

# child & youth care

ISSN 0258-8927 • VOLUME 19 No.9 • SEPTEMBER 2001  
A Journal for those who work with troubled children and youth at risk

## For Our Children – the Challenge is Now



### A Bishop speaks out

It's the time of year when Annual General meetings are held. Agencies serving the needs of children in this country are taking stock of the quality of the service they are giving and especially their financial position. The Rt Revd Peter Lee, Anglican Bishop of the Diocese of Christ the King in Johannesburg went public with his view on state funding when he addressed the AGM at St Mary's Children's Home in Johannesburg. He entitles his comments **How Government is abusing children in care in South Africa**. Some of his comments are worth quoting.

*I need to say clearly and loudly that the South African government is presently breaching the constitutional rights of abandoned, abused and orphaned children. It is doing so in such a serious way that the Department of Social Development generally known as the Department of Welfare, is bordering on becoming an accomplice in the very child abuse it is mandated to prevent.*

Saying that such a statement cannot be made lightly and without lengthy justification, Bishop Lee quotes inter alia Section 28 of the Bill of Rights which lays down that every child has the right to *family, care or parental care, or to appropriate alternative care when removed from the family environment* and all that goes with the provision of the basic needs of children. His argument is that the funding of Children's Homes has been a frozen per capita rate for the last ten years except for a recent small increase of R50 per child, and with this type of funding the required standard of services to children in alternative care cannot be provided. It is tantamount to abuse and threatens the closure of many a children's home as they cannot survive financially.

He makes a plea that Minister Skweyiya cast his eye over the needs of abandoned children in this country with the same urgency as he has already displayed toward the aged.

Those of us connected with the NACCW know these comments only too well. We have heard them time and time again throughout the country. Urgent requests have been made on behalf of a number of specific Children's Homes – especially in the Eastern Cape, and also on behalf of desperate homes in the Western Cape. The same theme is heard again, now from some of the Anglican Children's Homes in Kwa Zulu-Natal and Gauteng.

Our dealings with State at National and Provincial level throughout the country on the issue of funding has met with the same response as Bishop Lee's.

### NACCW has spoken out

Bishop Lee's comments are indeed serious. Someone, he says has to speak out and he does so for all children, not only St Mary's. He is not a lone voice.

The NACCW has constantly challenged the State on the situation regarding funding.

We told the Minister of the urgency to implement the new state funding policy at his consultative conference. He has a copy of our report. Our editorials and public statements in this journal have frequently spoken out on this very issue. We have written to him twice on the subject and have not received a response. The National Department heard us speak out at our recent Conference in Port Elizabeth.

### Challenge us – State says

All this confirms the view of the NACCW leadership at its most recent meeting at Koinonia, Natal.

The issues that were most urgent and which cried out for NACCW action were:

- the state funding policy and the huge delays in its implementation. The old concept of funding per capita and not on the basis of programme funding is crippling some child care agencies
- the anomalies that exist between provinces in the way funding is distributed
- the anomalies in the extent and nature of service provision from one province to the other and especially the disparity between services for girls and boys
- the differences that are emerging in local department's attitudes and in their interpretation of the policy of transformation.

At the Koinonia meeting NACCW leadership from throughout the country agreed that the NACCW has to take up the call by State made at the most recent NACCW Conference held in Port Elizabeth in which State said: Challenge Us.

Bishop Lee's statement in Gauteng must be taken very seriously.

For the children – the challenge is now.

**Barrie Lodge**

**Child & Youth Care** ISSN 0258-8927 is a non-commercial and private subscription journal, formerly published in Volumes 1 through 13 (1983 to 1995) as *The Child Care Worker*. Copyright © The National Association of Child Care Workers

Editorial: PO Box 36407, Glosderry 7702 South Africa. e-mail: naccwct@iafrica.com Telephone: (021) 762-6076 Fax: (021) 762-5352.

**Child & Youth Care** is published on the 25th of each month except December. Copy deadline for all material is the 10th of each month. Subscriptions: Individual Membership of NACCW is R50.00 p.a. which includes a free copy of the journal. Non-members, agency or library journal subscriptions: R50.00 p.a. post free.

Commercial advertising: R312 per page pro rata. *Situations Vacant/Wanted* advertisements for child and youth care posts are free to Corporate and Individual Members.

All enquiries, articles, letters and new subscriptions may be sent to the above address.

Editorial Board: Merle Allsopp BA, HDE, NHCRC; Annette Cockburn LTCL, Dip.Ad.Ed.(UCT); Pumla Mncayi BA (SW); Adv. Ann Skelton, Ruth Bruintjies, Alfred Harris, Sonja Giese B.Sc (Hons) Psych

# contents

ISSN 0258-8927 • VOLUME 19 No.9 • SEPTEMBER 2001

<b>4</b>	<b>Our response to the attack on America: What Can It Teach Children About Understanding and Revenge</b> <i>James Garbarino</i>
<b>6</b>	<b>The National Children's Forum on HIV/AIDS</b> <i>Sonja Giese</i>
<b>9</b>	<b>The Opportunity: Working with Street Youth with HIV/AIDS</b> <i>Jim Lees</i>
<b>12</b>	<b>The Real South Africa</b> <i>Prof. Jim Anglin</i>
<b>13</b>	<b>The Lessons from Infant Research for Child &amp; Youth Care</b> <i>Mark Tomlinson</i>
<b>15</b>	<b>The World Conference Against Racism</b> <i>Mvuyo Manyungwana</i>
<b>16</b>	<b>Africa Network: Change of Lifestyle Homes Project: A Community Solution to a Community Problem</b> <i>Clive Willemse</i>
<b>18</b>	<b>Reflections on American Child Care</b> <i>Alfred Harris</i>

## DATES TO REMEMBER

### OCTOBER

10-16	National Nutrition Week
16	World Food Day
16	International School Libraries Day
17	International Day for the Eradication of Poverty
20	Healthy Cities Day
24	United Nations Day
24	World Development Information Day

Cover picture: Young girl on camp at Koinonia, Kwazulu Natal

## 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.

### National Executive Chairman

The Revd Barrie Lodge, BA, UED, Bed  
P.O. Box 751013, Garden View 2047  
Tel: (011) 614-0212 Fax: (011) 484-2928  
Cell: 082 561-0927  
email: valbar@iafrica.com

### Treasurer

Roger Pitt, Dip.Th.  
P.O. Box 482, King Williams Town 5600.  
Tel: (0433) 21932 Fax: (0433) 22252.  
e-mail: naccwkt@iafrica.com

### Members

Kathy Scott (Western Cape), Elwin Gallant (Eastern Cape)  
Mvuyo Manyungwana (Northern Cape), Nomsa Mandoyi  
(Border), Mandy Goble (Kwazulu-Natal), Claude Verge  
(Gauteng), Marian Murray (Southern Cape), Nozuko  
Nonkonyana (North East Cape), Francisco Cornelius (Free State)

### Professional Staff

**Director:**  
Merle Allsopp BA, HDE, NHCRC.  
P.O. Box 36407, Glosderry 7702  
Tel: 021-762-6076 / 762-3142 / 762-4702  
Fax: (021) 762-5352  
e-mail: naccwct@iafrica.com

### Deputy Director:

Zeni Thumbadoo, BA Social Work  
P.O. Box 17279, Congella 4013.  
Tel: 031-205-3775 Fax 031-205-3369  
e-mail: naccwdb@iafrica.com

### Consultants:

Sbongile Manyathi B.Soc.Sc. (Hons).  
P.O. Box 17279, Congella 4013.  
Tel. 031-205-3775 Fax 031-205-3369  
e-mail: naccwdb@iafrica.com

### Cecil Wood BA, HDE

76 Circular Drive, Charlo Port Elizabeth 6070  
Tel. 041-374-4822 Fax: 041-368-7145  
email: naccwpe@iafrica.com

### Jeanny Karth BA, HDE, NHCRC

220 Ottery Road Office No.9 Ottery 7800  
Tel: 021-762-6076 / 762-3142 / 762-4702  
Fax: (021) 762-5352  
email: naccwct@iafrica.com

### Regional Secretaries

**Gauteng/Transvaal**  
Syvion Dlamini, PO Box 1613 Germiston 1400  
Tel. 011-8275732 Cell: 082 4391569  
email: naccwjb@iafrica.com

### Kwazulu-Natal

Nazli Finch, Durban Children's Home  
222 Manning Road Durban  
Tel. 031-201-1301  
email: naccwdb@iafrica.com

### Border

Moiria Freitag, East London Childrens Home  
PO Box 1584 East London 5200  
Tel. 043-7366233  
naccwkt@iafrica.com

### Western Cape

Nola Riley, 505 Woodleigh Third Avenue  
Kenilworth 7700  
Tel. 021-674-4460  
email: naccwct@iafrica.com

### Eastern Cape

Themba Faleni, Stepping Stones Koetaan Street  
Extension 1 Port Elizabeth  
Tel. 041-481-2147  
email: naccwpe@iafrica.com

### Southern Cape:

Rosaline Claassen, Masizame Shelter  
P O Box 2026 Plettenberg Bay 6600  
Tel. 041-533-0087

### Namaqualand

Father Anthony Cloete, RC Sending Kinderhuis,  
Kamieskroon 8241.  
Tel 0257-608

### Northern Cape

Margaret Van Wyk P O Box 985 Kimberley 8300  
Tel. 053-872-1010

### Free State

Fziwe Bacela, Tshireletsong Place of Safety & Children's  
Home, Private Bag x20536, Bloemfontein 9300  
Tel: 083-990-6427

### North East Cape

Noni Xengana, Mzomtsha Children's Home  
Tel: 047-568-0049 Cell: 082-749-2928

### Fund Raising Organisation 088004480002

Web site: [www.pretext.co.za/naccw](http://www.pretext.co.za/naccw)  
e-mail: naccwct@iafrica.com



*James Garbarino writes ...*

# Our response to the attack on America: What Can It Teach Children About Understanding and Revenge

**T**he September 11 attack on America means many things to America's children and youth. Much of the initial response by parents, educators, and mental health professionals has focussed on coping with the trauma and the fear. But as the days pass and issues of retaliation become the focus of attention a whole new set of issues emerges. What will our response teach children about revenge and compassion?



Tibet's Dalai Lama is a world leader in teaching about compassion. One of his most important lessons is that "true compassion is not just an emo-

tional response, but a firm commitment founded on reason." It is easy to feel sympathy for the victims of violence – human decency demands it. But it is much more difficult to feel true compassion for our enemies – unshakeable understanding of how violence and rage arise in human beings, understanding that endures the bad actions of those human beings.

I learned this anew in the case of Nathaniel Brazil, the 13 year old boy who shot and killed his teacher in Lake Worth, Florida, May 26, 2000. Before he committed the murder, most of us would have found it easy to feel sympathy for him because of the difficult circumstances of his life. But after his deadly act many people changed their emotional response from sympathy to rage – and many wished he be executed, or at least imprisoned for life. One friend of the murdered teacher even said in public that he hoped the boy would be raped and tortured every day while he was in prison. This response reveals that the feeling people had for this boy

was sentimentality not true compassion as the Dalai Lama defines it.



This is an important lesson to consider as our nation responds to the terrorist assault of September 11. It is quite one thing to talk in public about "bringing the perpetrators to justice" and quite another to speak of exacting our revenge. It is one thing to understand the origins of terrorism and quite another to portray the struggle as simply one of "evil versus good."

Terrorists typically are caught up in their own scenarios of revenge and retaliation. Often they have experienced personal suffering or family loss, or historical

victimization, and are seeking a way to give meaning to that suffering through acts of violent revenge. Mostly, they are individuals who are offered a political or ideological interpretation for their situation by their leaders. Sometimes these leaders are pathologically calculating and cold in their exploitation of their followers. Sometimes these leaders themselves are plotting revenge for what they have experienced as victims of political oppression. For them, the terrorist acts they commit are not "unprovoked assaults," but rather are their own, sometimes warped version of "bringing the perpetrators to justice."



**All this is not to excuse the terrorist.** No one of good faith or sensitive heart could or would do so. But if we are to do more than continue to escalate the cycle of violence we must do more than feel outrage and practice more than retaliation. We must seek a deeper understanding — of individual terrorists and of the



causes they represent. We must not fear this understanding. We must not reject those who ask for understanding. We must remember the wisdom that teaches, **"if you want peace work for justice."** And remember what Gandhi taught when he said, **"you must be the change you wish to see in the world."** The coming days and weeks will teach children and youth a great deal about justice, compassion, and revenge. They will learn lessons from what our government does on our behalf. Our goal should be to teach them at least three lessons: First, compassion and understanding are founded in strength not weakness. Let us celebrate the helpers and those who speak and act for justice and due process rather than for blood revenge. Second, protecting the stigmatized from scape-goating and "guilt by association" is an important goal of public institutions in a time of national crisis. In the wake of Pearl Harbor at the start of World War II we rounded up Japanese-Americans and detained

them as suspected enemies of the state. We must guard against that mentality if it is indeed Arabs and Muslims who are to blame for the catastrophe of September 11. Third, understanding and compassion in the face of hate and fanaticism are virtues, not something to be afraid of. It is more than a matter of our good and their evil. Dehumanization is the enemy.



Each individual has a story to tell, a human story. Even as we oppose, hunt for, and bring to justice the terrorists we should remember this. Perhaps we can even understand something about the conditions abroad that give rise to this fanatical hatred of America. Our kids are watching and listening.

**James Garbarino, Co-Director, Family Life Development Center and E. L. Vincent Professor of Human Development, Cornell University. Author, with Claire Bedard, of Parents Under Siege: Why You Are The Solution, Not the Problem, in Your Child's Life (NY: The Free Press, 2001).**

Photographs from *The Progress of Nations*, 1998

***A man whose axe was missing suspected his neighbour's son. The boy walked like a thief, looked like a thief, and spoke like a thief. But the man found his axe while he was digging in the valley, and the next time he saw his neighbour's son, the boy walked, looked and spoke like any other child.***



**T**he National Children's Forum on HIV/AIDS brought together 90 children from around South Africa in an effort to provide children who are infected and affected by HIV/AIDS with the opportunity to have their voices heard. Over the 3 days of the forum those of us who were fortunate enough to work with these wonderful children witnessed amazing courage in the face of utter despair. The reality of how these children struggle on a daily basis has brought home to us the devastating impact that HIV/AIDS is having on South Africa's most vulnerable children. The 90 children who participated in the event were between the ages of 7 and 18 years – many of them have lost their parents and have been catapulted into the role of caregiver, often for very sickly and malnourished siblings. The children brought with them, not only stories of their own lives, but also those of other children in their communities who are affected by AIDS. When the children first arrived in Cape Town on Tuesday 21st August, they were divided into groups according to age and languages spoken. The first task the group was given was to decide on a name for themselves. These names may only have been for fun, but they depict the strength and willpower of these children – and their determination to beat the odds. These are the names the groups chose:

*Sonja Giese of The Children's Institute, Cape Town, reports on*

## The National Children's Forum on HIV/AIDS

1. The Survivors
2. The Mountains
3. The United Kids
4. The Mighty Ducks
5. The Brave Braids
6. Vuyisinani
7. Masakane
8. The Young Feathers
9. The Angels

The children worked in their groups for 2 days, discussing how HIV/AIDS had affected them, how they coped, who supported them, and what the government could do to help improve their lives. Each group selected a spokesperson who presented the groups issues and ideas to decision makers on Friday 24th August.

The decision makers then had the opportunity to meet with the groups of children to discuss the impact of HIV/AIDS on the lives of children.

The forum aimed to open a window for decision makers, into the world of the child infected and affected by HIV and AIDS in the certainty that when they saw into these children's worlds, they would want to help them.

### **What the children had to say**

**Many of the children spoke about how they faced discrimination on a daily basis, at home, at school, at the clinic and in their communities.**

*"My father is sick and my brothers. I don't go to school all the time because I look after my brothers. I go to school sometimes, but the children don't stand next to me. They say I'm dirty, they don't want to hold my hand."*

**Girl, aged 12.**

*"Sometimes a child is ill treated, is discriminated against. The child is not treated like other children in the house. She has to do all the chores even when other children are around. When the child goes away other children are given food and when he comes back there is nothing for the child."*

**Girl, aged 13.**

*"People do not want to see her, they don't want to touch her. They swear at her. They gossip about her and they tell others that she is living with HIV."*

*"People pretend to love the child. They go and buy her sweets and later take her to a place where they are going to kill the child. They treat the child badly, they do not give the child food, they give her poison, because they do not love the child. They do not respect the child."*

*"In my area a girl who's HIV+ went to a church. When people saw her the congregation went out one by one. She's often targeted for rape."*

*"The teacher and other people want to chase her away from school because they believe that she'll pass on the disease to other children. Some children do not come to school because they are afraid that they'll get HIV from the child who comes from a home where someone is infected. Sometimes children who are affected by AIDS do not go to school because they are given lots of work. Takalani (NGO) brings them food and blankets and clothes. Government must help Takalani with money so that they can help more children."*

**The children also spoke a lot about what happens to a child when his/her mother is sick or dies of AIDS related illnesses:**

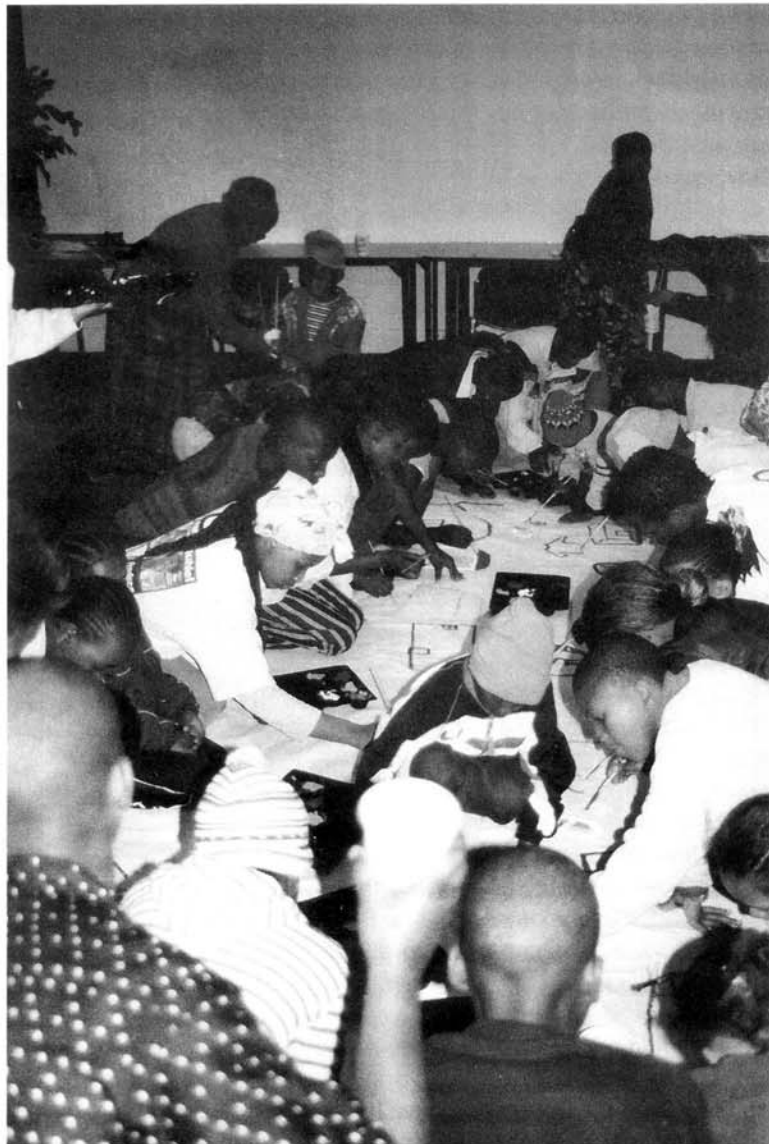
*"When the mother dies children suffer. Children just become people who live on the streets. They do not get education. The child does not have shoes, trousers or food. The child needs a family but relatives do not want her. The child leaves school after the mother passes away. There is no one to take care of the child. At school they chase the child away, they abuse her, they discriminate against her. Some rel-*

*atives treat other children well. Some do not give the child food when she comes back from school."*

*"I felt very bad about what my mother died of. She had AIDS. My mother's friend told us my mother has AIDS. People who have AIDS must take their medicine but they will never be the same as they were before. But the medicine can make them stronger but later they will get weak again, their hair falls out, there are sores in their mouth. I loved my mother very much and I was always there for her and I will always think about her. My mother suffered a lot and I saw how she suffered but I could do nothing about it."*

**Boy aged 12**

*"After my mother died, my father started behaving funny. He's often drunk. He locks us out of the house and we have to sleep under a tree. He doesn't buy us food. I can't go to school because*





he hasn't paid my school fees for two years. Teachers at school say we cannot go to school without paying. My brother does not like being at home because of my father's abuse. **We haven't come to this forum (National Children's Forum on HIV/AIDS) for fun and games. We're here to talk about our problems because we need help.** Right now we get help from our care-giver, Marni. But she doesn't cope. She's got her own children."  
**Girl, aged 11**

**The children were asked to talk about the things they would like the government to help them with. Most of them asked for very basic things such as food, clothes, money for education and adequate housing.**

"In most cases the mothers' sister/s takes care of the children when the mother passes away. The government can help the aunt to buy food, clothes, to pay for school fees. Maybe the government can bring the food, clothes and all these things and not money. Or we can go somewhere where we can go to fetch these things. That is if the person you are staying with does not buy the things that she is supposed to buy."  
**Boy, aged 15.**

"Please can I have a doll and a dummy for my doll, because then I can play with my doll in my mother's room and near her grave. The doll will be my friend because I don't have friends because they say I am dirty".  
**Girl, aged 7.**

"Dear persons. Please give us medicine to make the sick better, because we don't like people to die. Please help me with some clothes because I don't have clothes to keep me warm, cause my mother is sick and she can't work. Can somebody please help me because my uncle and father always beat me."  
**Girl, aged 8.**

"Dear person who cares. I would like Mieliemeal, a stove and a fridge and TV to help me become educated and a jersey to keep me warm because I have no money to help me to make my life easier. And a bicycle so I can go to school and learn. Please listen to me, I have nobody that will listen to me, because everybody beats me. Please help me because I know you can make my life better."  
**Girl, aged 13.**

"Please help me to buy medicine and pills so that I can feel better. I also need food and clothes because my father and mother have no work so we have no money to buy food. I don't have any money

to buy medicine and I feel sick. Only God helps me. Please mister, help me also."

**Girl, aged 10.**

"Please give me a dolly clothes, vest, cap, cake and a car to go to the doctor."

**Girl, aged 7.**

**"PEOPLE HAVE HIV POSITIVE YOU MUST HELP THEM PLEASE"**

**Boy, aged 9.**

The National Children's Forum provided children with the opportunity to talk about the impact of HIV/AIDS on their lives. It is our responsibility to listen and to ACT on what we have heard. □

## St Michaels Children's Home

### Programme Director (Principal)

The Programme Director will be responsible for the overall running of all components of the Home – including the setting and maintaining of vision and strategic planning in keeping with the Transformation of the Child and Youth Care System.

Other responsibilities include:

- Financial management
- Fundraising
- Public relations
- Knowledge of the BCEA
- Knowledge of the Labour Relations Act

Applicants must have at least 5 years experience at senior management level in a child and youth care setting. The applicant must be committed to the Transformation of the Child and Youth Care System.

Interested candidates must please mail a full CV to The Chairman, St Michael's Children's Home, Hemyock Road Plumstead, 7800 or email to [stmichaels@freemail.absa.co.za](mailto:stmichaels@freemail.absa.co.za)

**Applications close on 19 October 2001.**





one has HIV is of no use when access to the current high-cost medications of the west is impossible, there are practical reasons for a child to know he or she has HIV. The young person with HIV, however, can benefit through additional practices and programs of an organization. With stress a major factor taxing anyone's immune system, a child with HIV can benefit from a program that supports maintaining a higher-functioning immune system through opportunities for rest and better nutrition and recreation activities that bring with them times of laughter and happiness. With compromised immune systems, it is the child with HIV who is at risk from the infections of others like the flu, common colds and pneumonia, not others at risk from the HIV infected child. Shelter from cold and damp conditions becomes even more important for such young people to maintain their health. Tobacco use has also been shown to compromise the infected person's immune system from resisting HIV's advance. The same is true for many of the street drugs children use. Equally important is the reality that when a child first learns they have HIV at the same moment they become seriously ill, the double trauma of learning they have HIV and are sick at the same time is a tremendous burden. This trauma further challenges their immune system, their sense of self and their ability to make sense out of the world and their own lives and future in it. Finally, development of a vaccine that prevents HIV from progressing in the body may not be too far off into the future. Vaccines for diseases have historically been made available throughout the world. There is, therefore good reason for hope.

(One note: Knowing the number of young people in your care allows you to plan for the services these youth will need in the future. As advocates for street youth knowing the number of youth infected with HIV allows organizations to advocate and lobby for funding the development of the services street youth will require and to set in place many of the systems and services before a crisis level of need is reached.)

#### **5. CONFIDENTIALITY.**

All youth have the right to have information about their lives kept confidential. HIV requires building systems into any organization to ensure that any youth's HIV status remains absolutely confidential. You may need to create a release of information document to be signed by the youth clients specifically for information about their HIV status. Youth have the right to refuse such permission and the adults must comply.

#### **6. EVERYONE, YOUTH AND ADULTS, PROCESSES THE EMOTIONS AROUND THEIR HIV INFECTION AT THEIR OWN PACE, IN THEIR OWN TIME.**

Respecting this and following the young person's lead is part of reinforcing trust and ensuring safety.

#### **7. IT IS NOT YOUR JOB TO JUDGE ANYONE WHO HAS HIV.**

HIV carries with it enough stigma already. Many youth with HIV struggle with an internalized stigma which increases their vulnerability to drug use and suicide. Moral judgements about any behaviours through which these youth contracted HIV are of no practical use. Your job is simply to provide the best possible treatment and services for every youth your organization works with.

#### **8. STIGMA IS OFTEN THE RESULT OF UNFOUNDED FEARS AND LACK OF KNOWLEDGE ABOUT HIV.**

Organizations and individuals should, therefore, provide adequate and continual training on the facts of HIV.

#### **9. NO QUESTION ABOUT HIV IS A STUPID QUESTION.**

Youth and adults all too often fail to ask critical questions about HIV for fear of being seen as stupid. This is a dangerous dynamic.

#### **10. SEXUAL DESIRE DOES NOT END WITH HIV INFECTION.**

Nor does drug addiction. Youth with HIV are at risk of infecting others and of being re-infected



themselves. Risk behaviours need to be confronted clearly, simply and directly.

**11. DON'T PUT ANYONE WITH HIV INTO THEIR GRAVE BEFORE THEY ARE READY.**

HIV as a disease is a process that progresses at different rates with differing disease manifestations in each individual. Predicting the health and longevity of any particular youth becomes a needless and impossible task. It is best to simply stay with the youth's agenda at any moment, planning for various scenarios, but not predicting the future.

**12. PROVIDE AN ENVIRONMENT WHERE YOUNG PEOPLE ARE ABLE TO PROCESS THEIR EMOTIONS AROUND THEIR HIV/AIDS DIAGNOSIS.**

This requires directly confronting stigmatizing words and behaviour by the youth's peers and by the organization itself. It also requires that each staff person confront their own internal feelings, fears and how they, too, may be stigmatizing others with HIV.

**13. DISEASE PROGRESSION MARKERS ARE TIMES OF INCREASED STRESS,**

and therefore times of increased vulnerability and risk for harmful behaviours. The initial diagnosis is an obvious point of stress for any youth. So, too are the occurrences of each new opportunistic infection, the AIDS diagnosis, visible changes in body structure and hospitalization.

**14. YOUTH WITH HIV HAVE THE RIGHT TO MAKE DECISIONS ABOUT THEIR MEDICAL CARE,**

and the right to refuse it. This issue raises numerous personal and ethical concerns that each

organization working with youth with HIV must address. Remember that young people are capable of discussing these issues rationally, intelligently and from personal experience and should be a part of the organization's discussion.

**15. PEER SUPPORT GROUPS OF YOUTH WITH HIV/AIDS ARE ESSENTIAL**

and form an important place where youth can process their infection and begin to get past the stigma, alienation and isolation they experience. Advocates for these youth should look to such peer groups for direction as to their organization's best role and function with these youth.

**16. INCREASED MEDICAL KNOWLEDGE REQUIRED BY ALL**

people working with HIV. Symptoms of disease previously unfamiliar to child care workers must be learned, with timely referrals to medical personnel.

**17. SOMETIMES ACCEPTANCE OF HIV/AIDS DIAGNOSIS NEVER COMES.**

While some youth are able to come to terms with their own illness and potential death, others cannot. Death can be filled with betrayal, bitterness, fear and anger. Don't romanticize death. Simply be present with the youth in their life during their dying. Remember, young people with HIV and AIDS are living with, not dying of HIV and AIDS.

**18. THE EMOTIONS SURROUNDING EACH PERSON'S DEATH ARE DIFFERENT.**

The process each person goes through around their death is different from all others. The key is to be with the young person throughout this process, listening carefully, supporting their agenda for their own life and their own death.

**19. YOUNG PEOPLE ARE CAPABLE OF DISCUSSING THEIR OWN DEATH**

and often want to do so. Your role is to offer to listen and wait until they are ready, never to force the discussion.

**20. YOU CANNOT PREVENT DEATH,**

but you can provide dignity in the dying process, in the death itself, and in the remembrance after death. Each death and how it is handled is watched closely by other youth who know their own death is certain to come.

**21. RITUALS AROUND DEATH ARE IMPORTANT,**

for the child him or her self, staff members and for peers of the youth who has died. Funerals and memorial services allow other youth and friends to come together and begin to grieve the loss of a peer and a friend.

**22. FEAR OF INFECTION BY PROXIMITY IS NOT UNCOMMON**

and should be recognized and discussed by staff members. New doctors and nurses often fear "catching" death as they work with very ill patients. So, too, do many caring and thoughtful child care workers fear "catching" HIV because they spend many hours with children who have HIV. It is an emotional reaction even when the intellect knows there is no possibility of having contracted HIV from the children worked with. Discussing it openly and freely within a staff support situation prevents the adult worker from stigmatizing themselves because they have these feelings, or from acting out their fear by distancing themselves from the children and expressing anger toward them.



# The Opportunity: Working with Street Youth with HIV/AIDS

*Jim Lees*

**H**omeless/runaway/street youth throughout the world share histories of rejection and betrayal by families and society whether it be for reasons of poverty or family and parental dysfunction. Though they leave their families in search of improved material, physical and emotional conditions they are met on the streets by a world of further rejection, violence, rape prostitution, drug abuse mental and emotional disturbance economic marginality and hunger. Stigmatized, alienated and exploited, the risks children face for violence, drug abuse and HIV dramatically increase when they come to the street. While all three of these risks are deeply intertwined, no child's life should be reduced to the issues they face. The challenges of HIV prevention are complex and many

and should not be divorced from the entire set of needs of each child as a whole and from HIV treatment itself. This paper will address the psycho/social treatment issues of street youth with HIV and AIDS and the challenges for the adults who work with them. The lessons come directly from numerous caring and bright young people with HIV and AIDS living on the streets of the United States and India to whom the author expresses his heartfelt thanks.

## **1. DON'T REDUCE THE INFECTED YOUTH TO HIV AND AIDS.**

HIV and AIDS do not eliminate the other issues street youth face daily. The struggle to meet daily needs and counter threats of violence continue. For most street youth with HIV and AIDS,

the disease itself has a lower rank of priority in their lives vis-à-vis the need to find food, a place to sleep and a place where the threat of violence is less immediate. Presence of HIV infection can, however, exacerbate the emotional charge surrounding the long list of issues, needs and threats faced by street youth daily.

## **2. YOUR JOB IS TO CREATE A SAFE PLACE,**

as it is with all youth, where the child is able to find support to process the emotional challenges they face. Safety derives from trust, trust established in relationship to the trusted party over time. With the presence of HIV, confidentiality is essential to maintaining trust and a safe environment for each child.

## **3. DOES HIV EQUAL DEATH?**

Early prevention programs equated the two using the threat of death to frighten youth and adults away from risk behaviours. Medical treatments and the significant numbers of long term survivors has thrown the equation into question. Frightening youth away from HIV with the threat of death fails to understand the very nature of adolescence as a risk taking period. The equation also undermines hope and will to survive in newly diagnosed youth when the same people who have been telling them for years that HIV will kill them now try and give them messages of hope and survival. The equation also encourages fear of HIV stigmatizing and fear of those who have HIV, and discourages testing for HIV.

## **4. HIV TESTING IS VALUABLE TO STREET YOUTH.**

While many voices argue against HIV testing for street youth and repeat the phrase that knowing



# The Lessons from Infant Research for Child & Youth Care

*Mark Tomlinson, Director of the Thula Sana mother-infant project  
Child Guidance Clinic – University of Cape Town  
This is the first of a two part article.*

## Introduction

Freud published his Interpretation of Dreams in 1900 and subsequently attempted a systematic mapping of the influence of early experience on later development. While his predominant methodology was by way of taking the narratives of his adult patients and inferring infant and child trajectory (and he has been fiercely criticized for this), his work unquestionably ushered in a century of interest in early infant and child development. While much work in the field of child development (and particularly in the psychoanalytic field) followed the pioneering work of Freud

(from Melanie Klein to Winnicott), it was only in the 1960's that experimental work in the field of infant studies truly came into its own.

Gopnik, Meltzoff & Kuhl (1999), argue that the crucial reason for the burgeoning of research at this time was the development of cheap video technology. For the first time this allowed researchers to minutely analyze infants in a myriad of experimental situations as well as to analyze their interactions with their caregivers.

One of the consequences of Freud's early work and (to some extent the field of infant research) has been to privilege early experience over that which follows. From the research of maternal bonding (which suggested that the first few hours after birth were of paramount importance) to work on attachment (which has shown the longitudinal deleterious effects of early insecure attachments), we have become acutely tuned to the significance of the early years of a child's life. Ever since, any profes-

sional working in the field of the human services has had to confront at some point (even if only momentarily) the potential disillusionment of feeling that one has arrived too late, that the damage has already been done. Many child and youth care professionals that work with troubled adolescents have often felt that they are fighting a losing battle, and harbor a secret wish that they could have intervened earlier.

Recent research in early brain development and the burgeoning field of infant research initially appears to provide evidence for the primacy of very

early experience and the apparent irreversibility of these early experiences. What I will try and do in this article is to provide an outline of certain selected aspects of early infant research. This will in no way be comprehensive (the field is huge), but will rather serve as an introduction to recent discoveries. I will then discuss what this tells us about human development

and early (rather than later intervention). Finally, I will suggest why, in the midst of the ever-increasing research of the role of early development there remains a measure of hope – a hope that there is always the possibility of effective intervention no matter how late the entry of the child into care.

## The Abilities of Babies

It was not so long ago that infants (even amongst people sensitive to their needs) were thought to be little more than a person in waiting. Some even be-





### 23. CHILD CARE STAFF MUST FIND EFFECTIVE SUPPORT MECHANISMS

to process their own feelings and stresses from working with young people with HIV and AIDS. The organization may or may not choose to provide an HIV Team Support Group for its workers. Supervisors should ensure that all workers in their charge have good systems of support for dealing with the unique and multiple issues that inevitably arise in adults working with children with HIV and AIDS.

HIV and AIDS among street youth is a tremendous personal and professional challenge to those who work with youth and to organizations. We are challenged to examine our attitudes and fears of disease and death. Simultaneously, we must learn new skills while being willing to re-think our current ways of operating. Ultimately, HIV/AIDS is about life and how to live it, no matter what the situation. "Dying is the easy part, living is the hard part," one youth told me. For dying and for living, youth you work with will turn to you for direction. The answers, you will learn, lie within each individual young person who comes your way. Your role is to provide these individuals and all youth with support for building good lives and living their lives, no matter how short or how long, as well as they can.

**Jim Lees, former Coordinator of HIV Support Services, Larkin Street Youth Centre, San Francisco, California, and India Program Consultant for Street Kids International, Toronto, Canada. Currently director of Mapintee, a non-profit organization developing learning programs that address the emotional needs of street youth around the globe. You are invited to address correspondence to jimlees220@hotmail.com**

*Jim Anglin composed a letter in response to a negative article published in Canada on violence in South Africa.*

**Letter to Globe and Mail Newspaper, one of Canada's national newspapers. A shortened version was published August 8, 2001, under the title:**

## The Real South Africa

I have recently returned from two trips to South Africa, one in May and one in July. Since the 1994 first democratic election, I have visited South Africa on fifteen occasions, at approximately six month intervals, for periods of between a week and six weeks at a time. I believe that it is important to balance the reporting of violence and crime with reporting of social progress and development. It was particularly disturbing to read that

Mr. Kowalski, author of "Gangster's Paradise" (August 6), is a senior reporter and media-consultant who visited South Africa in July to train journalists. Shame! (That's a colloquial South African expression.)

Did he take the time to visit any rural health clinics where black, white and colored staff work together long hours daily to develop nutrition gardens, tuberculosis treatment, aids prevention, parent support, maternal and infant care, and many other initiatives? Did he learn about the closure of a number of horrendous "reform schools" for young people in the Western Cape region, and the development of new child and youth care and education programs? Did he sit in on any classes at the Technikons or Universities in any of the many, many new programs designed to reach previously excluded groups of learners in socially relevant ways? Did he meet any of the young black leaders within and outside government who are building bridges where formerly there was only division?

Yes, the violence and crime is disturbing, even if understandable. But we do not do this great nation justice by only reporting the shadows and not the rainbows. South Africa is still emerging from generations of unspeakable pain, brokenness and institutionalized violence. It will take generations to undo the effects. One-sided reports such as Mr. Kowalski's breed fear and misunderstanding about the realities of South Africa today and gloss over the courageous dedication and impressive accomplishments of its people.

Canadians need to remind themselves that for every violent incident that is reported, here or in South Africa, there are thousands upon thousands of acts of kindness and generosity taking place at the same time. I urge readers to visit South Africa themselves, and to take the time to leave the luxury hotels and resorts to connect with people who are builders and peacemakers within the communities. You will become a better person for doing so. Consider buying South African juices, wines and other products. Each time you do, you help to keep someone employed and out of jail. As Archbishop Desmond Tutu has said, "If we can make it work here in South Africa, we may offer a paradigm for the world." And journalists, in the future, please strive to offer a more balanced picture of this beautiful, struggling and inspiring country.

**Prof. Jim Anglin  
School of Child and Youth Care, University of Victoria, B.C.**

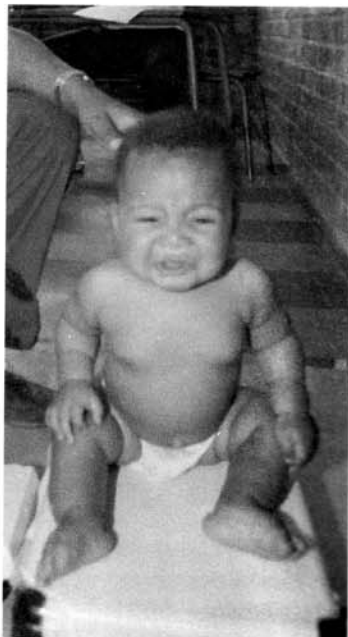
## Infant Research

lieved that infants lacked a cortex and so were able only to perform the most basic communicative acts. The ability to cry when hungry or wet was seen as the sum total of an infant's communicative ability. Personhood seemed to be conferred on the infant when they became toddlers and when they began to use language. In many parts of the world there remains a belief that infants are deaf and cannot hear until they are two years old.

We know now that infants have the ability (at only a few days old) to distinguish their mothers voices over and above those of strangers. This can be illustrated by holding an infant on one's arm and getting the mother and a stranger to talk to the infant. The infant will invariably turn to the sound of the mother's voice – in all likelihood recognising the sounds they heard whilst still in the womb. Experiments have been conducted which allow infants (using their sucking action on a pacifier to control an audiotape) to keep a tape of their mother's voice going longer than that of a stranger (Gopnik et al, 1999). We also know for instance, that a baby of 40 minutes old is able to imitate a human face (Gopnik et al, 1999). Infants are able to stick their tongue out in response to somebody else doing the same. Having never seen their own face or tongue the fact that they are able to perform this feat of imitation is no mean feat. We also now know that an infant of only a few days old is able to recognize the smell of its mother.

Another commonly held myth is the belief that infants and toddlers have no memory. In a fascinating experiment illustrating not only that babies have memory but that they have the ability to work out what to do with objects by watching other people,

Meltzoff showed one-year-old babies a box that would light up when he touched his forehead to the object. The babies were fascinated with this but in the first stage of the experiment they were not allowed to do the same thing with their head and the box. Instead, they merely returned to the experimental room a week later. Without the demonstration being repeated, the babies were presented with the same box from a week earlier, and remarkably the first thing that they did was touch their forehead to the box in order to make it light up. This suggests that not only do very young babies have a memory but that they have an ability to assume that if other people can do something then so can they.



Benny Gool / These Images

This may appear at first glance obvious and quite a simple task, but in fact it is a highly sophisticated series of skills.

An even more sophisticated skill is the realization that other people have desires AND importantly that these may differ from our own. Repacholi & Gopnik (1997) designed an ingenious experiment using broccoli and crackers to illustrate differences

between the desires of fourteen and eighteen month old babies. If a bowl of tasty crackers and one of broccoli is put in front of a fourteen-month-old baby they will invariably prefer the crackers above that containing the broccoli. In the next stage the experimenter expresses her similar liking of the crackers and dislike of the broccoli. Putting the bowls in front of the baby the experimenter then asks the baby to give her some. The babies always give her the crackers. The next stage introduces another element. Here the experimenter actually expresses a liking for the broccoli and distaste for the crackers. When asked to hand one or the other to the experimenter the fourteen-month-old baby (still believing that we all want the same thing) will hand the crackers to the experimenter – despite the fact that they have just seen the adult express their disdain for the crackers. By eighteen months however, the baby will pass the broccoli to the experimenter – even though they themselves hate the broccoli. So in a short four months the baby has moved to a position where they have learned that not only might others have different desires to them, but in some cases these desires may in fact conflict (Gopnik et al, 1999).

### References

- Gopnik, A., Meltzoff, A., & Kuhl, P. (1999). *How babies think*. London: Weidenfeld & Nicolson.
- Repacholi, B.M. & Gopnik, A. (1997). *Early reasoning about desires: Evidence from 14- and 18-month olds*. *Developmental Psychology*, 33, 12-21.

Mark started his career in the field of Child & Youth Care at Oranjia Children's Home and has served as a manager and trainer in the field.

# World Conference Against Racism – Durban

*Mvuyo Manyungwana reports*

**M**ore than 700 delegates from Civil Society organisations from all over the world gathered in Durban from 28 to 31 August 2001. The main objective was to address issues relating to Racism, Xenophobia and other related intolerances. A range of other related issues were discussed such as: Globalisation, militarisation, poverty, environment, gender, religious intolerances, ethnic cleansing, indigenous people, reparations, caste based discrimination, slavery, slave trade, bondage, hate crimes, hate groups. Other matters were those affecting specific groups such as children and youth, displaced people, refugees etc. As part of the build up to the Conference a special international youth summit was held on the 26 - 27th August 2001 and it brought young representatives together to give their perspectives on related issues.

## **Who is the enemy?**

The significant question asked by our President was, "Who is the enemy that we are fighting against?". He continued by saying that one of our enemies is named, "denial". Denial by the individual above that of national policies, class and institutional policies, religion and culture.

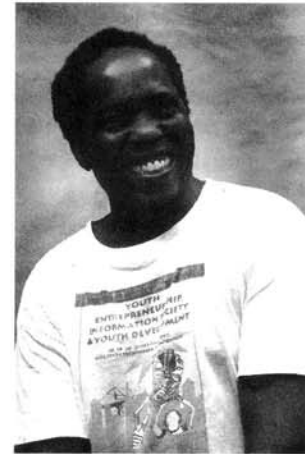
This left us with the message to reflect on ourselves. Debates were often heated. There were some serious disagreements but due to the creativity and constructive ways of expressing concerns, the forum was a space for vigorous and enthusiastic debate which will have a lasting and positive impact on peoples lives. The final day brought a sense of achievement, jubilation and sadness as the gathering came to a close. The Deputy President in his closing address said that the success of the Conference will depend on the impact and influence that this conference has had on the minds of people.

## **CHALLENGES FOR CHILD AND YOUTH CARE**

The issues of xenophobia and diversity are a special challenge for child and youth care.

### **Refugees**

Are we ready to deal with the question of refugee children from different continents, let alone those from neighbouring countries eg. Lesotho and Namibia? Are we ready to face the challenges that come with these children and families in terms of language, culture, religion? Are we ready to ensure the healthy development of these young people? Will we be able to



meet their needs, care for them and manage their behaviour?

### **The girl child**

Where do we stand on the question of the 'girl child'? How often do we advocate for 'this child'? 'This child' being – young girls who are sexually exploited; young girls languishing in prison cells without an opportunity to attend school and to enjoy their childhood. What are we saying as their advocates? What is it that we want to achieve as advocates?

### **Conclusion**

Racism has been a major challenge in our society. Where do we as child care workers stand on this issue? Do we continually remind each other of this challenge? Are we challenging our colleagues, and committees who are still trapped in racist thinking? For us to win this war we have to really look at ourselves first. Do we have the courage to dialogue with our inner selves and the commitment to eradicate the beast in the self which creates barriers to working effectively with children and youth? We need to make a clear and conscious decision about racism, xenophobia, diversity and other intolerances and evaluate ourselves in relation to child and youth care practice. □



# Change of Lifestyle Homes Project A Community Solution to a Community Problem

*Clive Willemse, founding director of COLS in Windhoek Namibia, and Linda Parton, the Education Co-ordinator, compiled this article based on their recent NACCW conference paper*

**T**he Change of Lifestyle Home's Project (C.O.L.S) provides preventative, early intervention and advocacy services for children who are at risk of criminal behaviour or who are already in conflict with the law. All programmes are designed and offered in a manner that is consistent with Christian values, and that respects the spirituality of each human being. We offer a "Place of Safety" for children who are processed through the criminal justice system so that they don't have to be incarcerated in prison or police cells while awaiting trial. We believe that any child in conflict with the law has the right to change.

C.O.L.S. was started in 1996 by young adults from the local community. In line with Christian philosophy these young people wanted to give back to their society. Many of those who started with the project – and some of our current staff and volunteers – previously had a criminal lifestyle and were even in prison. As we started to work with children in the police cells, it was clearly evident that these youngsters were in rebellion against themselves, the Justice System and their parents. It also became clear that the environment in the police cells was, and is not, conducive to counselling or therapeutic work. At that point we decided to open a Safehouse for Awaiting trial juvenile offenders.

## **Mission**

The mission of the centre is to intervene at a very early stage when a young person comes into conflict with the law in order to help them not to become part of the criminal system. The target group is juveniles who have been arrested for a petty offence and for whom there are no suitable family



**BQCC Students**

placements. Repeat offenders and those who are at risk of becoming involved in criminal activities are accepted into the Safehouse at the discretion of the Director. Currently residential care can only be offered to boys although girls may be referred to the pre-trial community service programme. Most of the young people who are referred to the centre are between the ages of 12 and 17 years although a significant number are younger and the youngest resident ever was 6 years old.

## **Activities**

Over a period of time the Safe House had developed from being merely an alternative place of residence to the police cells to being a place where the boys, through various programmes, were offered chances to make positive changes in their lives. It is a requirement that boys accepted into the Safehouse take part in all the programmes. The programmes currently on offer are:



- Education (Maths and English)
- Life skills
- Art
- Computer studies
- Library (Reading)
- Environmental studies
- Sports and Recreation
- Religious and Moral Studies

### Education

Nearly 80% of the boys referred to the Safehouse had little or no education and were either illiterate or at least functionally illiterate. (Functionally illiterate being used to mean not able to read or write enough to take a full and active part in society. A person who is not able to read and write not only has employment problems but may also be effectively disenfranchised). Volunteers and staff began an informal literacy programme. It soon became apparent that increasing skills led to improved self-esteem. Even the smallest step like learning to write his name for the first time or being able to record numbers can have a very positive effect on a boy. Some boys had reached grade 7,8 or 9 and wanted to return to school and they also had their needs. Other boys wanted to gain enough skills to pursue vocational training through either a government scheme or with another NGO.

Improving skills also increased the impact of other programmes offered.

It was soon recognised that there were positive benefits to providing an education programme and that given the length of time, which many boys were to stay in the Safe House, with the right resources and some expertise great strides could be made. In September 2000 a VSO volunteer from the UK joined the organisation as an Education Development Worker. Local and international donations helped us to set up an education room and provided books and other materials. We quickly established a programme that is based on the needs of each child. We concentrate on Maths and English whilst skilled volunteers offer teaching in Art and cooking. Volunteers give additional literacy lessons to some of the boys. Our next challenge is to ensure that COLS staff and volunteers can continue with the implementation of the programme when the overseas volunteer leaves Namibia.

### It's Unique

We believe that the COLS Safehouse is unique in Namibia and possibly in the region. There are a number of reasons for this:

- It was started by young adults from the local community.

- Our centre is supported by the local community and it is furthermore based in the heart of one of our troubled neighbourhoods.
- We believe that our children will be confronted with all the negative elements like shabeens and drug dealers in their own neighbourhoods. We don't want to isolate them. They need to deal with all of these challenges.
- The centre focuses a lot on community support and tolerance for our children and youth in order to counter the threat of stigma and isolation.
- Interaction between the children of C.O.L.S. Safe House and the community children is strongly promoted and it is a daily occurrence.
- The Safe House only takes in 10 children at one time. The reason being that in order to bring about a real change in lifestyle, individual outreach and care is fundamental.
- This model prevents groupings like gangs and ethnic groups from occurring inside the safe house.
- Children who are attending regular schooling are still allowed to attend school whilst awaiting trial at the C.O.L.S. safe house.
- We have an open policy system, built on trust, meaning that we have a child friendly security system and policy. □



# Reflections on American Child Care

*Alfred Harris*



If someone had to ask me to give one word on my visit to Pittsburgh International Children and Family Institute (PICFI), the word will be interesting. My experience was a good one. I came home with the knowledge that what we are doing in South Africa is not all that bad. I really thought that I would find America being way ahead in child and youth care. It was also for me good to be able to use some of my own experience of child care in South Africa to work with some young people in America. Furthermore I was surprised to find out that both countries use similar practice principles in child and youth care. Although the concepts have different names they have the same meaning. As we are developing concepts in South Africa so also new concepts and principles are emerging in America. They also battle to get parents involved in some of their programs as do we.

## **A child care worker by any other...**

In America child and youth care workers are known by different names depending on where they work. At some places they are called a teacher-counselor because they work in a school. At one residential facility they are called coaches – as they help young people with their behaviour. At another residential program they are called “Chief” as the program is based on the richness of the Native Americans.

## **The development of the field**

Another interesting thing was that in America they don't have a national body for child care workers. I really did find this strange. There is not a place where child care workers of different organisations can come together as a collective body on a regular basis. Child care workers from the various organisations also don't know of each other. I also did not experience organisations coming together. I also thought of finding out whether as a child care student I would be able to study in America. I was referred to the University of Pittsburgh and was directed to Martha Mattingly, a prominent writer in child care. To my disappointment I was told that they don't have a course that is specifically developed for child care. Most people who work with youth in America have other tertiary qualifications.

## **Impressive resources**

I was impressed with all the services that are available to meet the needs of young people. They even have a vocational college for young people who are mentally challenged. Young people are also well prepared to leave the facility by being presented with all the various options that are available to them. A young girl who was about to leave the residential facility didn't have any family to go to. This meant that she had to go and live on her own. She was taken to attend a six week independent living course. When she completes the course she would be given a thousand dollars so that she can start her life alone. This is just one of the ways in which young people are being helped.

## **Theory practised**

As care worker I could also share my knowledge of child care with the child care workers in America. I was given the opportunity to work with young people in various settings. This helped me to realise that the needs of young people are all the same no matter where you are. I worked in the school and at two residential facilities with young people. I saw some good child care being practised – stuff one only read about in text books or are told about in courses. One incident I remember is a child care worker using the life space intervention method (LSI) and it really worked.

## **Conclusion**

This was a time very well spent. I met some interesting people from other parts of the world that work in much worse conditions and with less money than what we have in South Africa. It was also good to know that we are on par with most countries with regard to child and youth care. Our training material is also relevant and on the cutting edge of child care in the world.

## NEWS FROM THE FREE STATE REGION

Since we achieved regional status in July 2001 things have slowly been falling into place. We have the vision that soon serious development will take place in this region.

### Indaba on Street Children's Shelters

On 7th August 2001 the Department of Social Development held an Indaba for Street Shelters in the Kroonstad region at Matete Matches Secure Care Centre. They discussed policy, assessment of the young people in these shelters, registration, co-ordination, and the way forward. The participants of this meeting undertook to become members of the NACCW, and the Department of Social Development will see to it that money is made available for the training of the staff who work at these Centres.

### Training

BQCC Training is currently taking place at the Winburg Children's Home in Winburg. The NACCW Consultative Supervision course will be offered to the various facilities in the Free State later in the year.

### Sports days

The children's homes of the SKDB in the Free State held a sports day for the young people in Bethlehem on the 18th August 2001. On 16 June a soccer derby for these children's homes was held in Kroonstad at the correctional services sports complex.

### Forum meetings

The Bethlehem region had their first forum meeting which was well attended. New members were recruited and they are planning some interesting events for the next term. The Bloemfontein region is planning a forum meeting next term.

The Secure Care Centre has been experiencing problems with their telephones. The cables were stolen for the fourth time in a month.

*Francisco Cornelius*

## St. Nicolas Home - Gauteng

### CHILD AND YOUTH CARE WORKERS

This Home in Westbury, Johannesburg, requires the services of **2 qualified Child and Youth Care Workers** with a minimum of one year's experience. All prospective applicants must be in possession of a BQCC certificate and a valid driver's licence.

### Social Worker

We also have a vacancy for a qualified social worker. All prospective applicants must have Management and Supervision experience. A driver's licence is a necessity.

Please fax CV's to:

**Claude Vergie**  
at (011) 477-6364  
Tel: (011) 477-7324/5

## DIRECT CARE:

Making a World of Difference

**An International Conference on Practice and Professionalism: June 13-15, 2002**

You are invited to an international conference led by experts from every continent. This conference will challenge and inspire participants to develop direct care as a profession.

### Location:

State University of New York at New Paltz.

Please visit our website for the conference program, schedule of fees and optional evening tours and activities.

### Registration address:

Direct Care Conference 2002  
c/o Department of Sociology  
State University of New York at New Paltz  
75 South Manheim Boulevard  
New Paltz, NY 12561

### Web site

[www.directcareconference2002.org](http://www.directcareconference2002.org)

### Email

[squimby@greystoneprograms.org](mailto:squimby@greystoneprograms.org)

**THE NACCW is offering the Consultative Supervision Course in the Western Cape before the end of the year.**

**Duration of course:** Three full days

**Time:** 8.30am – 3.30pm

**Cost:** R350

### Criteria for selection:

- at least five years on-line experience
- presently employed in a senior position
- training in child and youth care

Please send applications to Jeanny Karth at the NACCW Head Office Cape Town

**NACCW**

A Respected Elder was Talking to a Child.

“What is your soul like?” the child asked.

“Within me are two dogs,” the elder began.

“One dog is good and kind.

The second dog is vicious and cruel.

They fight constantly...

the evil dog trying to defeat the good dog.”

“Which one usually wins?” the child asked.

The Elder reflected for a moment and said,

“The one that I feed the most often.”

Anonymous

