

Child & Youth Care

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

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

Crossing the Rubicon...

In conversation with a local child and youth care practitioner and long-time member of the NACCW recently, I had occasion to do a quick and rough assessment of the number of local children's homes who were thoroughly engaged with transforming their services in line with the 'new' policy. Disappointingly I found that I could comfortably count on one hand organisations who were actively adapting their organisations to meet the needs of our times. Let me hasten to say that this was no accurate empirical research, merely a totting up of people and organisations in my hometown who we had both observed grappling with transformation of the quality format and presentation of services being offered to young people. Yes, I could think of many organisation who routinely sent staff to training, who punctiliously attended meetings and probably diligently produce documentation for provincial government for purposes of funding. But transformation means "to change shape or form considerably" ...to.. "change in character." And organisations irrevocably on that path of alteration at the deepest levels appear to be far fewer than what would have been expected this far into the macro transformation process in our country. It further occurred to me that this town of ours, Cape Town South Africa, was perhaps one of the most well resourced metropolitan areas on the continent of Africa as far as children are concerned. Our Association has been active here for twenty years offering access to some of the world's most eminent child and

youth care practitioners - Larry Brentro and Jim Anglin to name but two. Brian Gannon our home-grown guru has his home here and has for twenty years been consistently and creatively sharing his wisdom and knowledge. Yet again and again I hear stories of organisations who in

youth care practice and methodology favouring an... "I'm king of this castle and these children will do as I say if they want to be here" ...attitude, seem to be struggling to hold their own in the new world. Crossing the Rubicon of acceptance of the changed circumstances is a pre-req-

'The doorway through which all must pass if they wish to become more different than they are now is the doorway of the will. A person must decide to take the journey.'

the face of a culture of human rights, where punitive reactions to children's "misbehaviour" is outlawed, feel powerless to intervene effectively. This powerlessness then often leads to punitive interventions clothed in the language of the best interests of the child.

If my rudimentary analysis is at all accurate, what are the issues it raises? Firstly, perhaps we should note that well-resourced areas have their own inertia when it comes change. So for the many many under-resourced areas in our country, perhaps there is some comfort to be drawn from a situation in which there is also a less entrenched ethos.

Secondly, and most importantly, is the issue of just how much we are being asked to change and how hard it really is to do so. Those individuals and organisations who have already embraced what can be called a 'children's rights' perspective appear to be encountering these times with much less suffering. People who have for many years eschewed the basic tenets of child and

uisite to the transformation of child and youth care services. Until that step is taken where we recognise that we cannot any longer rely on position or post to influence young people, we hold ourselves back from realising a new and different powerfulness. Until we realise that we must develop new skills and programs with which to help young people in these new times we will not realise our full potential or that of our organisation. 'The doorway through which all must pass if they wish to become more different than they are now is the doorway of the will. A person must decide to take the journey.'

We are being called to transform – Cape Town, Durban, Pofadder and Ixopo. May we all throughout our country ask ourselves if we are changing quickly and fundamentally enough to meet the needs of the young people that we are here to serve today.

Merle Allsopp

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Last month's cover picture was incorrectly credited to UNICEF, whereas it should have been credited to The Independent Newspapers. We apologise for the error.

NACCW

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

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Some of our greatest truths come to us in stories, parables, legends and myths. This is a story that has to do with being a child and youth care professional in Africa, and especially in South Africa.

It all took place in the concourse of the Johannesburg Station. The train from Zimbabwe had been delayed three hours. That morning all roads in Africa led to Johannesburg, and Africa poured into this metropolitan junction as if through a funnel, concentrating and mixing images and peoples of Africa in a three hour stream. It was difficult to isolate images and focus on them in the moving mosaic of colour, noise and humanity. Gradually though, blurred impressions became sharper and clearer.

A rather insignificant grey bearded, white priest sat on a bench scribbling notes on a tattered piece of paper. Under the high vault of the Johannesburg Station all of Africa was meeting, each person with their own urgent agenda – and yet there was a sense of relationship each person with the other. They held in common each others vulnerability in the confusion of the metropolitan railway junction of Africa. As their lives touched even momentarily, they met and engaged as brothers and sisters in the family of humanity.

That morning scenarios were being enacted, which spoke of inestimable value for Child and Youth Care.

We are told that all children and youth but especially those who have experienced rejection need to be part of the connectedness

Glimpses of African Child Care on the Johannesburg Station

*The Rev. Barrie Lodge,
NACCW National Chairperson,
addressed the Eastern Cape BQCC graduates
earlier in the year.*

to the family of mankind, to be a brother, a sister, a son or a daughter of the family, the village, the community. Especially in the midst of the blooming confusion, they desperately need others to recognise their connectedness to the human in all of us; for others to touch with the depth of their pain and to feel our common struggle. On the Johannesburg Station, Africa has something to teach the professional child care worker in this country. The rather insignificant grey bearded white priest stopped scribbling, got up off the bench and moved agitatedly around the station concourse. First to enquire for news of the train's arrival, then to take out his cell phone, then to the toilet, then to the news-stand, then to peer down onto the platforms, then back to the bench, then to take out his cell phone. His urgency and tension stood out as a contrast against the other people of

Africa around him. His was a taut hasty movement from point to point on the station. The rhythm of movement around him was gentle, swaying, harmonious. Africa paced itself in a patient, steady calm. For them the train would come and when it did, it would be boarded and the journey would resume. But now we talk, we laugh, we sing, we grow together. We soak up the moment and cherish it, for after all we are surrounded by our fellows on this journey of life. We share each other's heart and we share this moment. We are told that children and youth, but especially those whose lives have been torn apart and live in chaos and confusion need to be in an environment that is uncluttered by others urgency; need memorable moments; to learn to cherish the sensual, visual wonder of the world; need to be surrounded by a calm, unruffled predictability; to experience the generosity of

others unrushed by time and a surety that despite everything the journey will go on and they will reach their destination. They need to distinguish between problems and facts and learn to accept and cope with the things they cannot change. Africa on the Johannesburg Station has much to teach the professional child and youth care worker in this country.

That morning the rather insignificant grey bearded white priest desperately wanted to belong to Africa. It took all he could muster to stop himself from standing up off his bench and shouting "I'm also African you know", but he was scared. And yet as he sat and scribbled it seemed to him that he too had something to offer children and youth. He was also part of that which is Africa on the Johannesburg Station. The best of his being there was, that in his grey beard he carried

the wisdom of his ancestors some of whom had also sat on benches in stations and scribbled their attempts to unravel the human psyche and make sense of it all. Some had watched children, as he watched Africa, had scribbled their truths in writings that could be of help to children and youth throughout the world. It became clearer and clearer that he too carried something unique to offer the very special

amalgam that is Africa. You also were on the Johannesburg Station that day. You brought with you your baggage and your bags. You sat with your printed T-shirts spelling out slogans that spoke of your lifestyle, your upbringing and your aspirations. Some of it leaving its scars, now at last diminishing with time and hindsight. Some of it good,



healing, growing and making you whole. You too are African and if you can identify that which in your roots and your lifestyle was useful and central to your wholeness, surely then it can contribute to make up a system of values and behaviours, attitudes and interactions that takes the very best of all our African experiences and uses it for children and youth at risk. As professionals we have to find

the very best of what we can all learn and offer from our diversity, we have to write it down and practice it in child care so that we can provide the very best practices to heal and reclaim children and youth at risk in this country. It will be a South African practice. What Zeni Thumbadoo calls a "Culture of Care" in this country.

Tonight you have reached a high place up on the mountain from which you can now look down over Africa with knowledge, skill and discernment. From the patterns of peoples lives in Africa you now have eyes that are trained, ears that are tuned, hearts that are open to pick out the practices that really work from our African cultural landscape. No more for you the utter confusion of a central railway station, but you can calmly see what

is the best for children and youth, you can step into the culture of child care when you put on your working shoes every morning. Your name is inscribed on the scroll of the wise among your people and your fellow professionals.

You are the bearers of an African Child and Youth Care praxis. You are becoming icons of generosity, belonging, independence and mastery. □

Contributions are still flowing in to the **BREAK THE SILENCE EMAIL FORUM** established as part of the AIDS 2000 Conference held recently in Durban. *Last month we featured an extract of the key correspondent team's report on Judge Cameron's presentation at the conference.*

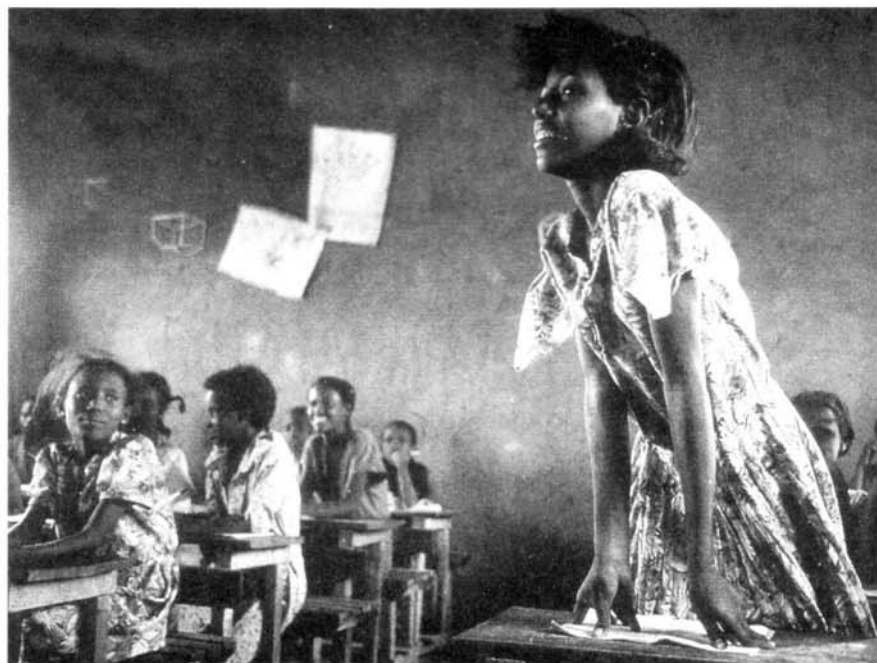
This month **Prof. Peter Lamptey**, Senior Vice President of AIDS Programs, Director of IMPACT, Family Health International, Washington, USA asks

How can we make the statement 'Prevention Works'?

Especially in Africa where over 4 million people become infected with HIV every year? How does prevention work for tens of millions of individuals living with HIV without any real hope for survival?

What we can say, I believe, is that prevention can work. And there is evidence, from several research studies, numerous interventions and some national programmes, that it does work.

But we cannot claim success until we make prevention work globally, controlling the pandemic and drastically reducing the rate of new infections in most populations all over the world. Over the last few years, a number of the national programmes have reported significant declines in the prevalence of HIV at the country level. These countries include several industrialised countries, such as the United States, Canada, Australia and some Western European countries. Among developing countries, Thailand, Uganda and more recently Senegal have been cited extensively as national programme successes.



UNICEF: Lemoyne

There are encouraging signs that the Cambodia, Zambia and the Democratic Republic of the Congo epidemics may also be stabilising.

What can we learn from the success at national programmes in these countries? Some of the factors common to successful programmes are: political leadership and financial commitment; an early start to interventions; adequate resources; large-scale interventions involving all relevant sectors; sound technical strategies; and a good source of

evaluation data to guide implementation and document progress.

There are number of recommendations I could make to improve the impacts have a HIV prevention programmes on the global HIV/AIDS pandemic. I will limit these recommendations to the five most important ones that make the most difference.

The first is: increase resources available for HIV prevention.

The second recommendation is:



to develop a large scale, comprehensive and sustainable prevention programmes. A comprehensive programme should comprise both prevention and care, including access to therapy. Programmes should cover a large segment of the at-risk population to be effective. We know what works, but we need to do more of it and on a larger scale to have any significant impact on the epidemic.

The third recommendation is: to develop and enforce public policies that will enhance and support HIV AIDS prevention and care and help eliminate stigma. The AIDS epidemic is an urgent and serious public health problem and cannot be treated as "business as usual". We need bold, innovative and aggressive public health measures to slow the epidemic. This would take measures that are unpopular and even controversial, such as making condoms available to youth.

Fourthly, we need to increase the resources for, and improve the availability and access to thera-

pies for the treatment of sexually transmitted diseases, tuberculosis and HIV disease.

Fifth, HIV/AIDS prevention and care programmes need to develop linkages with development programmes, and ensure that we are able to modify the environment to reduce the risk and of vulnerability of society to HIV. Success in HIV prevention is achievable, even in resource-constrained settings. We need to apply the lessons learned from successful programmes to other settings and expand the coverage of prevention programmes. The human race is capable of the greatest acts of kindness and compassion. Yet we spend more resources fighting each other than saving each other. If a neighbouring country were to attack another and kill 700 people every week, there would be international outrage. Yet that is how many people die every week from AIDS in Zimbabwe, a country with a population of only 11 million. The western world has spent several billion dollars on the wars in Iraq and Kosovo to stop aggression and

injustice. Yet we cannot provide enough resources to fight an aggressive virus that has already killed more people than two world wars. African countries with devastating AIDS epidemics and struggling economies also spend their scarce resources on military conflicts and on defence against imaginary enemies, while the real enemy, and the HIV epidemic, rages on in their countries. We know what we need to do. We know that prevention can work. How many more people must die before we find the will and the resources needed to make prevention and care work for everyone?

Adapted from a plenary presentation given by Prof. Peter Lamptey, on 12 July 2000 at the XIIIth International AIDS Conference, Durban, South Africa.

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At the end of July a group of young people participated in an art workshop held at CAP. The 'Child & Youth Care' team thought that this would be a good way of accessing art material for publication in the journal. Other regions are encouraged to do the same and explore what options there are in the respective areas with regards to opportunities for youth to develop their skills and talents. This can also be done in your own facility on a regular basis using paper (different colour and sizes), pencils, crayons (pastel and other), paint etcetera. Minimal resources are needed with a group of enthusiastic youngsters who are keen to have fun with paper and crayons. This experience reflected a real need on the part of some of the youth who would like to have their artistic skills acknowledged and for more opportunities to develop their talent further. For most it was their first exposure to such a workshop and to think and learn about expressing themselves on paper in very different and creative ways. Some youth struggled to work in a group with persons whom they had never met before while others spontaneously initiated conversation and suggested ideas for their group task. Their work will be included in the pages of the journal over the coming months.



Sara drawn by Khehwan (17 years)

Art and Expression

Balancing technique and therapy

Sara Schneckloth, a volunteer at the Community Arts Project Cape Town, shares her experience of facilitating a creative art workshop with young people from various child care facilities.

I teach the technical aspects of drawing, painting and design to adults from the townships of Cape Town, at the Community Arts Project (CAP). The primary goal at CAP is to create a bridge for further learning and income generation opportunities for aspiring visual and performing artists. The more therapeutic aspects of art-making often get overlooked in the technical

approach I take in my class. The mastery of line, value, texture and tone tend to take precedence over emotional exploration. However, after my experience running an art workshop at CAP for children and youth organized through the NACCW, I have seen anew the therapeutic and empowering value of art making for the individual – testament that creativity needs to be activated and encouraged, channelled and



given freedom, and that tools of expression need to be put into young hands sooner rather than later.

The group consisted of 18 youth at risk, of varied ethnicity, aged 8-18, with minimal previous art experience. The group assembled in the hall at CAP, and each person was given paper and a colour oil pastel. I chose an approach for the workshop that stressed both developing technical awareness as well as leaving room for personal exploration. As a drawing instructor, not an art therapist, I was wary of moving into highly emotional territory with the children, and decided to keep the tone light and to stress the visual language involved in making pictures. The first exercise was about making marks – the building blocks of any drawing. Thick, thin, soft, hard, fast, slow, curved, straight, drawing using your favoured hand and the opposite hand. From this collection of lines and shapes, participants were asked to create a picture, adding elements to what was all ready on the page. No limit was placed on what the drawing could be. The point was to create some kind of visual or-

der out of chaos.

The next exercise went a step further. Everyone wrote their name using varied and creative marks. Then added small drawings of things they liked in and around their names, combining into a singular image. Next, we talked about the process of creating a group drawing. Teams were formed and each team had to negotiate how they were going to create a large drawing around the theme of working together. Three very different interpretations emerged, ranging from images of communities and teams to representations of the drawing project itself. The final project was to move from working from the imagination to drawing from life. Everyone chose a partner and did face-to-face portraiture, using the creative marks of the first three exercises. At the end of the evening, the gallery space in the

hall was filled with colorful, interesting pieces all very different, all having something to say. When Ruth, the NACCW facilitator, asked participants what they had learned, the answers were quiet but spoke to a process of self-discovery. A young man saying that he now knows that he likes to draw images about nature. A 14 year old girl realizing that she can make interesting pictures.

Looking at the results of our session, I felt proud of the hard work and focus everyone had put forth. The act of making art is more than putting down lines and shapes and colours. It is accessing personal ideas and expressing them visually. I was pleased that everyone wanted to come back and try it again as it was a learning experience for all of us, and my commitment to balancing the technical and the therapeutic in my own teaching work has been renewed because of it.

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THE BRIDGE

A HELPING HAND

Namibia ratified the Convention on the Rights of the Child (CRC) in September 1990, which means that Namibia supports and accepts its obligation to amend its legislation and to regularly report on the implementation of the CRC. Non-discrimination, Best interests of the child, Right to life, survival and development, Respect for the views of the child – are the key principles contained in the CRC.

Developments and initiatives across the country are working towards establishing juvenile justice in Namibia. 'The Bridge' is one of the two non-governmental organisations which play a key role in the process.

Juvenile justice cannot begin to take place unless the assessment of a juvenile, who is reportedly in conflict with the law is done. At the assessment the social worker considers the socio-cultural aspects of the offender as well as the seriousness of the offence. If it is a petty offence and the circumstance warrants, the assessor recommends a diversion from the criminal justice system. As diversion options 'The Bridge' has successfully implemented the

- family group conference
- pre-trial community service
- victim offender mediation
- consensus decision making



- sessions
- life skills programme
 - bi-annual holiday camps
 - counselling

The organisation has a crisis bed in place for instances when a juvenile's parent/guardian/responsible adult cannot be traced.

What makes the assessment process in Mariental ideal is the close proximity of the police station, the magistrates court and 'The Bridge'.

The organisation is also responsible for the co-ordination of the activities of the Mariental Juvenile Justice Forum. The activities of the forum are based on prevention and awareness raising. Annually we activities such as:

- holiday camps during May and August school holidays for children at risk of coming into conflict with the law and also for those already in conflict with the law;
- career guidance day for high school scholars;
- skills training for unemployed youth;
- a community ownership gardening project;

The MJJF has under its auspices



the Screening and Arrest and Awaiting trial committee (SAAT) at which the consistency of diversion recommendations are discussed, follow up on irregularities concerning arrested juveniles, developments in the juvenile justice arena as well as identified training needs are addressed. The partners of the SAAT are also responsible for cell visits to the detention cells at the police station to ensure that juveniles are not detained without just cause. Also that when they are detained that their human rights are respected and maintained.

We are hoping to have legislation on juvenile justice by mid-2001 and to have pilot projects in place which will run for a period of eighteen months.

Training has also been identified as a short term need.

We are proud to say that much of what has been done has been with the assistance of or co-ordination by or involvement of 'The Bridge'. □

Email: bridge@mweb.com.na



Effective work with young people and families in South Africa requires competence in dealing with issues of diversity. The B. Tech (Child and Youth Care) teaches students about the cultural competence continuum which enables us to assess our own and others' competence in dealing with people from other cultures. In order to increase their cultural competence, the Child and Youth Care 2 students at Technikon Natal were asked to carry out a short assignment in which they interviewed people from other cultures to find out about various aspects of their way of life. A selection of what they discovered follows:

BIRTH

Hindu Births

The birth of a baby is cause for celebration. The father or grandmother of the baby goes to the Maharaj (guru) and tells him the date and time of the baby's birth. The Maharaj gives a letter of the alphabet (according to the Hindu scriptures) to name the baby. On the sixth day, there is a prayer and feast ("chutee"). The prayer is said when the sun sets to welcome the child into the world and to thank the gods for this new creation. The aunt of the baby puts kajal (eye-liner) on the baby's eyes (to cleanse them), and a black dot on the forehead to keep away evil. The child's father gives the aunt money. They cook and feed people to celebrate the new arrival. Some Hindus cut the baby's hair on the sixth day whereas others do this after three months. This is so the baby can grow thick hair.

Traditional African: Zulu

When the child is born, the parents go out to invite all the relatives especially the grannies to bless the child by introducing the child to the ancestors. The child is then supposed to inhale something called "impepho". A sacrifice is offered to thank the ancestors for the child. If this celebration is not done the child may become ill and die. There is another function called "imbeleko" where a goat is slaughtered for the welcoming of the child into the family.

tor then takes the baby in his arms and prays for the child dedicating him/her to God. After the pastor has prayed over the baby. God gives the baby a prophetic word over his/her life – usually to tell the parents what kind of person the baby is and what she/he will become. During the child's early years, she/he is trained by its parents to be God-fearing. In some practices, by the time the child is twelve years old, she/he can be baptised because only then is the child able to understand the meaning of baptism – which

Spotlight on Students

Christian Baptism

In some Christian denominations, they baptise the baby after a couple of weeks of its birth. Full Gospel Christians believe that a child should be dedicated to God before they baptise the child. When dedicating, both parents have to stand before the pastor and make a vow/promise to God, the pastor and the congregation. They are only allowed to stand in front of the congregation if they are married. If the child is born out of wedlock, the pastor will dedicate the baby after church where only God, the pastor and parents are present. When the parents are in front of the church, they make a vow to God that they will bring up the child in the way of the Lord and that they will be examples to their child so that she/he can grow up knowing the appropriate ways to behave as a Christian. After the parents have made their vow to God, the pas-

means a sign of repentance and preparation for the coming judgement.

Many of the students indicated that they had enjoyed finding out about other cultures. We hope that you have enjoyed sharing what they learned.

Compiled by Jackie Winfield with contributions from students.

The following students are enrolled in Child & Youth Care 2 at Technikon Natal:

Angie Berry, Rosemary Cele, Phumelele Gida, Thembi Kuzwayo, Jo Lingerfelder, Celiwe Mbuli, Ronel Miles, Thulani Mlambo, Ntoyethu Mposo, Samira Ramdeo, Evana Seron, Noel Smith, Charlene Sookdew, Nombuso Vumisa, Cherie-Leigh Wilson, Londi Yika., Nqobile Zama and Mary Zulu



Tom Suchanandan, an experienced child and youth care worker, now researcher at the Human Sciences Research Council (HSRC), Unit for Psychological and Educational Test Development, examines the conceptual and methodological issues of psychological tests and promotes dialogue about recommendations for its future use in residential child care facilities.

Psychological TESTING

Transformation in assessment policy in South Africa has introduced many critical questions about the practice of psychological and edumetric testing in residential children's homes, educational institutions, clinics, etc. The role of psychological assessment in child care facilities has been questioned. The many changes required by legislation, unfortunately have led to hurried and poorly understood developments in policy around testing at schools and child care institutions. Historically, there has been a dominant perception that psychological testing in children's homes has focussed primarily on screening/ weeding out both the difficult/ hard to manage child, and children and youth from disadvantaged communities. Arguments against testing often centre on the fact that tests are culturally bound, are biased in terms of gender and language and are often inappropriate to children from disadvantaged communities. Testing in children's homes was often confined to IQ testing measuring only one aspect of the total being of

the child entering a child care facility. IQ tests were mainly constructed along racial lines in South Africa which was further cause for concern. Some of the recurring criticisms of psychological testing are as follows:

- It is claimed that children and youth are required to take a litany of tests throughout their stay in care. Furthermore, testing is carried out without any clear purpose in mind. A case in point would be the administering of an intelligence test to a child so that admission criteria are complied with, disregarding social, emotional, physical aspects.
- Psychological testing is often claimed to be an unwarranted invasion of the child's right to privacy. Another compelling argument focuses on the labelling and stigmatizing of the child's behaviour.
- Psychological testing particularly maximal performance tests tend to evoke anxiety. Given that the child is already traumatised by his/her removal from the family environment, being subjected to

an array of tests further exacerbates the child's anxiety.

- Standard psychometric measures were not designed to provide the type of information required for understanding a child/youth in care.
- Testing is mainly used to oil the smooth running of the institution rather than to the benefit or in the best interest of the child.
- There is strong evidence that tests create self-fulfilling prophecies, that is, influencing and preconditioning the administrator's expectations of them.
- The test results mean little to child and youth care workers/ houseparents etc. working directly with the child/ youth.
- Test results often do not inform any treatment plans.

It is therefore obvious from the above that psychological tests in child care settings are not without problems and hazards. On the other hand, one should not lose sight of the fact that tests also serve important functions in a variety of situations. The 1999 NCSNET/NCESS report states:

"The validity of many tests used for placement is now being ques-

tioned seriously. It is the Ministry's view that urgent attention should be given to the re-evaluation of all standardised tests prescribed by the provincial departments of education. Only tests, which have proven usefulness in identifying learning difficulties and exclusion, should become part of the assessment process. In this regard the routine administration of group tests of intelligence should be discontinued."

Many LSEN (learners with special educational needs) schools and child care institutions reacted to this report by summarily discontinuing testing. Changes in assessment and testing reflect changes in the priorities and pre-occupation of society as a whole. The growing dissatisfaction with conventional psychometric

method has resulted in the need for alternative assessment measures. It is precisely because of this that the Human Sciences Research Council (HSRC) has embarked on the development of a dynamic assessment (DA) instrument and has completed the standardizing of the Grover counter Scale. DA is conceived, as an efficient approach to identify learning processes and to provide accurate information required for the understanding of the child.

The quality of care for a particular child/ youth can be considerably enhanced by the judicious application of information derived from tests. However testing conducted in residential institutions should be conducted within a defined policy framework in-

clusive of issues such as rights of the child, purpose of testing, protection of privacy, confidentiality, communication of test results and testing culturally disadvantaged children/ youth.

It is the view of the author that assessment and testing must be regarded as an integral part of the treatment process since care and evaluation are bound together in an unending cycle of change. It is quite normal for the results of assessment to lead to the reformulation of certain treatment objectives and in turn changes in the treatment programme.

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Pittsburgh International Children and Families Institute - Exchange Programme for Administrators



Mathilda Morolong

In response to a sudden urgent request from the Pittsburgh International Children and Families Institute (PICFI) for an administrator from a child and youth care programme connected with the NACCW to attend an exchange programme for administrators, from 1-21 October 2000 in Pittsburgh Pennsylvania, hosted by the PICFI, we were pleased to immediately select Matilda Morolong, a long standing member of the NACCW.

The PICFI is an International Consortium of child service professionals who work together to develop practical, self-sustaining education and care programmes for children and troubled youth throughout the world. PICFI is a two phase programme which involves a three week programme for administrators in October every year, followed by an eight week practicum in spring for direct service staff representing countries that participated in the October Institute.

Participants are expected to prepare action plans for implementation at home, and to develop outreach efforts by improving information sharing networks, creating new partnerships, pursuing new innovation, and sustaining innovations already in place.

Mathilda has been the principal of Ocean View House which is a place of Safety in Durban for more than 10 years. She is qualified in Social Work, Child and Youth Care, Labour Relations, as a Trainer for Child & Youth Care, and a National Trainer for Family Preservation. Matilda facilitated the Principals Forum from 1991 until 1997, and served on the Regional Executive of the KwaZulu Natal region of the NACCW from 1994 until 1996. She participated in getting the Inanda Family Preservation Project off the ground and also conducted part of the initial training of staff in Family Preservation.

"I believe in continuing education, commitment to the profession, and the transformation of Social Service Delivery. I feel very excited, somewhat nervous but confident of my ability to be a competent ambassador for Child and Youth Care in South Africa, and to learn and implement back home. The Institute involves field visits and classroom seminars. I will be exposed to a wide range of programmes, have to observe and choose the programmes of interest to me, work with the staff of the Pressley Ridge Schools, and try and fit these programmes with our needs in South Africa".

Extracts from

"An assessment guideline for the child with enuresis"

Dr JMC Joubert is a lecturer, and Prof. MSE du Preez professor and head of the Department of Social Work at the University of Pretoria.

Introduction

Enuresis is one of the most common problems in childhood from the ages of five to twelve and later, and in some people it may even occur well into adulthood. This troublesome phenomenon occurs in children from all strata of the population, and from all cultures (APA, 1994:110). The practice of control over bladder function is part of a series of developmental tasks of the pre-school child on his way to individuality and independence. Thus the lack of bladder control in children is a source of worry, frustration, tension and embarrassment for parents and children especially if the child is in primary or secondary school already. Parents often tend to see enuresis as naughtiness, an attempt to get attention, reprisal or a power struggle.

Types of enuresis

- *Primary enuresis:* Where the child has since birth never established urinary continence. Usually primary enuresis continues into middle childhood after which spontaneous remission occurs. Most children with

enuresis become continent by adolescence, but in approximately 1% of children the disorder continues into adulthood (APA, 1994:109).

- *Secondary enuresis:* A diagnosis of secondary enuresis is made when enuresis develops after a child has had a period of at least one year of urinary continence.

The most common stage at



which secondary enuresis makes its appearance is between 5-8 years but it may also occur at any other stage (APA, 1994:110).

Enuresis may thus be defined as repeated voiding of urine during the day or night or in both cases, at least twice a week for three months, after the child has reached the age of 5 years or more and continence is expected from him as a normal developmental task. Organic conditions such as psychiatric illnesses, neurological and urological pathology must be excluded.

The child

The following are important aspects to keep in mind with regard to the child with enuresis:

- the child is very conscious of the general social attitude of disapproval with regard to enuresis and the mother/minder's strong desire for the condition to end
- there is a strong need in most children not to wet their bed. He does not have the ability to realise it and it makes him feel powerless and different from other children
- this conflict causes underlying anxiety and tension which is

conducive to enuresis

- the child with enuresis makes use of defence mechanisms such as withdrawal, projection, aggression, regression and denial and most of the children then reveal an unconcerned attitude and non-involvement.

The mother

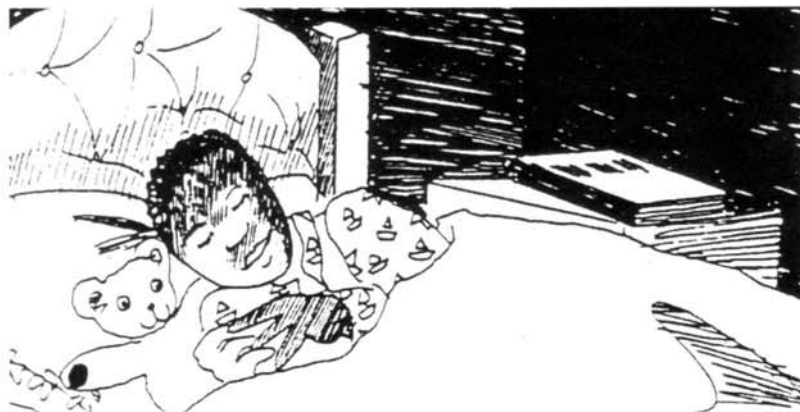
The mother is confronted with the following aspects with regard to the problem:

- her child has a problem with a social stigma;
- the extra workload which is brought about by the washing, wet bed and foul-smelling room;
- worry over her child;
- the mother is usually strongly motivated to do something about the problem;
- this motivation can be tempered by a long history of failures to find the correct treatment;
- she can be unrealistic about a new treatment; and
- most parents/caretakers do not have sufficient knowledge of enuresis as phenomenon and the functioning of the bladder.

Intervention Considerations

Support is provided to the child by:

- encouragement;
- relieving of feelings of guilt;
- development of a positive and realistic expectation with regard to intervention;
- improvement of the child's self-image and especially his self-confidence;
- to provide hope and assurance that the problem can be solved;



- to involve the child actively in problem-solving and decision-making.

Provide information to child and parents about:

- enuresis as phenomenon;
- the general prevalence of enuresis;
- causes of enuresis;
- functioning of the bladder;
- toilet training;
- handling of enuresis;
- different methods of treatment;
- what parents can do to combat enuresis; and
- Importance of a medical examination first.

Establish independence by doing the following:

- give the child control and responsibility;
- let the family realise that it is the child's problem and allow him to accept responsibility for it;
- realise that enuresis is most of the time the child's way of getting control in his life;
- agree that the child will ask for help if he wants it;
- after a wet bed the child must decide himself what the cause was, who he thought of directly after he woke up, how he perceived the wet bed; and
- the parents must avoid mak-

ing remarks about the wet bed or to ask questions about the situation.

Develop rapport by:

- improving the relationship between parent and child;
- giving attention to ways of showing respect, trust and love to one another; and
- helping the child to determine whether he wants to outgrow enuresis, because it may be his only way to unload.

Motivate parents to:

- take the child for a medical examination firstly;
- think positively about and to take part in therapy;
- persist with therapy;
- eliminate stress factors as far as possible;
- watch the diet of the child;
- limit themselves to positive encouragement; and
- make use of multi-disciplinary intervention if necessary.

Warn the parents against:

- punishment, scolding, teasing, humiliation of the child after an enuretic episode;
- the negative reaction which the teasing of siblings and friends causes in the child with enuresis;
- the child's strong need to keep this problem of his a secret;

- the over-involvement of one parent with the child;
- interference after control and responsibility is given to the child
- a possible increase in enuresis at the start of therapy.

Being aware of a problem often also reinforces that problem.

In summary the task of professionals with regard to the child with enuresis is the following: assessment, support, giving information, establishing of the child's independence, motivation for intervention and a dry bed, building of the child's self-image, improvement of the child's relationships and emotional development, dealing with behavioural problems, underlying unfinished business of the past and socio-emotional circumstances so that better functioning can be established.

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Thuthukani Shelter

Ngijabula ukhutola
inhlanla enkulo
ingisuse emgwaqeni
ngihlupelele ngilala
kalkhlungu ngigoolola
ngigemoathi lutho
ngihlohlwa abangani
ababi kodwa ngathi
ngilika lana ngathola
usizo olumnandi
kakhulu

Ngalala emchedeni
ngembethé ingubo.

Ngathola indawo
yokugeza njalo ngathola
izimpahla zokushintsha

Kepha emgwaqeni
ngangingakutholi
ngisho
nokudla ngidla
emgonyeni ngibhema
ngisho ne glue
yesicathulo kepha la
angibhemi
lutho ngiwela ukhuthula
noscolo. Ngijabonga
Thuthukani shelter
nisale kahle
nokhuthula noscolo
livempilo emnadi
njemgondeni owodwa.

Written by a youth in care.

English version available.

*Chris Smith, General Manager of Cape Youth Care, Cape Town,
reports on his recent fact finding visit to the United Kingdom*

UP THE RIVER STUFF

There was a man who built a house on the bend of a fast flowing river just before it cascaded down a huge waterfall. The man and his wife had spectacular views of the waterfall and this brought them much pleasure except when they saw young people swept over the falls and drown in the deep pools below. They decided that they wanted to help these young people and they set up a rescue station just before the waterfall. When this was set up and running they were able to catch some of the young people and care for them until they returned back to their community. The problem was that they found themselves working sometimes 24 hours a day as more and more young people required rescuing – and they still could not catch all the young people. One day a good friend of the couple came to stay and was very impressed with what his friends were doing. He stayed with them and helped with the rescues. After a month he had to leave and told them that he was going up the river to tell the young people of the dangers of the fast flowing river and the harm that they could do themselves if they got caught up in the fast flowing river. He taught them the skills to stay out of the river and techniques to get out if they happened to fall in. He cared for them and did not want them to get swept over the waterfall to a certain death.

Up the River

The beginning of my UK trip was to see how the 'Breakthrough to Excellence' courses were being run. These courses are run under The Pacific Institute who have been in business for more than 20 years organising programmes which have been used by big business throughout the world with tremendous results. They have now brought out a programme for young people. 'Breakthrough to Excellence' has been piloted in South Africa by Cape Youth Care. I found that programmes achieved positive results in less fortunate areas of the U.K. not only for the young people but for their families as well.

It was also exciting to see and view the changes that had taken place in the UK since my last visit in 1996, but sad to realise that most of the changes that need to take place in our country still seem to be on paper only.

The N.C.H. Action for Children started over 130 years ago and were known as National Children's Homes because they provided homes for orphans and other disadvantaged children. They changed their name to reflect what they do now. Their current aim is to keep families together where possible. If it is not in the best interests of the child to remain at home, N.C.H. work with the local authority to find alternative families. N.C.H. believe in building on strengths of families to enable them to support their children. All their services are child focussed and their staff are trained not only in child care skills but also in working with adults. Practice is underpinned by a wealth of policies and procedures

to ensure a safe service. Cape Youth Care have managed to secure funds from Pinelands Round Table to invite Rita Wiseman (Deputy Director) N.C.H. to visit Cape Town during the September school holidays, 22 September – 2 October 2000. She will conduct a series of workshops. If your organisation would like to be included please contact Chris Smith at Cape Youth Care. Tel: 021-531 6524 or fax: 021-531 5580

BREAKTHROUGH TO EXCELLENCE

Breakthrough is a dynamic interactive video programme specifically created to meet the needs of youth. Youth today face the enormous challenge of coping with a rapidly changing world.

Breakthrough is designed to teach youth participants applicable skills to deal with risks such as peer pressure, substance abuse, isolation and abuse through goal-setting, affirmations and changing how they perceive themselves. This programme builds a foundation for their positive growth and development, and is the key to the creative educational process. Breakthrough enables youth to see themselves as integral, essential contributing members of society.

Youth learn to be:

- be accountable
- motivate themselves
- realise their potential
- enhance self-esteem
- recognise new opportunities
- make effective life decisions
- set goals and achieve them



Dr Thom Garfat responds to a common challenge



Non-solution focussed kid???

I need any suggestions that would help me work with a youth that is extremely oppositional defiant. Our staff have been having great difficulty with this youth for over a year now in our residential treatment facility.

We have been trying to help the youth to find and focus on things he cares about.

We have tried to give him multiple chances to control his behavior and praised him continuously when we caught him doing things right.

His family is behind him and anything our staff team does and tries to support the youth and us. We have tried individual, family and group psychotherapy.

His psychiatrist cannot seem to find a medical approach to his treatment. This youth exhibits ADHD behaviors most of the time because of his intense impulsivity. He acts totally without thought of consequences. After all these efforts the youth does not seem to respond.

He says he cares for his family but he prefers to get into power plays with staff and blows his home visits.

When staff cue him to go to his

room to take time outs he refuses and even challenges staff to escort him. This usually leads to him ending up in restraint, staff being assaulted and him being grounded.

The youth is also very destructive and takes apart anything he can get his hands on. The consequences of which are the youth ends up with his room stripped all the time, he is on constant supervision and he often gets a hold of building materials i.e., parts of boards etc. that he could harm staff and peers with.

Thom:

Its great that you share your struggles with this young man so that we can all think about it a little. And I know it is only 'a little' because we don't actually experience the struggle.

And what a struggle it seems to be. However, it is interesting sometimes, as you suggested, to be able to stand outside and 'see the forest as it were.

Or as some might say, to look for patterns in the dance.

I find myself wondering who is leading here, the young person or the team. This question is triggered by your recent comment that right now "we have a more presenting

problem". I would be willing to guess that as soon as you start to get a handle on this issue there will be another, and then another, keeping the team constantly off-balance, pursuing, following. The young person has developed a special skill – lets just call it 'staying ahead of the team'. After a while, a team gets exhausted, frustrated and tired – maybe even cynical.

Somehow the team needs to become more 'in control' – and my guess is that it will need to be more 'in control' of itself, than of the young man – before your interventions will start to work. Some thoughts, for what they are worth...

Discuss the pattern to the dance – as a team look for a pattern (what we do, then what he does, then what we do, etc.) – it will be there – it will permeate all areas of the interaction and it will show up in other areas of his life. It will represent his way Of 'being in the world'. Think general. This may help you come to understand how this young man operates on the world as he experiences it. Some of Mark Krueger's writing on patterns and dance in youth care might be useful.

Ask yourselves what the young person gets from this acting of his. It is serving a purpose – what is that? Looking at what happens as a result of his acting usually helps to answer this question. Then, without attacking his behaviour directly (because this will likely just cause the acting to escalate. Try to find another way to meet the need. As you interact with him, keep asking yourself ‘what could be the purpose of this behaviour?’

Here’s my favourite question... “To what problem is this behaviour a solution?” Who’s problem, who’s behaviour, who’s solution? It offers us a different way to think about the acting.

As a team, see if you can predict how this young man will thwart your attempts to control him.

Recognise his skill and laugh about it a little if you can. Allow yourself to admire his perseverance.

This may help to ease some of the tension in the team and will help you to see that there is some ‘sense’ here.

As a team, as you begin to predict what will happen as a result of your interventions with him, compare what you thought might happen, to what does happen. Then ask some tough questions – like “If we predicted that would happen, why did we do it?” Or, “If we can’t predict what will happen, why did we do that?” This might help you to look at the role you all play in maintaining his acting. Then ask some more tough questions like, “how predictable are we?” or, “does our behaviour serve a

purpose for us?” Or “are we getting something out of this?”

Change the pattern. I know you can’t just reach out and change how he interacts but you do have control over how you all act in the dance. As someone said, you can’t change how an other is, just how you are with them. Glasser’s Choice Theory has some interesting suggestions. Look for ways that you can be different with him, not just when he is acting in a manner that is not okay.

Work with the young man to give this acting of his a name. Then join with him to help overcome this thing, whatever it ends up being called. See Michael Whites work on Narrative Approaches about this.

Find his successes – the exceptions to this story of his – and discuss them in the team too.

Be clear on your goals – don’t let them change from day to day. Sometimes you need to let some things go. Discuss in the team ‘who is focussing on what’. It may turn out you have different

goals, areas of focus, etc., as well as approaches. At times it is best to focus on a little, and yet we end up working on everything.

Finally, you need to discuss as a team, your perception that he has a better day when you are on. Others may have some thoughts or feelings about this. Or it may invite others to share their own experiences of the youth. Share those experiences with each other.

I don’t really expect you will find the ‘solution to your problem’ in the foregoing. It is just that you seemed to be struggling about how to think about your work with the young man and so I wanted to offer some food for thought. It seems that you and he are caught up in a pattern of interacting, in which he is the lead. That needs to change and the only way to do that is to change how you are with him. He has a way of acting on the world which comes from his experience of it.

We need to change that experience.

And the team needs to find a way to ‘understand’ this young man. A way to think about him and your interactions with him.

This article is reprinted from **CYC-ONLINE**, the monthly on-line magazine published by **CYC-NET** – the International Child and Youth care Network.

You can join CYC-NET’s discussion group for child and youth care people by sending e-mail to cyc-net@icon.co.za (“please include me”) and you can visit CYC-NET’s web site at www.cyc-net.org

Get connected to **CYC-NET** today. **IT’S FREE.**

Conference 2001



First call for Papers

The NACCW invites individuals or groups involved in child and youth care work to submit proposals for papers, workshops and presentations which focus on the impact that innovative developmental programmes and practice is having on Youth at Risk.

Please submit your proposals to NACCW, PO Box 36407, Glosderry 7702 or Fax (021) 697-4130 or e-mail naccwct@iafrica.com.

Assistance is available to anyone who needs help to develop their proposal.

Enquiries telephone (041) 373-7602

Masidibane Ngalomntwana

*“Let us
come together
about
this child.”*

Tuesday 3 July - Thursday 5 July 2001
Port Elizabeth Technikon College Campus

NACCW