creche or classroom, adults can actively engage children in games or lessons to learn how to solve problems, and get a sense of mastery over difficulties and developmental tasks. Empowering education is critical.

HELPING CHILDREN NEGOTIATE SOCIAL COMMUNICATION: rather than criticising a child's negative or passive failure to communicate with adults and other children, carers can try to teach them about communication.

Emphasising that they want to connect, a carer can do a lot to build their capacity to do it. Practical lessons work best.

EMOTIONAL EDUCATION: children may need help in processing angry, painful or envious feelings in a way which does not disconnect them from people around them (other children especially). "Emotional intelligence is being recognised as just as important as intellectual ability," says Fox. She says that helping children at school to think and know about feelings is just as important as academic curricula.

HELPING PARENTS UNDERSTAND DYNAMICS: parents can often use someone to talk to about their child, to get a perspective and help them process their own negative feelings. Listening, thinking, trying to understand, teaching relationship skills. Over and over.

Apfel, R. & Simon, B. (eds). 1996. *Minefields in their Hearts: the Mental Health of Children in War and Communal Violence*. New Haven and London: Yale University Press

Reprinted from *ChildrenFIRST*

Some factors recognised as contributing to resiliency

Resourcefulness: ability to 'make something out of nothing'; a toy out of junk, a family out of strangers, even being able to extract some human warmth out of persecutors.

Ability to attract and use support: being able to engage adults in wanting to help, doing this in a way which makes the adult feel valued and happy to help again. Some children are excellent at this, turning to adults outside of the family if they can't get support at home.

Curiosity and intellectual mastery: becoming knowledgeable about the crisis, being able to inform others, gives a child something to contribute, not being passive.

Compassion - but with detachment: not getting too involved in another's sadness or being out of control.

Ability to conceptualise: being able to understand what has happened, how others are affected. This breaks down isolation and helps children develop empathy for others.

Conviction of one's right to survive: feeling that your own survival can contribute to the common good, that you have a right to survive, to cope, even if siblings and friends are not. Not being flooded with survivor guilt.

Ability to remember and invoke images of good and sustaining figures: remembering parents, grandparents, ancestors, neighbours, brothers and sisters who love you, expect something of you and are proud of you.

Ability to be in touch with a variety of feelings, not denying or suppressing major feelings as they arise: being angry or sad, without being overwhelmed by it.

A goal to live for - anything: being a soccer star, to look after a younger brother or sister, to fight against injustice.

A vision of the possibility and desirability of the restoration of a civilised moral order: even in the worst situations, keeping a sense of right and wrong, of what your culture has taught you is the right thing to do

The need and ability to help others: children who are able to fetch bread, or help others walk along, or be involved in food production or whatever, are much better able to cope with anxiety than children who are kept passive (e.g. watching TV, being told to 'be quiet, don't bother the adults'). Adults can teach children 'learned helpfulness' which strengthens them, as opposed to 'learned helplessness'.

Ability to laugh — and to cry later when it's safer

Altruism towards others: parents' or carers' behaviour towards others can show a child that even if you are helpless to stop crime, abuse, violence or poverty, you can still help people who are affected by it.

(Summarised from the introduction to Apfel, R and Simon, B (1996), *Minefields in their Hearts*. This list is based on research and interviews with survivors of violence and those working with survivors from around the world.)



The process of engaging with young people

We engage with children and young people at risk in order to get some sort of relationship going. We feel that we need to get a relationship going with some urgency because this will play a role in helping the youngster over some preoccupying circumstance or stumbling block which is holding up his or her ongoing development.

Mostly we want to establish the relationship in order to "reach" the young person. We may have established that some form of help or therapy is needed, but for this to happen we must get nearer. But kids are very suspicious of the "smiling dentist" approach. "You're trying to get close to me for something *you* want to happen." (When children pretend to like adults when they want something, we call that behaviour "manipulative".)

With most youngsters at risk, there are two stages to establishing the personal relationship.

1. They come to trust the environment before they trust individuals. It is the *place* that young people first get a feel for, and this place includes the "geography", what happens there, the operating style, and the staff team. Within any programme there is always a "climate" which conveys (or fails to convey) a general sense of reliability and trustworthiness. There must be enough in this environment that is familiar mixed with enough that offers some hope of comfort or change. Initially it needs to invite, to welcome and to offer; it must be careful

not to recruit, proselytise and promise. This "place" must know that it is a transitional way-station. The kids have to walk into it off the street, as it were. They have to cross over into this place from their own place, their own lives. From here they should be able to move comfortably back into their own lives — or on to another stage in the helping process.

Most youngsters will come into a programme as a result of repeatedly hurtful relationships, with the generalised feeling that *people* don't care. So it is usually with *people* (in the plural) that we must begin. The staff team should know that their general relationship with the child is a necessary stage towards the particular relationship which the child may need — perhaps with one of them or perhaps with someone else.

This emphasises the importance of every team member and the healthy functioning of the whole team. It will take just one staff member who is impatient, insensitive, competitive, punitive to confirm for the child that "people don't care" — and thus wreck our whole initiative. I, as a member of the team, must know that my personal responsiveness, respect, integrity and hopefulness towards the child are crucial to all of my team colleagues in this process of engaging.

And there is an important plus: very many youngsters, when they experience this reasonable environment, this adult consideration, this general encouragement and support, will come to believe that *people do care*, and this alone will be enough for them to return to their own

He will likely precipitate a series of "crunches" which essentially test out the question "Will this person still be there for me even if I ...?" or "Is there a point beyond which this adult will reject me just like all the others?"

place with new hope and trust. We engaged as a team, and achieved as much as we could have hoped.

2. The relationship itself is often as powerful as the intervention we might have wanted to use the relationship for. From the group trust which may develop between the children and adults in a child and youth care programme, there will emerge individual contacts and connections. Inevitably, when we spend regular times together, do certain tasks and activities together, and come to depend on one another and anticipate each others' reactions, deeper mutual attachments occur. For the youngster, a certain individual adult (or adults) will emerge from the staff matrix as being more familiar, significant and reliable.

Two things can happen at this stage. The first of these is the hazardous process of *testing out*. In the past, significant adults (often a succession of adults) in the child's life have not proved to be committed and trustworthy when it came to the crunch.

Each time around the youth will have been less and less reassured or convinced by adult relationships. By the time you and I meet him, he will want to "test the bridge" quite severely before risking himself. He will likely precipitate a series of "crunches" which essentially test out the question "Will this person still be there for me even if I ...?" or "Is there a point beyond which this adult will reject me just like all the others?"

The second event will be a relaxation into a more comfortable affinity where engaging becomes less tentative, more natural and spontaneous, and a relatively role-free friendship develops. Within this relationship the youngster feels acknowledged, valued and significant. Neither the young person nor the adult has anything to prove, chips are removed from shoulders and personal trust and sharing are enhanced.

And there is an important plus: very many youngsters, when they experience this meaningful bond and acceptance, come to renounce their former mistrust and negative beliefs about themselves and other people, and this alone will be enough for them to return to their own lives with new confidence and security. In most cases the planned "intervention"

is unnecessary. The young person has experienced in real life that which he yearned for. We engaged as an individual, and achieved as much as we could have hoped. ■





"Survival"

The Undugu Society of Kenya — 25 years

"What is the main achievement of Undugu? Survival."

— Fr. Arnold Grol, speaking at the 20th anniversary celebrations held on December 9, 1993

Survival. It seems too limited a term, to characterize the achievements of the Undugu Society since 1973. Surely, if one were to gather together, inside a football stadium, all the thousands of Nairobians who have benefitted in one way or another from Undugu's multi-faceted, community-based approach to urban development, then the word "survive" would seem decidedly understated. For those who have, by circumstance or choice, found themselves living in slums such as Mathare Valley, Kibera, Korogocho or Dandora, Undugu has likely helped them to not only survive, but in many cases, to thrive.

Reaching people

Perhaps this is the key to Undugu's relative success in working among the impoverished peoples of Kenya's capital city. A grass-roots, integrated approach, which reaches people at the survival level, and tries to uplift them. It is an approach which has put Undugu's staff on an even level with their clients, allowing them to creatively address their own problems. Consequently, the organisation has been susceptible to the same harsh economic conditions (and resultant high crime rate), the social and political turmoil, and any other obstacles which slum dwellers must deal with on a daily basis. Not only has this earned Undugu the

respect and love which only one who truly "belongs" is accorded, but also the attention and support of governments, media and donor agencies, both within Kenya and internationally.

Starting with street boys

Undugu is best known for its long history of working with "Parking Boys," a somewhat generic term which encompasses street children of various backgrounds. Today however, the Parking Boys Programme is just one of several fully-fledged aspects of Undugu's work. Complementing the street children programmes (which now include Parking Boys, Street Girls, and the Rescue Centres), the organisation pursues a network of community development activities geared toward mobilization for socio-economic improvement. Its often experimental course has been stretched to embrace such aspects as employment creation, small enterprise development, informal skills training, the pursuit of affordable shelter, community nutrition and health.

Now entering its third decade of service, the Undugu Society of Kenya has indeed, as founder Fr. Arnold Grol asserts, weathered many storms, and suffered through countless tribulations. Growing from a handful of dedicated beginners in 1973, to an organization which touches thousands of Kenyan lives today, Undugu has managed to keep its focus on the main objectives — improving the quality of living for the less-fortunate, while protecting the rights of our children.

"One major lesson we have learnt from our experiences in working with street children, is that the process of rehabilitating these children requires a long-term commitment, combining compassion and realism. It takes a normal family 20-25 years to transform a child into a responsible and independent person. It takes Undugu an average of ten years to rehabilitate a street child into a responsible citizen, depending of course on the particular circumstances we find the child in ... If you have no realistic, long-term programme of rehabilitation, or longterm funding commitment, don't experiment with projects on street children. In our experience at Undugu, "Education for Life" is the cornerstone of sustainable rehabilitation.



Benard Outah tells a short story on one aspect of Undugu's 25th anniversary.

Undugu children conquer Mount Kenya

An expedition to Mount Kenya, was one of the activities lined up by the Undugu Society of Kenya for the celebrations of its 25 years of service to children and youth in need of special attention and care.

When they first had a trial run on the 2800 ft high Mount Longonot, as part of the build-up exercise in readiness to climb Mount Kenya, the 25 Undugu children chosen for this event made fun of supposed difficulties of Longonot. It was no threat to them as they quickly shuffled through the rugged terrain to the summit well ahead of the guides from the Kenya Wildlife Service who are familiar with the area. The next trial on Ngong Hills was even less challenging.



The day arrives

Finally, the day of reckoning came, — the main event, November 17. The 11 girls and 14 boys were full of anxiety, wondering whether or not they would reach the 16,355 ft point Lenana, the highest point achievable for non-technical climbers.

The chairman of the Undugu Society of Kenya, Mr Denis Afande, while flagging off the team ("Comrades on the Mountain"), outside Delta House, said to them: "I want you to prove to the whole world that, given a chance, you too can achieve the highest goal in life". These words seem to have motivated the comrades even more.

But the experience on Mount Kenya was unique. One of the boys developed complications on the way to Old Moses Camp and had to return to the hotel.

The actual excursion started two days later, the team having spent the first two days acclimatising itself by visiting the famous Mau Mau Caves, where it is known Kenya's freedom fighters used to hide from the white man.



Guides from Mountain Rock Company narrated to the comrades the inspiring story of Kisoj Munyao, the man who on the night of December 11, 1963, planted the Kenyan Flag on Batian peak as a symbol of the country's independence.

Wildlife

The first stop was Old Moses Camp, where the comrades spent a chilly night in sleeping bags. And their fear for wild animals was real. "Avoid going out at all cost, but, if you must, make sure you are with somebody else", was the strict warning from the guides. The Old Moses Camp is situated in the vicinity of the mountain's rain forest. The temperature at this point is attractive to wild animals, unlike at the higher altitudes where there is hardly any wildlife.

But the desire to meet the goals ran supreme among the comrades. In the evening of the following day the team set foot in Shipston's Camp, right at the base of the mountain. The deep scenic valleys and tarns (lakes carved by glaciers over the years) gave promise of unforgettable views during the ascent.

In fact, one could understand at this point why the Kikuyus and Maasais of Kenya regarded Mount Kenya as home for their supreme being, Ngai. Yet for others it was scary to imagine reaching the destination — but no one expressed fear.

All of the team, including the five members of staff, made it to this all-important point. In fact, anyone reaching even this point qualified for a certificate. But four members of the team were already suffering from severe altitude fever and breathing complications. Some were not sure whether they would see the next day. There seemed little hope of their braving the final and most challenging lap of the expedition which was to be carried out at dawn the following day.

Final ascent

Dressed in layers of heavy warm clothes and armed with torches, the team began ascending at 4.00 a.m. But the biting cold (it was about four degrees centigrade) penetrated the clothes. Torches had to have batteries changed at frequent intervals. Cameras failed to work. Doubt whether the suffering was worth it registered on some faces — indeed many faces. This was for real. The going was tough and even the toughest stopped going for a while. Half-way up the mountain all the girls except one had to surrender. They suffered altitude fever and breathing complications, and had to be brought back to the base. Braving a fall of snow, the remaining members of the team finally reached point Lenana. They were utterly exhausted, yet there was no greater joy than that of reaching the peak — the overwhelming joy of victory.

A miniature Undugu flag was planted in between the Kenya flag and a symbol belonging to the Kenya Army. There were not many symbols here, a sign that not many people have been there. The team recited John 3:16 in thanksgiving to God. They then shouted "Long Live Undugu" and gave thanks for all the work that the late Father Grol initiated for the good of children in need of special care and attention.



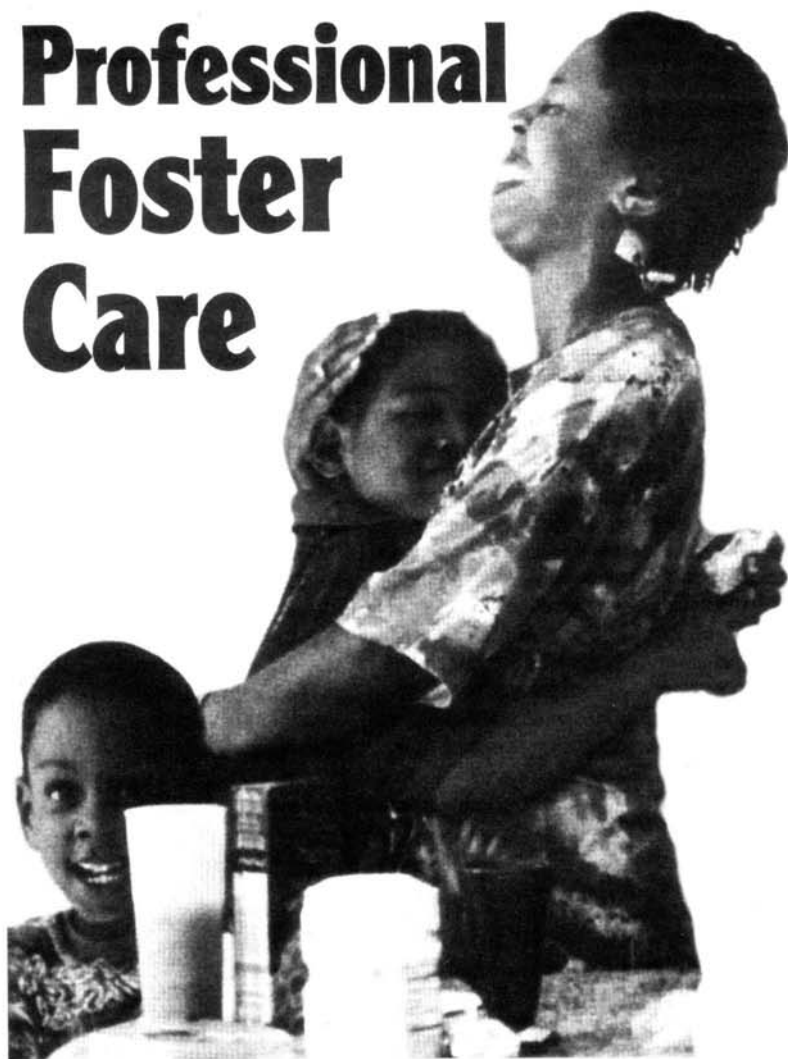
Rubai Nyawira, who was visibly disappointed at not making it to point Lenana, said she was seeing things she had only read about in books. Richard Owino, who carried and planted

the Undugu flag, said he had developed a frozen foot at some stage and his shoes could not fit.

"I was almost giving up but I wanted to be the one to plant the flag at the peak" he said. Rael Chebet, the youngest member of the team, said she had only seen Mount Kenya on the Sportsman commercial on television. Irene Mang'ote, 18 years old, is from the Undugu Katangi Agricultural Project, and the only girl to reach point Lenana, beating eight others.

Irene said: "I did it for all the girls. Just imagine what would have been said of the girls if none of them made it to point Lenana!"

Professional Foster Care



One of the pilot projects of the Inter-Ministerial Committee on Young People at Risk uses child and youth care workers in direct work with families and youth at risk, helped by trained short-term foster parents

Professional Foster Care is an indigenous model in the South African context focusing on the strengths perspective and values based work. It differentiates itself from the traditional foster care concept in the following ways:

- the training, ongoing support and guidance to the community-based care workers (foster parents)
- the continuous involvement of the natural parents in the placement of young people
- services provided to the natural families to positively change their circumstances with the intention of reuniting them with their children.

The project has been largely managed and implemented by child and youth care workers who have built on their basic training so as to facilitate this interesting and promising process. In this report we consider the extent to which objectives have so far been met in the project.

Objective 1: To provide an effective developmental and therapeutic service to troubled young people within a community-based alternative care context.

One of the strategies to achieve this goal was the recruitment, training and appointment of practitioners from other relevant disciplines to build a multi-disciplinary team. This was achieved to a more limited extent than envisaged. The team, consisting mainly of the child and youth care workers and the community based care workers (foster parents) has developed good working relationships with teachers at schools attended by the young people in this project, with the senior magistrate in the area and with members of the child protection unit.

For some reason social workers working with the children have not been clearly identified (on paper) as part of this team, although it is clear that their participation

The team, consisting mainly of the child and youth care workers and the community based care workers (foster parents), has developed good working relationships with teachers at schools attended by the young people in this project, with the senior magistrate in the area and with members of the child protection unit.

was envisaged as being crucial to the successful implementation of each phase of the project. In a personal discussion project manager (May, 1998) it was stated that because social workers were reluctant to be involved, she had undertaken some of the tasks that fell within the scope of the departmental and agency social workers while other tasks were undertaken by the other members of the team (project manager, trainer, child care workers and community-based foster parents). The strategies which were planned in support of this objective were:

1. Select, appoint, train multi-disciplinary team.
2. Design and establish an effective assessment framework for appropriate selection and placement of young people and form the basis of individual development/therapeutic programme.
3. In-service Training.
4. Ensure programmes and financial resources to enable community based care workers to be effective.
5. Provide regular support and in -service training to community based care workers within the home environment.
6. To establish a peer support group for community-based care workers.
7. To include community based care workers fully within the multi-disciplinary team.

Objective 2: To reunite 50% of the young people in the project with their natural families and/or communities of origin within a six month period.

At the time of writing there are 20 young people in the project. The anticipated target for reunification was 50% (10 young people). Six children were reunited as at July 1998 (60% of the target). There were three breakdowns and currently three young children have been successfully reunited. The process of reunification is not a straight-forward, linear one and is ongoing. The strategies to meet this objective were:

1. Initiate, support and develop linkages between community-based care workers



and natural parents.

2. Increase the capacity and skill of natural families with regard to care, development and discipline.
3. Initiate support and develop peer support groups for natural parents.
4. Include natural parents in the multi-disciplinary team processes wherever possible and appropriate.

Conclusion

In concluding this report the following quotes are noteworthy:

A child and youth care worker (reflecting on the differences between roles in traditional settings and the project): "We have not been allowed to move out of the institution to see or contact families. But now that I understand the importance of family, I feel I must. Especially because social workers don't do it and we get no support from them in this work."

A child and youth care worker (reflecting on the potential of the Project to heal the young person): "This morning I met X. I was very moved. She was neat and clean, attending school regularly — this was foreign to this child before she entered the project. I know this more because I come from the same area in which she lived before she was placed in the project".

A young person (of his experience in the project): "At X Place of Safety, they not interested in knowing about my family. But now X (child care worker) and my Ma (community-based care worker), ask me and want to help me."

A second young person: "I really feel happy staying with my Foster mum. She gives me the love I deserve. I have a strong feeling that I belong to a family. My Foster family are nice and generous people. They keep on supporting and empowering me. On the 28 July my mum took me to school and I am in Std VII class." The social worker of a young person in project for two months without absconding: "This is a real miracle — X (young person) had such a reputation that four escorts used to be sent with him whenever he was apprehended and sent back to a place of safety".



INTERVIEW

We talk to Sabitha Samjee, child and youth care worker who worked on the pilot project and is currently managing this project in Kimberley



What is professional foster care?

Its primary goal is family preservation and reunification. We have trained a number of foster parents who are willing to "hold" a child through a difficult period for the family while both the parents and the child are being helped back to adequate functioning. The seriousness of the family's situation is that formerly the children would have been found in need of care and removed to residential care. The work involves engaging with and maintaining active links between the child, the natural family and the foster parents. Then we work with the individual development plans for those concerned (just as any child and youth care worker would do), and when family reunification is achieved we follow up as necessary.

How long does this process take?

The process is intended to be short-term and intensive. Our aim would be that the foster placement lasts not longer than three to six months, with after care support terminating gradually. In practice the foster placements have lasted for between one month and 15 months.

Also, it is not always possible to reduce the after care support as soon as we would like, and support is ongoing. These are, after all, the same young people who might have been in care. Like residential workers, we often feel that a kid takes one step forward and then goes two steps backwards. Half of the young people have not been in school for a period or need special education assistance, so we are constantly asking ourselves "How can we approach this situation or meet this need? What new goals should we set?" In this model there is more one-on-one work, and using the Circle of Courage model we plot each new step together with the young people and the adults — and get on with it.

Who does this work?

The exciting thing from the point of view of our profession is that all of this work is done by child and youth care workers. In our project we make use of child and youth care workers employed in a local facility and who make themselves available for six hours a week. Their training is standard child and youth care training with an added five-day special training package in professional foster care and training in developmental assessment — followed up by in-service training and team meetings. We use no specialist intervention skills beyond normal child care worker skills, and work according to a number of principles. The principles of Family Group Conferencing are basic — those of participation, empowerment, and the realisation that the child care workers are not the "experts" in the relationship. We also use the principles of child and youth care work, those of non-discrimination, participation, acting in the child's best interests and following the continuum of survival, protection and development.

It is important to the process that the children also understand and operate within these principles.

How do child care workers enjoy this work?

So far fifteen child care workers have been trained in professional foster care — twelve are still active. Our experience is that they are highly motivated. The work is intense and sharply focussed on direct child and youth care tasks, applied "then and there" in the family and community settings where it needs to be. The workers feel that they are learning a lot, they are involved in what they are trained to do (though they have had to learn some new tasks like report-writing) and they respond well to the accountability of direct practice. They have also sustained this project in the absence of social workers.

"... we work with the individual development plans for those concerned (just as any child and youth care worker would do), and when family reunification is achieved we follow up as necessary."

Critical Topics for In-Service Training

- Communication
- Safety Issues
- Stimulation and Activity Programming
- Discipline
- Value Based Work
- Teaching New Skills
- Group Work
- Stress and Stress Management
- Record Keeping (Strengths Perspective)
- Observation Skills
- Resource Networking
- Engaging, Relationship and Rapport Building Skills
- Creativity
- Support Systems/Respite Care
- Evaluating Reunification
- Legal Implications in Professional Foster Care
- Working with Families

It is recommended that, given the successes achieved thus far, for purposes of sustainability, replicability and establishing the learning centre phase of the project:

- that every effort be made to involve social workers attached to the "case" of each young person to become involved in the project and perform the role and tasks expected of them in the project;
- that more attention be focussed on identifying resources in the different community areas and linking families/communities of origin to appropriate resources in terms of identified needs. There is need for more visible and concrete ownership of the project by the Provincial Department of Welfare — this will have a roll-on effect on many aspects of the project.
- that attention be given to blockages which arise because of the bureaucratic context within which the project has to function (which has obvious implications for the effectiveness of any effort to achieve the mindset and paradigm shifts envisaged by the project.

If you would like further information or to discuss any aspect of this programme, you can contact Sabitha Samjee on cell phone number 082-809-7038

Protecting children by strengthening families

This seminar was organised in Oslo, Norway, for 60 policy makers, managers, practitioners and researchers from ten different countries. The theme 'Protecting Children by Strengthening Families' was one of two priority topics identified in The International Initiatives strategic directions document. (The International Initiatives include networks in different countries, comprising policy makers, managers, practitioners and researchers involved in The International Initiative's activities.)

The seminar was funded by the Norwegian Ministry of Children and Family Affairs, and was organised to examine new practice approaches that support and strengthen families, and to discuss a new vision for planning and organising child protection systems.

Key speeches during the seminar focussed on challenges facing child protection systems in different countries, and strategies for new directions. Participants in the working groups, exchanged experience and knowledge on new programme approaches being developed, the new roles that these approaches require of the different agencies involved, and how these approaches should be implemented across the whole system, to create a better way of protecting children and strengthening families.

Neighbourhood approaches

During the seminar it became clear that, despite cultural, political and structural differences, the participants' ideas for changes to child protection systems, were remarkably similar across the participating countries. All nations were concerned with developing

child protection systems and services at the neighbourhood level, based on the specific needs of each locality, and involving a wide range of different agencies and community partners. This new 'vision' for child protection systems, outlined by participants during the seminar, had a number of common elements:

effective child protection should emphasise prevention of maltreatment before it occurs — families under stress, who are having difficulty caring for their children, should receive help at an earlier point;

families' needs, once identified, should be responded to in a flexible, individualised

and comprehensive way, involving a wider range of partner agencies in the public and private sectors; local neighbourhoods should be engaged in planning the services. This includes maximising family and extended family involvement in the planning and delivery of specific services, and fostering neighbourhood involvement and participation in planning the whole system; the availability of easily accessible universal services for all families in the neighbourhood is vital.

These common elements suggest that

entire child protection services, the different agencies and community partners involved, and the individual programmes and services offered, must follow a comprehensive and cohesive philosophy. Further, these elements suggest that effective child protection should become a 'community responsibility', rather than being the sole responsibility of the child welfare or protection agency.

However, it was recognised that the gulf between the current systems and the desired 'vision' is considerable, and requires fundamental changes in service delivery and planning. It was also recognised that there is no one 'right' course of action for developing new child protection systems, and that each locality will have its own starting point and strategy.

Key IDEAS

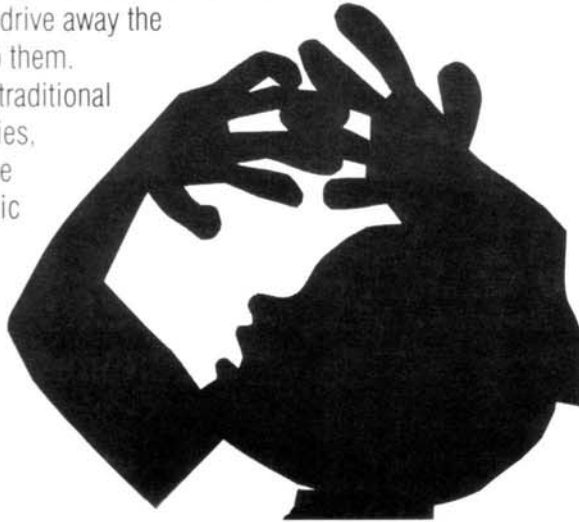
This seminar, and subsequent discussion with participants, led to a more detailed study of neighbourhood-based systems that support children, youth and families. Participants from The National Initiatives found more examples of programme and policy approaches that attempt to encompass the common elements identified during the Oslo seminar.

These approaches, found in a number of different countries, seem to work on the premise that conditions do not improve for many families unless they get the support they need closer to home, and in a form that is attuned to the real conditions in which they live.

Further, these approaches suggest that it is often not formal services provided by public and private agencies that make a difference to children and families; they benefit more from being helped by people they know well, in places they know well.

Reaching Angry and Unattached Kids

Children whose severe attachment problems arise from abuse and rejection pose major challenges to caregivers, teachers, and therapists. These youth avoid or rage at distrusted adults, they sabotage relationships, and drive away the people most willing to try to help them. Although they respond poorly to traditional behavioural management strategies, these young people should not be viewed from an unduly pessimistic perspective. In this two-part article, **Fred C. Tully and Larry K. Brendtro** describe a comprehensive treatment strategy designed to create positive bonds between adults and troubled children who carry the diagnosis of "reactive attachment disorder."



Children rejected by parent figures develop significant behaviour problems, including hostility, attention-seeking, aggression, and slow development of a conscience (Sears, Maccoby, & Levin, 1957). Many such children exhibit problems in verbal and conceptual development and don't seem to learn from experience; they also resist submitting to adult authority. There is evidence that over half of delinquent young people with serious patterns of recidivism have experienced persistent threats of abandonment by parents or other caregivers (Stott, 1980). To an emotionally malnourished child, there can be no greater fear than further affectional deprivation. Bowlby (1973) contended that rejection probably produces the most violent, angry, and dysfunctional responses of all, particularly in children subjected to repeated threats of being sent away. This is particularly troubling because threats of exclusion or expulsion are common behaviour control methods in programs for troubled students. When they are at their worst, these children need to experience claiming behaviours (e.g., "We won't give up on you") rather than threats of impending banishment (Fahlberg, 1991).

The mindset of professionals makes a big difference as to how these attachment problems are interpreted or framed. Early pioneers in childhood behaviour research viewed children from a developmental perspective and employed relatively benign terms, such as *wayward youth*, *affect hunger* or *relatively affectionless*. These labels suggested the need for guidance and nurturance. In contrast, adults who focussed on behavioural deviance and conscience deficits often employed pejorative labels, such as *sociopath* or *psychopath*. Currently, when unattached and angry youth enter adolescence, the prevailing response no longer is to see them as damaged or rejected children, but as societal predators who need to be locked away. Some researchers contribute to this professional pessimism by contending that antisocial personality disorders are essentially untreatable and require lifelong external sanctions and restraints. Negative labels can create self-fulfilling prophecies and confine the stigmatized person to a "dumping ground." Once such persons are classed as hopeless, we shunt them aside like the terminally wounded in a battlefield triage situation. Although terms such as *sociopath* have little scientific standing, they continue in common use — often by politicians and prosecutors, but sometimes by professionals as well. In currently accepted clinical terminology, "reactive attachment disorder" de-

"Our lives are shaped by those who love us ... and by those who refuse to love us."

— Fr. John Powell, S. J.

Broken Belongings

Two hundred years ago, Swiss educational reformer Johann Pestalozzi started homes and schools for unwanted street urchins. He based the philosophy of these places on the creed that love, rather than teaching, was the core of education. During the past half century, the foremost pioneer in researching this "love thesis" has been John Bowlby of England. His writings are child care classics — from a 1944 study on the home lives of juvenile thieves through books on separation, anxiety, and anger (e.g., Bowlby, 1973). Bowlby's contributions have shaped our understanding of the power that a child's need for affection can have and the despair, rage, and delinquency that ensue when the bond of belonging is broken.

Bowlby's work dovetailed with Harlow's (1958) research on affectional patterns in monkeys separated from their mothers. Subsequently, Bowlby's colleague Mary Ainsworth (1978) developed novel re-

search methods for experimentally studying the effects of separation on young children. We now have available a considerable body of research on the psychology of attachment and separation. A range of serious behaviour problems can best be understood as growing from absent or impaired relationships with caregiving adults. In his description of separation reaction in children, Bowlby (1973) identified this typical sequence:

1. *Initial protest*, which was characterized by crying, screaming, and general activity;
2. *Despair and depression*, seen in the forms of stupor, decreased activity, and withdrawal; and
3. *Detachment or angry responses* when reunited with the separated parent.

Children seem to be most vulnerable to long-term separation or loss from the ages of 7 months to 3 years (Yarrow, 1965). The effects vary for individual children, depending on the time of occurrence, the nature of the previous relationships with the parents or other adults, and the quality of subsequent care. Traumatic events such as physical or sexual abuse and overt or subtle rejection also create or complicate attachment difficulties.

To an emotionally malnourished child, there can be no greater fear than further affectional deprivation.



Reaching Angry and Unattached Kids

scribes children who have problems bonding with adults. We prefer the term *adult wary*, which avoids the connotation of disease.

Can attachment disorders be corrected?

In spite of rejection or abuse, many children continue to make some attempts to gain attention from parents, even though those parents may offer only marginal nurturance on a very intermittent schedule. Just as starving persons migrate to forage for food, so children deprived of attachment often seek out substitute attachments with other adults or even peers.

In their book *The Sibling Bond*, Bank and Kahn (1997) showed that although the parent is the preferred stable figure for attachment, siblings can play a significant role in the early development of a child's personality. Siblings can cuddle, feed, clothe, and protect, but they seldom have the maturity to provide adequate care. Children will also form close attachments to animals or inanimate objects such as stuffed toys, which provide some comfort in times of stress; however, like Harlow's terry-cloth substitute monkey mothers, these are inadequate replacements for nurturing parents.

Because attachment behaviour is brain-based, it is not surprising that neurological impairment could interfere with its normal development. Children with brain damage caused by fetal exposure to alcohol, crack-cocaine, or other drugs often exhibit attachment problems. Fetal alcohol syndrome and fetal alcohol effect are major problems for significant numbers of children who come into care, a phenomenon that was given broad recognition by Michael Derris (1990). Based on our experience, however, we believe it is reckless to assume irreversibility, even in these cases. From a life-span perspective, many such children who receive long-term supportive relationships will be able to overcome — by middle adulthood — some effects of the early developmental damage.

Understanding attachment problems

Clinicians and educators grounded in the developmental psychology of attachment have identified three types of attachment in children:

Secure Attachment.

Paradoxically, meeting dependency needs actually fosters responsi-

“Professionals who are more concerned about boundaries than bonding are unlikely to reach troubled youth.”

ble independence. Children who are securely attached are able to explore the world while operating from the safe base of caregivers who can be counted on to meet their needs.

Anxious Attachment. Youngsters who are anxiously attached demonstrate high insecurity and show distress in the absence of attachment figures. They are overly hungry for affection and seek closeness but often cling and exhibit a passive-aggressive form of anger.

Avoidant and Adult-Wary Children.

Children who are avoidant behave as if they are indifferent or aversive to adults. They shun overtures from nurturing adults and build coercive internal patterns; at the slightest provocation, they rage or run. Anxiously attached children are generally passive and more inclined to have internalizing problems such as self-abuse, depression, and suicidal thoughts; however, they usually have a developed conscience. Avoidant children, on the other hand, are likely to develop a hostile approach to life. Because they have not been provided with a protective environment, they do not have even a minimal amount of trust in the adults who are supposed to care for them. They are commonly described as self-centered and antisocial, and many become involved in criminal activities. Therapy for these children involves restoration of a positive cycle where a key adult builds trust and a secure bond and then seeks to generalize this attachment to other adults and peers.

The powerful genetically based survival mechanism that triggers attachment behaviours is activated during stressful conditions. However, the common adult response to an antisocial youth in crisis is to avoid or punish him or her. This is exactly the opposite of what the youth needs. He or she will never internalize positive values from adults who reject him or her.

Contrary to common belief, a crisis, temper tantrums, or even a delinquent act can be used as an opportunity for bonding. Children are genetically programmed to seek out support during stressful periods, and adults should not squander such an opportunity.

Among the strongest voices against giving up on angry and adult-avoidant youth are adults who have specialized in the area of resilience. Waln Brown, for example, is a former delinquent who founded the William Gladden Foundation and publishes resources on at-risk youth. He contends that clinicians who assume solely on the basis of office interviews that a youth is untreatable are often only describing their own inability to bond to resistant clients in that setting. In reconstructing

his own case history as a troubled child in psychiatric and correctional programs, Brown (1981) summed up his encounters with most treatment professionals this way: “Our eyes seldom met.”

Dr. John Seita of the Kellogg Foundation displayed severe attachment problems in his own childhood, moving through a dozen failed foster care and institutional placements. Seita posited that youth need what he termed “Connectedness, Continuity, Dignity, and Opportunity” if they are to develop to their potential (Seita, Mitchell, & Tobin, 1995). Seita himself was reclaimed by “tenacious caring,” and he contends that professionals who are more concerned about boundaries than bonding are unlikely to reach troubled youth.

Profiles in courage and discouragement

Who are these children who carry diagnoses of reactive attachment disorder? Many of them might better be called “resilient” and “courageous.”

By the age of 11, **Denise** had experienced years of abuse by both parents. Her father regularly took her and a smaller sister to a darkened basement filled with rats to assault them sexually. The girls hated the sexual abuse but always got it over with quickly to escape from the dark and the rats. Finally, when one day her little sister extracted five of her own teeth with her fingers to distract herself from the emotional pain, Denise spoke up in spite of enormous pressures to stay silent. She testified against both parents in court. They went to prison, but how would she and her sister be able to trust new caregivers?

A 5-year-old boy who recently came to our setting is out of control and attacks adults when told “no”. He digs his nails into the adult's arms, kicks him or her, and attempts to bite. He is a primitive little being. He has had 30 placements out of his home, away from an alcoholic mom—30 formal placements! He never knows where he will be or who will take care of him. Seething with rage, he is devoid of any sense of self-worth. Such children require extensive treatment, and some have even been adopted successfully. At the Children's Home Society, where the first author is a clinical director, they receive controls and discipline that provide parameters and boundaries for their exaggerated behaviours. They also receive nurturance and education that give them a reason to believe in themselves.

This article is to be concluded next month and will deal with the Stages of Treatment.

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Shirley Mabusela, National Convenor: Child Rights, and Deputy Chairperson of the South African Human Rights Commission, spoke at the recent NACCW Gauteng Graduation Ceremony

Promoting development, diminishing harm

What does one share with persons like yourselves who, on a day to day basis, work directly with children, interact with them in residential care and other settings, and study on an ongoing basis how to best serve their interest?

I am sure that we are all conversant with the UN Convention on the Rights of the Child which South Africa ratified in June 1994, and with the challenges that the Convention presents to child care givers, from the families to communities, service organisations and government at all levels.

Someone asked the question: Why do children appear to be most negatively affected at the very time when there is commitment to them at the highest political level in South Africa? Our Constitution protects them at national level; the African Charter on Human and People's Rights provides protection at Regional level; the UNCRC aims at global protection. South Africa has just emerged from a history of violence, intolerance deprivation and lack of respect for the human rights and freedoms of the majority of people in this country, a history which saw young people being participants and victims of violence — a legacy which is certainly going to be with us well into the new millennium. We are challenged to deal with these issues, as they constantly present themselves in the form of violence against children, child abandonment and neglect, poor nutrition status, impact of HIV/AIDS and many others.

Positives and negatives

The lack of access to justice by many children, especially children with disabilities, is another area of deep concern. In our effort to ensure this access, it is important that appropriate targeting is achieved. We must avoid the situation in which victims are further victimized. Democratization of our country has brought with it positive and negative aspects relating to globalization and the opening up of our borders. South Africa is open to tourists who help put sorely needed foreign income into our coffers. This must be welcomed. The risk of child prostitution, sex trade and expanding network of paedophiles looms large in such situations and pose new and complex risks to children and families.

Poverty still remains one of the major violations of the right of people to live with dignity. Many more children live under poor conditions due to unemployment, lack of skills and the poor economic conditions generally.

Steps Taken

On the 20th-30th September 1990, the largest gathering of World leaders in history assembled at the United Nations to attend the World Summit for Children. The Summit adopted a Declaration on the Survival, Protection and Development of Children and a Plan of Action for implementing the Declaration in the 1990s. The challenge that the World Summit faced was that millions of children around the World who, in their vulnerability, were faced with violence and the ravages of war, suffered as refugees and were ravaged by poverty; suffered from effects of external debt, died from malnutrition, disease including AIDS, lack of clean water and adequate sanitation. This challenge rings true today as we all struggle towards making life a pleasurable, exciting and challenging experience for children, and nurture some of the broken lives, shattered dreams and gaping wounds of many of our children in families, on the streets and in residential settings.

As we move into the new millennium, the challenge becomes, stark when juxtaposed with technical developments that the catapulting humanity to heights hitherto unimagined. This challenge is our challenge and not just that of heads of states and governments. It is a challenge that I think the NACCW is facing head-on by providing education and training opportunities for those of us who struggle towards making positive input in the lives of children.

Those of you who are graduating today have been given the knowledge and skills to protect the lives and to diminish enormously the suffering of children. Use this knowledge to promote the full development of the children's human potential and to make them aware of their needs, rights and opportunities: Aspire towards further exploring ways and means to make the new millennium better than the past and present.

The increase in the budgetary allocation for

Welfare, Education and Health, should go some way to provide the means which you need to utilize the skills you have acquired in your training. The present political climate in South Africa is conducive to international support and collaboration, an opportunity that child care organizations should use to ensure that children are first beneficiaries in all decisions taken.

The task is enormous. We must not be discouraged by the difficult conditions many of our children still find themselves in.

In South Africa, commitment at the highest political level has so far been linked with serious efforts at ground level to improve the quality of life for children. In rural areas more families can now access clean water, electricity, free health care to children under six and lactating mothers. More poor children from African communities receive child care grants. The latter is an instance where something was taken away from a few children in order to ensure that more children begin to enjoy the right to basic requirements of life. This is regarded as redistributive justice by some, while others see it as reverse discrimination. It is important to acknowledge that service delivery is seriously hampered by theft, inefficiency, lack of commitment within government and in service organisations. South Africa needs a new commitment by all if we are to make a difference in our children's future. The SAHRC has been given a constitutional responsibility, through Section 184 (3) of the Constitution (to) "require relevant organs of state to provide the Commission with information on the measures that they have taken towards the realisation of the rights in the Bill of Rights concerning housing, health care, food, water, social security, education and the environment."

There is a need for organs of civil society to also fairly account to their constituencies how resources meant to benefit them are used. By so doing, we shall ensure that limited resources go a long way to meet the needs and fulfil the rights of children. We need to work in partnerships with one another without having to give up our respective organisations' independence.

Your training and qualifications, while providing you with professional status and perhaps more income and recognition, must be used to contribute to the development of South Africa as a child friendly and sensitive country. It must be used as a resource that can be tapped by others in their quest to ensure the attainment of rights by many more children. In conclusion, I wish you all strength, commitment and dedication as you go back to your respective jobs for the benefit of children. Working with children is a special vocation. Do it with love, do it with sincerity, respect, professionalism and dignity for progress of South Africa.

The following certificates were awarded to students at the recent Graduation Ceremonies in the various Regions of the NACCW

All the Graduates

Diploma in Child Care Administration (DCCA)

David Moloto
Heather Goble
Kevin Green

Consultative Supervision

Western Cape
Madga Sheldon
Jenny Wilkinson
Lynne Hendricks
Roné Gerber
Patricia Anderson
Ursula Lewis
Eugene Odendaal

Southern Cape
Christella Marinus
Llewellyn Wright
Dorothy Saaiman
Johanna Beukes
Valerie-Ann Mintoor
Bevely Slinger
Mary Isaacs
Cathleen Swema
Daan Cederas
Basil Kallis
Anthony Brandt
Adriaan Johannes Pypers
Freddie Hoffman
Erna Bowers
Nomthemba Elizabeth Sali

Training of Trainers

Marian Murray
Mervin du Plooy
Alfred Harris
Derek Craig
Paula Venter
Mark Gamble

Basic Qualification in Child Care (BQCC)

Eastern Cape
Hester Barnard
M.N. Bedeshe
Arthur Benjiwe
Given Davis
Ntombizine Feke
Thobeka Gaga
Magdalena Heynse
Lindiwe P. Hollo
Monica Jacobs
Anna Kangembe
Phindile Kana
Monwabisi G. Kolela
Luthando Kosi
Alma Lawler
Mroleli Limba
Bernadette Anne Louis
Ethel Made
Richard Zandisile Magxwalisa
Joseph Mahokoto
Mtetunzima Alport Makubalo
Brato Malgas

Eslina N Manyuka
Ntombomzi Marwana
Thozama D. Mawonga
Feziwe Mashiyi
Mondy Mlatsha
Ludwe Freeman Ncaca
Gladys Nduna
Nombulelo Nelani
Beauty Njezula
Nobengazi Nobebe
Lungelwa C. Nohashe
Muriel Nongogo
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T. Isaac Tengela
Elda Tsube
Nomhle Valtyn
Johannes Visagie
Cedric Warriker
Rosy Xesha
Nomonde W. Yayi
Catherine Yeko

Border

Fundiswa Baneti
Sakhumzi Bavuma
Thandeka Bonase
Thozama Victoria Dume
Fezeka Cecilia Gaulani
Mavis Gude
Nombulelo Linda Gquma
Nonzaliseko Krishe
Abegail Bulelwa Magenuka
Vuyelwa Mahlahla
Nobahle Mango
Beauty Gcotyelwa Mgali
Priscilla Mkosi
Beverley Miles
Thandeka Norawuza
Vuyelwa Veronica
Solundwana
Sheila Nombeko Sonjica
Nomsa Tantisio
Rebecca Xenti

Gauteng

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Shandré Barnett
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Maria Cindi
Mary Coetzee
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Josina Dibetso
Dinah Nape Disegoane
Nobayeni Elaine Dlamini
Lucy Eland
Johan Ferreira
Aggrineth Shirley Gardiner
Nkosazana Nonhlanhla
Gcwensa

Penelope Gilbert
Beauty Gumede
Timothy Jayisa Gwebu
Faithful Fikile Hlazo
Frans Kekana
Sarah Kgatle
Nomsa Grace Khumalo
Zanele Jostine Khumalo
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Patricia Sibongile Koza
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Christopher Mabe
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Thembisile Sarah Mabena
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Badirwang Sophie Mabote
Mapula Josephine Mafafo
Busisiwe Johanna Mahlangu
Esther Mahlangu
Maria Nandi Mahlangu
Rosannah Majola
Onica Dudu Majoji
Ntomboduma Gladys Makena
Fankie Stephen Makgareetsa
Thabisile Makhathini
Bella Makhene
Mapopoilane Makolane
Lindiwe Gloria Malaza
Sonto Gladys Malaza
Violet Malibeng
Grace Matshakane
Mamakoko
Normvula Mampondo
Anita Fikile Manana
Poncian Michael
Mangwengwe
Annah Mashaba
Julia Zoleka Masiza
Mosepelo Nanatjie Masete
Rose Mmaditshaba Masango
Agnes Mmaphefo Mashatola
Maria Thoko Mashiyi
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Mathapelo Leah Masombuka
Flora Mahlaku Maswanganye
Carlson Mathabatha
Elizabeth Ntombiyomuntu
Mathebula
Nanitjie Sandra Mathebula
Zodwa Paulina Mathebula
Mary Mayisela
Thembi Pamela Mbatha
Delisile Hazel Mbethe
Sr Nthoana Euphodia Mbethe
Sibongile Fancy Mbethe
Enney Nomakhuwa Mgid
Margaret Mhlanga
Sanna Mkhwanazi
Jeanett Makhosazana Mlaba
Mandla Paulos Mlangeni
Lindiwe Martha Jeanette
Mlangeni
Joseph Mlimi

Margaret Mmakou
Thulisile Letta Mmatladi
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Mofokeng
David Mofokeng
Elizabeth Duduzile Mogale
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Manana Martha Nhlapo
Ruth Nhlengethwa
Mirriam Glory Nkosi
Rejoice Hlengiwe Nsibande
David Mxolisi Ntsepe
Lindiwe Elizabeth Ntuli
Bongiwe Nyati
Joan C. Palanyandi
Theresa Kholiwe Pandle
Joyce Manyaku Phasha
Thuleleni Glory Phungula
Thelma Puke
Wendy Qanda
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Mapula Magdeline
Sedibeloane
Josias Sefiti
Mirriam Malebo Seeletse
Audrey Mabel Segobela
Lonia Machaka Sekoala
Ronald Letsema Sesiwane
Louisah Sethole
Mapula Cynthia Shaba
Mavis Shabalala
Jane M. Shikweni
Nomgqibelo Betty Sibiyi
Elizabeth Reyzi Skosana
Tinnah Cathrine Skosana
Fikile Paulinah Tsabangu
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Zethu Dube
Lillian Theresa Ellis
Laura Forbay
Priscilla Gerber
Anjalay Govender
Ellen Henri
Thembeni Mavis Jali
Ella Nosipho Kaunda
Nkosinathi Armstrong
Khumalo
Isaac Mandla Khumalo
Duduzile Generossah Kunene
Sihle Kraai
Hlengiwe Duduzile Magwaza
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Ladyfair Makhanya
Nompumelelo Doreen
Maphumulo
Catherine Temperance
Mbatha
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Sebenzile Rejoice Mdlalose
Bhekokuhle Mthembeni Simon Mhlongo
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Nomzamo Ndlovu
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Mary Pillay
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Vuyelwa Theresa Lester
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Motlapelle Peter Malgas
Thomas Manko
Iris G. Manong
Mvuyo Manyungwana
Eunice Masinga
Daniel Maupa
Moliath Mitchell
Philemon Moabelo

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Susan Mokwena
Walter Gaopalelwe Molelekwa
Gladys Ngqoyiyane
Virginia N. Nontshiza
Hinoria Nosi
Simon Nxawe
Mosimanegape Rens
M. Seele
N. Shwababa
Kereeditse M. Solomon
Gloria Dipuo Thamoethata
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Ann Van Wyk
Zelna Williams
Maria Wippenaar
Lydia Kedibone Zitha

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Venesia Carelse
Ielaam Charles
Beverly Damon
Tamè Davids
Trudi Eachus
Dorothy Ebel
Baronise Isaacs
Maudrey Khati
Ingrid Louw
Hycinth Noxolo Mabanga
Zanele Mabina
Vivienne N. Mciteka
Manfred Meyer
Sr Bernice Nero
Enid O'Ryan
Leonard Olivier
Ellen Pakkies
Alfred M. Phumane
Lizette Sogwagwa
Elize Steenkamp
Norman Turner
Jane van der Ross
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G. B. Letshabo
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L. A. Xhamela
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P. Sehurutshi
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M. Manyungwana
D. G. Thamoethata
V. Lester
T. P. Sonaba
A. M. Rens
S. N. Shwababa
T. D. Sohlezi
D. Bok
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I. Motsoatsoa
J. Ntanda
G. Nxumalo
P. G. Matsomo
E. G. Mojaki
C. Seochwareng
E. L. Reno
V. I. Mohapi
G. Mmusi
I. D. Monare
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G. Moleme
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C. Amsterdam
M. E. Kivedo
C. du Plooy
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Nosisa Jangile
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Nokulinda Msiza
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Nomthandazo Vivian Nyumbeka
Harold Slabbert
Mvuyo Manyungwana



Across the Valley

I'm sitting outside a beautiful house in the middle of the Natal Midlands. The family is inside relaxing after supper and I am looking up at the stars overhead. Across the valley children are singing and laughing. The shouts of the children playing inside my house are the same. As I look, I see the house across the valley is a small shack with a corrugated iron roof and a fire burning outside. I can barely make out that the words drifting across the valley are in Zulu. A baby cries inside my house, moments later a baby cries there. And the language is the same. Happy children, crying babies, grieving mothers, couples in love. There is no language. Merely humanity.

Yet we separate ourselves and put up boundaries. Walls, made of languages, of nationalities, of colours, and of money, are constructed between us. Walls that are protected by sharp razors of history, spikes of tradition, and loud alarms of ignorance. But above all the walls there is one God, below the walls, one earth, and even from behind these walls we are all connected.

How long will it take before we realise this connection and take down the walls? Before we can laugh and cry, grieve and fall in love together? Before we see that we are one humanity and neither walls nor wars, mountains nor valleys can take that away.

— Kirsten Jo Eby



**BOYS
TOWN**

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YOUTH CARE WORKER: Applications are invited for the above post. A **matric qualification** with a valid **driver's licence** required. The **BQCC** will be advantageous. **Energetic person** who likes challenging environment, prepared to **work shifts**. Forward **CV** to the Principal, Kagiso, P.P. Box 1469 Randfontein 1760 or **fax CV** to (011) 693-2253. **Closing date** 30 May 1999.



Reflections on the New South Africa and the Transformation of the Child and Youth Care System

Continued from page 2

Prize winner, and a spellbinding orator is being asked to speak for 5 minutes, and I am to follow him for 45 minutes?... you MUST BE kidding!" But alas, no. I was informed that the planning committee was dead serious, and would be undeterred. When I tried to weasel out of it, Merle politely reminded me that in my workshops I had been urging child and youth care workers not to shy away from challenges, to take risks, and that these opportunities would bring growth. I was caught. There was no other possible response but to get to work on my presentation. I studied "Long Walk to Freedom" as if for a university exam. Fortunately, I discovered on the first page that President Mandela's middle name is Rolihlahla, literally "pulling the branch of a tree"; figuratively meaning "trouble maker". Like a good child and youth worker, he was a life-long meddler in other people's business ... all for a good cause, of course.

And at that conference, newly-appointed Minister Geraldine Fraser-Moleketi was delegated by the President to attend on his behalf, and thereby I had the honour to be introduced to perhaps the most intelligent, courageous, committed and hard-working political leader I have ever met.

Lesson #2: Out of the crucible of adversity comes great leaders. South Africa has much to teach the world about fostering leadership and personal transformation.

On a subsequent visit, I met with several individuals and groups who were, to put it politely, sceptical about the child and youth care profession. One visiting consultant even told me to my face that "child and youth care does not exist." When I expressed understanding that he might not have had the opportunity to learn about the profession's evolution over the past 50 years world-wide, he flatly asserted that there was nothing to learn because he was already an expert on the matter. Another individual, a member of the National Council of Social Workers at the time, when presented with the opportunity to learn more about the nature of child and youth care work, stated: "It cannot be different than I know it to be!"

Lesson #3: A little knowledge can indeed be a dangerous thing. We need always to be open about what we do not know, and we especially need to accept that there will always be much that we do not know and cannot know.

One of my trips happened to coincide with the directive from Cabinet to the IMC to undertake, urgently, an investigation into reform schools and schools of industry in the country, and I was able to assist in a small way with the first two visits. My role was to help with interviews of some of the residents who had committed serious crimes. I remember particularly a young girl who was struggling to come to terms with the fact that she had murdered an old woman in the course of a house robbery. When she was asked what support she had available to her, she answered "the psychologist". "Has he been helpful?" I ask. "When I start crying in his office, he asks me to leave."

When I later talked with the psychologist about these young girls and the fact that several had committed suicide in recent months, he told me: "For them, life is cheap." I replied (blood now boiling) that perhaps the pain of living lives without hope and that others in the institution did not value was too painful for these sensitive human beings to bear. For this "expert" on children, these young people had no inside to understand or to connect with.

Lesson #4: There is no necessary connection between titles or academic degrees and the ability to do effective work with people. At the heart of the child and youth care curriculum is, and must always be, valuing and exploring the self-in-relation-ship, in all of its painful glory.

Once at a meeting in Port Elizabeth, I overheard a participant say "there is nothing in Kokstad." This statement came back to me numerous times as I had the opportunity to meet dozens and dozens of creative and committed workers in and around Kokstad, Umtata and Queenstown. Yes, there are relatively few institutions and services in the Transkei, but that simply means there is not a great deal that requires transforming. But there is great strength in the people and communities for FORMING a new approach to supporting children and youth. In one community, over a period of four days I witnessed absolutely stunning growth in a local leader who for the first time was offered support, encouragement and mentoring. She said it was the hardest week of her life, but that she was a different person at the end of it. She is now actively doing the same for others around her.

Lesson # 5: Human potential is the greatest resource we have to work with, in children and in ourselves. It is not buildings and vehicles that young people need; they are desperate for adults who believe in them and who can bring out the best that is within them.

On yet another visit, near the end of a course involving over 30 people from all levels, and across all sectors of the child and youth care system, a young, white male sobbed and ex-

It is not buildings and vehicles that young people need; they are desperate for adults who believe in them and who can bring out the best that is within them.

pressed his feelings of shame at having pre-judged and misjudged virtually everyone at the beginning of the course. Across the room, a young black woman responded that she had done the same with him, and that she would not do that again just because a person had been a correctional officer. He experienced forgiveness, she learned a valuable lesson, and all of us were strengthened and moved by this experience of reconciliation.

Lesson #6: True transformation requires deep personal healing. We cannot bypass or short-cut the human processes necessary to transform our services and organizations, and I see the NACCW playing a vital role in the painful process of transforming hearts and minds.

I was not there when the IMC presented its report on reform schools to the Cabinet, but I understand that many of the Ministers were visibly shaken after seeing a video of the situation of young people in some of the country's "child care" institutions. After impassioned responses and discussion, the Deputy President rose and said something to this effect: "What we have seen and heard here today has outraged us. No civilized country in the world treats its children like this." And a mandate for change was given at the highest level of the nation.

Lesson #7: There is a bond of empathy and caring that unites all of us, whatever our place or role in society. When we are overwhelmed by our daily experiences, we need to re-discover ways to awaken these qualities within those around us, and no group needs to develop and share these skills more than child and youth care workers .

At lunch on the last day of yet another visit, the Minister was grilling me with questions about my experience of working in the Transkei. I was unsure of where the motivation for these questions was coming from. Then I realized that of course she would be reporting on the process of transformation to the President himself. The implications of having been trusted and privileged to work in "Madiba's backyard", so to speak, came crashing in upon me. Asking a lily-white Canadian to come and work for 4 or 5 weeks in the Eastern Cape province is not a politically correct thing to do these days. But some people with courage and wisdom have already learned to see and live beyond the colour schemes.

Lesson #8: As Archbishop Desmond Tutu has said, "If we in South Africa can get it right, we will have created a new paradigm for the world." Amen!

I believe that already, in the first four years of the work of the Inter-Ministerial Committee on Young People at Risk, and the efforts toward the transformation of the child and youth care system, South Africa has laid the foundations of a new paradigm for child and family services. It will take many years, even decades, for it to work its way into all corners of the system, but the essential principles and values have been defined, and the critical first steps of demonstration and implementation have now been taken.

If the IMC has indeed created a new model for the world, then along with many others, child and youth care workers, and the NACCW in particular, have played key roles in this transformation process. While I am under no illusions about how very much more there is to do to create a system and society which will truly support its children and young people, from my perspective, the profession of child and youth care in South Africa is now leading the profession in over 35 other countries of the world in its efforts to re-construct the caring capacity of a nation.

Allow me to be presumptuous (yet again!), and on behalf of your child and youth care colleagues and friends internationally, to offer congratulations for what you have accomplished. Your courage, persistence and devotion to your craft and your profession is demonstrating the unique contribution child and youth care has to offer to ensuring the well-being of children, the country, and the world. I cannot adequately express my gratitude for your invitation to me to share some exciting parts of this roller-coaster ride with you. I have thoroughly appreciated every moment of it, including the down and depressing moments as well as the soaring and inspiring ones. As the Dalai Lama says, we learn so much more from our enemies than from our friends, and so much more from our failures than our successes.

Godspeed to the NACCW, and to all those who are struggling to transform themselves on behalf of young people in South Africa. The world is a better place because of what you are accomplishing. But to paraphrase one of your famous statesmen, there is little time to rest and reflect, as there lie ahead many more slow climbs upward and steep plunges downward on this roller-coaster transformation process! Personally, I wouldn't have missed this intermittent five-year ride for the world.

James Anglin is an international consultant for the NACCW



NICE KITTY!

Marian Murray shares her engaging experience — of a special animal with a special child

Engaging! This word may sound like an extra overwhelming task for child and youth care workers who are already stressed and strained by the normal hour to hour tasks of our work. But the importance of 'really' engaging with children was brought home to me very powerfully a few months back.

Cheetah outreach

I have been doing voluntary work for the Cheetah Outreach Programme for over a year. The primary focus of this project is education and creating awareness in the public at large of the plight of cheetah in the wild.

One of the ways they do this is by taking one of their hand-reared cheetah to schools, where the scholars are given an age appropriate talk about conservation in general as well as the importance of creating safe habitats for these wonderful cats. The children are then given the opportunity to touch the cheetah, feeling the texture of the pelt as well as the vibration of the purr. The whole idea behind this is to make children think twice about throwing cans out of car windows, because they have felt conservation "live".

A special child

A few months ago we had a seven-year-old Downs Syndrome child come to the enclosures for a visit. At first the boy was quite withdrawn – stuttering, and unwilling to look anyone in the eye.

We brought him in to meet Inca, our eight year old, sixty-kilogram male. Something magical happened for this child when he put his hand on Inca's chest and felt and heard his purr. He came with questions we normally expect from adults, his stutter disappeared, and he walked away from Inca feeling six feet tall!

It was a wonderful experience to witness, to see a child drawn out of himself and into a new adventure. It brought home for me the importance of finding ways to engage with a child who had very obvious problems. By engaging with 'your' children, you may be surprised at some of the outcomes.



The Cheetah Outreach project is the only programme of its kind in South Africa who actively get children and cheetah together to spend special moments together.

For your children?

Cheetah Outreach are developing an educational programme for children in care. To have a Nyana Spier or Shadow visit your facility please contact Marian Murray on (021) 477-7901.

Unfortunately this is only in the Western Cape at this stage, until further funding is available to transport the cheetah nationally.

(Is there anyone out there who has contacts with airlines who are able to provide free voyager miles for this service?)

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 limited and bookings need to be made as soon as possible through the NACCW Gauteng office.

Biennial General Meeting

Nomination of National Chairperson: By this time your nominations should have been sent to the National Director. Please take note what is happening in your Region with regard to the selection of our new National Chairperson.

