

Ho kgathalla bana le batjha: Buka ena e ngoletswe batho ba sebetsang le bana ba nang le mathata le batjha ba ka welang tsietsing bophelong ba bona.

Child & Youth Care

Child & Youth Care ISSN 0258-8927 September 1999
A Journal for those who work with troubled children and youth at risk





Putting Children on Show – an Erosion of Dignity

Trevor was all of six years old, if anything – small for his age, wide eyed and quite pale. A somewhat pathetic sad looking child. Almost beautiful. We planned it very carefully. We checked the legality of having a press photograph published of a child in care – no names, not to be identified, we were told. So Trevor was the one.

When the newspaper reporter came he grasped the pathos and photographic potential as we did. Trevor was placed on a plain metal bed in an empty dormitory; diminutive and surrounded by an impersonal, cavernous, Dickensian orphanage setting.

This was surely a fund-raising winner – a tear at your heart, open your purse-strings winner. The photograph was published in the magazine section of the Sunday newspaper with the highest readership in the country. It did all we had hoped for – sympathetic readership gave to help the poor little fellow and others like him.

Little wonder the general public carry a mental picture of children and youth with what I've heard called the "Little Orphan Annie" idea – cute, perhaps a little precocious – after all what do you expect from a child abandoned by society – pathetic and helpless, placed in a formidable institution – Oh Shame!

What we did may have been legal – but it was NOT right for Trevor nor for his family.

Now I look back at these and other similar occasions and cringe. There we were deliberately orchestrating children and youth in our care into the public eye for our own agendas.

As Christmas approaches the number of occasions that cry out to put the children and youth on display increases. Offers to hold Christmas parties abound. The company expects that the press will

be invited; photographs taken for their social concerns portfolio. The children's institutions expect that clothing and presents will be received – and there's always the press mileage. Perhaps we coach selected youth to make speeches or read a poem, the smallest perhaps youngest dressed appropriately, can present a bouquet or corsage – that always gets the cameras popping flash bulbs. We all win. So it seems. We all win except the kids – perhaps unaware that they are part of a script written out for them by their caring agencies for its own ends. More often deep down the children do know that something is wrong – that their dignity is being eroded and when they speak to us by being resistant, defiant or do something that ruins what would otherwise have been a perfect day: we throw up our hands in despair.

In the two children's homes I have run the behaviour of the children in the mini-bus whilst travelling through the city streets was predictably outrageous. Passers-by got zap signs and rude comments. In both agencies when we bought a new combi we were clearly told by the youth "No identifying agency name on the combi! – we feel like monkeys in a zoo when people stare at us to see the 'orphs' from the Home." There we are – identified, put on display, monkeys in the zoo – Oh Shame on us. Child-centeredness means writing programmes and making decisions in the best interests of the child. It means finding the courage to retain the self respect and dignity of the children and youth in care at the expense of the agency's, staff, board's agenda. It means resisting the temptation of putting children and youth on show for our own agendas. it's very enticing perhaps even legal, but it is simply not in the best interests of the child.

– **Barrie Lodge**

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*.

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Child & Youth Care is published on the 25th of each month except December. Copy deadline for all material is the 10th of each month.

Subscriptions: Individual Membership of NACCW is R90.00 p.a. which includes a free copy of the journal. Non-members, 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 above address.

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NACCW

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LEADERSHIP & TEAMWORK in Child and Youth Care



A presentation by James Anglin at the 1999 Biennial Conference

This presentation has one prime objective: That each and every one of you will leave this room today better equipped to act as transformational leaders in your team and organisation regardless of what type of organisation it is, and regardless of what level or position you occupy in your organisation. Before going on, I want you to answer a question. Which of the following three options best characterises your opinion of yourself as a leader?

1. I believe I am an effective leader, and I am seen by others to be an effective leader.
2. I am an "okay" leader, and generally do an adequate job of influencing others.
3. I am not very effective; in fact, I don't really see myself as a leader at all.

If you consider yourself in category three, I believe that if you



make a serious effort and commitment to put into practice what you learn here today, within six months you will never again place yourself in category three. If you currently assess yourself in category two, if you act on what you learn today, you will be able to achieve the first category within the next six to twelve months. If you place yourself in the first category at the present time, perhaps this presentation can serve as a reminder or refresher of how you can be most effective in supporting others to uncover their capacity to be effective leaders.

Sometimes people tend to confuse management with leadership.

First of all, what is a team? I went to my dictionary for its answer, and this is what I found:

- "Two or more draft animals harnessed to a vehicle or farm implement."
- "Any group organised to work together"

This means that teams don't just happen, they are created by the actions of team members. Some

people who are naturally nurturing seem to be team builders by personality (i.e. they bring food to meetings, acknowledge important events in the lives of colleagues, they bring a positive attitude to their work), whereas others have to work at it more consciously and deliberately. "Teamwork", then, is a "co-operative effort by the members of a team to achieve a common goal". When I went to the dictionary again to find the definition of a leader, much to my surprise, this is what I found!

- "The foremost horse or other draft animal in a harnessed team." It hadn't occurred to me that there would be such a direct link between the definitions of "team" and "leader".
- "One who has an influential voice."

On a team, all team members must have a voice, and sometimes the least likely member may have the most insightful or important things to say, and thereby can become the leader on a specific issue or for a part of a process. For example, in my own experience in a process involving all members within an independent school, it was a bus



driver who was best able to articulate in a concise manner what the school stood for. But what is the essence of leadership? Sometimes people tend to confuse management with leadership. I have come to understand these two things vary differently. Management, basically, is about control, and organisation of work. Leadership, on the other hand, is about inspiration, or influencing people through spirit. One reads endlessly about "team spirit", "a spirit of co-operation", "inspiring leaders", "inspiring a shared vision". One author, Harrison Owen (see *The Spirit of Leadership*, 1999), even suggests that what organisations are really all about is spirit. Even the dictionary reflects this in the definition of morale as "the state of the spirits of an individual or group, as shown in willingness to perform assigned tasks, confidence, cheerfulness, and discipline."

Organisations need to be in the business of "growing people", as well as delivering a service.

Another notion often raised in the context of teams is "motivation". It is interesting to note that this word shares the core root with the concept of "emotion", namely the Latin word "morere", to move. What moves us is our emotions, and if people lack motivation we need to touch people where their emotions are, and discover how they are using their energy. Each organisation and team will have its own culture, or way of

"preparing soil for growing". Organisations need to be in the business of "growing people", as well as delivering a service. And like the preparation of soil, organisations need sun and rain (joy and tears), and fertiliser (encouragement, support, challenge). On occasion, rock hard soil that is not conducive to growth is broken open by a crisis, which can be the opportunity that opens up the soil, and creates new space for growth, allowing roots to find growing room. Two American authors, James Kouzes and Barry Posner, have well summed up how leaders manage to get extraordinary things done in organisations. The following five elements capture the essence of these:

Challenging the process

Successful leaders are pioneers who are willing to take risks, innovate, and experiment in order to find new or better ways of doing things. They are prepared to challenge the status quo. They recognise good ideas and see failures as learning opportunities.

Inspiring a shared vision

Leaders know that a dream or vision is the force that makes the future happen. The organisation must have a desire to make or create something new or unique. There are two key strengths to sharing the vision with others. First, people must believe that the leader understands their needs and has their interests at heart. Second, the leader must use enthusiasm (vivid language and an expressive style) in communicating the dream.

Enabling others to act

Successful leaders involve others, encourage collaboration, build teams, and empower others. Everything is "we". They make others feel strong, capable, and committed. They know that those who must produce the results must feel a sense of ownership.

Modelling the way

Leaders are able to get extraordinary things done because they practice what they preach. Their job may give them authority, but it is their behaviour that earns them respect. They are consistent in word and deed and pay attention to the little details that make a big difference.

Encouraging the heart

Successful leaders know that the climb to excellence is arduous and long and that people can become exhausted, frustrated and disenchanted in the journey. They know that the heart must be encouraged to carry on through recognition of individual contributions and through group celebration.

What effective leaders, and through their leadership, effective teams, tend to have in common is putting into action a



process of transformation consisting of four elements:

Naming – they name their reality as they experience it, however, painful or awkward that may be. If we are not aware of what we are facing, or if we deny it, we cannot transform it.

Claiming – we must move beyond naming to owning, deeply and truly internalising our reality. It is best to use “I” statements, such as “I am not comfortable with what is happening”, or “I am confused”, or “I think we are moving away from our vision rather than towards it”. This takes courage.

Reframing – using our vision and a strengths-based approach, we need to offer hope for the way forward by discovering the potential for growth inherent even in a negative situation.

Proclaiming – Lastly, once we have worked through step one to three, we need to have the courage to speak the truth and to “talk the walk” that we are seen to walk ourselves as support and a challenge to others to do the same.

Much of the first three steps in the transformation process is internal work, for each of us individually, but at some point it needs to be embraced by the team as a whole as well if it is going to lead to organisational transformation.

While this is not a formula for a “quick fix”, it does offer a well-tested process that, if consistently applied and with courage, is sure to bring results. What it takes is a commitment to make a difference. □

Want to be a boss? Then stop being so bossy

The boss drives people; the leader inspires them

The boss depends on authority; the leader depends on goodwill

The boss says “I”; the leader says “We”

The boss shows who is wrong; the leader shows what is wrong

The boss knows how it is done; the leader knows how to do it

The boss demands respect; the leader commands respect

Great leaders listen better than most.



Partnerships in Action

Setting the Scene for Partnerships

The essence of partnership is sharing.

It is marked by respect for one another, role divisions, rights to information, accountability, competence and value.

Each partner is seen as having something to contribute, power is shared and decisions are made jointly.

Working partnerships formed between all the service providers can be particularly positive for ensuring that professionals work well together.

Partnerships and Parents

Parents must be seen as partners and encouraged to play a full part.

Redistribution of power from the very powerful (professionals) to families and children requires an equalizing of power.

Partnerships can also be profitably forged with members of the wider family.

Partnerships can take us further beyond individual families. We draw on the collective experience of members of the communities.

Chris Smith – Cape Youth Care



HIV/AIDS —

the Ultimate Challenge

Jill Willows from Pietermaritzburg Children's Home recounts a moving and dignified story of a child's death and shares some helpful lessons from the experience to assist others in managing this inevitable reality ...

In Child Care there are always new challenges, and the greatest challenge of our times, the full impact of which we have yet to experience, is that of HIV and AIDS. The HIV/AIDS epidemic arouses strong emotional reactions. Feelings of fear, anxiety and helplessness are heightened by the statistics that appear in the media. Such statistics can paralyse us into a state of fear and inertia — or mobilise us into action. At Pietermaritzburg Children's Homes, we like to think of ourselves as a forward-thinking organisation. Over the past eight years we have been preparing ourselves through training, consultation and policy development to meet this challenge. But the actual experience of living and working alongside a child dying of AIDS has made us aware that this work has a lot more to do with "being" than "doing".

We did not set out to care for HIV children. The children in our care have come there for all the other usual reasons — neglect, abuse, abandonment. It is our policy that we should not refuse admission to any child if we believe that our programme has the resources to help that child.

We do not require HIV testing, and most children will never be tested unless they become symptomatic.

The story that I have been asked to share with you, concerns a little boy called Sanele who died in our care in April 1998. He came to our children's home as a withdrawn little two year old. He had spent three months in a hospital where he had been abandoned. Whilst there he was treated for kwashiorkor. His parents' identity had been traced. Both had died and his grandmother was unable to care for the children. Over the next two years he flourished and blossomed from a little "old man" with a distended belly and slow gait into a lively and talkative little boy with a wonderful sense of humour.

When his health became a matter of increasing concern Tuberculosis was finally diagnosed. As he became chronically ill, investigations revealed that he was HIV positive. Sanele's prognosis was poor — he would have to have regular access to oxygen and careful medical care. Briefly summarised, the illness generally progresses from seropositivity (HIV positive without symptoms), to the stage where an AIDS Related Condition (ARC)

is diagnosed, leading to a diagnosis of full-blown AIDS. Research suggests that children usually develop symptoms much earlier after infection than adults and that the usual stages speed up in children who are chronically ill.

Accompanying the medical course of AIDS, are various psychosocial time phases:

1. Crisis — The Initial Period of Readjustment After Diagnosis

Although we were aware that Sanele was in poor health, the discovery that he was HIV positive, marked a period of crisis in our Child Care Management Team. "We can't do this" — "we are not a hospital" — "he needs a family" — "we are overloaded already, our staff will never cope with the extra demands." These were some of the concerns that were raised.

Upon careful consideration and reflection we realised that we were his only home. He had close bonds with children and child care workers. He had a wonderful relationship with his pre-primary teacher and his siblings were with us. He had a real fear and dread of anything that resembled a hospital, under-



standable in the light of his early abandonment. As we discarded every alternative we gradually accepted that Sanele would need to stay with us for as long as possible despite the challenges to our medical and financial resources.

2. Chronic Phase – “Day to Day Living with AIDS”

During this time Sanele could mostly attend pre-school. He loved the jungle gyms, but when he was feeling tired he would still enjoy the singing and the activity rings, colouring-in and creative activities. There were very few days when he did not get up and go to school – and it was obvious that he derived a real pleasure from the special relationships and from the opportunity for stimulation. Sanele developed a hosting relationship with his teacher and spent some weekends at her home, or with his grandmother. He attended Sunday school and became a much-loved member of his congregation. At home, Sanele continued to participate in the routines of the group at his own pace. His peers, the pre-school children, but also the older children developed an amazing compassion for him. His cheerful disposition, ready smile and sense of humour earned him many friends. In the back of our minds we, the Child Care Management Team were grappling with a number of anxieties:

- How do we explain to a five-year old why he is always sick?
- How do we help him to understand that he is not going to get well again?
- How does one prepare his brother and sister and the



thirteen little friends in his living group? They were very concerned about Sanele each time he went to hospital or became ill.

- How do we strengthen the care-givers in the task of carrying the extra work load and responsibility of a chronically ill child, as well as deal with their own underlying sadness and grief?
- Where should he die? Assuming that most residential care facilities did not set out to provide Hospice care, should we be adapting our programmes so that children like Sanele are able to die with dignity ‘at home’? If so, then how? How would the other children cope with the “empty bed” once he had died?

We never really answered these issues throughout his illness, partly due to being always busy, but partly, I think due to denial of what lay ahead. However we did our best to empower our-

selves through support and training, linking with organisations such as ATTIC and Hospice. We visited other homes where children were chronically ill and were dying. The following issues were highlighted as essential.

- Support – Create a support network and ask one another for help.
- Illness prevention – Hygiene, nutrition and prevention of infection are important. Early diagnosis and treatment of illnesses are essential.
- Psycho-social needs – Children who are chronically ill are children first, and all the usual developmental needs and stages still apply. They need stimulation, play, support and understanding and spirituality.

3. Terminal Phase – The Final Illness and Preparation for Death

We watched Sanele grow thinner and weaker. Most days he would accompany his playmates out-

side, but he tired easily and it was a familiar sight to see him sitting on the stairs, too weak to proceed. Spontaneously one of the older children would help him up or down, and carry him where he wanted to go. When he could no longer attend school, we were most fortunate in that a very special volunteer made herself available to read and play with Sanele during the mornings. He loved Lego. As Easter approached, he especially enjoyed the donated marshmallow Easter eggs. They were high in calories and seemed to be just what he felt like eating. Sanele would spend time quietly building Lego in a corner of the Principal's office whilst eating the Easter eggs. Sanele slept and rested in a special room set aside in his unit, surrounded by the sounds and routines of his group of friends. We had maintained close links with his grandmother and provision was made for her to sleep over with him. Fortunately it was only a matter of a few days that he spent in bed, too weak to get up. At 1.00 am on the morning of Good Friday, he died peacefully in his bed. His grandmother was with him. A special funeral service was held at the Children's Home in which the children participated and said goodbye to their friend.

Over time, after any loss, one can start to reflect on what has been gained. There are a number of things that this organisation has learned through the experience of caring for Sanele:

- *HIV/AIDS Policy* – Our policy concerning confidentiality when handling HIV had been finalised before this experience with Sanele. Our policy had stated that only the management team could be made

aware of a child's HIV status. This policy had been made on the basis of mistrust. We did not trust our child care workers to maintain confidentiality, and we feared that they would marginalise the child.

We now recognise that we cannot really support one another and work together on a foundation of mistrust. We recognise that the child care workers who were responsible for Sanele's immediate care, were disempowered because they did not understand what was wrong with him. With any other illness, they would have known what they were dealing with. We have subsequently revised our policy to include informing the child care workers immediately responsible, as follows:

- In a child over the age of 14 years, they will be asked to give their own consent
- In a child under the age of 14 years, with parental consent the child care workers will be informed.

- *Procedures for Managing a Death in the Children's Home* – When Sanele died we were really caught "off-guard" in terms of how to handle the practical and cultural issues surrounding his death.

At a time when we were grieving, we had to find our way through police procedures, and had to try to fund and organise his burial. In the process, some of the important cultural practices did not receive attention, and for this reason it would be helpful to have a

well-informed set of procedures in place when handling a death. These procedures need to contain the rituals important to each cultural group.

I started out by saying that dealing with HIV/AIDS arouses feelings of helplessness and inadequacy. We ask ourselves why the children must suffer: we need to remind ourselves that there is much that we can do to alleviate their suffering.

Pietermaritzburg Children's Homes was an organisation completely without experience in caring for the dying. Upon reflection I feel reassured that Sanele lived out his short life feeling secure, cared for and loved. He had friendship, routines, achievements, memories, faith, humour; and, at the end, a hand to hold. And through Sanele's courage and children's acceptance we have more courage to face the changing demands of our profession. In losing Sanele we are wiser, better prepared, and better able to meet this challenge in the future.

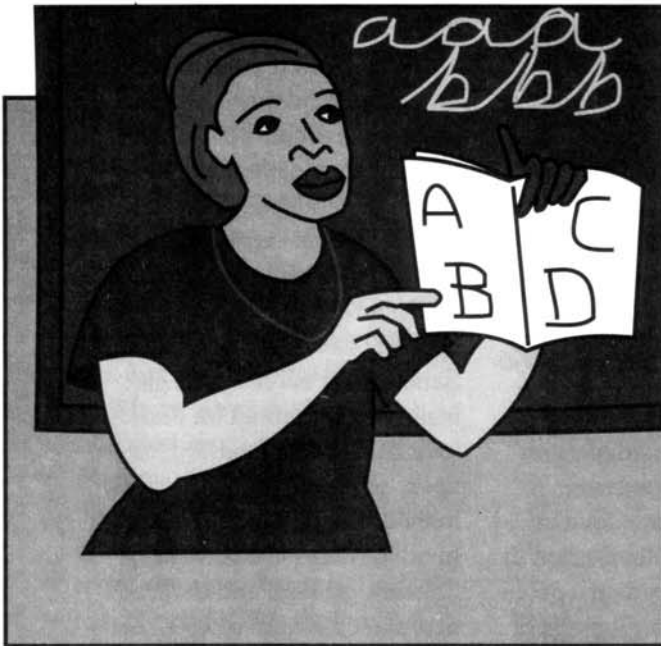


Caroline Binch



From Post to Pillar

From a speech delivered by Ynor Fleetwood at the annual Toastmasters International Convention held in Midrand in May this year. Mrs Fleetwood is an English teacher at Die Bult High School, George. The content of her speech is based on her experience at the school.



Govv school classroom 3 in special education. A boy with a smile. His good looks marred by a missing front tooth; his appearance: yokel; his aura: scruffy street fighter; his appeal: rough diamond.

In the front of that same govv classroom. A teacher. Floundering. A missing-front tooth smile (of anyone older than 8!) awakes a lifetime of preconceived ideas. Just standing before these boys whose common bond is their referral here by the children's court entails a total paradigm shift for this teacher who has for years been cosily cushioned among the crème de la crème of Latin and English learners in mainstream education.

I was that teacher... a traditionally result-driven academic "magistra". Until the day I lost my post in favour of a man who could coach rugby and teach English (in that order). I was hit hard. Hurt. Humiliated. But just another statistic without a classroom and the long summer holiday for it to sink it.

Too soon the new school year started... One idle morning a phone call shattered the quiet of my

home and before I could say ABC, I was in classroom 3 and face to face with the yokel. Whose missing front tooth smile, mad mop of mousy brown hair and gorgeous green eyes instantaneously touched a chord so deep within my heart that he ultimately became my just-about blood child... my man-child, because in "been-there-done-that-got-ten-t-shirts..." he was more man than child but in vulnerability, more child than man. Something in that first expression of his demanded a response from me; I, however, had no idea how to answer... whether to answer because what was being asked of me was that I break my mould and not judge a book by its cover, but that I revise my lifelong framework of Calvinistic rigidity and go where angels fear to tread.

In those early days my black was still black and my white oh so white, but my heart had begun its transformation. I couldn't know yet that destiny had intended that I get down from my plush pedestal of high I.Q.'s in order to change forever the life of one normalish I.Q. dyslexic boy from a dysfunctional home, a largely value-absent environment and life teetering on the edge. That I only realised much later when a multitude of new lessons had been learnt about a book, its cover and content and about prejudice which is a 4-letter word – EVIL – and that preconceptions need Not be baggage lugged around for life... and that you can teach an old bitch new tricks!

In the months that followed, I became a bricklayer and embarked on the building of a solid new pillar, using the brittle, broken, and botched-up bricks that had made up the old pillar. It was a pillar that many architects would have condemned in its entirety, blaming the faulty foundation, the mediocre materials and the haphazard construction. I almost did too... till I heeded Norman Vincent Peale's advice and "threw my heart over the fence, confident

that the rest would follow”... I took up the challenge: if I remoulded and cemented the whole lot with love, I could even end up with a weight-bearing pillar.

In this pillar, some of the “all-good-things -in-moderation” bricks had to be laid and relaid with much effort and patience; the “respect-instead-of-defiance” ones had to be baked anew and ooh boy, “school-work-and-academic-results...” well the odds were enormous... after all, only nerds studied, not street-wise macho “cool” guys.

It all took time, I walked through fires, I stood on the red carpet too. But so what? I believed in what I was doing and I was growing and changing too – all for the better. I’d willingly chosen the “high road”: the sacrifice was great... the reward immeasurable.

The first, thankfully, was the repair of the strategic front tooth! And how my delinquent blossomed: as an individual who no longer measured his worth in x-number of one-night stands and marijuana pipes, but in attaining Cs and Ds for learning subjects, spelling 1 out of 4 words correctly and his passion, ironically, captaining the first rugby 15.

The evening Brendan’s headboyship was announced, it was a case of “my cup runneth over...” Then I knew why I’d lost my post teaching society’s privileged in mainstream education. And why I had had to play second fiddle to a male teacher and Bobby Skinstad’s sport. It was to save one human being from a life precariously close to the gutter and to discover within myself a conciliatory, understanding and “grey” depth I didn’t know I possessed. Don’t get me wrong though... there were (and still are) obstacles, obstinacy, over-reactions and oh-such-ordinary days. On occasions I needed to haul out the vacuum to catch the dreams that were turning to dust. But I learnt, to quote Dolly Parton, “if you want the rainbow, you gotta put up with the rain.” And dry the tears. And let go, even if you think his roar, like *The Lion King’s* Simba, is not quite up to it yet.

It was time for him to go to write life’s test for which I had tried to equip him. My parting advice was predictable: “Bren, try hard never to judge a book by its cover ...” □



Movie Review

CHILDREN OF HEAVEN

(Bacheha ye aseman) – subtitled

Starring: Mohammed Amir Nagi, Fereshte Sarabandi, Karnal Mirkarimi.

This movie, beautiful in its simplicity, shows the caring relationship between Ali, a nine-year old Iranian boy and his younger sister Zahra. It is set in modern day Iran in a small town where middle class and poverty intermingle, a town where small things mean much and family life is the pivotal point of all existence.

Ali’s family live in a one roomed semi-detached house with a closed-in courtyard and a big “goldfish” fish pond. Ali’s mother suffers with back problems and is often unable to do the housework, leaving the main chores for Ali and Zahra to do. Their father works long hours but money is still short, forcing him to take on weekend gardening work. In spite of these hardships, one gets a sense of family value and respect. It is because of this that Ali takes on the responsibility to find or replace his sister’s only pair of shoes that he has mistakenly lost.

Ali finds himself in a dilemma, as telling his parents would not only get him into trouble, but would put more financial pressure on the already impoverished situation. Ali therefore, chooses not to tell, convincing his sister to rather share his own “dirty white” sneakers that are too big for her. This causes her much embarrassment and shame at school.

And so begins a journey of discovery, of tolerance and purpose, a journey that challenges Ali’s whole physical being by taking part in a long distance race to try and win a pair of sneakers. At this race one sees the obvious difference between the classes and as he looks around he sees the other boys in expensive running clothes and fancy sneakers making for him the race more personal and even though he wins the race, he comes away disappointed.

There is no complicated plot to this movie, no intense stunt scenes. The actors are not well known Hollywood actors. The budget was low and special effects were to the minimum. But this movie is filled with feeling as it shows relationships in a true light and caring as it should be. It had humour; it had tears but most of all it had family love. What a rich family.

CHILD SEXUAL ABUSE -

What can I do?

As concern over the numbers of children abused in our country grows, Karen Weissensee takes us back to the basics on Child Sexual Abuse... reminding us of what we can do to help survivors.

Child Sexual Abuse happens when an older or stronger person or someone who is more powerful than the child, gets sexual pleasure from the child. This means that even another child can sexually abuse a child.

Sexual abuse is not only about rape. It can include touching, penetration of the vagina or anus by fingers or objects, touching breasts, buttocks or genitals or even showing children pornographic pictures or movies, or watching the child bath or undress. Sometimes the person doing the abuse does not touch the child, but gets the child to do all these things to him or her. Some parents begin to worry about whether their behaviour could be seen as abusive when they bath children, or walk naked in the house. The most important point which makes behaviour abusive, is that the person doing the abuse gets sexually aroused or excited by their behaviour.

Why do children not tell about abuse?

Many people believe that sexual

abuse only happens to girls. This is not so. Boy children are sexually abused too. Also, both men and women can abuse children. The picture that most of us hold of a perpetrator looks like a dirty, ugly, strange old man in a park. This is not true. Most children are abused by someone they know and trust.

We have heard of many families where the abuse is done by fathers, uncles, grandfathers, even brothers. This makes it very confusing for the child and makes it very hard for them to tell us what has happened, because they still care about the person even though they want the abuse to end. Because the abuse has happened in a relationship of trust and caring, and has most often happened gradually, over time, the child may not know that anything wrong is happening. The abuse is also most often not violent. When children discover that what has been happening is not okay, they feel guilty for not having stopped it. They also often believe that they consented, or agreed to the sexual abuse.

Another issue which leaves children feeling guilty is that their

bodies may have responded to the touch or abuse in a way that was pleasurable. This is not through their choice; our bodies are made to respond to pleasure. Children do not know this and can feel betrayed by their body, and confused by the pleasurable feelings. In this way, abused children have been introduced to sex too early for them to know how to deal with these feelings. All of these factors make it difficult to tell others and get protection for themselves.

The child is almost always told to keep the abuse a secret, either "it's our special kind of love"; "I'm giving you the love your mom can't", or through threats, ranging from "they'll take you (or me) away" to "I'll kill you". It is important that we recognise our beliefs and that we understand that it is very hard for children to tell about sexual abuse for all sorts of reasons. And, that once they have told they will not only feel relief, but lots of guilt, badness, fear and confusion. This often makes children want to change their minds about having told. Often they do change their minds and tell us that they were lying or "making



something out of nothing". They retract or try to take back what they said. Many adults prefer to believe a retraction rather than a disclosure of abuse. This is because it is so hard to think about. We wish sexual crimes against children did not happen, we often believe that child sexual abuse happens only in other people's homes, in other communities, and in other children's homes. *This is not true.* This problem happens in all kinds of families, religions and communities.

What can we do about Child Sexual Abuse?

Understand the child's experience

By reading this article, you are already trying to understand what happens to children when they are sexually abused. The most important points to remember are:

- The abuse most often happens in a relationship of trust, which is betrayed and can affect the child's relationships with others.
- The secrecy of the abuse leaves the child feeling different and cut off from other children. The child feels stigmatised or "marked" – unable to belong to the "normal" world.
- The child's normal needs for protection, care, mastery and joy have not been met. The child has learnt that his or her needs are far less important than the needs of the adult. The child has also been introduced to sex through trickery and power, leaving the child feeling powerless as well as traumatically sexualised. They may believe that the only way



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to get any of their needs met is by being sexual.

- Both the abuser's probable denial that the abuse is happening, and the child's inability to understand how good, caring parents can do bad things, leave the child not knowing what is real or not real, and blaming themselves for the abuse.
- As a way of coping with unbearable things, children (and adults) often "dissociate" or cut off from various parts of their body or feelings. Otherwise the abuse would be too much to cope with.

Recognise the signs of abuse

Some physical signs are:

- Bedwetting and soiling;
- Discharge from the penis or vagina;
- Blood on underwear;
- Pain when using the toilet.

Some children show no signs behaviourally or physically of having been abused. However, due to the child's experience of betrayal, stigmatisation, self-blame, powerlessness and traumatic sexualisation, many children begin to show behaviour which lets us know that they are in trouble. These behaviours can include:

- Sleep problems (too much or too little; nightmares)
- Eating problems (too much or starving self)
- Bullying others; or being bullied; or picked on
- Fearfulness; rebellious behaviour; being too obedient
- Clinging to any adult or child; or withdrawal from adults or children
- Aggression, or extreme passiveness
- Drug or alcohol use; suicide wishes or acts
- Self-mutilation (cutting or burning own body)
- Bodily complaints (including stomach and head pain; accident proneness)
- Achieving extremely well, or poorly at school
- Distracted; can't concentrate; seems to be in another world
- Unwilling or fearfulness to undress
- Wearing layers of clothing
- Neglect of personal hygiene (eg. sanitary towels left lying around; not washing or washing a lot)
- Seeming obsessed with sex and sexual things in a way that other children this age are not (drawing, language, etc)
- Acting out adult sexual behaviour with children or adults.

It is important to remember that seeing these behaviours in children tells us that something is wrong. It may not be sexual



abuse. We should be suspicious of sexual abuse if we see any of the sexual behaviours.

Respond appropriately

- Staying calm and listening to the child, in a private place.
- Believing the child, even if she says it was someone you trust or love.
- Telling her it was not her fault, even if you have warned her about people or places and even if you wonder why she did not tell you sooner.
- Letting her know that you are sorry this has happened to her. Children have a right to be safe and protected.
- Tell her you are glad she has had the courage to talk to you.
- Let her know that you need to get some help for her and her family to keep her safe and to help her feel better.

Children often ask us to keep the secret for them. This is because they are used to it being a secret and also because they are afraid of what might happen. It is important that you do not promise to keep the secret, as the child is in danger of the abuse continuing. It is helpful to say something like:-

“If I keep it a secret, it’s as if I’m saying it’s okay that your uncle does this to you. I need to tell Mrs B because she can help your uncle to stop doing this to you and other children”. Help the child plan for what will happen after they have spoken about the abuse and help them to talk about their fears and worries about this.

Refer

Children need to be both safe, and to be healed in their bodies and emotions. It is not your job to be a detective and find out what happened. It is your job to tell someone who can investigate and make sure the child will be safe. This is usually a social worker or a police officer. You are also allowed to ask that person what they have done about it. They are accountable to you and the child for what they do. Once the child is safer from abuse, some people hope that if we stop talking about it, the child will forget. This is not true. Children and parents have strong feelings about sexual abuse. It helps to shed these feelings if we talk to someone about them, either in a group or alone with a counsellor.

Conclusion

Does your work place have a procedure for what to do when a child tells of abuse? If yes, do all staff know it? If not, can you ask for one to be developed. Good procedures include information on beliefs; who gets told when and what happens then; as well as what records need to be kept. Training is important too. As a child and youth care worker, you are placed in a position of opportunity. Many children and families who have had such a bad experience as sexual abuse say that with good counselling, community support and the right approach, they have come to feel stronger as people and as a family, than they have felt before. □



PRINCESS ALICE ADOPTION HOME

Fundraiser / Manager

The Society has a position available for FUNDRAISER cum MANAGER of the Princess Alice Adoption Home in Westcliff which caters for 24 babies and pregnant mothers.

This full time position requires a person with proven fund-raising experience and preferably either a nursing or social work qualification. The successful applicant will be mature, dynamic and an innovative person with good people skills, computer literacy, outstanding writing skills and excellent PR abilities. Starting date negotiable.

Fax a CV to Renee on (011) 3310-1303

Boys' Town

(Cape Houses)

Assistant child care worker (part-time) at The Dingle, Kenilworth.

Requirements:

1. Interest in child care and teaching of social skills
2. Driver's licence
3. Work flexi-time and do periodic sleepovers

Please forward CV to:

The Principal, P O Box 2411, Clareinch 7740
Tel: (021) 6715041/2

Groundsheet Turnover

Another Game from Mark Gamble of EDUCO AFRICA



Another day, another challenge...

Here's how you play it

Place a piece of plastic sheeting on the ground. The size of the sheeting depends on the number of children in the group. You can substitute an old piece of material – perhaps even pliable but sturdy cardboard if you are without resources. There should be enough space for everyone to stand comfortably on the sheeting. Get everyone on and settled. Now without them setting foot off the sheet they have to turn it over! Sounds more simple than it is!

Some tips...

Make sure the play area is safe. You might want to ensure success by briefing the children first as to what they will need to do to make the activity work. For example: take time, have a plan. You can increase the challenge by introducing a limiting factor – by blindfolding or limiting speech or binding young people together.

What comes out ...

A sense of triumph!
It offers a rich opportunity to examine group dynamics, who takes the lead, who withdraws, how



does one deal with criticism. It requires co-operation, planning and strategising and so offers the opportunity for the development of these skills. And once again there might even be a few laughs. □





Pandipieri Catholic Centre Street Children Programme

This article appears as part of our Africa Network programme, sponsored by the Royal Netherlands Embassy, whereby hundreds of our child and youth care colleagues across Africa share this journal with us.

Pandipieri Project should be seen in its entirety to be able to place the Street Children Programme within its setting of an integrated approach.

"To establish the church as a source of help against the dangers that threaten the lives of people in the areas: insecurity, criminality, child neglect, alcoholism, poverty, ignorance and filth."

Since the Pandipieri Project started in 1979, and in accordance with the aims, over twenty different programmes have been initiated within the community

including: Community Based Health Care, Aids Counselling, and Community Savings and Credit Bank. Another of these programmes is the "Pandipieri Street Children Programme." In 1980 the Pandipieri doors were opened to street Children once the need for such refuge had been recognised. Its objectives remain to reduce the number of children who annually move to the city and help those who already live in the streets. Through over 18 years of experience and dealing with more than one thousand street children over this period, a gradual defining and then 'redefining' of our task, has, and indeed still is, going on. Through continual contact on the street and through an intensive activity based counsel-

ling Programme, we have achieved a high level of success. Over this entire period we have achieved an approximate 65% rate of children rehabilitated home to either their parents or relatives who are willing to accept them. But the whole story begins on the street! Street work is the basis of any meaningful relationship we build with these children and when the child once more leaves our Centre to look for the comfort of his 'glue sniffing or 'petrol', it is on the street that we have to try again (and perhaps again and again!) We have three centres for street children: Reception (Nyalenda), Rehabilitation (Pandipieri), and our "Half-Way House" (Bala), with average numbers of children in each Centre being 40, 30 and 7 respectively.

The following model will explain the process of rehabilitation and hopefully also show the difficulties we face with the unstable character of these children, some of whom have become inculturated into the street and are almost beyond reach.

Street Work

This is done on a daily basis both during working hours and from 6pm till 10pm on Wednesday evenings. The night street work allows us to identify our main target group, i.e. those children who live "in" the street. Ill feeling and bitterness towards an unyielding adult environment



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in which these children live, often leads to violence and situations in which the child is often in conflict with the law. They become easy targets for exploitation by thieves, black-marketers, the sex industry or just ordinary people who knowingly or unknowingly, take advantage of a large pool of cheap child labour. They are also open to many health hazards, becoming easy victims to communicable diseases, malnutrition, drug and solvent addiction. All this determines the approach we take:

“The Approach”

- raising awareness on self-being,
- building companionship and trust between us,
- street education (i.e. basic literacy and numeracy, health and social skills),
- and inviting the children to our Reception Centre at Nyalenda (deciding to come is a choice the children have to make themselves and is usually a big step for them!)

Rehabilitation

This is a process that is covered in all the departments of the Programme and is aimed at:

- changing the child’s perception of it’s need for street life,
- developing the child’s perception of it’s possibilities ‘off the street’,
- developing the child’s participation in activities both inside and outside our Centres,
- reuniting the child with parents, relatives, guardians and, in terms of socialisation, with the community as a whole, raising common awareness on the dangers of destitution in both the child and the community.

‘Home-visits’: where we respond to the child’s expressed wish to return to it’s parents or relatives. Often it is more the relative that needs our attention and counselling than the children. Both are encouraged to work on their relationship. We may use the story of the prodigal son as the basis for this “bridge-building”. Often our task is to help the family identify what causes the child’s life choices and working with these, rather than seeing ‘disciplining’ as an answer.

‘Follow-ups’: this is where we visit the child to see how he or she is coping with the decision to return home. The psychological support for the child is our promise of a return visit after one or two weeks. This psychological support can never be underestimated. Indeed, if this support is not there, the child may well “give up” before re-establishment of a relationship with their family really has a chance.

Non-Formal School

Aims:

- To identify the child’s standard of education within orientation (i.e. Nyalenda Centre) and thereafter to improve, it,
- help the child to learn how to read and write,
- strengthen and develop the child’s motivation towards learning.

Nyalenda (Orientation): where children are fresh from the street, more time is taken to develop social contact. Interviews and counselling are also informal but intensive. Our specific aim is that they become stable within the Centre so that after four months they are moved to the non-formal School in Pandipieri



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(if they have not already opted for home).

Pandipieri (Non-Formal School): Pandipieri offers a much more intensified non-formal education, for the children who have proved difficult to resettle at home. It incorporates community children from poor families within the shanty areas of Nyalenda, Pandipieri and Dunga. The non-formal approach offers a six year plan for these children, taking them rapidly through reading and writing and preparing them for access to many forms of technical training both inside and outside our institution.

The whole process of rehabilitation of the street child must be holistic. Giving food and shelter will hold a child for perhaps one or two days out of pure curiosity. The focus of the Programme is always, where possible to rehabilitate the child to his/her own family. Where this is not possible we try to provide a relatively secure future through training and a perspective on life “after the street”.

Pandipieri Project in 1994 decided to start to work intensively with the over 16’s and also established the under 15 youth football league but that’s another story. □



Adventure Therapy Project



An Adventure Therapy Project is run by the National Peace Accord Trust with the community of Katorus in Gauteng. The programme is designed to meet the therapeutic needs of psychologically traumatised children. The children have been physically or sexually abused, neglected, or exposed to extreme violence. Traumatized children experience disconnection in their relationships with the environment, others, and self. Adventure therapy addresses the core experiences of psychological trauma by facilitating the establishment of new connections in the relationship of the child with the environment, others, and self.

Groups of between twelve and fifteen children are taken to the Magaliesberg area, approximately one hundred kilometres west of Katorus, to experience a three-day physical and psychological journey. The main aim of this journey is to create an opportunity for the traumatic experiences held in the body to be processed and integrated within a therapeutic environment.

The children climb the mountain by crossing rivers, negotiating thick bush, helping each other up cliffs, traversing bushveld and sleeping in an ancient kraal. Adventure therapy is an active and experiential approach to group psychotherapy. Meaning is made of insights that are expressed verbally, non-verbally, or unconsciously, that lead to change. In addition to the psychologically healing process of the physical journey, the project draws on various universally recognised healing practices in order to intensify the therapeutic effect. Practices such as music, play, art, singing, dance, and story telling are woven into the healing journey.

Connections with others are facilitated for the child by means of an empathic, nurturing group in which the child is able to explore healthier ways of relating. A relatively large number of child-care workers are required to move the children through this physical and psychological journey. These child-care workers provide the necessary psychological climate for healing. This is essential for the psychological safety and risk-taking, which is integral to the adventure therapy process.

Child Care Workers are involved in the preparation, the adventure programme, and the on-going support and care afterwards. They track the child throughout the healing journey.

For more information please contact:

Gavin Robertson

National Peace Accord Trust

Wilderness Diversion Programme

PO Box 1338, Saxonwold 2132

Tel: (011) 483 2612 Fax: (011)483 2320

email: gavinrobertson@bigfoot.com

News from the Eastern Cape Region

The NACCW Eastern Cape Region is hard at work on various projects and ideas. Members will be pleased to note that planning for the Conference 2001 is on it's way with lots of eagerness and enthusiasm.

Our Chairperson, Elwin Gallant is managing and motivating our region competently and we are all very positive. The Region is planning its own Newsletter, "Siyadibana" – *Let's Come Together*, for the end of September under the direction of Lindi Bray and Anton van der Merwe.

All it's Forums are now well on their way under the following leadership:

- Child and Youth Care Forum – Mervyn September
- Practitioners forum – Riette Mitchell
- Administrators Forum – Garth Ownhouse

We are busy with a membership drive with Carol Potgieter as convenor.

A Commitment Service will be held during November 1999 to commemorate the work of Child and Youth Care Workers in the region.

Lindi Bray

Obituary –

GRACE ADAMS 

Sincere condolences are extended to the family, friends and colleagues of the late Grace Adams, who passed away as a result of cancer in August 1999.

Child and youth care worker, holistic caregiver, friend, consultant, crisis manager, colleague, team-player, leader, risk-taker, confidant, adventurer, jack-of-all-trades, Christian .. These are some of the associations that spring to mind when remembering Grace Adams, former campus manager at the King William's Town Child and Youth Care Centre.

Grace had a passion for caring for youth at risk, particularly teenagers. In her quiet yet strong way, she was a pioneer in "good child care". In her time with residential units she involved young people effectively in the running of the home and she took a personal interest in developing the skills of each of the youngsters in her care. She strove for skills training to be included in the caring for youths, as an activity and as a life-equipment tool. For a number of years, Grace ran an "independent living unit" where teenage girls saw to their own upkeep and development, under her guidance. She was eagerly involved in the setting up of wilderness/adventure training at the Centre, personally taking part in a 2-week hiking/climbing course and a river canoeing course. Along with William, she would source equipment and materials at little or no cost and use these in the empowering of young people.

With feelings of sad loss, "Aunty Grace" will be remembered fondly by the team members of the KWT Child and Youth Care Centre, the young people she touched, individuals from Outward Bound and Educo Africa, her church and family. We salute with great admiration a child care worker of note and remember her considerable contribution to the field.

INTERNATIONAL SEMINAR

VIOLENCE & ADOLESCENCE

JERUSALEM, ISRAEL – NOVEMBER 15-18, 1999

The seminar organised by the Israel Society for Adolescent Health and the Adolescent Committee of The World Federation for Mental Health (WFMH) will explore and address the factors that determine the presence of violence, preventative measures to reduce its incidence and the provision of mental health care for the victims of violence.

The format will be a series of workshops (90-120 minutes) run by international experts on various aspects of violence and adolescence as well as sessions on selected related subjects, free papers, poster presentations and audio-visual presentations.

Participants will also have the opportunity to enjoy the beauty of Jerusalem and its historic sites, as well as tours to Masada, The Dead Sea and The Galilee.

For further information please contact:

The Secretariat

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is an e-mail child and youth care discussion forum with nearly 500 members world-wide — students, on-line workers, trainers, administrators — which you can join by sending mail to cyc-net@icon.co.za.

It is also an informative web site which you are invited to visit at <http://www.cyc-net.org>



is a monthly on-line magazine for child and youth care workers around the world which you may view at <http://www.cyc-net.org/cyconline.html>

The International Child and Youth Care Network


WHAT WE LEARNT FROM NOAH'S ARK

Plan ahead.

It wasn't raining when Noah built the ark.

Stay fit.

When you're 600 years old someone might ask you to do something really big.

Don't listen to critics - do what has to be done.

Build on high ground.

For safety's sake, travel in pairs.

Speed isn't always an advantage.

The cheetahs were on board, but so were the snails.

If you can't fight or flee, float.

Take care of your animals as if they were the last ones on earth.

Don't forget we're all in the same boat.

When the doo-doo gets deep, start shovelling.

Stay below decks during the storm.

The ark was built by amateurs and the Titanic was built by professionals.

