



Child & Youth Care

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

**Inkathalelo Yabantwana Nolutsha: Incwadi ebhalelwe abantu abasebenza nabantwana abaneengxaki
nolutsha olujongene neengxaki**



“ ‘Tis the season to be jolly?”

‘Tis the season to look back on the year which has flown by so rapidly and to take stock.

As I find myself doing so I'm not so sure that I feel all that jolly. Each of the preceding child and youth care years in our new democracy has been notable for particular developments which seemingly were to put us on a track of transforming the Child and Youth Care System irrevocably. The IMC on Young People at Risk was started one year; in another the pilot projects got up and running. The next saw an investigation into residential facilities; the acceptance of policy. Then there were the minimum standards and the financing policy. We understood at the end of 1999 that with the change of Minister in the Department of Welfare (now Social Development) that we could not expect much for that year in the way of momentous developments.

But that was in a way predictable. We were disappointed last year, but resigned to what appeared to be a hiccup in the progress in our field. After all, everything was in place. The first five years of our legitimate government had produced all that was needed to ensure that those whom we service get a better deal, a more effective service. Perhaps the processes had been laborious, and those of us working directly with young people and their families often expressed disbelief that all of this

took so long to get together. And this was just the infrastructure which would structure and inform changes at the service delivery level. So last year we coped with our disappointment, understood the fact that many influential people needed to get used to their new jobs and looked forward to a year of implementation in this new millennium. Now looking back on this year I feel distinctly unjolly. If we are to be honest we will admit that this has hardly been the impressive year expected. Rather we have witnessed precious little in the way of improvement at the service delivery level. Private facilities remain in the catch-22 situation of being required to transform and yet not receiving the necessary financial support to do so. Residential care facilities have been the subject of media attention all too often, and it took a valiant member of parliament of the non-ruling party to move on the matter of children in prison.

What has happened? Everything was in place and we expected that the Minister would “just do it”. Instead however it appears we at implementation level are witnessing government retracing its steps at the expense of those whom we serve. Surely we can expect government to implement its policies and not to rework the approach each and every time a department gets a new leader? A degree of individual variation can be expected and perhaps even looked forward to. But it appears that the critical financing policy striven for far many years by people like us which allows for program funding in a flexible and creative manner is currently under review. No official communication

on this has been received, and provinces are idiosyncratically piloting its implementation – or not. It appears from outside of government that little direction from a national level is being supplied, apparently because it is not certain that this will indeed be the tool used in the job of financing welfare programs. The policy on secure care programs is being erratically applied and in some provinces the programs scarcely resemble the original conceptions. Many residential facilities continue to be run by state and NPOs closely resembling those considered a human rights abuse in 1996.

As I look back on this year, and to our members struggling to transform services in the absence of clarity of purpose from the state at both provincial and national levels I find myself thinking that this year has largely been wasted and that seems inexcusable. What we now have to ask ourselves as an Association and as individuals is what is our plan of action the year ahead? Can our children afford for us to be party to the process of formulating new policy? Rather it seems we are required to speak up, to advocate for the implementation of policies developed, to appeal to the highest authority for what seems entirely reasonable – that we move forward with the transformation of the Child and Youth Care System, not backwards. I suggest that our collective transformative energies are channeled towards supporting the gains made thus far in the transformation process and that 2001 becomes a Year of Advocacy for the NACCW.

– Merle Allsopp

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*Your candle loses nothing
when it lights another*

John C. Maxwell

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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Traditional Native American child development practices have created environments of belonging, mastery, independence, and generosity. Dr. Martin Brokenleg sets the theme with a discussion of generosity from a Native American perspective

Some years ago a graduate student at one of our South Dakota universities did a comparative study of generosity among young Native American and white boys, comparing the responses of these boys upon receiving a gift of two candy suckers. As might be expected, in both groups the youngsters put the first sucker in their mouths. What happened to the second sucker demonstrates deep cultural differences concerning the value and purpose of material possessions:

- The Native American boys handed the extra sucker to a nearby child who did not have one. This is an expression of the internalised cultural principle that the purpose of possessions is to share them with others.
- The white boys took their second sucker and put it in their pocket, presumably saving it for future consumption. This also expresses a cultural principle – an individual has to watch out for ‘number 1.’

We were taught much about generosity in my Lakota society because it was so molded into our social system. For example, if you were visiting someone and you openly admired a possession of theirs, they would probably give it to you. Giving in this way would make them happy. Of course real giving entails sacrifice – if it does not cost you something it is not generosity.

Native American Perspectives on Generosity

Dr. Martin Brokenleg

Thus if I were to give away that necktie that Aunt Mildred gave me last Christmas – the one that I was never going to wear in public, it would not be generosity, it would be recycling! In many tribal cultures, giving away possessions is part of an entire way of life – one that creates powerful social bonds. Young children learn that it is not always easy to give things away. I remember my mother telling me that friends were coming to visit who had two young boys and I would need to find two things to give them when they came. I remember standing in my room, looking around, trying to decide which things I could possibly give up. I also knew the rule that what I treasured most was the first thing I must give away. By the time the friends arrived, I had selected my favourite shirt and favourite toy to give them so they would feel welcome. Recently on our reservation, we had a memorial feast and give away in memory of my elderly parents, who had both died

about a year ago. Thousands of people came. In the year of mourning, we had been accumulating star quilts and beaded items – all the possessions we could possibly muster. At the feast we gave them all away to honour everyone who had supported us in our time of need. I have seen people give away literally every possession they had except the clothes they were wearing, secure in the knowledge that relatives would always care for one another. The most frequently repeated saying in our Lakota language is MITAKUYE OYASIN which means ‘we are all relatives.’ What is the value of such overflowing generosity? Anyone who has been through a crisis can tell you that your first casualty is your sense of self, even if you didn’t cause the crisis. Nearly every child whose parents are going through a divorce will believe that it is his or her fault that this is happening. When real generosity occurs, the recipient feels nurtured and healing begins. In the process of recipro-



cal generosity, the community reaches out to those in need; the person befriended responds with generosity as well.

Unfortunately, not many examples of such total generosity exist in a largely materialistic Western culture because of a preoccupation with acquiring possessions. This stockpiling of stuff is related to several factors, such as the following:

1. In a highly individualistic culture, persons can become socially remote from one another – "Lone Rangers" who have to fend for themselves.
2. Excessive materialism results when a person who lacks human love seeks a substitute, albeit a poor one, in "toys."
3. The phenomenon of conspicuous consumption is fuelled by the cultural thinking error that flaunting wealth is a testimony of a person's worth.

Some individuals have suggested that the give-away ceremonies may actually be a form of "conspicuous generosity" based on less than truly altruistic motivations. Although this may sometimes be the case, genuine generosity is not an ego display. My father was the first Native

American to be ordained as an Episcopal priest on the Rosebud Reservation. His parishioners lived in 1 of the 10 poorest counties in the United States. After visiting in their homes, he would often say a "departure prayer" and then shake hands while unobtrusively transferring to them a large-denomination bill. Just as he avoided making a show of his generosity, so also the recipient did not have to fawn in obeisance. Sharing is just what relatives do.

Behavioral scientists are now discovering principles of generosity that tribal peoples have known for thousands of years. Altruism is inborn, and the rudiments of empathy are apparent even in a newborn. Have you ever noticed that when one child in a hospital nursery begins to cry, the child next to him or her starts to cry as well? Even if all the child can do is cry, it is still a form of generosity. If a preschooler falls down, another one wants to help him or her up. Last year, an entire town in our area was levelled by a tornado. The governor sent out a plea for a few hundred people to come and help with the cleanup; 5,000 people showed up. We need to take advantage of the fact that generosity is a part of human nature by providing our youth with opportunities to be of value to some person or cause greater than themselves. Only as they contribute to others will they create their own proof of worthiness.

Generosity comes in many forms. You can see it every day in simple human behaviors such as giving compliments and showing respect. As Long (1997) has noted, these small kindnesses are part of the therapeutic process for unloved, distrustful children. They also undergird all genuine teacher-learner interactions. To be patient, to listen, to share a smile, a joke, or even a tear are powerful gifts in a culture where abrasiveness, ridicule, and poor manners are so common.

An apology to one we have offended can be a form of generosity, because it puts one in a position of humility. Even more powerful is the generosity of forgiveness extended to those who

have hurt us. The less they deserve it, the **greater** the gift. Such generosity heals hurts and hatred.

In his pioneering book on stress, psychologist Hans Selye (1978) indicated that stress appears when our lives are not in balance. He concluded that the most effective curative for stress is "reciprocal altruism." Unfortunately, this principle is contradicted by cultural traditions of dominance, exploitation, and selfish materialism. Because the tribal peoples of the world have had fewer technological distractions, they have been better able to focus on what is really of value. The principle of generosity, however, is at the core of all great ethical systems.

In my role as a teacher and therapist, I encounter many young persons whose lives are empty because they are living a material existence. And in another of my roles – that of an Episcopal priest – I have often been at the bedside of persons who are dying. At such times, they never ask to see their bankbook or their BMW – they ask to see their relatives. MITAKUYE OYASIN.

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A message from the Chairperson of the NACCW

A House with Golden Windows - A reflection on the silly season

This time of the year is often called the *silly* season. It can last about three to four weeks as the end of the year approaches. While administrators juggle their finances to see if they can afford a holiday bonus for child care staff, anxiety and uncertainty heightens for children and youth. In the *silly* season the reality of their leaving the agency to re-enter family life strikes home.

All too often in the *silly* season a frenetic tone creeps into the Children's Home. School examinations and awaiting the results injects additional strains and behaviour that we thought had been influenced into tolerable levels through the year, often start to re-emerge with an intensity that can be startling. Unable to cope with termination, new anti-establishment attitudes sometimes find expression in damage and in angry acting out as children and youth blame poor service in the agency and in the care-giver to rationalise their leaving and justify their leaving. In the *silly* season child and youth care workers often take stock as they weigh the gains made in the lives of children against the cost to their own lives, their having to deal with termination and their own

well-being. Often at this time working elsewhere seems very enticing – the grass seems much greener somewhere else. In the *silly* season it is easy to become despondent about the profession, the field our work. If this sounds familiar, then perhaps this story can be of some comfort, perhaps useful as we approach the end of 2000. A small boy lived on a hill, his house looked out over a valley to the West onto another hill on the other side. Every morning when this small boy woke up and looked over the valley he saw that the windows of the house on the other side shone with a bright golden light. Every window of the house, on the other side of the hill was gold. He called it *the house with the golden windows* and thought that it must be very nice to live in a house with windows of gold. One day he decided that he would travel to *the house with the golden windows*. So early one morning he packed a lunch into a small back-pack and headed off down the hill, through the valley to reach the house with the golden windows. It was sunset when he reached it. He walked to each window only to find that they were dull, grey and not golden at all. Disappointed and confused, even

angry he stood on the verandah and looked over at his own house on the other side of the valley. There to his amazement and delight he saw his house. The house he had left that morning. Every window was shining with bright golden light. His house had golden windows! On reflection over this 2000 millennium year, for some of us, it seemed often that not only life in our agencies, but child care as a field had turned grey and that somewhere, elsewhere, more was being achieved. Some of us especially had expressed the thought that the Transformation of Child and Youth Care System had lost its glitter. That our house had turned dull. But if we can distance ourselves and put our backs to the sunset we will see, when we look across the valley, that the child and youth care field, our profession, our work, and the NACCW is really a house with golden windows.

— **Barrie Lodge**





Hamba Kahle Jackie

It is with mixed feelings that we announce the resignation of our staff member, Jackie Winfield from the NACCW. We will miss her expertise and support as a member of professional services. Jackie has been appointed as a lecturer at Natal Technikon – the first Child and Youth Care Worker appointed into a full-time lecturing post in our Degree Programme and a victory for the professionalization of the field!

Although Jackie leaves us we recognize that we will continue to work together with her on the broader development of the child and youth care field and thank her for making this courageous transition into this new and challenging job.

Jackie was employed by the NACCW seven years ago after a number of years of on-line experience as a Child and Youth Care Worker at Ethelbert Children's Home. She drew on this background and expertise to enhance her contribution to the field of child and youth care by providing training to child care students especially in training the Basic Qualification in Child and Youth Care (BQCC) and other specialized courses. She has recently rewritten the BQCC, now called BQCC 2000.

Jackie has been chief writer of the material for the Child & Youth Care and Applied Development for the first 3 years of the B.Tech: Child and Youth Development offered by Technikon SA. She has also co-ordinated the integration of the Child and Youth Care and Applied Development Courses at the Natal Technikon and has lectured these subjects at the only campus-based degree course.

Jackie has demonstrated in her professional tasks a commitment to the field of Child and Youth Care. She is a serious worker and demonstrates sensitivity and integrity in her work with people.

We will miss Jackie as she is a trusted and highly valued member of the NACCW professional services team and a loyal and integral role player in the development of the child and youth care profession both nationally and internationally.

We wish you well Jackie in the new challenges ahead of you. Hamba Kahle. May your journey be rich with opportunities for growth and sharing. □



Brief
van 'n
Kinderversorger -
Durbanville Wes-Kaap

Leer in 'n oomblik situasie

Om kinderversorger te wees is glad nie 'n vervelige of kleurlose werk nie, soos ons kinderhuislied se woorde "... want verskeidenheid gee kleur..." dit vir ons so pragtig uitbeeld.

Laat my toe om iets met u almal te deel om dit te illustreer.

Ek het 'n Xhosa seuntjie in my huiseenheid, wat nog baie van sy tradisionele gebruike onthou. Ek moes baie van sy kultuur leer om hom te verstaan. Soos dit met enige kind maar gaan leer hulle gou die verkeerde dinge aan en so kry ek op 'n dag van 'n ander tannie 'n klagte dat my seuntjie die dogtertjies seermaak en wanneer die tannie met hom praat, hy baie lelik terug praat en wel dan vir haar sê: "Ek sallie vir jou luister nie, jy is nie my ma nie." Nou moet ek hom inroep en die probleem aanspreek. Hoe wonderlik is dit nie nou dat ek moeite gedoen het om bietjie agtergrond van sy kultuur op te gedoen het nie. Hy het natuurlik geweet waarom ek hom geroep het en was aanvanklik baie nors en wou nie praat nie. Ek begin toe en vra hom uit na die gebruike van die Xhosa-familie. "Hoe sê jy vir jou ma se suster?" Die antwoord kom dadelik "Mama". Ek gaan toe verder en vra wat hy al die tannies by sy mense noem, en weer sê hy hy noem hulle ook "Mama". Teen daardie tyd was hy al toe heel gerus gestel en kon ek met welslae vir hom verduidelik dat ons hier by die kinderhuis ook een groot familie of 'clan' is. Ek as sy kinderversorger sorg vir hom soos sy mama so al die tannies hier is ook sy 'mama' en daarom mag hy maar luister wat die ander tannies vir hom sê. Die verwondering op daardie gesiggie was iets om te aanskou. Ja, ja knik sy koppie en woerts is hy uit by die deur. Hy het gegaan en vir die ander tannie gaan "sorry" sê.

Kon al ons probleme maar elke keer so vinnig opgelos word...

This is the second and final part of Dr. Lasson's article describing the innovations in residential family treatment services in UDBY Denmark.

FAMILY TREATMENT IN RESIDENTIAL HOMES

Dr. Steen Mogens Lauge Lasson, Consultant in Child Care and Honorary President of FICE International



In many countries, family life is at risk and emotional problems are disturbingly escalating.

The number of developmentally threatened children and families is growing alarmingly. There is a big need for a supportive network for the modern family to guarantee healthy mental growth. Residential care may at times be most relevant for the child and sometimes for the whole family, to build or rebuild the needed relations and to secure a healthy family. Therefore it is important that residential care nowadays include the family in the caring and treatment of the child. Thus residential care becomes much more a supplement to modern family life than an alternative, though the latter might be relevant where no family exist or can be found able for parenthood.

In 1968 I was appointed by the state as executive director of the new established Udby Treatment Centre. From the very beginning we wanted to focus on the family dealing with so-called problem children. Thus we became the first residential home in Denmark to include the family in our therapeutic programmes. All families asking for professional help in Udby have to accept the philosophy of the centre, that parents or parents substitutes are key persons in their children's lives. Therefore they are obliged to involve themselves in the treatment process.

Children referred to Udby are diagnosed to be emotionally disturbed and their behaviour disorders considered as symptoms of emotional disturbances in the interpersonal relations between family members. Therefore the family must cooperate and take part in the daily life and treatment programmes of the centre, as the goal in sight is to return the child for family living in his or her original family. Responsibility and consequence are key concepts in the work done to build up the self-esteem and self-confidence in insecure children and their families. The structure of everyday life is very visible and exterior order is seen as a psychological aid to inner order and self-control.

Connected to each unit are small

houses and flats furnished for having the children's families as short time residents. All children attend our internal school in the beginning.

Outside school hours the children take part in a very structured group life. Many formal "training groups" on a therapeutic basis are offered daily to children and their families. All groups are based on an analysis of individual needs. These groups are obligatory parts of the treatment programmes agreed upon in the assessment phase. Also many "interests groups" can be attended on a voluntary basis. In order to train the children for less protected living all of them will, in the end of their stay, for a minimum of 6 months, take part in leisure hour activities in the local village. The playground of Udby is a special feature. The philosophy is: "Better a broken arm than a broken psyche". The playground looks quite dangerous and demands courage, skill and daring. Here are 10 meter high towers with top platforms, bridges between the towers from where one can dive 5 meters down into a safe "spiders web", here are rope "cars" to drive more than 100 meters, direct into the jungle! This playground is very important in building the self confidence of the child and strengthen their belief in the so-

cial support of people. The playground is an excellent tool when the staff is working here with the whole family.

All training programmes are action oriented and challenge the hyper active children as well as the passive ones and their very different families.

The family work in Udby is covered in a 5 stage programme as follows:

1. A treatment programme is drawn up individually for each family and each family member. These programmes are based upon identified needs. The programme is drawn together with the family members, to ensure maximum motivation.
2. The family comes to the centre on specified weekdays. Work is done with the child and the family. Either taking part in the common unit activities or special therapeutic sessions as role play and video self confrontation. These activities are called "day projects" and focus on the specially damaged interpersonal relations in the family.
3. The family move for weekends or several days up to several weeks into the family houses or flats. In these periods the family will be involved in activities specially developed to meet the needs of this particular family. These activities are called "residential family work" and focus on the interpersonal relations in the family.

4. The family comes to the centre once a week for a period of 1-3 months in order to participate in a specially selected activity fit for the general strengthening of the relations between the child and its family. These activities are called "week projects".
5. The family comes to participate in group work on family life with other families in order to gain insight and understanding in the process of upbringing.
6. The family returns at least every 6 months for evaluation of the treatment process.
7. The family comes for participation in social events together with other families.

The anxiety fields of each family member are localised and analysed as an important guideline for building up the proper individualised programmes. Energy is given to the process of developing new talents and skills, constantly in a holistic framework. Counselling and evaluation are currently offered in order to create insight into the process. The staff has to pay attention to many personality factors. Among others: capabilities, knowledge, emotions, desires, fantasies, beliefs, estimations, ambitions, will, body possibilities, social skills, autonomy, taboos and traumas. Most training will be oriented towards the interpersonal relations, where severe damage is often seen. Here the family members are getting professional help to face and cope with their emotional problems. The dangers in denying the troublesome situations are made visible. Negative

energy is transformed to positive. Convincing success must be found in actions.

Later in this process, following upon actions, words can be most useful to underline and describe fulfilled actions in order to stimulate the important process of insight and the feeling of satisfaction.

The Udby Treatment Centre can in a broader sense be described as a therapeutic community, where the therapy, normally called training, is placed in everyday situations in order to avoid the clinical, hospital like atmosphere found in many psychological therapies. We do not want children and parents to experience themselves as patients, but to see themselves as normal families with normal reactions to normal family problems.

Conclusions

Family therapeutic expertise is found in residential treatment institutions, but very often uncoordinated to the exterior treatment system, which brought the families or their children to the residential settings.

The time has come to break down inefficient and old fashioned limits inside child and family care. I would propose to establish "Family Life Power Stations", "Family Treatment Centre's" in the nearby environment of the family in trouble, the family in pain. In these locally anchored centre's, families can ask for support and advice. Family work is offered on a preventive pedagogical scale, as well as on a more therapeutic level. They should offer choices, from telephone guidance to residential care and treatment found fit with the needs of each family, each family member. □

Introduction

Many children in South Africa face harsh socio-economic circumstances, with almost 70% of those under seven years living below the poverty line. Amongst our children are particularly vulnerable groups of children, such as children infected and affected by HIV/AIDS; children with disabilities and chronic illnesses; children living on the streets, in urban informal settlements and in rural areas; and those children of farm labourers, refugees and illegal immigrants.

The needs of these children must be met through a variety of channels and services, including the family, community, NGOs and the Government. Attempts should be integrated and co-ordinated, in order to provide a holistic system that enables the full development of the child. Perhaps the most basic form of provisioning entails 'safety nets', that is, various forms of social security, insurance and assistance that aim mainly at poverty alleviation. They achieve this by: attempting to raise the incomes and standards of living of those individuals and families in dire poverty; smoothing income over the life-cycle; compensating for the inability to work (through disability, retrenchment, illness); and by meeting the needs of particularly vulnerable groups.

Social Security, Social Insurance, Social Assistance

Social Security refers to a wide range of public and private measures that provide cash or in-kind benefits or both. Social security includes both social insurance and social assistance. Social insurance usually entails private and contributory schemes, such as occupation

Social Assistance for Children in South Africa

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retirement insurance, while social assistance is State provided and non-contributory (though usually means-tested). Benefits tend to be limited to cash transfers through State grants, such as the Old Age Pension, the Disability Grant and the Child Support Grant.

The Right to Social Security and Social Assistance

The South African Constitution, Section 27(1)(c), provides that everyone has the right to have access to social security, including, if they are unable to support themselves and their dependants, appropriate social assistance. Section 27(2) obliges the State to take reasonable legislative and other measures, within



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its available resources, to achieve progressive realisation of the right to access to social security. The United Nations Committee on Economic and Social Rights has interpreted the phrase "progressive realisation" to mean an obligation on the part of the

State "to move as effectively and expeditiously as possible to securing its ultimate goal". (UN General Comment No. 3, Para 9). With regard to "Available resources" the Committee explains that even where available resources are demonstrably inadequate, the State should still strive to ensure the widest possible enjoyment of the right, with effective and equitable usage of available resources. In addition, where resources are severely constrained, then the vulnerable members of society must be protected. (UN General Comment No. 3, Para 11).

Regarding children specifically, the Convention on the Rights of the Child, ratified by South Africa in 1994, states that every child has the right to benefit from social security, including social insurance, and that State parties must take the necessary measures to achieve the full realisation of this right in accordance with their national law.

Existing South African Social Assistance Legislation and Provisioning for Children

In South Africa, the State inherited in 1994 a few fragmented grant systems that were racially biased in provisioning and which did not target many of those particularly vulnerable groups of children. The government has made some changes to the system, yet provisioning remains fragmented and piecemeal, and limited to cash benefits. The current system provides for particular groups, the elderly, persons with disabilities, children with severe disabilities, foster children and those children under seven years living in extreme poverty.

Many groups of children fall through the gaps, such as children infected and affected by HIV/AIDS, street children, poor children over 6 years and others. In addition, relatively little of the total social security budget goes to children: 61% covers the Old Age Pensions, 27% for grants for people with disabilities (this includes the Care Dependency grant to children with disabilities) and only 12% goes to children and families, mainly through the Child Support Grant, the State Maintenance Grant and the Foster Grant.

The grants are administered by the provincial Departments of Welfare. The Grants available include the Child Support Grants, Foster Care Grants, Care-dependency Grants and Social Relief Grants.

The Child Support Grant is given to the primary carer of a child under seven years of age. It has replaced the State Maintenance Grant and is targeted at the poorest 30% of the population. The amount given per month is R100.00

The Foster Grants are for children who are legally placed in the care of a foster parent(s). It is means-tested – the income of the foster family should not be more than twice the annual amount of the foster grant. The amount is R374.00 per month. The Social Relief Grants are for those persons who have no money and who would not survive without immediate help from the State. There are also Special Education Grants, which fall under the Department of Education. These are allocated to some children with disabilities in special schools.

The Care Dependency Grant (CDG) is given to a child be-

tween the ages of one and 18 years who requires and receives permanent home care due to his or her severe mental or physical disability. The purpose of this grant is to enable parents or foster parents to care for children with physical or mental disabilities in their homes (Skelton 1998).

Limitations and Gaps in the Current Social Security System

The current social security system is fragmented and is non-comprehensive, with many groups of children falling through the gaps. Poor children between the ages of seven and eighteen are not catered for, nor those infected or affected by HIV/AIDS. Many other children cannot access the grants, such as street children and child-headed households. Social security provisioning is almost entirely the burden of the Department of Social Development, with very little contribution from the other departments, except for example, free health care services to children under six years from the Department of Health. Generally, social assistance is limited to cash transfers, and does not incorporate a range of other possibilities, such as fee waivers, subsidisation, vouchers, tax reductions, and so on. The discrepancy between the grant amounts leads to perverse incentives, such as parents giving away their children for 'fostering'. There are administrative and delay problems for all the grants, with back-pay being limited to only three months. With regard to the specific grants, the amount of the Child Support Grant is very low and does not adequately cover the

needs of a child, nor does it cater for children over 7 years. The Care Dependency Grant has problems due to lack of clear definitions of 'disability' and 'permanent home care', which leads to subjective interpretation by Assessing Officers. There is lack of clarity regarding chronic illnesses that cause disability, as well as eligibility of children who attend Learners with Special Needs Schools (LSEN). The Foster Grant cannot be accessed by carers of the child who are not legally Foster parents, for example, the members of the extended family who are caring for AIDS orphans. In addition, the legal process of fostering is extremely lengthy and cumbersome. As there are no subsidised adoptions, many parents do not adopt but rather have repeat foster placements in order to benefit from the Foster grant. This creates insecurity for the child and parents.

Current policy developments

In response to these shortcomings, there are three major policy development processes attempting to address these issues. The South African Government established an Inter-Ministerial Committee of Inquiry into a Comprehensive Social Security System, which shall engage in the necessary consultations and generate final proposals with respect to improved and better structured social security system. In addition, the Department of Social Development is currently making Amendments to the Social Assistance Act which governs all the grants. The proposed amendments tend to be superficial changes, as the Department is waiting for major changes to

be suggested by the Committee of Inquiry. However, some fundamental changes could be made, such as extending the Child Support Grant to children over 7 years, and improving the definitions of severe disability. The South African Law Commission is undertaking the rewrite the Child Care Act. This Act will eventually incorporate all Social Assistance for children. With regard to the Disability Grant, the Disability Task Team, under the Social Security Directorate of the Department of Social Development, is examining current problems with the administration and tools of the Grant.

Conclusion

Social Security can be an effective safety net for vulnerable groups of children, if implemented in a co-ordinated, multi-sectoral manner. However, efficient social services, as well as effective poverty alleviating measures programmes, must accompany any social security system. There must be the collaboration and co-ordination of all relevant government departments, such as health, education, transport and finance. Adequate resources must be allocated to social security for children, reprioritising their needs within the social security budget.

Interested parties can and should make their submissions to the relevant processes, mentioned above. In this way, alternative options for a comprehensive sys-



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tem can be proposed and further investigated.

Written submissions on any aspect related to social security requested. Contact Sandra Campbell at tel: (021) 312 7613 or email: socsecom@mweb.co.za Interested parties should request copies of the proposed Amendments to Social Assistance Act from the National Department and make submissions as soon as possible. Contact Pat Naicker at tel: (012) 312-7699.

The Disability Task Team has drafted a discussion document: Social Protection Policy for Persons with Disabilities. For copies of this, contact: Pat Naicker Tel: (012) 312-7699.

References and Available Literature

References to this article, and any other literature on this subject may be obtained from the author.

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Professional child and youth care workers should be highly-skilled in facilitating learning

in children and youth. We

should also be skilled in enhancing our own learning.

This month's feature focusses on how to maximise learning, a topic which will be familiar to students of Child and Youth Care 3.

Most students and practitioners in the field of child and youth care are familiar with the KSS model. Essentially, this model shows that effective work performance comprises three elements – *knowledge, skills and self*. All three areas must be developed continually to improve the way in which we do our work with young people and their families. However, real learning (or retention of learning) is influenced by the way(s) in which information (whether it be linked to knowledge or skill or self) is learned or communicated.

The table below indicates how different learning methods contribute to real learning.

From this, we can see learning is a holistic process which can be maximised by using a combination of methods.

Now, imagine that Fikile and Ben are new in your programme and need to know about the



rules of the organisation. You sit with Ben, give him a copy of the rules, read them with him, allow him to ask questions and carry out some role-plays. When it comes to Fikile, you are in rather a rush so you hand her the rules and tell her to read them. Who is likely to have a better understanding of the rules, Ben or Fikile? According to our table, we could estimate that Fikile might remember approximately 30% while Ben retains 70-90%. Clearly, Ben has a greater chance of success in following the rules.

Students of child and youth care would be wise to apply this knowledge to their own process of learning. Obviously, merely reading a study guide or attending a lecture is NOT going to maximise your learning. However, the following hints will be helpful:

Spotlight on Students

Jackie Winfield summarises the importance of experiential learning

- read your study guide or notes
- attend all lectures, contact sessions and laboratories
- participate in discussions with colleagues, fellow students and tutors
- ask questions
- write summaries of your notes
- think of ways in which you can apply your learning. Give examples
- complete all activities such as case studies
- make sure you create opportunities to practise what you have learned in your work with young people and families.

The student who does this will not only experience more success when they write assignments, tests or exams, but more importantly, will be able to make a far more effective contribution to the lives of young people at risk in our child and youth care programmes.

LEARNING METHOD	RETENTION (REAL LEARNING)
Hearing only (ears)	20%
Seeing only (eyes)	30%
Seeing and hearing	50%
Seeing, hearing and discussion	70%
See, hear, discuss, reproduce and use	90%

References

Kiffiak, L. 1994. *KSS and Tell: A Canadian Perspective on the Training of Child and Youth Care Workers*. In Gannon, B. (ed.) *Children and Youth at Risk: HIV/AIDS Issues, Residential Care and Community Perspectives*:147-154. Cape Town: NACCW

Demonstrating ways of building the self concept of young people is relevant for adult learners and those working in the field of child & youth care.

Self-concept refers to the ideas, thoughts, beliefs and images we have of ourselves. A positive self-concept means that we believe in ourselves, feel good about ourselves and like ourselves. On the other hand, a negative self-concept means that we do not believe in ourselves, do not like ourselves and do not feel good about ourselves. As people who are involved in the caring professions, it is important to continuously work on our own positive self-concept formation. We need to believe in ourselves in order to equip ourselves to help others to believe in themselves. It is not possible to give and receive authentic praise if we cannot praise ourselves and accept praise. Colleagues can be a source of support, encouragement and protection. Regular meetings of an informal nature based on mutual respect, acceptance and positive regard are useful. A culture of acknowledgment and praise can do wonders for an organisation.

This does not mean that we do not have to pay attention to learning opportunities and improving ourselves. It just means that the way we do it could be in a supportive and accepting environment. The work of the caring

professions is harsh enough without the additional pressure of an evaluative culture at work. If non-acknowledgement and focus on the negative is the norm it adds to the burden of the caregiver. In addition to looking at ways to

promote self-esteem among those in the caring professions, it is necessary to continuously be aware of the need to encourage positive self-concept formation in children. Children need to receive ac-



Helping Children to accept themselves as Unique and Worthy Human Beings

Edna Rooth works at the Schools Development Unit, University of Cape Town and is the former director of the Life Skills Project at UCT



knowledge from an early age. Once again this does not mean that we are never going to correct a child – it just means that the focus will be on the positive to help balance the often very negative input and feedback that children receive. It is essential that you as a caregiver promote positive self-concept formation in the children in your care. Children who believe in themselves, like themselves, feel positive about themselves and are happy about who they are, have a better chance in life. They are better adjusted, achieve more and cope better with the many challenges that living in the new millennium bring.

By communicating that you care and that your children have worth, you can help to build their self-esteem. Alternatively, by putting your children down, ridiculing them and saying negative things to them, you could destroy their feelings of self-worth.

A few activities to encourage positive self-concept formation follow:

Noteworthy Notes

Write a very positive message for each child on brightly coloured paper. Please make sure the messages are individualised and all more or less the same length. Make them strongly positive and encouraging. Give reasons for your positive comments.

Examples:

Tandeka, I really like the way you are always on time. It shows that you are very punctual and reliable. You set such a good example for us all to follow!

Fatima, I like your friendly smile and your laugh. It is so good to see your

Quick Reflection:

When was the last time you gave colleagues authentic praise and acknowledgment for work well done?

When was the last time you received praise from colleagues?

Your answer may be indicative of a need to focus on self-concept enhancement at work.

friendly smile every day. You are a wonderful sunny person and bring joy to others. Thank you for helping us all to be happy!

Joseph, I want to thank you for your hard work that you do around the centre. Thank you for always offering to help. You are a very helpful and caring person. We all appreciate you!

Leave these notes on pillows, on desks and under clothes for the children to find. Make sure that all the children receive messages, as they do tend to compare and will feel let down if they do not get a note.

Leave notes on a regular basis. Think of different ways of writing and leaving the messages – decorate a tree in the garden with messages, make a collage wall, place a message under each child's plate, write on different surfaces – on scraps of cardboard, paper serviettes and decorate biscuits with positive words.

Do not worry – this exercise gets easier the more often you try it. Apart from benefiting the children, it will also help you to focus on the positive in each child and look for ways of giving positive feedback.

It is useful to get into the habit of addressing children by starting sentences with these kinds of openers:

I like the way you...

You have a lovely...

You are a wonderful...

You make me happy when...

You really are a good...

You are so special because...

Thank you for...

Cool Clouds

This is an exercise for a day when there are some clouds in the sky. Let the children lie down on the ground / grass / rugs in a shady spot and look up towards the sky.

Take them through the following exercise:

Pick any cloud that is going to be the cloud that you will follow with your eyes for a while.

Have you got your cloud? (It does not matter if clouds are shared!) Now think of any way in which the shape of the cloud reminds you of something good about yourself. It can be anything. You can make-believe and use your imagination as much as you want!

Examples:

Shafiek sees the shape of a cloud that reminds him how he gets on with others - his cloud joins other clouds and they go along merrily.

Patricia chose her cloud because it reminded her how fast she can run - the cloud is blowing along so fast!

Now follow the cloud with your eyes until you can no longer see the cloud, or the cloud has changed shape completely. Choose another cloud and think of another good things about yourself that the cloud reminds you of.



By J.L. Cozier (17 years) - from Children's Art Workshop

Do a round where the children share their 'good clouds.' This exercise is useful on a number of levels. It helps children to focus on the positive in themselves. It does not rely on others feedback but gives them the responsibility of looking for their own positives. It also stimulates eye movement as well as imagination. It is free of charge – no expensive equipment is needed! This exercise opens up discussion around the good in us that we have to acknowledge and look out for. It also relaxes the children, is a fun outdoor activity and helps us look around for what can use to encourage our children's development.

Impressive Imbongi

We have a wonderful culture of using Imbongis or praise singers. We need to make this part of our personal lives as well. Divide the children into small groups. Get each group to develop a song and dance of praise about themselves as a group. This they have to present to the rest of the children.

Have a short discussion after all the groups have presented about the importance of accepting praise and looking for the good in each other.

This exercise is also useful on a number of levels. It assists in motor development as a great deal of movement is involved, it allows for creativity

and the focus is on the positive. Song and dance are expressions of joy and need to be encouraged as much as possible. The children can also develop praise songs and dances for the caregivers at the centre. Likewise the caregivers can create praise songs for the children!

For music instruments, use bins, pots and pans or homemade instruments.

Power Play

Collect old clothes, cardboard boxes, lots of hats and scarves and shoes. Let the children get into small groups. Each group has to prepare and present a short TV show. Their show must deal with strategies to cope with negative name calling, put downs, negative feedback, and things that people say that make us feel bad about ourselves. Have a short discussion after each play and ask the rest of the children to comment on methods for dealing with these experiences. Add your own input at the end.

This activity is beneficial as it allows the children the space to practice coping skills which may be useful in real-life situations. It encourages creativity and imagination.

As a closing exercise, ask the children to present a brief role-play on how we can make others feel good about themselves.

Remember to allow the children to improvise and develop their own plays. They will learn much more if they do it themselves. □

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.**

Letter to the unborn child

*Still 72 hours before you get to meet the cruelty and coldness of the real world
 Baby sometimes I wish you could stay inside of me forever
 In that manner I could be close to you always
 That is far from being possible
 You must know that what I am about to do is for your sake
 It is only me and you, your father has disappeared into thin air
 I can't cope being a single parent as I am still schooling
 Being a mother is a 24 hours a day duty
 I won't always be there for you and I don't want you to feel rejected
 There is no other option except for signing you for adoption
 I can't help it but to cry when I remember that I won't be there
 To suck and change your nappies
 When you say your first words and take your first faltering steps
 Thousands of questions are always in my mind
 Which sport will you be after?
 What position are you going to obtain in grade 7?
 How are you going to behave in high school??
 You will desperately need me in your adolescent stage
 Again I won't be there. I really hate myself for doing this to you
 Who will help you: to prepare for your first date and talk about what happened later
 Remind you of how special you are after a fight between you and your best friend
 Dry your tears in times of sorrow
 Guide, comfort, love and protect you from the coldness of the world
 Baby, forgive me for all the times I won't be there to come through for you
 Keep the Faith in the Lord, make Him your best friend
 Don't forget to say your prayers every night
 God will always be there for you.*



Love Mom

Gina M. Manganyi

KING WILLIAM'S TOWN CHILD & YOUTH CARE CENTRE

DIRECTOR REQUIRED

The Child & Youth Care Centre would like to appoint a new director from as early a date as possible. We are looking for someone with a real commitment to the work we do with children and youth. Management experience in a non governmental child focussed organisation would be a distinct advantage as would proven ability to work in a rapidly changing developmental context. The person would be required to lead a team of 70 staff members involved in a range of preventive, early intervention and residential care programmes through the policy and financial uncertainties currently faced by the organisation. The current director would be available as a mentor for the new person to ensure that the transition is seamless and the service uninterrupted.

If you think you are the right person to face this challenge please submit a curriculum vitae with details of at least three contactable referees to the Chairperson c/o KWT Child and Youth Care Centre
 P O Box 482 King Williams Town 5600
 or fax: 043 64 222 52 or email: kwtycc@border.co.za

Futher information is available from the Centre.



THE NATIONAL HIGHER CERTIFICATE AND THE NATIONAL DIPLOMA: CHILD & YOUTH DEVELOPMENT

The National Higher Certificate is a two (2) year formal qualification and the National Diploma is a three (3) year qualification.

The options are: Child & Youth Care (option 1) and Youth Work (option 2).

BACKGROUND

Since 1999 Technikon SA, in partnership with NACCW and SAYWA, offered the qualifications in Child and Youth Development for the first time in South Africa. Technikon SA offers the two-year National Higher Certificate, the three-year National Diploma and the one-year (post-graduate) BTech degree.

We do, however, recommend that the B Tech is followed over a two year period.

The structure of Technikon's qualifications enable you to study at your own pace wherever you are.

We have appointed part-time tutors in various regions to assist our students.

THE INTRODUCTION OF THE B TECH: CHILD AND YOUTH DEVELOPMENT

The B Tech: Child & Youth Development will be introduced in 2001! This qualification which is a natural progression from the National Diploma: Child & Youth Development, is also a post graduate qualification which can be completed by any other person with a relevant qualification on a Bachelors degree or Diploma level.

FOURTH YEAR: CHILD & YOUTH DEVELOPMENT (B TECH)

Entrance: The prospective students applying for the fourth year should be in possession of a relevant three-year qualification at a university. These could include any of the following:

- Diploma or degree in Social Work, Psychology, Teaching, etc. and
- Relevant experience in working with children and adolescents (recommendation)

Each applicant will be assessed on an individual basis. Should you comply with the entrance requirements you will receive a letter in this regard from the Technikon. For your own development and to ensure that the fourth year is successful you will also need to buy the third year courseware for the two major subjects. It is therefore extremely important that you register /apply early in January 2001. The two major subjects (for your own perusal) are: *Applied Development III and the Child & Youth Care III*.

This can be purchased at R100 from our department, *Child & Youth Development, Public Management & Development*.

The fourth year begins with the assumption that students have assimilated the three previous years work.

ENROLMENT INFORMATION

Qualifications required for the National Higher Certificate and National Diploma:

- *Grade 12 (standard 10) or N3*
- *Interested students who have a grade 10 (standard 8), completed the BQCC and have at least three years relevant experience can apply for provisional entrance*
- *Students who completed the two-year certificate in Child and Youth Care at UNISA can apply for exemption from the first two years of the National Diploma and can register for the third year.*

Registrations: 8 January 2001 – 31 March 2001. You can register at any of our 21 regional offices. We however urge you to enrol early! Only a limited number of students, who qualify, will be accepted.

FOR MORE INFORMATION CONTACT

Dr HM van Schalkwyk (option 1: Child and Youth Care) Tel: (011) 471 3408 email: mvschalk@tsa.ac.za

Ms H de Jonge (option 1: Child and Youth Care) Tel: (011) 471 2331 email: hdejonge@tsa.ac.za

Ms AM Lekgetha (option 2: Youth Work) Tel: (011) 471 3078 email: alekgeth@tsa.ac.za

Fax no. for any of the above persons: (011) 471-2559

Also any office of the National Association of Child Care Workers (NACCW) or South African Youth Workers Association (SAYWA).

UBUNTU

“Africans have this thing called UBUNTU;
it is about the essence of being human;
it is part of the gift that Africa will give the world.

It embraces hospitality, caring about others,
being able to go the extra mile for the sake of others.

We believe that a person is a person through another person,
that my humility is caught up, bound and inextricably in yours.

When I dehumanise you, I inexorably dehumanise myself.

The solitary human being is a contradiction in terms and therefore you
seek to work for the common good because your humanity comes into
its own in belonging.”

Archbishop Desmond Tutu

