



# Child & Youth Care

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

Jeug- en Kindersorg: 'n Joernaal vir diegene wat met probleemkinders en jeug in risiko werk.

# A Chipped Porcelain Cup — or being Russian



So this is Pietie-boy's house – diminutive. The many people it accommodates live out their waking lives in the yard or the streets. The pocket handkerchief yard itself is cluttered with tightly-packed shacks. That grassless patch pounded into hard earth by many feet, is a meeting place, a drinking place and a place for social activities. Pietie-boy no longer has a bed in the house. It was given over to others when he went into the Children's Home. People talk loudly here, shouting to each other in Afrikaans across the streets and into other crowded yards. The streets are more places for people than for cars. It's the children's playground. Only I sat on a chair dragged out of a shack and drank tea from a neighbour's borrowed porcelain cup. Pietie-boy disappeared; merging completely into the life of the township, barefooted, bright-eyed and full of life. Here Pietie-boy belonged and here he was greeted with sounds of attachment and pleasure.

The Children's Home from which he had come was situated in a middle class suburb far from this township. Pietie-boy went to a fee paying school, lived in a large double-storey and didn't share a bedroom. He wore shoes. He wasn't allowed to play in the streets – it wasn't appropriate in the neighbourhood of the Children's Home. Generally, people didn't raise their voices. The life-style was deliberately kept as tranquil as possible. In the Children's Home, Pietie-boy was a typical suburban dweller with a typical subur-

ban life-style.

Pietie-boy could slip easily in and out of these cultures; merging and belonging in township **and** suburb and only I sat on a chair drinking tea in a borrowed, chipped porcelain cup.

Pietie-boy was culturally what? – resilient? – competent? I only know that he could slip in and out of life-styles with ease and I couldn't.

## Culturally what?

Natalie was different. She rejected the township, insisted that her name be pronounced in an English style, denied that she was Afrikaans speaking; opted for life in the suburban Children's Home and the *Alice in Wonderland* culture that it lived out there. She learnt how to drink *this* to grow big and get through *that* door; or drink *that* to shrink small and get through the other. How to survive in the courtroom dormitory of the Queen of Hearts and in the Mad Hatter's diningroom. Eventually she realised that the games were not worth the outcome. The last time I saw a Natalie she had changed her name to Natasha and insisted that she was Russian. Pietie-boy demonstrated an amazing display of cultural slipping in and out and I wondered how he did it. What attitude, values, skills did he acquire and how could these be taught to Natalie, or should I say Natasha? The adjustments that have to be made by children to slip in and out of the cultures of **home** – wherever that may be; **Children's Home** – wherever that may be, and **school** – possibly in the suburbs,

are like some type of cultural gymnastics or playing Russian roulette with their sense of belonging and identity – especially if you are Natalie.

I don't have all the answers. I only know that a child in a Children's Home walks a belonging tight-rope. Can make it, or fall either way. It seems that we need to give a lot of help to children to keep their cultural connections, to retain the pleasure of the voices that call out to them from street corners, cafes and crowded yards; to allow them to be the twinkle in the eye of the neighbours they knew. We need to spend time with them if they have to face the strange worlds of other life-styles. Otherwise they too may sit uncomfortably on the only chair drinking tea from a chipped porcelain cup, or become Russians.

**Barrie Lodge**

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## NACCW

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# START Training at Clairwood Hospital

**Frida Rundell, Fathima Dewan & Zenitha Sockdeo**

Clairwood Paediatric Ward for chronically ill children cares for patients who have been transferred from many different hospitals in Durban. These children have been occupying beds for longer than four weeks. Their prognosis is usually poor. Students at Technikon Natal use a programme called START at Clairwood hospital. START (Strive Towards Achieving Results Together) is an organization which is primarily financed by and falls under the umbrella of the Sunshine Centre Association. After completing a 3-day START course by a trained supervisor the students implement the programme in the hospital setting. START is a home programme for developmentally delayed children and their families. It is an early intervention programme for children of 0-3 years which

suggests ways to encourage the development of the child and to promote the adjustment of the family to their situation.

## Together

The 'together' in the acronym indicates the foundational principle of partnering. This encompasses mutual responsibil-

ity, working together, sharing ideas and commitment. The student works together with the child's care-givers in the context of their environment.

The START kit consists of a package of materials which can be used in a way that best suits the needs of the user. The materials consists of:

1. Checklists which are lists related to the child's development. The user of the programme assesses the child's level of development on these checklists and is then directed as to how to encourage further development. (Areas of development which are assessed are listed in the box at the bottom of this page.)
2. Integrated Programme and Activity Sheets where the user is referred to hundreds of suggested ways of working with the child.
3. Handbooks which have been designed to assist the user to conduct START in an effective fashion.
4. Appendices containing information on topics such as hearing impairments and other sources of help.

## Areas of development assessed

Gross Motor (GM)	large muscle movement, e.g. sitting, crawling and walking.
Fine Motor (FM)	small muscle movement, e.g. grasp and release
Receptive Language (RL)	the ability to understand words and their meaning
Expressive Language (EL)	the ability to combine words and use gestures to express oneself
Activities for daily living (ADL)	play, dressing, toileting and socialization

### Application of START at Clairwood Hospital

The children at the hospital are under-stimulated and their emotional needs are not adequately met. Most are developmentally delayed due to a challenging environment and malnutrition. The babies have often been abandoned by their parents or their parents live far away and are unable to see their children. Many of these children are in the process of dying. In 1998 negotiations were made to convert a store room into a stimulation room. Requests for donations of toys and equipment were made. Murals were painted by the students to brighten up the stimulation room.

Children may be delayed in development and have delayed responses. However, it is essential to remember that the child is not just a collection of areas of development or problems that need sorting out. Intrinsic to ev-

ery child is his unique personality with likes, dislikes, a sense of humour, needs and responses. We must therefore pay attention to the emotional needs of the child. START seeks to integrate human resources e.g. parent, care-giver, nurses into a unit that promotes knowledgeable stimulation.

### Developmental check

When using the programme students practise respect, intentionality, optimism and trust (RIOT), with the baby, parents, nurses, other staff and colleagues.

Students use the checklists to find out where the baby is in the five developmental areas. They then plan activities to help develop the child from the activity books. Students plan and bring equipment for each activity.

These are recorded in a file kept by each student. A reflection book is kept to reflect on feelings, thoughts, beliefs, values

and ethics experienced during practicals. The lecturer does on-site supervision of the students. The key to evaluating whether a programme is community friendly, is whether it is:

- adaptable and applicable to its context;
- interdependent with the human and physical resources present;
- to recycle resources available;
- sustainable after the event or happening. (Kelly 1986)

The above criteria focus students and lecturers on maintaining a high level of continual care in the face of great diversity.

The lecturer also reads the reflections of students. Students are helped with any difficulties that might occur.

START is user friendly and has worked well for the students.

The challenge lies in being flexible and adapting to the environment. □

### Student, Zenitha's story

The first time I went to Clairwood Hospital I thought I would never see the end of the year because of the smell, but I worked through it. The first child I worked with, because I had to. I went down to Ward C3 and there was this cute little boy who lay in his cot and looked at me with no expressions. I talked to him, played peek-a-boo but there was no response.

I did my assessment on him and the following week I planned a programme.

The first few weeks I did the same programme because he did not respond. I felt as if I was about to give up, but my lecturer had given me the strength and courage to keep trying.

About a month later I got my first response from him. When I wanted to leave him in his cot, he held my arms tightly and started to cry. I felt as if I was

dreaming because I had wished to get a response from him.

### My enthusiasm

The following week for the first time I was enthusiastic to work. Thereafter I worked harder and I slowly saw him progress with smiles and babbles. He identified toys, especially cars. He was unable to walk at first but by the time we had left he could walk without assistance. When I used to pick him up from his cot, he would

smile and put his hands out for me to carry him. When we played in the simulation room, I would try to move away slowly but he would always check to see where I was.

The day I would never forget was when he got me totally by surprise I just entered the ward and stood by the door, he was playing on the floor. When he saw me, he came with a big smile and open arms towards me to carry him. □

*On 10 December 1999, the National Minister of Health, Dr Tshabalala-Msimang, published a draft National Policy on Testing for HIV. The purpose of the HIV Testing Policy is to regulate or provide guidelines regarding the circumstances under which testing for HIV must occur. This is a very important policy and much needed in our country. It is one of the key elements for a non-discriminatory environment in the context of HIV testing.*

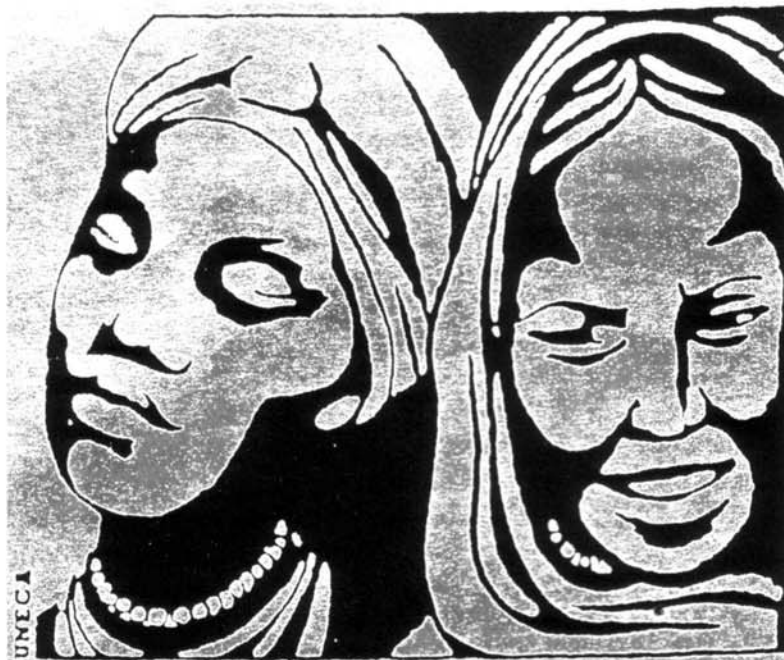
*Mary Caesar, Co-ordinator of the AIDS Legal Network, comments on the policy and provides recommendations submitted to the National Minister of Health.*

### **Legal status of the HIV Testing Policy**

At this stage, the HIV Testing Policy is a draft policy. In terms of the Health Act (no. 116 of 1990), the Minister has the authority to make certain regulations and the HIV Testing Policy is a form of regulations under that Act.

### **Summary of Draft National Policy on Testing for HIV**

Testing for HIV infection presents serious medical, legal, ethical, economic and psychological implications in the health care setting. Because HIV is a life threatening condition, reasonable persons and health care workers will attach significance to the outcome of an HIV test, especially a positive diagnosis. For these reasons, and in accor-



## **The draft National Policy on the Testing for HIV: Creating a non-discriminatory environment**

dance with the constitutional guarantees of freedom and security of the person, and the right to privacy and dignity, the following HIV Testing Policy shall constitute national policy. This policy applies to persons who are able to give consent, as well as to those legally entitled to give proxy consent to HIV testing in terms of the law.

### **1. Circumstances under which HIV testing may be conducted**

Testing for human immuno-deficiency virus may be done only in the following circumstances:

- upon individual request, for diagnostic and treatment purposes, with the informed consent of that individual;
- on the recommendation of a

medical doctor that such testing is clinically indicated, with the informed consent of the individual;

- as part of HIV testing for research purposes, with the informed consent of the individual and in accordance with national legal and ethical provisions regarding research;
- as part of screening blood donations, with the informed consent of the individual and in statutory provisions regarding blood donations;
- as part of unlinked and anonymous testing for epidemiological purposes undertaken by the national, provincial or local health authority or an agency authorised by any of these bodies, without informed consent, provided

that HIV testing for epidemiological purposes is carried out in accordance with national legal and ethical provisions regarding such testing; (Epidemiology is the study of the distribution of diseases in society, and the application of this information for the prevention and control of disease. HIV testing for epidemiological purposes is therefore HIV testing in order to obtain information regarding the distribution of HIV infection within society.)

- where an existing blood sample is available, and an emergency situation necessitates testing the source patient's blood (eg. when a health care worker has sustained a risk-bearing accident such as a needle-stick injury), HIV testing may be undertaken without informed consent but only after informing a source patient that the test will be performed, and providing for the protection of privacy. The information regarding the result may be disclosed to the health care worker concerned but must otherwise remain confidential and may only be disclosed to the source patient with his or her informed consent; or
- where statutory provision or other legal authorisation exists for testing without informed consent.

Routine testing of a person for HIV infection for the perceived purpose of protecting a health care worker from infection is not

permissible regardless of consent.

HIV testing for an employee in the workplace is prohibited unless justified by an order of the Labour Court, in accordance with the Employment Equity Act No. 55 of 1998, section 7(2). Proxy consent may be given where the individual is unable to give consent.

(Proxy consent is consent by a person legally entitled to grant consent on behalf of another individual. For example, a parent or guardian of a child below the age of consent to medical treatment may give proxy consent to HIV testing of the child.)



Artwork: Maryland Literacy Programme

## 2. Informed consent, pre-test counselling and post-test counselling

- Testing for HIV infection at all health care facilities will be carried out with informed consent, which include pre-test counselling.

The information regarding the result of the test must remain fully confidential, and may be disclosed in the absence of an overriding legal or ethical duty only with the individual's fully informed consent.

- In the context of HIV/AIDS, testing with informed consent means that the

individual has been made aware of and understands the implications of the test.

- Consent in this context means the giving of express agreement to HIV testing in a situation devoid of coercion, in which the individual should feel equally free to grant or withhold consent. Written consent should be obtained where possible.

- Pre-test counselling should occur before an HIV test is undertaken. It should be a confidential dialogue with a suitably qualified person, such as a doctor, nurse, or trained HIV counsellor, undertaken as a means of passing on information and gaining consent.

- Posters, pamphlets and other media (including videos) may be used in making information on HIV/AIDS available, but cannot be regarded as a general substitute for pre-test counselling.

- A doctor, nurse or trained HIV counsellor should accept after personal consultation, an individual's deci-

sion to refuse pre-test counselling and HIV testing. Psychological competence in understanding and dealing with the diagnosis of a life-threatening condition, rather than educational or social status, should be the yardstick for this decision. Such a decision should only be made on a case-by-case basis and should be recorded in writing.

- A doctor, nurse or trained HIV counsellor should also ensure that post test counselling takes place as part of a process of informing an individual of an HIV test result.

- Where a health care facility

lacks the capacity to provide a pre-test or post-test counselling service, a referral to a counselling agency or another facility with the capacity to provide counselling should be arranged before a test is performed, and when an HIV test result is given.

- Where a patient presents with recognisable HIV/AIDS specific symptoms but no facilities exist for pre-test counselling, then treatment for the specific symptom or illness should proceed without an HIV test. Referral for pre-test counselling with a view to a possible HIV test must occur at the earliest opportunity.

### 3. Interpretation of this policy

In all instances, this policy shall be interpreted to ensure respect for rights to privacy, dignity and autonomy. □

An extract from NACOSA Western Cape Newsletter No. 9 April 2000 and Government Gazette Vol. 414 no. 20710 – 10 Dec. 1999. Department of Health – Government Notice 14979.

Information: Mary Caesar, AIDS Legal Network (021) 4239254 or Luann Hatane at NACOSA, Western Cape, (021) 4231041

## AIDS Legal Network Response

*A number of recommendations were submitted to the Minister of Health.*

*As a national network focussing on law, ethics and HIV/AIDS, we welcome the move towards adopting a national policy that provides a uniform framework for all HIV testing and conditions under which testing should take place. Far too many complaints from clients involve discriminatory practices related to HIV testing and this is one way of preventing discrimination and infringement of rights.*

*We were concerned about the absence in the HIV Testing Policy about enforcement mechanisms.*

*The policy is silent on what happens in the case of non-compliance with the HIV Testing Policy and the recourse available to complainants. We*

*recommend that the Ministry investigates and decides what the appropriate enforcement mechanisms will be. The policy must then clearly state what happens when someone does not obey the law.*

### Conclusion

*A policy of this nature is very important and as non-government organisations working in the area of HIV/AIDS, we must ensure that every person is aware of their rights. We must also ensure that in instances where the policy is not applied resulting in infringement of the law, those responsible for the infringement, face the consequences of such disregard for the law.*

*If implemented accordingly, a policy of this nature will be a great advantage to the non-discriminatory environment we need for voluntary counselling and testing. Once individuals are assured of the full protection of the law, they will be encouraged to seek appropriate preventive and curative assistance. □*

## THE HOMESTEAD

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Cape Town 8008

or fax (021) 419-2600;  
email: homestead@icon.co.za







# Child Justice Project

The South African Law Commission has been developing a comprehensive new law about children accused of crimes. The new system emphasises individual assessment of each child and tries to find alternative ways to deal with children; keeping them within their families and protecting them from the damaging effects of courts and prison as far as is possible.

The United Nations Development Programme and the Ministry for Justice and Constitutional Development have entered into an agreement for UN technical assistance in the field of Child Justice, giving rise to the UNDP Child Justice Project.

Located in the Department of Justice, as part of the Directorate on Children and Youth Affairs, the main objective of the project is to assist government in the implementation of a new law dealing with children accused of crimes, which is to be put into operation in the near future.

The project will assist with the development of the new system for dealing with children accused of crimes in a number of ways:

1. **Enhancing the capacity and use of programmes for diversion and appropriate sentencing of children**

The project will work with the relevant departments, NGOs and CBOs to make sure that there are adequate and effective programmes to which children can be sent instead of going to trial or as a sentence following the conclusion of their trials.

2. **Finding ways to protect children in detention**

The project will work with all government departments and NGOs working with children deprived of their liberty to seek alternatives to detention and to set minimum standards on the treatment of children during detention.

3. **Supporting the implementation of the new law**

The project will provide information to all government and non-government role players about the new law, assist with the drafting of regulations, and assist with planning for its implementation by providing cost estimates and other information regarding the resources needed to underpin the new system.

4. **Raising awareness and training of personnel**

The project aims to raise awareness amongst the general public about children accused of crimes and new ways of dealing with them. Children themselves will be targeted through this awareness campaign. The project will also assist government departments in developing curricula and training materials about the new system for personnel working with the child justice system.

5. **Helping to establish a monitoring process**

The proposed new law requires that there should be a monitoring procedure in place to protect children and to help maintain an efficient and effective system for justice for children accused of crimes. The project will assist with the setting up of inter-sectoral committees in the provinces and the development of a monitoring procedure at a national level. □

*For more information contact National Project Co-ordinator, Ann Skelton at telephone (012) 315-1809 or fax 315-1808 email: askelton@worldonline.co.za*



Photo: EDUCO

*"It can prove very difficult to live in harmony with and love children who are perceived as manipulative, affectionless, distrustful, or arrogant. If this is the way children are seen, a healing healthful connection cannot be made. If, however, the teachers are able to look deeper into themselves and deeper into the child, new ways of seeing can emerge."*

— Nancy Schwartz

The 20th century began with the belief that the problems adults encountered in dealing with children would be vanquished in a new era of democracy, science, and technology. Reformers saw their mission as advocating for devalued youth and nurturing the positive qualities of even the most difficult young persons, but by mid-century, this spirit of optimism was stifled. Education and youth work had been turned into depersonalised bureaucratic systems. The idea of helping troubled children through building strengths and relationships became lost in the uproar of the debate over punishing deviance

The journal *Reclaiming Children and Youth* began the year 2000 with a special issue on the challenges of developing more effective approaches for dealing with young persons in conflict within home, school, and the community. Articles in the issue reflect a shift by professionals in the areas of education, youth work, mental health, and juvenile justice from using deficit-based strategies to employing strength-based ones. In this opening article, the editors contend that reclaiming strategies are anchored in a strong belief in the positive potential of all youth and a willingness to advocate for those who are devalued and discarded.

## New Ways of Seeing for the New Millennium

versus "fixing" deficits. The strategies of retribution and flaw-fixing failed, however, and for the same reasons – they were pessimistic and reactive and failed to meet the needs of troubled kids. Thus, the age that had been heralded as the "Century of the Child" would end in a feeling of "problem fatigue" when it came to dealing with young people. As we enter a new millennium, we are again poised on the threshold of a positive paradigm shift toward a reclaiming philosophy. In the 21st century, the spirit of optimism will not be driven by idealism alone, but by a new science of positive youth development. Studies of resilience – in essence, studying individuals who have overcome adversity – have shattered the concept that taking risks necessarily leads to ruin. Resilience is not just an innate trait of a few "superkids", it can exist in anyone. In his book *Altering Fate*, Michael Lewis (1997) contended that the past need not predict the future. What enables people to survive adversity and overcome damaging pasts is the astonish-

ing human spirit of adaptability and will. Humans change their lives, however, because of new experiences and opportunities that enable them to leave the past behind. Lewis suggested that rebuilding troubled lives is more likely to involve "care" than "cure".

It would be simplistic to assume that kids can beat the odds by themselves; it is the responsibility of adults to change those odds. This will involve reaching out to all kids as "our kids" and becoming advocates for "throw-away" kids – children who have been devalued and discarded.

### Blueprint for Building Strengths

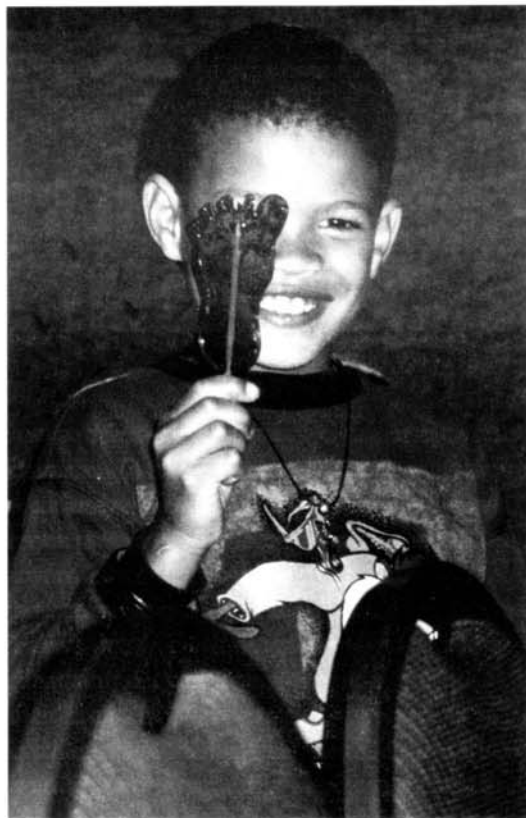
Too often we have heard an adult say, "that kid won't amount to anything – look at his background." This negative mentality becomes a self-fulfilling prophecy. We need to shift the focus from why youth go wrong to why they go right. Retired U.S. General Colin Powell said that we should talk about children of promise, not children of risk. Fortunately, we now have avail-

able a solid body of scientific information about which strategies create positive outcomes. We have discovered that children need to be reared in environments where there are opportunities to develop and experience belonging, mastery, independence, and generosity – the elements of the “circle of courage”. When these needs are not met, we produce discouraged kids whose behaviour displays their sense of alienation, futility, irresponsibility and selfishness.

A positive trend seems to be arising in time for the new century: We are returning to the traditional view that families cannot bear the sole responsibility for rearing the young. As Peter Benson (1997) of the Search Institute said in the title of his recent book, “All the kinds are our kids.” In an ongoing project involving thousands of youth, the Search Institute has identified 40 “developmental assets” that are considered to be the building blocks for healthy for healthy outcomes. Half are external assets such as supportive adult and peer relationships and positive expectations and limits for behaviour. The other are internal assets such as achievement motivation and prosocial values.

The more of these 40 assets a youth has, the less likely he or she is to engage in high-risk behaviours. Children who lack these assets are at a much greater risk for a host of destructive behaviours such as substance abuse, promiscuous sexuality, school behaviour prob-

lems, delinquency, and depression or suicide. To date, in communities that have undertaken a study of their children and adolescents, citizens have been startled at the results –



most of their young people have few of these supports.

Benson believes that a serious rupture has occurred in our society's youth development infrastructure. This is not a problem of disadvantaged communities only – it affects suburbs and small agricultural communities as well.

### **Advocating for Cast-Off Kids**

The professions of education and youth work are in a state of flux and uncertainty. Although strident voices still argue for discarding our most troubled kids, we believe this is the “death cry” of what we call a “dominator culture”.

The interventions we employ are products of the values and beliefs we have regarding raising kids. Much of this arises out of folk psychology based in our family and cultural backgrounds.

Becoming professionals does not mean that we abandon our folk psychology. Instead, we tend to select interventions that fit into our pre-existing belief system. Unfortunately, not all such belief systems are geared to the needs of children. The history of Western society is a long saga of cultures in which the response to egregious behaviour is coercion and banishment.

Professionals need new ways of thinking about troubled kids. The reclaiming philosophy seeks to change troubled behaviour by decoding why a youth chooses to act in a particular way, even in the face of punishment.

To diagnose behaviour is not to excuse it, for youth are responsible for the decisions they make; but unless we understand why a youth makes particular choices, we are unlikely to be able to influence them into abandoning self-defeating behaviour patterns. Nancy Schwartz, a special education intern at George Washington University, described this new paradigm in this way:

*Manipulative can become a distorted cry for independence; affectionless can be seen as absence of the generosity; distrustful becomes an absent sense of belonging; and arrogant is a distorted spirit of mastery. In looking underneath the behav-*

jour to what is missing from the child's life ... a more positive, less cynical foundation is laid for helping these children (1998,p.6)

A study of professional pioneers in our field demonstrated that they were powerful advocates for young people who were treated as outcasts by schools and communities. We believe that the genuine proof of being a professional is the willingness to stand up for society's most needy and devalued youth. We must have the courage and skills to teach others about science and best practice. Nothing in this body of professional knowledge suggests that expelling, imprisoning, or ignoring difficult youth is scientific, economic, or ethical.

In the 19th century, women who had not gained the right to vote were among the most powerful voices for youth. Today, however, many professionals in the mental health system, the courts, and the schools are turning their backs on our most difficult youth.

### Advocacy example

In their new book *Reclaiming our Prodigal Sons and Daughters*, Larson and Brendtro (2000) have challenged all citizens, including persons from faith communities, to become involved in reaching out to troubled youth. They described one of the earliest examples of advocacy for a troubled youth in a letter by Paul from Ephesus in 60 AD. While Paul was in prison, he met a youth named Onesimus who had stolen from his master, Philemon. In those "law-and-order" times, the penalty for slaves involved in such crimes was death, but Paul used his status as a Roman citizen to work on behalf of this young inmate. In fact,

he adopted Onesimus while they were both in prison. When Onesimus was about to gain his release, Paul wrote a powerful advocacy letter to encourage setting up an "aftercare program" for the youth. Remarkably, Paul sought to convince the boy's master, Philemon, to become responsible for this youth who had wronged him.

Paul was highly trained in the power of rhetoric, so his letter to Philemon employed the strategies developed by Greek and Roman teachers to persuade and influence a sceptical audience:

- Build rapport with persons whose views you seek to change,
- Use logic to establish the credibility of your point of view, and
- Make an appeal to the positive values of the person whose support you need.

Paul spent the first third of his letter to Philemon warmly building rapport. When he finally broached the name Onesimus, he softened resistance with humour. In presenting his case, he noted how Onesimus had changed and how he wanted to return as "useful" rather than "useless" person. This is a play on words because "Onesimus" actually means useful. Paul also offered to repay whatever damages remained. Finally, he appealed to Philemon's belief that all persons must live together as a family of relatives, suggesting that Onesimus should return not as a slave, but as a brother. We do not know what Philemon's response was, but historians have indicated that 40 years later a person named Onesimus was bishop of Ephesus. □

**Nicholas J. Long, PhD**, is president of the *Life Space Crisis Intervention Institute* in Hagerstown, Maryland.

**Larry K. Brendtro, PhD**, is president of *Reclaiming Youth International* in Lennox, South Dakota. He can be contacted at PO Box 57, Lennox, SD 57039

## Child and Youth Care Worker needed

Women between ages 25- 49 can apply.

### Requirements:

- Physical care and education of 12 boys or 12 girls in separate cottage. Children in each cottage range from infants to adolescents.
- Previous experience of physical care of children, nursing, youth work, or teaching will be an advantage. All NACCW courses and training will be acknowledged.
- Living-in is required. Furnished single flat with free meals and television.

Competitive salary – minimum R1523.00. Leave benefits during school holidays. Medical and pension benefits.

Forward CV, copy of ID and reference to:

**ANDREW MURRAY  
CHILDREN'S HOME  
WELLINGTON**

For more information telephone (021)8733834/5 or 8732654 or fax (021)8733834



## WHAT IT MEANS TO BE A CHILD AND YOUTH CARE WORKER

Various cultural groups use different methods of rearing children. Some of these methods never make their way to the books but are quite valuable to the people who use them. Parents care for children. They nurture their children to make sure that they develop into independent capable adults. However, we do not call these parents child care workers.

Child and Youth Care Work is a Profession. Professions differ from occupations in a number of ways. They are grounded in a body of specialised theory and knowledge, which is transmitted through formal education. Members of the profession are recognised formally or informally as experts in their fields. They are held

**Nozuko Nonkonyana,**  
*chairperson of the residential  
child care forum in Kwazulu  
Natal, gives a motivational  
talk at the CCW Forum Meet-  
ing in Umtata on 15 March.*

together by common sets of values and norms governing professional behaviour. They are expected to have a sense of autonomy, a commitment to services and a view of their professional work as a calling rather than a means of earning a living.

Like the other professions, child and youth care work has evolved a formal system of education and training of its practitioners. This professional education is a means of imparting knowledge, developing proficiency in the necessary practice skills and socialising prospective new child and youth care practitioners into the values of child

and youth care work. The NACCW has been very instrumental in developing child and youth care to be a recognised profession in South Africa. The NACCW has not only developed the curriculum but has also developed codes of ethics and ethical standards. These define the norms and values of child and youth care workers. Now we know that Professional Registration of Child and Youth Care Workers with the SA Council for Professional Social Services is in the pipeline.

Therefore for one to call him- or herself a professional child and youth care worker, s/he needs to undergo training and education, gain practical and theoretical knowledge in child and youth care work and also abide by a code of ethics. Having such knowledge gives you a sense of authority in the field.

As in any other profession there is always new information available. Therefore one has to seek new information regarding child and youth care all the time. We have seen how doctors always carry their notebooks around the hospital. They take notes about new diseases and new medications they develop in their field thus they never get redundant. As child and youth care workers we need to do the

same, seek more information about various practices in child and youth care. Your knowledge base as a child and youth care worker has to swing with the times and the changing needs of our clientele.

The way you carry yourself determines who you are and how other people perceive you.

As child and youth care workers we are governed by a code of ethics. The ethical standards written there are not supposed to be carried out only at our work places. All the children in our care are to be treated according to these standards. Being called a professional poses a challenge to you. You are no longer going to be called by your name but by your profession. Therefore if you conduct yourself in a way that is against the ethical standards of your profession, you bring shame to it. As a social worker, I have people who do not know my name but call me by my profession, social worker. There is this old lady at my workplace. She works in the garden. Whenever I greet her I like to call her by her first name. She will answer back in a very respectful way and say "Ewe Nontlalo" meaning, "Hi, to you social worker". If as child and youth care workers we want to be respected, we need to conduct ourselves in a very professional way. □

**BRIAN GANNON ON ...**

# A child care visit to North America

Last month I had the opportunity to spend a month in North America — three weeks in Canada and then one week in the USA. It was my first time away from South Africa since 1985 and so I flew from Cape Town to Montreal with some excitement. I had a week at home with Thom and Sylviane before a week of work and holiday in Nova Scotia. Thom Garfat is well known to us having been a keynote speaker at two of the NACCW's Biennial Conferences, and Sylviane is herself a child and youth care worker, doing very interesting work with youth and their families outside of the residential side of the field.



Thom and Sylviane

Thom and I flew to Halifax, Nova Scotia on Sunday 14 May, and spent Monday driving through the breathtaking coastal and valley scenery en route to Kentville to visit the Nexus program. South Africans would have been most interested by the way in which Mark Hill and his team at Nexus work with young people and their families out in the community, using the residential facility only when needed — perhaps at times when the youth or family were in difficulties, perhaps over weekends, perhaps during the week. Their "caseload" for example was ten



With some of the kids at Nexus

times the number of youngsters actually in residence. I told the team something of child and youth care work in South Africa, and also to led a discussion on various career and practice issues.

## Ethics

I had been invited the next day to run a workshop for the Association for the Development of Children's Residential Facilities (ADCRF) which has 125 staff members working in 6 facilities for young people between the ages of 12 and 16 years old. Presently, they

run two group homes for females, two for males, one facility for young people exiting or at risk of street prostitution and one crisis assessment centre. The task was to address certain ethical aspects of our profession, and a number of other organisations had asked whether their staff might attend, so they

used the auditorium in the town's Children's Hospital. We worked in groups with a number of real ethical issues while learning something of the world-wide development of the child and youth care profession. All with my suggestion to close the day's work by reciting together the public declaration which child care workers in South Africa make in the process of professional registration. Linda Wilson, the ADCRF's Director was returning to the auditorium from a meeting while we were doing this, and she said it sounded as though we were all praying!

One outcome of this workshop was a renewed determination on the part of many who were pres-



Brian with Karen Crossley of the local Association and Althea Tolliver of the Nova Scotia Home for Colored Children.

ent to work at the development of the professional association in their area, and it is nice to know that our progress with an association such as the NACCW has been an inspiration to colleagues elsewhere in the world.

## College

We have often looked with envy at the many teaching and training opportunities available for child care workers in North America. There are literally dozens of universities and colleges which offer child and youth care courses at various levels, and it was a great privilege for me to be able to visit the course offered at the Nova Scotia Community College in Truro. Course Co-ordinator Hugh McIntyre, has been a member of CYC-NET for a long time (as are most of the students) so I continued to put faces to so many names which were already familiar to me. At the end of the morning's workshop I was to share in one of those unique child and youth care "rites" recognisable everywhere: teachers and students sat down to a communal lunch in the course's common room, something which few other faculties would plan with their students.

## Cape Breton

On the Wednesday afternoon we drove to a most rugged and beautiful part of the world — carried over the water by a cable ferry — Cape Breton Island in north-eastern Nova Scotia. The principal

town is called Sydney, formerly a centre of mining which has fallen away and now devastated economy with serious unemployment. I was invited by the Boys' Residential Centre (in New Waterford) and the Girls' Residential Centre (in Sydney).

Our friendly hosts were Bobby O'Handley and Charlie Coleman. During our workshop, child and youth care workers, supervisors, agency seniors and government welfare officials

worked on issues which many agencies around the world struggle with — agencies' need to be clearer about the purposes (not just the reasons) for referrals to residential programs and, at the same time, residential programs' need to be clearer about what they do and what they have to offer in the continuum of services.

Once again we were to be dealing with professionalisation — not just "working professionally" but being able to define our knowledge base, our practice skills and our way of being with the youngsters, their families, with their communities, society and government agencies who manage, fund and make policy for our work.

My memory is of an afternoon in which we all became more aware of the richness and complexity of our work, the immense difficulty of prioritising developmental and behavioural tasks, and of our responsibility to be more articulate about (and more active in our advocacy for) what our work does with troubled kids and families.

### Minnesota

After another week in Montreal with Thom and Sylviane (a mix of talking and cooking and sight-seeing and preparing for the coming week) I flew to the Twin Cities of Minneapolis-St Paul where I was



With Hugh McIntyre at Truro

to work for a week presenting a course on Working with Youth — Individual. Here I had the opportunity to reconnect with old friends and colleagues. My first hosts were Prof. Jerry Beker

(who was a Keynote Speaker at the NACCW's 1981 Conference in Johannesburg) and his wife Emily. Jerry was for many years Editor of *Child and Youth Care Quarterly* (later the *Forum*) and has been a major force in our field — in relation to academics and practice, in publishing and writing, and perhaps most of all in his encyclopaedic knowledge of "who's who and who's doing what" which shows itself in his capacity for linking and introducing people to each other.



With Charlie Coleman in Sydney

towards another degree. We caught up on each others' news and compared notes on South Africa and America. I also shared a meal with Prof. Mike Baizerman, also on the Youth Studies staff and well known to South African child and youth workers.

My hosts while presenting the course were Mary Burnison, Co-ordinator of the coursework in

the School of Youth Studies, and her husband David and son Sam.

### The course

The students on the course came from very different practice fields — social work, residential work, community work, hospital work, locked ward work, as well as different client groups as at-risk kids and families, justice adjudicated youth, addicted kids, etc. So our content had to be applicable to all of these settings, and this made for a very interesting week for me.

The theme we followed was the tension between what *others* expected from us (society, funders, the media, the courts, other professionals, our managers, supervisors and team colleagues) — and how *we ourselves* judge how we should be acting (in terms of our knowledge, experience, ethics, assessments, resources, etc.) as we approached each new task in our day-to-day practice.

As we worked through problems and scenarios, and balanced these against the realities of our work, it was clear that child and youth workers have to be very sure about themselves as they make critical judgement calls, moment by moment, in the life-space of youth and families.

The class worked hard and we finished the course on the afternoon of Saturday June 3 — leaving me a couple of hours to get to the airport for my journey back to Cape Town. I made many new friends, saw wonderful things and learned a great deal. One of the pleasant surprises was meeting people whom I already knew through CYC-NET — virtually all of the people I have mentioned are members — and meeting new people who are working with — and often experiencing similar difficulty with — the very issues and problems we face here in South Africa. My conclusion is that there are barren patches and nice tracts of green grass on both sides of the fence! □

# Transformasie en Implimentering van Minimum Standaarde

Desmond de Wet, hoof van V G K Kinderhuis, Pofadder, Noord-Kaap, vertel van opwindende ontwikkelinge in hul program.



Gedurende Augustus 1997 het die kabinet goedkeuring gegee aan 'n nuwe ontwikkelings gerigte welsynsbeleid om gelyke toegang vir alle inwoners tot welsynsdiens te verseker. Soos alle instansies moes ons ook minimum standarde en die transformasie proses begroet en implimenteer. Alles vir die V G K Kinderhuis Pofadder en sy personeel onbekend en vreemd. Vreemde beginsels wat met agterdog hanteer was en 'n bangheid wat mense versigtig gemaak het. Transformasie in welsyn en veral wat die kinders betref, het 'n kettingreaksie van wantroue en agterdog by die kinderhuis, sy bestuur en die personeel tot gevolg gehad. Sommige van die personeel het onmiddelik te kenne gegee dat hulle gaan bedank. Diegene wie agter gebly het, het transformasie en die minimum standarde verwelkom en onmiddelik probeer implimenteer. Die implimentering van kinderregte, plan van behandeling, die ontwikkelingsplan, ensovoorts, was spoedig nie meer so 'n vreemde verskynsel nie. 'n Probleem waaraan niemand gedink het nie, was hoe die kinders veral kinderregte sou ervaar. Gou was dit duidelik dat kinderregte iets anders nodig het om tot sy reg te kom.

Kinderversorgers het aan my gesê: "Ons hande is afgekap, want die kinders maak net soos hulle wil". Gou het hulle besef dat elke reg ook 'n gevaardgaande verantwoordelikheid het. Die ontwikkelingsprojekte het ook dan 'n baie groot en belangrike rol in die aanvaarding van die verantwoordelikhede gespeel. Projekte wat implimenteer is, was Huishoudkunde, Naaldwerk, Blommerangskikking, Bouvaardigheid, Sweiswerk, Tuinbou, Kantooradministrasie, Instandhouding, Sportontwikkeling, Noodhulp, Brandbstryding, Tada en die "Poppets".

## DOEL VAN PROJEKTE

**Huishoudkunde:** Om werkskep- pend van aard te wees en het verder ten doel om jong dogters sowel as jong seuns instaat te stel om werk te bekom as kok/sjef in enige hotel, motel, restaurant of enige voedselvoorsiening-sbesigheid. Die projek is daarop gemik

om entrepreneurskap aan te wakker en te ontwikkel. Die kinders verdien dan ook 'n sakgeld by tye waar "catering" aan organisasies gedoen word. Hulle ontvang dan ook 'n sertifikaat aan die einde van die jaar.

**Naaldwerk:** Die hoofdoel van hierdie projek is om jong dogters instaat te stel om selfversorgend op te tree, hulle huidige sowel as toekomstige familieledes se klerasie te versorg en te herstel. Die afwesigheid van 'n verskeidenheid kler-winkels bied aan hierdie projek groot uitkoms met die voorsiening van skoolklere, skoolsweetpakke en sportklere. Huidiglik is daar dertien dogters by die projek betrokke waarvan drie vanuit die gemeenskap is.

**Tuinbou:** Die doel van die projek is om die betrokkenes instaat te stel om hulle-self en hul families te voed ten opsigte





van die kweek van groente en vrugte. Om entrepreneurskap te bevorder om sodoende selfversorgend te fungeer en werksgeleenthede te skep. Hierdie projek akkommodeer tien jong dogters en tien jong seuns.

'n Eens vaal ou kinderhuis het reeds ontpop in 'n lowergroen paradys.

**Sweiswerke:** Hierdie projek beoog om twaalf jongseuns tussen die ouderdomme 14 en 18 jaar op te lei in die vervaardiging van diefstal en veiligheidshekke.

Ten tweede beywer die projek hom daarvoor om erkenning aan die jong seuns te gee deur die toekenning van 'n sakgeld by die verkoop van vervaardigde artikels. Hulle ontvang dan ook 'n sertifikaat aan die einde van die jaar.

**Bouvaardigheid:** Die projek beywer hom daarvoor om die basiese veiligheid, vaardigheid en kennis aan 'n werkgroep van twaalf jongseuns oor te dra en te ontwikkel. 'n Verdere doelwit is om die

jongseuns sodanig te bekwaam dat hulle sal uitstaan as kenners in die bou van steenstruktuur braaie. Huidiglik is die seuns besig met die vorming van stene.

**Blommerangskikking:** Hierdie gemeenskap het 'n baie groot behoefte aan sodanige projek aangesien hierdie projek in die gemeenskap ontbreek.

Die doel van die projek is om twintig jongmense die vaardigheid aan te leer hoe om blomme te rangskik hetsy vars of kunsmatig. Tweedens is hierdie een van die weinige projekte wat winsgejaag is. Vars blomme word deur die tuinbou projek voorsien.

### **Instandhouding/Handvaardigheid:**

Die doelwit van die projek is om jongseuns en belangstellende jong dogters tussen die ouderdomme tien en agtien jaar, wie andersins akademies nie goed vaar nie, instaat te stel om herstelwerk en instandhoudings werk aan te leer en te bemeester. Die doel van hierdie bemeestering en kennis is om hulle in staat te stel om dan ook self na die toestand van hul wonings en eiendom om te sien. Verder stel hierdie kennis en vaardigheid hulle instaat om by enige werkgewer werk as 'n nutsman te soek .

### **Kantooradministrasie:**

Die doel van hierdie ontwikkelingsprojek is om jongmense te leer hoe om aansoekvorms, C V's, ID-aansoeke en kontrakte te lees, te verstaan en op te stel, te leer om te tik, om met 'n rekenaar te werk, te leer hoe dokumente liaseer word en selfs hoe 'n mens 'n telefoon beantwoord.

**Noodhulp:** Hierdie projek is 'n inspuiting vir Boesmanland sowel as vir Namakwaland. Vele mense vanuit die gemeenskap het as gevolg van onkunde in Pofadder en omgewing gesterf, waar hulle lewens gered kon word. Die projek is in die lewe geroep en is ons kinders en gemeenskaplede huidiglik besig met opleiding aangebied deur Upington Brandweer. Die doelwit van die projek is dus om mense in staat te stel om hulleself te help asook om onkunde te beperk.

**Brandbestryding:** Hierdie tekortkoming het aan my as hoof van hierdie kinderhuis en inwoner van die dorp byna 'n hart-stilstand veroorsaak. Slegs



een brandkraan (eiendom van die Bejaarde-Tehuis) en brandblussers maar niemand wat weet hoe die brandblussers hanteer word nie. Na die afloop van hierdie kursusse sal ten minste agtien persone weet hoe om 'n brand te blus.

**Kuns:** Die doelwit is om twintig jongmense instaat te stel om hul talente tot die maksimum te ontwikkel. Ten tweede is die projek daarop gemik om die jongmense instaat te stel om hul gevoelens met die hulp van tekene uit te druk.

**Sportontwikkeling:** Ondervinding leer ons dat kinders met 'n akademiese agterstand gewoonlik baie goed vaar op sportgebied. So het ons kinderhuis dan reeds talle atlete en sportmanne opgelewer wat Namakwaland verteenwoordig het. Vier kinders spog met USSASSA kleure in landloop.

**Poppe-kas** ("Puppets"): Die poppe-kas word gebruik as 'n voorkomings model waar inligting, opvoeding en keuses aangebied word aan die Pre-primere en Junior-primere



skoolkinders om hulle weerbaar te maak teen dwelmgebruik.

**TADA:** Hierdie projek het ten doel om jongmense te gebruik om ander jongmense bewus te maak dat daar sonder dwelms 'n lewe gevoer kan word. Alhoewel hierdie projek deur jeugdige inisier moet word verskaf die kinderhuis bystand soos deur hulle benodig. Hierdie projek bemagtig tieners om 'n gesonde lewenstyl te handhaaf.

**VIGS:** Die doel is om jongmense die gevare van VIGS te leer en hoe VIGS voorkom kan word.

**Algemeen:** Die kinderhuis het dan ook projekte wat vir die gemeenskap aangebied word soos opleiding ten opsigte van pleegsorg, naaldwerkprojek, dagsorgsentrum vir bejaardes en lewenskwaliteits verbetering van veral verswakte families.

Transformasie is hier om te bly en hoe gouer ons dit aanvaar hoe gouer kan ons inpas en baat vind daarby. Hierdie projek stel aan die einde van dag die kinderhuis instaat om beter te werk ten opsigte van voorkoming en vroeë ingryping, wat ook die eerste twee stappe van die Minimum Standaard is. Die projekte stel verder die bestuur van die kinderhuis instaat om enige verswakking of agteruitgang waar te neem en intrede word dan bespoedig. Die V G K Kinderhuis Pofadder verbind hulle en is eintlik reeds verbind tot die transformasie proses asook die Minimum Standaard. □



*A Letter from Pietersburg,  
Northern Province*

## Natural talent can break a cycle of poverty

I foresee a great improvement in the child care system as a result of the implementation of the strengths based approach. I am not a prophet but an optimist. However, the success thereof depends on you and me as child and youth care workers.

I fully agree with this approach because I believe in young people. I also believe that these young people have potential and that some of the potential is hidden. It is our duty as child and youth care

workers to unearth and develop them. The potential in some children is apparent. They only need an observant child and youth care worker to recognise them. Some of the successful people earning a living through their strengths or talents are, Benny Mcarthy, Brenda Fassie, and Gary Player. If this approach can be fully utilised, the family life of most of our clients can dramatically change or improve.

### Unearthing strengths

If we can concentrate on the strengths of children and young people, their weaknesses are likely to be neutralised. It takes a responsible, observant, and determined child and youth careworker to unearth and develop the strengths of young people. It is the duty of a child and youth care worker to have knowledge of other resources and systems which are available to appropriately refer young people for the enhancement of their skills. The success or failure of these citizens in embryo is in our hands as child and youth care workers. I would therefore like to challenge every child and youth careworker to seriously consider the implementation of the strengths based approach in the execution of their duties.

**Peter Mabotja**

*Child and Youth Care Worker*

The staff team of Durban Children's Home received this letter from 16-year-old Tessa in their care. Principal, Mandy Goble, feels that it is important for Child and Youth Care Workers to know the worth of their hard work and it is so seldom that they receive acknowledgement directly from the young people with whom they work.

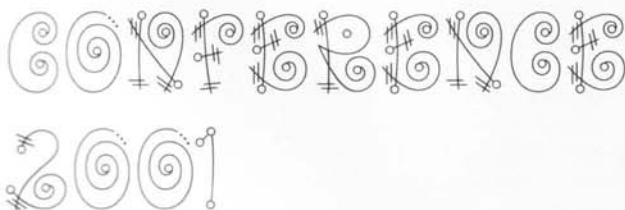
## The Amazing Women of Durban Children's Home

I'm just writing to thank you for everything that you have done for me and given me. You have done a lot for many children and I really appreciate it. You have helped me in many ways more than I can count and especially in school. For all the hard work you have done, you deserve a trophy. I really admire you as ladies for being so courageous and strong, brave, understanding, loving and caring. Many may not have noticed it but I have and appreciated the long hours you have put towards your work and I know that your children must be really lucky to have such dedicated mothers. I promise you that your support and dedication will be paid back in the end. I know that it must be hard to see to so many children's needs at the same time but you do a wonderful job at seeing to their needs. Just remember that I love you and I think you are beautiful ladies inside and out and don't you ever change for anybody.

- May God bless you and if you are ever in a bad situation just get on your knees and pray.
- Love you lots like jelly tots! ☐

### **NACCW**

Advance Notice of the Biennial Conference



Hosted by Eastern Cape Region at the Port Elizabeth Technikon Summerstrand Campus Conference Facility

**Tuesday 3 July – Thursday 5 July 2001**

More information will be available in the July issue of this journal and on the NACCW website at [www.pretext.co.za/naccw](http://www.pretext.co.za/naccw)

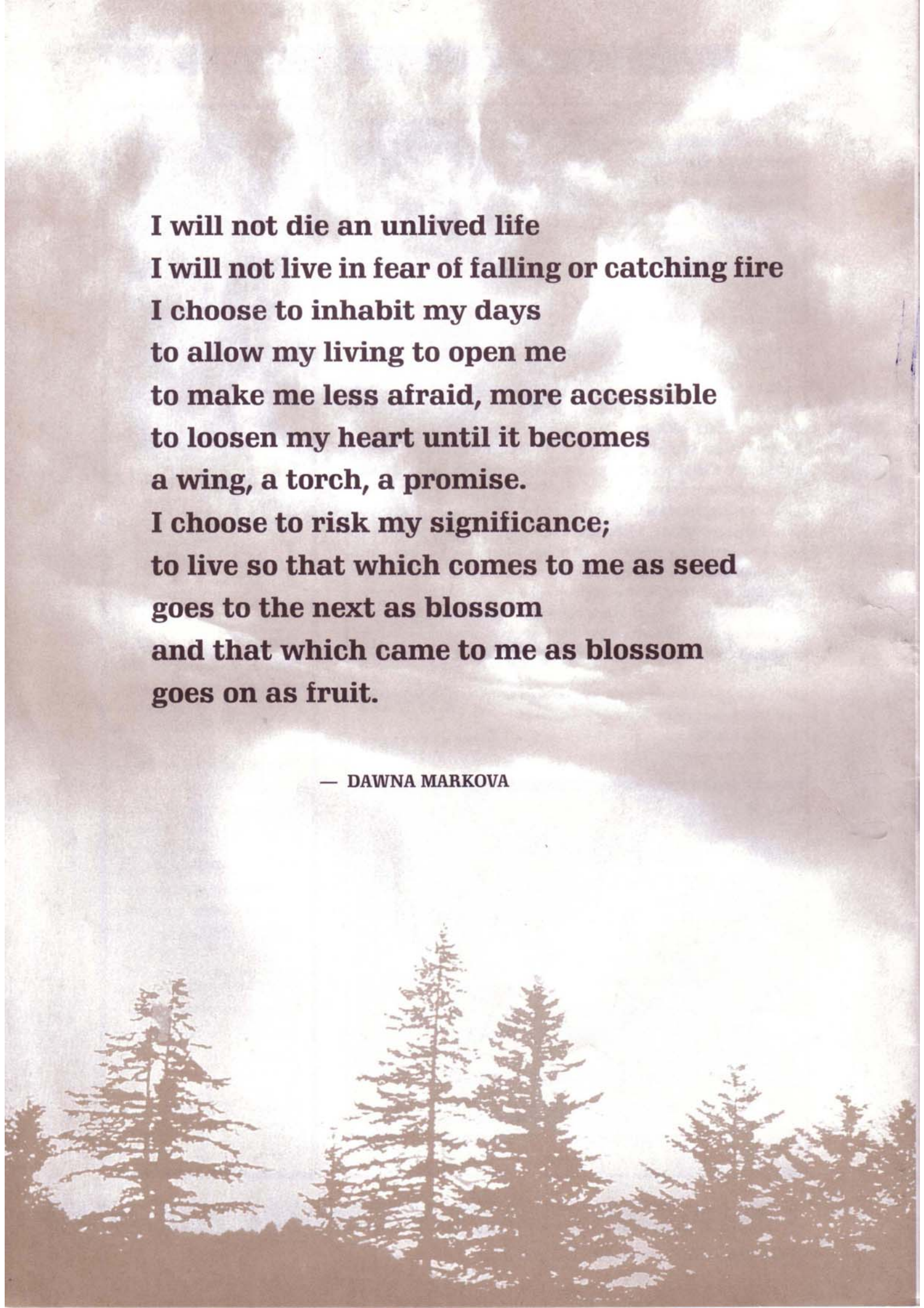


Basetsana Makau — Ipopeng Workshop

## You Are The Best

Mother,  
 When I look into your eyes  
 I only see disappointment  
 I know you are hurting inside  
 I feel the pain too  
 Mom,  
 Your eyes are full of sadness  
 instead of joy  
 Your laughter turned into  
 sorrow  
 Life has nothing but bitter  
 meaning for you  
 but you still go on  
 Changing all the wrongs to  
 rights  
 Your soul motivates you  
 hoping to find peace one day  
 You are the best Mom, ever  
 I love you

By Gina M. Manganyi



**I will not die an unlived life  
I will not live in fear of falling or catching fire  
I choose to inhabit my days  
to allow my living to open me  
to make me less afraid, more accessible  
to loosen my heart until it becomes  
a wing, a torch, a promise.  
I choose to risk my significance;  
to live so that which comes to me as seed  
goes to the next as blossom  
and that which came to me as blossom  
goes on as fruit.**

— DAWNA MARKOVA