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

child & youth care



It is now the year that was new a few weeks ago. Truly and undeniably this the new millennium, and I imagine that most child and youth care agencies are experiencing the relief of the new school year beginning after an inordinately long school holiday – seemingly designed to meet the needs of employees of education departments rather than the children whom they serve. Even my 6 year old nephew whose life abounds with enriching recreational opportunities asked “Isn’t there a school I can go to in the holidays?” “Child and Youth Care” would value hearing from programs who successfully managed to engage young people in positive developmental activities throughout the two-month long break. It appears that the six-week holiday as we know it is a thing of the past and that Child and Youth Care Programs will perforce need to focus greater resources on this period if it is to be time well spent in a program. Often young people are largely left to their own (often meager) resources during extended holiday times where the routines that create structure fall away, and much “hanging out” occurs at a time when we are all at our most vulnerable. The summer heat - and visions of idealic family Christmases in snowy white countries fed to us by the box surely must draw on our resources, young and old. So those who are feeling some relief at being back into the rhythm of the school term are certainly to be excused. Let us draw on one another’s creativity and experience to plan for such extended holidays in the future - it appears they are here to stay.

As we are reclaimed by the familiar routines are we able to hold onto the visions we had of doing things differently in the new year? Have our dreams of new beginnings evaporated and are we translating them into changing patterns in our lives and in our program? A number of facilities I am familiar with are steadily implementing their Organisational Developmental Plan created in the DQA process. The constant temptation I am sure is to be drawn back into old familiar patterns, but those who are persevering are it seems experiencing the rewards.

Our Association anticipates a number of exciting developments this year. A child and youth

care/literacy program aimed at people working in child and youth care settings who have not been able to access other training as a result of their literacy level will be in usage by the middle of the year. The Higher Qualification in Child Care will also be completed in this semester, developing writing skills as well as further child and youth care skills of people who have already completed BQCC. Along with BQCC 2000 and the range of opportunities available through Technikon SA and Natal, we hope to realise a dream of having a Continuum of Learning Opportunities available to meet the needs of workers everywhere within the country.

Further developments in training opportunities will be a peer education and counseling course aimed at developing the capacity of youth at risk to engage helpfully with peers on the HIV/AIDS issue. This course will be piloted in the Eastern Cape within a program that en9

ables youth care workers to support peer counselors. It will provide youth with the opportunity to develop a range of skills in the context of providing assistance to others. And further on the HIV/AIDS issue, a program to assist volunteers in rural countries to support child-headed households is in the process of development on request from communities in rural Kwazulu Natal. As these programs are refined it is anticipated that they will be made available throughout the country.

As per our commitment, the Association has initiated contact with the office of the Minister of Social Development - the first step in protesting increased subsidies in some provinces and not in others, and movement on the implementation of the financing policy in some provinces and not in others. And of course a major happening in the world of child and youth care in South Africa awaits us – the 13th Biennial Conference to be held in the Eastern Cape for the first time. It seems we are well into a productive year ...



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ERRATA: November 2000 issue

Page 11 (article by Teresa Guthrie) – Social Assistance to Children should read:
The foster parents ARE NOT means-tested, but the income of the CHILD should not exceed twice the annual amount of the grant (eg. if he/she has a trust).

Archbishop Tutu has been kindly informed of an error in the UBUNTU quotation on page 20.

Native American Perspectives on Generosity by Dr. Martin Brokenleg – page 4 was reprinted with permission from **Reclaiming Children and Youth Volume 8 No. 2 summer 1999.**

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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Independent Newspapers

Protection from the Badness Of the World

Constance A. Quirk and Mary M. Wood

Throughout the human life span, our needs for autonomy and independence are balanced by the need to feel securely connected to others.

This article is based on the autobiography of a youth in a developmental therapy transition program.

To look at the problems of children and teens is to capture a slice of their lives. We are dealing with composites of their lives – ghosts of the past alive in the present. Troubled youngsters seem to have many dark shadows but few safe anchors to protect themselves from the badness of the world. Their

vulnerability is reflected in their behavior – a defensive, protective stance in the face of a hostile world. In contrast, individuals who have known brighter pasts can draw on these anchors in their daily encounters with others. They have learnt to trust others, and their behavior typically is more optimistic, determined and assertive. Healthy development entails being able to grow toward independence while simultaneously being secure, cared for, respected, and loved.

DEPENDENCE AND INDEPENDENCE

Dependence – the hunger for comfort, care, protection, and reliance on others – comes into sharp conflict with **independence** – the need to be free from control by and influence of others. Both sets of needs exist in every individual throughout life and are major forces in shaping a person's mental health, behavior, and personality. When individuals are deprived of experiences that foster both needs, key benchmarks of healthy social behavior fail to emerge. Social and emotional development lag, self-talk and self-image are negative, and behavior is combative or defensive.

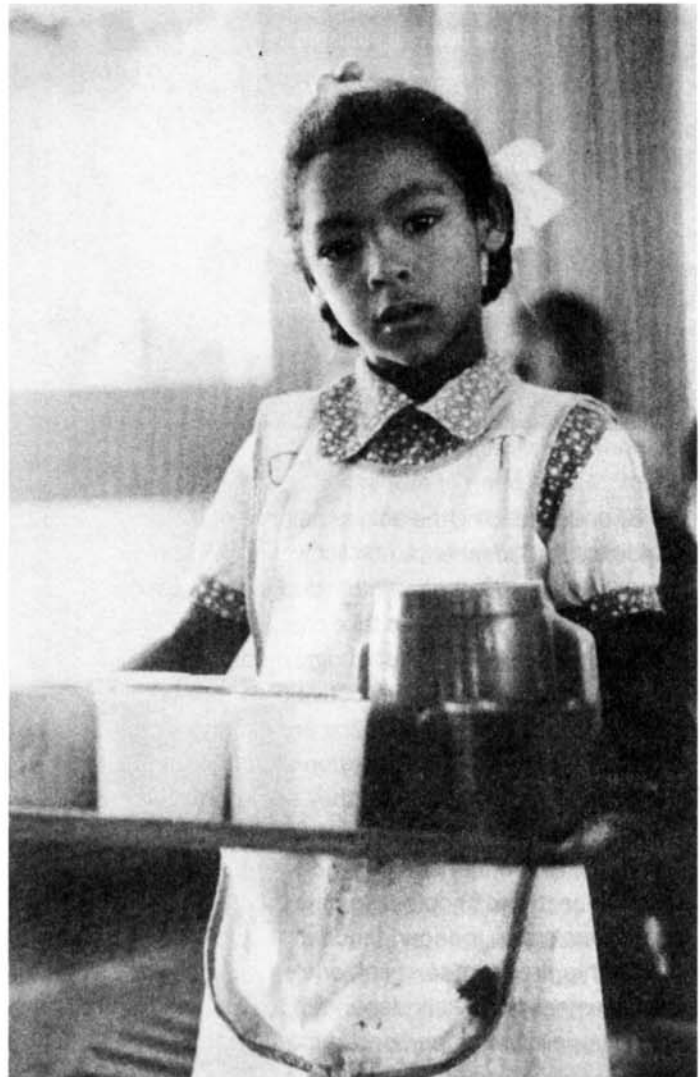
The balance between dependence and independence shifts with each stage of life. When conflicts erupt, children typically revert to 'autopilot' – to automatic responses that have been shaped by past experiences. Even a seemingly insignificant episode can have a major impact, adding another brush stroke to a person's sense of self.

The achievement of an effective balance between these polar opposite forces is called **autonomy**. Autonomy involves the ability to regulate one's own behavior even when confronted by pressures of the immediate environment. To be free from external control, however, an individual first must have his or her fundamental dependency needs met. The securely dependent child learns to trust in others and in the world (Erikson, 1977).

This enables the child to advance to the first phase of autonomy, which appears in healthy 2 year-olds; a similar dynamic is replayed by teens in a more elaborate form. Full autonomy is successful self-assertion tempered by sufficient conformity to obtain from others a solid sense of efficacy and belief in one's capacity to accomplish and succeed. There are various forms of autonomy, each emerging in a particular phase of personality development:

- **Behavioral autonomy** is seen as children take personal responsibility for making choices that enable them to effectively cope with the world. The behaviorally autonomous child is better able to manage stress and anxiety.
- **Value autonomy** emerges as children become sufficiently independent to make decisions about which conventions, rules and principles will guide personal actions.
- **Moral autonomy** usually begins to emerge by the late teen years. The motive for moral conduct is no longer fear of judgements by others but self respect. This advanced stage of moral development is marked by a distinct shift toward self control and responsible behavior.

When dependency needs are not met, the subsequent developmental process is impeded by increased conflict as indicated by the chart over the page.



Self Defeating Power of Dependence – Independence Conflict

When dependency needs are not met by others
a child tries to make it happen.

When the attempts fail
the child retreats from others.

When the child retreats
even fewer needs are met.

As fewer needs are met
anger grows.

As anger grows,
it finds outlets.

Anger expressed increases
rejection and punishment

Now, the child is at a crossroads.
either
withdraw from those who failed to care
or
fight back with more anger and hostility.

Assert and punish those who failed to care!

By understanding the unique balance of the dependence /independence conflict within children, we are able to help them grow into independent, responsible adults who are able to take charge of their lives.

An effective intervention program for these young people provides daily activities where both independence and dependence are experienced in satisfying ways. Each intervention should offer students opportunities in which they actually experience the comforts of being liked, cared for, respected and enhanced by others. In that same experience, there should also be opportunities to assert one's own independence through initiative, leadership, freedom to speak one's mind, and encouragement to make independent choices. With such support, young persons can regain trust in others.

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SOS Children's Village – Thornton Western Cape



*Live-in position for a
female youth leader*

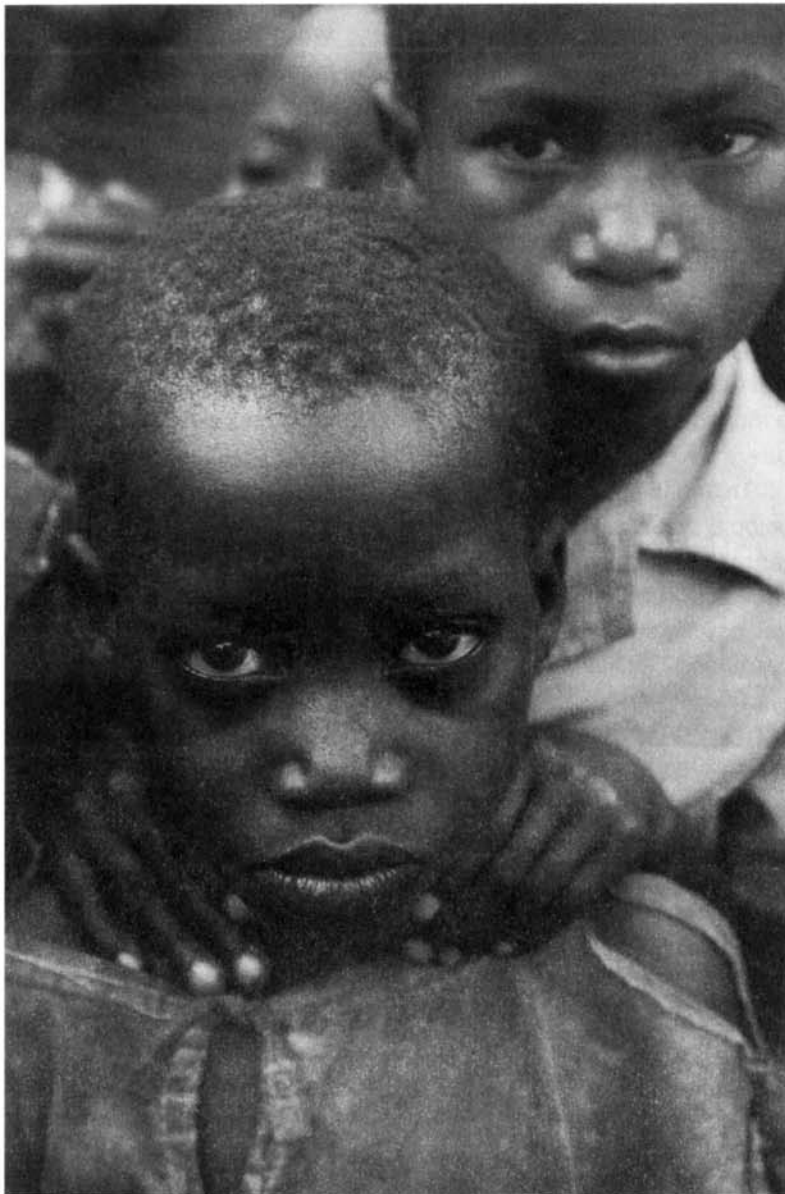
The SOS children's village is a private, charitable social welfare organisation that provides a permanent family environment for orphaned and abandoned children. A position is available for a youth leader in our Girls Youth House. The incumbent should be single, between the age of 20-30

- completed high school education/BQCC is a recommendation
- preferably continuing in further education
- leadership experience with youth
- familiarity with local cultures
- role model for our youth
- act as support to guide the youth in their development from adolescent to adulthood
- Xhosa as a spoken language will be an advantage

Please fax a two page CV to the Village Director,
Mr Eugene Absalom on 531-9868

Caring for children made vulnerable by HIV/AIDS

Sonja Giese of the Child Health Policy Institute at the University of Cape Town discusses the findings of a workshop on the draft of the proposed new Child Care Act



INTRODUCTION

It is estimated that by the year 2005, South Africa will have over 1 million AIDS orphans, many of whom will themselves be HIV+. Poor, under-resourced communities already carrying the burden of providing for the sick, the elderly and the orphaned will be unable to cope with caring for the escalating number of victims of the AIDS epidemic. Providing a home, medical care, education, psycho-social support and basic needs for these children will be one of the greatest challenges facing our generation.

The South African Law Commission (SALC) is currently drafting a comprehensive new Child Care Act (CCA) which will outline, among other things, how we will provide for children affected by, and infected with, HIV/AIDS. A consultative workshop was held in Cape Town on 17th February 2000 to review the SALC's preliminary recommendations around the care of children living with HIV/AIDS, and to provide additional input from the perspective of health, welfare, education and justice. The workshop focused primarily on; identifying children in need of care, models of care, HIV testing, non-discrimination, social assistance, and health care. Some of the proceedings from the workshop are discussed below.

IDENTIFYING CHILDREN IN NEED OF CARE

The current welfare system, with its emphasis on social workers and legislative procedures, will not be able to cope with the large numbers of children who will be in need of care as a result of HIV/AIDS. Courts and social workers are already inaccessible to many (particu-

larly rural) communities, and will become more so as the number of children in need increases. Community structures and community leaders need to be involved in the identification and placement of vulnerable children. The SALC consultative paper recommends the establishment of child care committees to perform these functions. These community-based committees could have legal responsibility and fulfill some of the functions of the children's courts. Workshop participants felt strongly that in order to develop and maintain effective care strategies, community participation at every level is essential.

Functioning alongside these child care committees, participants recommended the establishment of "children's forums". The United Nations Convention on the Rights of the Child and the African Charter clearly stipulate the right of the child to express his/her views freely in all matters affecting the child.

While every attempt should be made to provide the child with the best possible care, South Africa cannot replicate first world models of care.

These "children's forums" would provide the mechanism through which the child's views may be expressed.

In order to provide for the large number of children in need, the role of the social worker will have to be reviewed. The child care act (no.74 of



1983) makes provision for the removal of a child from a harmful environment by a social worker, policeman or "authorised officer". The definition of "authorised officer" would need to be broadened to enable community members to fulfill some of the roles of a social worker and to empower the child care committees to take action when a child is found to be at risk. Social workers could then take on a more supervisory and advisory role.

The challenge will be to develop a system that links community mechanisms with accessible and appropriate legal, psycho-social and material resources.

MODELS OF CARE

Once a child has been found in need of care, he/she currently faces very limited, and often inappropriate, placement options. More creative models of care which take into account cultural differences and traditional practices need to be recognised and supported. Participants supported the SALC's proposal to include a broad reference to alternative placements in the new CCA so that regulations may be

promulgated in future to provide for alternative models of care.

While every attempt should be made to provide the child with the best possible care, South Africa cannot replicate first world models of care. A review of existing legislation must be realistic. By formulating guidelines of care that cannot be upheld, we will be undermining the authority of child care legislation. Acceptable standards of care should mirror acceptable standards within the community in which the child is living. In addition, the existence of certain models of care, such as child-headed households and residential care, which are undesirable yet inevitable, must be acknowledged, and legislation should include provision for appropriate support mechanisms for these models.

Although the focus of the workshop was on the care of children affected by HIV/AIDS, participants agreed that care models should be mainstreamed so as to include all vulnerable children.

Further research and piloting of new, community based models of care is needed, as well as analyses of the financial, mate-

rial and human resource costs involved in establishing and maintaining such models. The support structures necessary to contain the models require interdisciplinary co-operation. To facilitate this process, there is an urgent need for guidelines of collaboration, particularly between the health, welfare and education sectors. It is recommended that each province appoint a department within that province to take responsibility for facilitating intersectoral collaboration around the care of vulnerable children, and ensuring adequate representation from every sector.

HIV TESTING AND NON-DISCRIMINATION

The issue of whether the HIV status of a child should be determined prior to placement in alternative care (particularly if the mother is HIV+) sparked considerable debate. All participants however strongly supported the SALC recommendation that around this issue. This code should be based fundamentally on the principle that "a child's best interests are of paramount importance in every matter concerning the child" (section 28(2) of the SA Constitution). While this is recognised constitutionally, it is seldom considered in practice. In determining the best interests of the child with respect to testing, participants felt it was important to consider the availability of pre- and post test counselling and medical care. Should the child test HIV +, the provision of appropriate services should be obligatory.

Furthermore, the code of good practice should clearly stipulate that if a child is tested for medical reasons, the test result should in no way be used to dis-

criminate against the child. It would need to include clear guidelines as to who the test results could be made available to. While an HIV test may for example be essential to provide appropriate medical care for a sick child, the same test could be used to discriminate against the child in terms of a care placement. On the other hand, the question was raised as to whether medical practitioners /

... a code of good practice should be developed ...

social workers should have the right not to disclose a child's HIV+ status to prospective caregivers if they feel that the information will lead to discrimination. Extensive debate around the issue of pre-placement testing is urgently needed.

While it is difficult to legislate for non-discrimination by prospective caregivers (such as adoptive or foster parents), policy governing crèches, pre-schools, day-care and residential care facilities is appropriate and urgently needed to address the issue of discrimination. Adoption of this policy and compliance with basic standards of care should be a prerequisite for registration as a child care facility.

Discrimination against children who are HIV+ is not confined to welfare. Children who are HIV+ are often discriminated against in terms of access to health care and resources. This is sometimes justified by declaring the child "rapidly progressive" implying that treatment will do little to extend the child's life

expectancy. It is recommended that a child should not be diagnosed as "rapidly progressive" until it has been given every opportunity to survive.

SOCIAL ASSISTANCE

One of the major limitations in the current welfare system is the poor availability and administration of state support. The existing social assistance policy is confusing (such as who is eligible for a care dependency grant) and discriminatory (the amount allocated to a foster care grant is significantly greater than that allocated to a child support grant). Furthermore, to access a grant requires legal intervention. Where a child is absorbed into the extended family structure, there are no legal custodians or foster parents, and the relatives therefore cannot access support grants.

Workshop participants felt that there was a need to do away with the various grants and substitute them with one standard child care grant for caregivers, including adoptive and biological parents. Grant applications would be dependent on well-defined eligibility criteria and the grant would be available to all caregivers of children under the age of 18 years. An add-on medical care grant for a chronically ill or disabled child could be allocated, after submission of medical proof of the child's health status and needs. In line with this, participants felt that there is a need to re-evaluate the Constitutional interpretation of disability and chronic illness in relation to HIV/AIDS.

These recommendations are by no means comprehensive and the relevant departments should continue to pilot and evaluate other forms of assis-

HIV/AIDS

tance to children affected and infected by HIV/AIDS. One such form of assistance is health care support.

HEALTH CARE SUPPORT

The Department of Health's policy is to provide free "basic health care" to children under the age of 6 years. In order to assist caregivers in meeting the medical needs of HIV+ children in their care, provision of free "basic health care services" should be made available to all children in alternative care up to 18 years of age or until the placement in care expires. There is also a need for consensus and clear guidelines around what should be included in the "basic health care" package.

Furthermore, facilities should be made available for the placement of whole families where they are too sick to care for themselves or each other so that the family unit can be maintained. Provision should also be made for the mental health care needs of children with HIV induced dementia.

As it is a mother's right to have a healthy child, workshop participants supported the idea that appropriate MTCT drugs be made available to HIV+ pregnant women. The financial burden on the State was recognised as an issue and a recommended (temporary) solution was to provide HIV+ pregnant women with information on preventative therapy drugs and the option of purchasing them through state clinics and hospitals.

CHILD CARE ACT OR NATIONAL HEALTH BILL?

While the legislation under review (the CCA) is a welfare document, due to the nature of the topic, much of the content of the paper is health-based. Participants were divided as to whether the HIV+ child's health rights would be appropriately placed in the Child Care Act or whether in fact they should be more elaborately dealt with in the National Health Bill. All participants agreed however that the two documents should be closely linked and cross-referenced and that the health rights of the child should be comprehensively dealt with in at least one document.

As important as collaboration is at a legislative level, grass roots intersectoral collaboration and community consultation are absolutely essential. The only way in which South Africa can hope to care for the children affected by HIV/AIDS is if we are prepared and committed to working together.

Reprinted from *ChildenFIRST* June/July 2000



NACCW Regional Graduations **2001**

Border – 18 February

Methodist Hall, King Williamstown

Western Cape – 23 February

Baxter Theatre, Rondebosch

Kwazulu-Natal – 23 February

Southern Cape – 28 February

Gauteng – 28 February

Technikon SA, Genmen Building, Florida

Eastern Cape – 20 March

Free State – To be announced

DATES TO REMEMBER

FEBRUARY	Diet and Lifestyle Awareness Toktokkie Campaign
12-17	Condom Week
17-25	Pregnancy Education Week
21	Malcolm X assassinated in USA – 1865
MARCH	Intellectual Disability (Mental Handicap) Awareness Month Diet and Lifestyle Awareness
1	World Day of Prayer
8	International Women's Day and International Peace

Every month we will publish special dates and suggest that you send ideas of how to celebrate and raise awareness around the issues concerned. We welcome your practical ideas of what to do with children & youth, families & communities on these days.

INTRODUCTION

Female genital mutilation (FGM), widely known as female circumcision (FC), is a harmful traditional practice that affects the physical and psychological well-being of girls and women in 28 African countries. It is estimated that more than 100 million women in Africa have experienced FGM. It involves the surgical removal of parts or the whole of the external female genitalia.

The prevalence of FGM in Africa varies from one country to another. In a few countries where demographic and health surveys have covered FGM issues, the following prevalence rates have been reported: (Sudan, 89 percent; Tanzania, 10 percent, for example).

Culturally, the practice is intertwined within the socialisation process. The cultural significance associated with female circumcision makes it a sensitive issue to deal with and many families and communities who are simply not ready to confront age-old traditions, usually opt to continue the practice, especially when they do not understand its harmful effects. Many are also not prepared to use the language or terminology of health and human rights advocates of "female genital mutilation," rather than female circumcision.

Yet despite the implications of the practice, the issue has not been addressed in Africa until recently. Both the International Conference on Population and Development (Cairo 1994) and the Fourth World Conference on Women (Beijing 1995) documented FGM as a harmful traditional practice affecting women, and recommended concerted efforts to eliminate it.



Eradication of Female Genital Mutilation (FGM)

Path Experiences

One of our African Partners, Samson Radeny of the Program for Appropriate Technology in Health (PATH) in Kenya presents us with their research into this controversial practice.

However, awareness, interest, and commitment to fight FGM in all its forms have not necessarily translated into tangible projects at the community level. This is because the issue of FGM does not lend itself to ex-

ternal solutions outside the culture of the affected communities. The practice has a strong cultural base, which is often shrouded in secrecy, and supported by strong emotional and communal beliefs.

Africa Network

An understanding of the religious, social, and cultural underpinnings of the practice within a community must form the basis for conceiving and implementing program interventions that may lead to the eventual eradication of the practice, without offending the community.

PATH (Program for Appropriate Technology in Health) is working with international and national governmental and non-governmental agencies to bring female genital mutilation (FGM) into the open so that women and girls who are directly affected by the practice can be aware of the facts and take appropriate action.

FGM ERADICATION EFFORTS

One of the first efforts was when PATH worked with the National Association of Nigerian Nurses and Midwives (NANNM) on a nationally acclaimed information, education and communication programme on FGM. A 1995 evaluation showed that the campaign had made a significant impact on knowledge, attitudes and practices regarding FGM.

PATH encourages interventions that focus on behavior change for community members and building the capacity of local institutions to manage change. Our efforts also include creating awareness and sensitizing FGM practicing communities to the harmful effects of the practice.

More recently, under the PATH/MYWO project, we have worked to build community sup-

port for the alternative rite of passage initiation (ARP), which involves the training of adolescent girls to prepare them for transition into adulthood, without cutting any part of their bodies. Nearly 2000 girls have participated in the ARP since inception in August 1996. This represents about 7 percent of the target population of girls ages 10-19, from three of the four project sites. A recent evaluation of the project showed in-



creased positive change of attitude as well as well as community openness to discuss and find solutions to problems created by FGM.

PATH played a key role in the development of the national plan of action for Kenya, which was launched recently. The plan of action will be used by agencies implementing FGM interventions as a basic tool for project formulation and development.

LESSONS LEARNED

From the research and projects implemented over the last couple of years, PATH has learned that:

- Attitude and behavior change is hard to achieve, but can be

achieved through comprehensive, and inexpensive interventions that target all the stakeholders in community as well as key leaders.

- Mobilizing the community and eliciting support for FGM eradication takes time. Thus, one must learn to go with the pace of the community.
- Garnering support from key opinion leaders, and men in particular, helps to achieve and sustain results. FGM eradication projects must therefore involve men and community leaders.
- Any meaningful efforts to eradicate FGM must be participatory and community based.
- FGM interventions bring about social change in a continuum that needs to be

sustained until a critical mass of families stop circumcising their daughters.

- Government support is crucial in any efforts to eradicate FGM. When the government makes its stand regarding FGM known and disseminates it to the communities, efforts of development agencies and anti-FGM advocates are legitimised.
- Any intervention package aimed at reducing FGM must incorporate a role for religious leaders.
- Opposition of circumcisers to the elimination of FGM can be a significant impediment. Circumcisers need to be

Africa Network

educated about the harmful effects of FGM. They should be part of the process in developing alternate rituals or practices to FGM, so that they are assured they can have a role in such rituals.

- It is important that the project target audiences receive an effective FGM information package to qualify them as being "informed on FGM issues." They should not only be educated on FGM and its physical health consequences, but also its effects on psychological and sexual health; how it differs from male circumcision; legal and human rights violation aspects; and the ethical issues it poses for parents and health providers who circumcise.

CONCLUSION

Female genital mutilation is a complex practice, which is inextricably intertwined within the rubrics of people's culture. It is a practice that is difficult to understand, because like any other traditional practices, people cannot explain why it continues even though the reasons for which it was traditionally practiced in many communities have been overtaken by modern developments. The eradication of FGM, therefore, must begin from a thorough understanding of the complexity of the practice in relation to the people's culture.

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Final call for Papers

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

Please submit your proposals to
NACCW, PO Box 36407, Glosderry 7702
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Assistance is available to anyone who needs help to develop their proposal.

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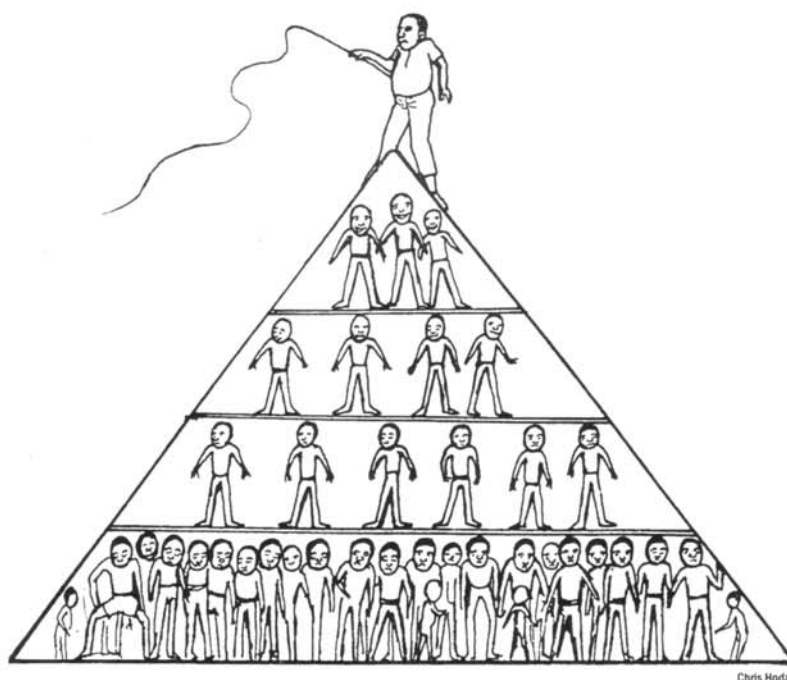
Conference 2001



Masidibane Ngalomntwana

*"Let us
come together
about
this child."*

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



10

Effective Habits of Killing an Organisation



Frank Julie, director of the Resource Action Group (RAG) in Cape Town, describes some common destructive habits which many NGO's practise.

We live in difficult times. And this is also the reality for many non-government organisations (NGO's). A lack of funding is always the reason being advanced for the demise of an NGO. On the surface this may be true but experience tells me that this is not always the case. A lack of donor funding is sometimes only the outward manifestation of other deep-seated organisational problems.

The demise of an organisation is a process. It is not an event. There are certain obvious signs that manifest themselves before the organisation finally collapses. I have identified ten effective habits of killing an organisation. I am sure you can add to the list since it is hardly exhausted.

NO PROPER STAFF AND VOLUNTEER DEVELOPMENT

There is no clear program in place for the development of staff and volunteer members. In fact, volunteers hardly features as a resource within the organisation. They are regarded more as a liability. Forget about the holistic development of staff and building on their strengths. Where such programs do exist, they normally focus only on the needs of the organisation and forget about the needs of the individual member.

NO STRATEGIC PLANNING AND CONSTANT REPOSITIONING

This seems to be a swear-word in such an organisation. Whilst funding is still okay, why plan? And long term at that! It lapses into complacency. No proper and continuous environmental scans are conducted. Constant internal monitoring

and evaluation, checking trends inside and outside the organisation are completely absent. The abandonment of useless projects is never on the cards even when the projects have lost their effectiveness. The repositioning of the organisation is not an issue. A definite sign of decay!

NO PROPER FUND DEVELOPMENT STRATEGY

Funds play a crucial role in any organisation. But not only in a financial sense. There is no long-term fund development strategy. This is coupled with a long-term strategic plan where organisational needs over 3-5 years are identified and a strategy is conceived to address these needs. Such an organisation lacks a strong core donor, other smaller donors, cost recovery is almost absent and sometimes no services to generate own income exist.

NO PROPER PLANNING AND MANAGEMENT

In this organization, budget control is not popular, there is no cash flow analysis, cost containment does not exist in the collective vocabulary of the membership. And sharing this information with all staff members is taboo! We believe in transparency yes, but not where money matters are concerned!

NO EFFECTIVE NETWORKING

Constrained by a scarcity mentality, this organisation is fearful of cultivating partnerships and networking with other organisations. Networking might just well expose the weaknesses of the organisation and open them up for critique. This attitude results in the organisation growing inwards and smothering

itself with its own ignorance, arrogance, and dogmatism. Sharing information with others especially information about potential donors is sacrilege!

A DESTRUCTIVE SPIRIT

Staff members compete amongst each other. They defend their territories. Skills are not being shared. There is a monopoly of skills concentrated in the hands of a clique. They have access to all the vital information. The organization cannot function without them. Members embark in gossip and whispering campaigns. Factions emerge and people start to fight about who is right, not what is right!

NO PROPER ACCOUNTABILITY

Accountability structures may exist but are regarded more as a necessary evil. Governing boards are regarded as a liability. Without them no funding will be forthcoming, so we need to maintain a semblance of such a structure. Donors insist on them. But they are not active and involved. They are mere figure-heads. They have to sign the cheques, you know? Where they do exist and play a role, it is more to control the organisation and not to promote its mission. These members are not properly trained in how the organisation operates and most of the time they find out more about the organisation from outsiders. Meetings are irregular.

PEOPLE ARE BUSY – DOING NOTHING

In this organisation no time for reflection is allowed. The emphasis is on how busy you are, even if you don't produce anything. Just pretend that you are

busy. Members standing or sitting around and chatting about the organisation or even sharing their personal concerns during working hours are not tolerated. You are paid to work not to talk. Production, production seems to be the credo! There are no clear and measurable objectives that guides everybody so the alternative is to just pretend that you are busy!

IMBALANCE BETWEEN THE IMAGE AND THE ACTUAL IDENTITY

This means that the organisation does not practice what it preaches. What it writes and espouses is not what happens in reality.

NO LEARNING ORGANISATION – FORGET ABOUT TEACHING!

This was the new buzzword in the organisational development sector in the 90's – I think this will be the new buzzword for the new millennium. Why do you learn in the first place? Is it not to apply the learning, check its results through conscious reflection and then sharing that body of knowledge that is being developed by others? And by teaching are you not internalising the learning even more effectively?

Organisations who do not learn and teach normally get consultants or the experts in to do this for them.

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- January-March 2000



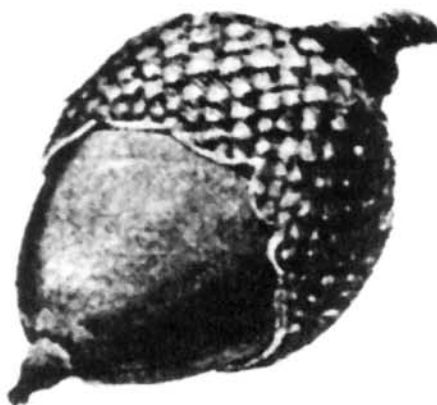
Storytelling

About forty years ago I was taking a long trip on foot over mountain heights quite unknown to tourists in that region where the Alps thrust down into Provence. All this, at the time I embarked upon my long walk through these deserted regions, was barren and colorless land. Nothing grew there but wild lavender. After three days walking I found myself in the midst of unparalleled desolation. I camped near the vestiges of an abandoned village. I had run out of water the day before. These clustered houses although in ruins, like an old wasp's nest, suggested that there must once have been a spring or well here. There was indeed a spring, but it was dry. The tiny chapel with its crumbling steeple stood about like the houses and chapels in living villages, but all life had vanished.

The wind blew with unendurable ferocity. I had to move my camp. After five hours walking I had still not found water and there was nothing to give me hope of finding any. I thought I glimpsed in the distance a small black silhouette, upright and took it for a solitary tree. It was a shepherd. Thirty sheep were lying about him on the baking earth.

He gave me a drink from his watergourd, and a little later took me to his cottage in a fold of the plain. He lived in a real house built of stone that bore plain evidence of how his own efforts had reclaimed the ruin he had found there on his arrival. It was understood from the first that I should spend the night there.

The shepherd went to fetch a small sack and poured out a heap of acorns on the table. He began to inspect them with



THE MAN WHO PLANTED ACORNS

An inspiring story of service to humanity.

Author unknown

great concentration, separating the good from the bad. When he had set aside a large enough pile of good acorns, he counted them out by tens. When he had selected one hundred perfect acorns he stopped and went to bed. There was peace in being with this man. The next day I asked if I might rest here a day. He found it quite natural. He opened the pen and led his flocks to pasture. Before leaving he plunged his sack of acorns into a pail of water.



I noticed how he carried for a stick an iron rod as thick as my thumb and about a yard and a half long. Resting myself by walking, I followed a path parallel to his. His pasture was in a valley. He left the little flock in charge of the dog and climbed towards where I stood. He climbed to the top of the ridge about a hundred yards away. There he began thrusting his iron rod into the earth, making a hole in which he planted an acorn; he then refilled the hole. He was planting an oak tree. On inquiry I discovered that the land was not his and he was not interested in finding out whose it was. For three years he had been planting trees out in this wilderness. He had planted 100 000. Of these 20 000 had sprouted. Of this 20 000 he still expected to lose about half to rodents or the unpredictable designs of Providence. There remained 10 000 to grow where

nothing had grown before.

That was when I began to wonder about the age of this man. Fifty-five he told me. His name was Elzaeard Bouffier. He had once had a farm in the lowlands. He had lost his only son then his wife. He had withdrawn into solitude, where his pleasure was to live leisurely with his lambs and his dog. It was his opinion that this land was drying for want of trees. He had added that, having no very pressing business of his own, he had resolved to remedy this state of affairs. I told him that in thirty years his 10 000 oaks would be magnificent. He answered quite simply that if God granted him life, in thirty years he would have planted so many more that these 10 000 would be like a drop of water in the ocean. Besides he was now studying the reproduction of beech trees and had a nursery of seedlings grown from beech-nuts near his cottage.

The next day we parted. The following year came the war of 1914, in which I was involved for the next five years. To tell the truth the thing itself had made no impression upon me; I had considered it as a hobby and forgotten it.

The war over, I again took the road to the barren lands. The countryside had not changed. Since the day before, I had begun to think again of the shepherd tree planter. I had seen too many men die during those five years not to imagine easily that Elzeard Bouffier was dead. He was not dead. As a matter of fact he was extremely spry. He had changed jobs. Now he had only four sheep, but instead, 100 beehives. He had got rid of the sheep because they threatened his young trees. For he told me (and I saw for myself), the war had disturbed him not at all. He had impertubably continued to plant.

The oaks of 1910 were then ten years old and taller than either of us. It was an impressive spectacle. I was literally speechless and as he did not talk, we spent the whole day walking in silence through his forest in three sections, it measured 11 kilometres in length and three kilometres at its greatest width. When you remember that all this had sprung from the hands and soul of this one man, without technical resources, you understand that men could be as effectual as God in realms other

than that of destruction. He had pursued his plan and beech trees as high as my shoulder, spreading out as far as the eye could reach, confirmed it. He showed me handsome clumps of birch planted five years before. He had set them out in all the valleys where he guessed, rightly, that there was moisture almost at the surface of the ground.

Creation seemed to come about in a sort of chain reaction. He did not worry about it; he was determinedly pursuing his task in all its simplicity; but as we went back towards the village I saw water flowing in brooks that had been dry since the memory of man. The wind too, scattered seeds. As the water reappeared, so there reappeared willows, rushes, meadows, gardens, flowers and a certain purpose in being alive. But the transformation took place so gradually that it became part of the pattern without causing any astonishment. That is why no-one meddled with Elzeard Bouffier's work. If he had been detected he would have had opposition. He was undetectable. Who in the villages or in the administration could have dreamed of such perseverance in



Storytelling



a magnificent generosity?

To have anything like a precise idea of this exceptional character one must not forget that he worked in total solitude; so total that toward the end of his life, he lost the habit of speech. Or perhaps that he saw no need for it. Some years later he received a visit from a forest ranger who notified him of an order against lighting fires out of doors for fear of endangering the growth of this natural forest. It was the first time, the man told him naively, that he had ever heard of a forest growing of its own accord. At that time Bouffier was about to plant beeches at a spot some twelve kilometres from his cottage.

In order to avoid travelling back and forth, for he was then seventy-five, he planned to build a stone cabin right at the plantation. The next year he did so. The following year a whole delegation came from the government to examine the 'natural forest'. Fortunately nothing was done except the only helpful thing: the whole forest was placed under the protection of the state. For it was impossible not to be captivated by the beauty of those young trees in the fullness of health.

A friend of mine was among the forestry officers of the delegation. To him I explained the mystery. One day the following week we went together to see

Elzeard Bouffier. We found him hard at work. In the direction from which we had come the slopes were covered with trees 20 to 25 feet tall. I remembered how the land had looked; a desert... Peaceful, regular toil, the vigorous mountain air, frugality and above all, serenity in the spirit had endowed this old man with awe-inspiring health. He was one of God's athletes. I wondered how many more acres he was going to cover with trees. I saw Elzeard Bouffier for the last time in June of 1945. He was then 87. In 1913 this hamlet of ten or twelve houses had three inhabitants. Everything was changed. Even the air. A gentle breeze was blowing, laden with scents. A sound like water came from the mountains, it was the wind in the forest; most amazing of all, I heard the actual sound of water falling into a pool.

Hope had returned. Ruins had been cleared away, dilapidated walls torn down and five houses restored. Now there were 28 inhabitants. The new houses, freshly plastered, were surrounded by gardens where vegetables grew in orderly confusion. It has taken only the eight years since then for the whole countryside to grow with health and prosperity. On the site of the ruins I had seen in 1913 now stand neat farms testifying to a happy and comfortable life. The old streams, fed by the rains and snows that the forest conserves, are flowing again. Their waters have been channeled. On each farm in groves of maples, fountain pools overflow onto carpets of fresh mint. Little by little the villages have been rebuilt. More than 10 000 people owe their happiness to Elzeard Bouffier. •

Child & Youth Care Workers

Three posts

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Mpumalanga**

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- A valid driver's licence.
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Jackie Winfield gets students off to a good start in 2001

It is the beginning of another year and hopefully, many of you have decided to further your development in child and youth care through studying. Remember that nobody is ever too old, too knowledgeable or too experienced to stop learning! Therefore, if you have not already set yourself some goals and made some plans about developing yourself during this year, consider registering for a course with the NACCW or at one of the Technikons (Technikon SA or Technikon Natal).

In setting your goals and making plans, it is important to be realistic about what is achievable. What can you manage bearing in mind your other commitments at work, with your family and so on? For example, if you choose to study at Technikon SA, you might decide to register for one or two subjects at a time, so that you can continue to give sufficient attention to the other aspects of your life. Very often, if we try to do too much, we end up doing nothing properly. This results in mediocrity which may cause demotivation. Once you have made the decision about what you wish to study and what is achievable for you, make sure that you are putting in sufficient time and energy to reach your goals. At the same time, remember the importance of balance in your life. Certainly, it would be wonderful to get distinctions in your studies but it is not helpful to spend so much time studying that you lose sleep, neglect your friends, leave the soccer club, etc. Your holistic development is essential to your well-being just as the holistic development of young people is essential to their well-being. Indeed, holistic development should be something in which child and youth care workers are specialists. Here are a few ideas for ensuring that you don't neglect some dimensions of your own development.

- **Make sure you spend time with family and friends.** These are the people with whom you have caring relationships. Hopefully, they will be there to give you emotional support, listen to your concerns, have fun and celebrate your successes. Child and youth care work makes great emotional demands on workers so we must cultivate strong mutual relationships with others outside of work.

- **Exercise regularly.** It is not necessary to join the gym or jog 10 kilometres every day before breakfast. A brisk walk is invigorating and, unlike many other forms of exercise, it can be done alone and without expensive equipment. This can become a time to reflect, to appreciate the environment or it may be that you walk with a friend and use the time to talk. What is important is that exercise is fun. It should not cause extra stress in your life. Of course, proper eating and sleeping will also contribute to a sense of physical well-being. The relationship between body and mind means that physical health is linked to mental health, and a healthy mind will help you to be more effective in your studies.
- **Cultivate interests and hobbies.** You might enjoy reading, painting, gardening, swimming, crosswords, carpentry or any of a thousand other activities. Take time for these so that your life consists of diverse and enriching experiences which refresh and develop you as a human being. Remain open to trying new things so that you stretch yourself and explore new horizons.
- **Give attention to the spiritual aspect of yourself.** For some, this might mean involvement in organised religion; for others, it might involve a highly personalised understanding of spiritual matters. Exploration of spiritual questions is part of the journey which provides meaning for our lives.
- Lastly, **a successful student develops a study plan and sticks to it.** Construct a study timetable which allows you to work on manageable "chunks" of the curriculum. "Cramming" a year's work into one week before the exams might result in a pass but this knowledge will not enter your long-term memory and therefore, will not be readily available to you in your daily work with children, youth and families. A real commitment to your professional development involves consistent attention to your studies, remembering the necessity for regular breaks.

You may have other strategies or hints to share with fellow students. If so, please send them to "Child and Youth Care" so that others may learn from your experience. All the best for your studies!



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