

child youth & care

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

You are the NACCW... you are the Professionals.

Over the last few years the recognition of the NACCW in the field of Child and Youth Care in this country has had huge implications for us as an Association. The amount of work that the Association is asked to do has streamed in and now continues to do so. Its hard to say no when the work can make a big difference in the lives of children and youth, or can continue the upward spiral toward the full professionalisation of our field and its practitioners. There are obviously implications for us in this; choices that have to be made around staffing, contracting, creating structures, buying or tapping into resources so that the work can be done. Each choice has financial as well its own organisational implications. We need to be sure also that the work that is undertaken is not done to forward the vision of a few or allow that what we call our professional staff or the professional services of the Association have to guess what members have in mind for their profession. We somehow have to meld the vision of membership and professional services into a common direction for the NACCW and our field. We have to find ways of getting the work of the Association done as an Association. Perhaps we as members don't always know what is being done or is done by this Association. Often we are regarded as a training facility, used as such and then discarded by members when they no longer need the training or have registered as professionals.

A recent leadership gathering of the NACCW held at the Wilderness in the beautiful coastal Southern Cape, identified the main issues and thrust for the Association over the next five years. Without going into the detail of what should be tackled, the main headings were:

- the development of members and leadership in the NACCW
- the whole movement toward the professionalisation of Child and Youth Care Workers and the field (includes statutory registration)
- the undertaking and compilation of research in the field
- the complex interrelated challenges connected with HIV/AIDS
- developing pilot and best practice models of child and youth care, and replicating them
- developing our Africa and international links
- holding and maintaining the effectiveness of our Biennial Conferences
- addressing key issues that affect the lives of children and youth through advocacy

And this is not all, the NACCW must continue its functions as fund holders, continue to publish a professional journal and continue to administer itself and its work.

The professional services arm of the NACCW, a small group of paid people nationally take on what would benefit membership, the profession and the Association.

However, the necessary work simply can't be done unless members of the NACCW adopt leadership roles and recognise that we are the NACCW; that we are the professionals; that we can and must join the paid staff in a partnership to do the work of this Association. It was really encouraging when leadership agreed to do just that at the Wilderness gathering. Their message is, however, also for you. Members at the gathering suggested that they get involved in task groups and link together in various ways, for example, through electronic links. This kind of professional input by members needs to happen at local, regional and national level. We need to recognise that amongst members there is a huge reservoir of untapped skill, knowledge, and resources that ought to be directed into the NACCW and used towards the Transformation of the Child & Youth Care System in S. A. The challenge now rests with leadership and membership to demonstrate that we can carry the NACCW and the child & youth care field into the new millennium.

Barrle Lodge

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Dates to Remember

MAY

19 AIDS Candlelight Memorial Day

JUNE

01 International Children's Day
01 - 07 International Volunteer Week

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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Creating Memories

Jonathan Morgan shares how Memory Boxes impact on the lives of HIV/AIDS affected persons.

Sometimes someone says just one thing that changes everything right there and then. For me it was Lucy Cornell, a doctor at the HIV/AIDS Research unit at Baragwanath Hospital here in Johannesburg. She said, "Have you heard about the Memory Box Project in Uganda?" Three weeks before Lucy told me about the Memory Box project, I had become involved with the work of ACCT (AIDS Counselling, Care and Training) an organisation in Soweto made up of HIV infected and affected individuals. They strive to honour and foster their own insider as opposed to outsider expert knowledge, their own courage, survival skills, and support networks in the face of HIV. I had been approached to train members of ACCT in narrative therapy. Full of ignorance, prejudice and misinformation around HIV and AIDS, I remember feeling considerable reluctance to get involved but I agreed to meet with ACCT's director, Glen Mabuza to talk it through. I was taken on a guided tour of an old and neglected building tucked behind Baragwanath Hospital, which serves as the base for ACCT.

The next week I was asked to attend a support group for women with infants at the ante-natal unit. I knew Lucy worked down the passage and went to look for her. It was then that Lucy asked whether I'd heard about the Memory Box project.

While she photocopied a one page abstract about it, I waited in a room filled with crying babies and their mothers. 'Memory Box Memory Box Memory...' kept resounding in my head and I saw my own life in slow motion. Documenting one's life in a box sounded so very neat. The concept also fitted with my own belief that art is more likely to prompt

therapy and healing than just talking, especially talking down, full of judgement, interpretation and analysis. In the group session that followed, as the so-called expert, I realised I knew almost nothing about HIV. I left the unit with the one page photocopy, a resolve to educate myself.

On the one page photocopy was a photograph of a braided Ugandan women with a Mona Lisa smile under which it said 'Taking time to write and reflect'. I read on about how positive women in Uganda are making sure that they leave their children intimate reminders of their lives by creating memory books and memory boxes. I also read that unless children with HIV positive parents have been well prepared, provided with detailed information about themselves and their origins, there is a severe risk that fear, confusion, and most of all loss of identity will increase their grief. I read about how inviting these children to participate in planning their own futures, as far as this is possible, creates a solid foundation for their development and their careers.

The following week I asked one group of HIV positive women at ACCT whether they would like to begin such a project. They all said yes. The very first box to be completed was Maki Lufhugu's. The box was handed to her two children and other family members at a memorial service after she passed away. In her box are her skaf-tin (lunch box), her life story written in her own handwriting, her favourite hat, a memory book full of her certificates, photos, press clippings describing her heroic public disclosure of her HIV status in 1984, as well as other artifacts. Just before the July Durban AIDS



Kylie Thomas with Memory Boxes

conference, to which we were invited to present our work, we completed our first series of Memory Box workshops.

This is how we make and fill our boxes:

It seems that the act of focussing special attention on the containers for the memories represents an opportunity to protect, make space for, and attach value to the processes of story telling and art therapy. A memory box can be whatever you have handy and while we thought a lot about using old suitcases, hat boxes, trunks, whatever you like, we have found that we really love recycling used cardboard boxes. Each box provides 12 surfaces onto which one can stick (decoparge) photostats of photos, text or original art. Once varnished, the boxes are virtually waterproof and are really very sturdy. For our next series, a train the trainer series held in Winterveldt, one of South Africa's largest informal settlements, where we did not have such easy access to a photocopy machine, the 28 books and boxes that were made were in some way more expressive. Photos tell a story pretty much from the outside in and drawings from the inside out. In Winterveldt people initially grumbled when I hid the magazines. I thought what a shame to have supermodels and pictures of fridges on your memory box when I'd seen the kind of drawings people come up with when challenged to dip into their deep wells of creativity. I had invited them to reflect each other using a poem or a description or a portrait. Soon they got into it and were "commissioning" others to draw pictures of themselves on their own boxes.

Memory Books

Sanae Sawada, a family friend who I knew to be something of an expert around the recycling of waste into finely crafted art, has taught us how to make the most beautiful books also out of old cardboard, used paper and string. We encourage people to make a nice fat book with lots of pages and to make sure it can fit into their box.

In Uganda, mothers are guided by a format of prompts which is made up of pages with appropriate headings to help the participants work through different aspects of their family history, lifestyle, culture and beliefs. These pages then get inserted into the memory book. Examples of page headings are:

Our family came from...

My grandparents' names were ...

These are some of the jobs our family did...

I started walking ...

I want to say...

One of the narrative therapy inspired invitations which we use is, "So and so used to look at you with kind and loving eyes. S/he likes to tell about the time you ..."

In the writing part of our workshops, participants are helped to develop detailed descriptions and rich accounts of their preferred histories. CV type formats are discouraged. Creative writing techniques which incorporate sounds, tastes, smells, colours ensure that the characters in the story really spring out at you and that their voices are heard.

Once the process of making the box and the book is completed, the real work to fill them begins. Absolutely anything can be put into the books and boxes. Some things to include are: photos, family trees, audio cassettes capturing singing and talking voices (stories and direct messages), children's drawings, artefacts, etc. We have had some workshops which focus specifically on family trees. These map out all the branches of the family. Many people discover that they know little about their families. They go out and have really good conversations with older family members and document their family histories. Once someone has a basic map / tree of their origins, they then think about depicting this more creatively. These include ideas such as making a mobile and making a chest of drawers out of matchboxes into which some basic information about each family member can be placed.

Wills and birth certificates

Memory books can also be very practical. Beatrice from Uganda begins her article, "One of the ways some women are dealing with the possibility of death, is by concentrating on some practical plans. We've sorted out our wills, we have planned our own funerals, and where necessary the funeral of our partner. We've made arrangements for our children to be looked after by relatives or friends." Memory Box work generates a safe and creative context for challenging and courageous practical work which many HIV positive people have to face. Some of our own workshops focus on the more practical aspects, for instance input around writing a will – detailing wishes, hopes and instructions around the futures of children. Living wills, where one's wishes for the time one is still alive but very ill and perhaps unable to communicate one's wishes clearly, are also discussed.

Exhibitions/contexts for sharing

On the one hand Memory Box work involves a very private and personal journey. On the other, it is all done in groups and some people find it very meaningful to have their lives witnessed by considerate,



understanding and caring others. Disclosure of one's HIV status is never a step to be taken lightly. While some individuals report public disclosure as an extremely positive step to have taken, others have experienced stigmatization and exclusion. No pressure is ever placed on any participant to exhibit their work.

HIV Affected

We will all die some day and we therefore believe that the process of creating a memory box is a very worthwhile exercise for everyone. In our work and whilst exhibiting, we deliberately attempt to de-emphasise any participant's HIV status. Rather, our books and our boxes are the creative work of a group of individuals, who, like every one else in South Africa, is affected by the HIV / AIDS pandemic. We want to guard against these boxes becoming symbols of death and dying, but at the same time, we believe that the more visible the pandemic becomes in the eyes of the public, the greater chance of it being addressed. We use the more inclusive term of 'HIV affected'.

Living with HIV

When we began the work we thought it was all about dying. Soon we realised that it is all about living and about how we see ourselves. If you make your own memory box, imagine someone in maybe 10, 50, 100 years time, opening it, holding up a photo to the light, reading words, or inserting a video or audio cassette into a machine. How they see you will be largely determined by how you see yourself now. The memory box process is able to help a great deal in relation to changing negative self image, as well as in relation to shifting self blame and shame. It is about finding, naming, documenting and stepping into our preferred versions of our selves.

This work has been significantly influenced by a school of thought called narrative therapy or re-authoring therapy. Stories are central to this way of working. For us, a story is a series of events, linked across time according to a plot or a narrative. Narrative therapy tries to assist people to identify and bring forth preferred plots or themes in their own lives. Once these preferred plots are identified, thickened and told to appreciative audiences, it becomes easier to step into them and to live by them. Memory Box work is able to incorporate these ideas in many different ways through interactions with individuals, families and communities.

Shifting the focus

When I first heard about Memory Boxes it was as a bereavement counselling tool. In South Africa it is also only too easy to conflate HIV with AIDS and to

forget that with proper access to treatment, healthy lifestyle and information, it is possible to live a long and healthy life with the virus. When you make a memory box the purpose is to open up space for your preferred story. This can be a story of hope and activism challenging limited access to life saving and life prolonging medication, and / or it can be a story about talking about pain and loss where little other space exists to talk about these.

Memory Box work in South Africa

In the place where my children, my friends and I live, the big threat is HIV / AIDS. Nelson Mandela and others have said that we should address this crisis decisively or history will remember and judge us harshly. The issues surrounding HIV / AIDS are bound up with so many others including issues of poverty, community, development and gender. The only way to effectively halt the spread of the virus is to implement interventions, which address these other inequities. Thus the pandemic provides a challenge and a focal point around which all South Africans can engage in a wide variety of developmental initiatives.

There are currently several groups doing Memory Box work in South Africa. These are:

- 1) A community mobilisation division of UCT's Aids and Society Research Unit (ASRU) called the Memory Box Project email jmorgan@commerce.ac.za, or Tel 021 650 4659. We run one week train the trainer intensives in memory box work and also have a team of trainers who are able to work with existing groups.
- 2) Phillippe Denis and Nokhaya Makiwane, University of Natal, oral history project, Pietermaritzburg, email denis@nu.ac.za
- 3) South Coast Hospice Children's Programme – contact details unavailable at time of going to print.

Jonathan Morgan is a South African, not-very-clinical psychologist in public practice working at University of Cape Town's Aids and Society Research Unit. In 1999 his book "Finding Mr Madini" was published by David Phillip. It documents the life stories of ten homeless people, all of which intersect with Jonathan's own story.

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The Loss of a Child – A Personal Reflection

Mandy Goble, Principal of Durban Children's Home

On Sunday February 10 2002, we lost one of our children. He had been living in our Amaqhawe (Little Hero's) Care Centre, and after a painful, lingering struggle with his illness, which left him a shadow of the young boy who loved to sing and dance, his spirit took leave of his ravaged body.

He has been on my mind and in my dreams over the past few weeks, and so I find myself with the desire to express the multitude of thoughts and feelings I have been struggling with.

I believe in a higher power – that is God. I trust that He has ultimate control over the world that we live in, I know He has a collective plan for humanity, and an individual plan for each of us. However I have struggled to understand how the wasteful, painful results of HIV /AIDS can serve any purpose. Watching young innocent children enduring enormous pain and suffering, struggling with accepting that there is no future for them, and the fear of dying, of not knowing what comes after death – has made me have to face my own mortality.

Daily our team stares death in the face. How honorable and brave these child and youth care workers are. Every day I see something that leaves me in awe at the depth of their generosity, their care.

A few weeks before our child's death, one of our volunteers, a kind and caring woman, with a strong faith and belief in God was talking with me. She touched me deeply – it was as though through her words God was giving me a message to share with my team and colleagues. The message was that God blesses our work, that because of what we so willingly give to the children in our care, we are loved. I find that this thought has given me strength in dealing with this recent death and in preparing for the imminent death of two other young children. My fear is, however, whether this is sufficient to sustain me over the years to come, when death becomes a weekly reality in our programme.

For many of us child and youth care was a career with a challenge, a challenge to assist children and young people in choosing healthy options for their lives. Now these same people are asked to assist young children and people to die with dignity and respect. There is little dignity in dying from

HIV/AIDS, it strips one of all privacy. In the residential care centre, the care of these children is shared by the team... a number of unrelated adults privy to their most vulnerable moments.

I am concerned for our team. These courageous workers who with tender care minister to the needs of these children, who swallow their pain, who wipe away their tears and move on to the next child in need of attention.

Do I have the capacity to care for them and help them find the inner strength to keep going? I feel burdened by the enormous responsibility of caring for our team and thus enabling them to care for each other, and our children. But then I am reminded of the words of Gary Zukov, who talks about "hugging your fear". I interpret this as meaning that if I face my fear with courage I will learn to conquer it. If I model this for my team, they too will learn to conquer their fear and the result will be a group of committed workers who offer children a glimpse of heaven amidst the reality of the horror on earth.

A simple slice of white bread has brought a smile of joy to the face of a dying child. A few moments of discussing the beauty of angels has taken away the fear of going to sleep and not waking. A gentle back rub has brought comfort to a dying child. The courage to explore death and the life hereafter has brought peace to a young boy.

My ramblings have come to an end. Nothing has changed. I feel the same... but deep down inside me my spirit whispers that it is not for me to question the motives of God. It is for me to serve the children and staff in my care, with love, with respect, and above all with reverence.

I am grateful that of all the places in the world I could have been, I am in a city called Durban, in a country known as South Africa; that of all the places that I could work, I work for an organisation known as The Durban Children's Home; that of all the things that I could be: I am a child and youth care practitioner; that of all the things that I could have become, that I am Mandy – a complex combination of my past and present experiences, and the daily interactions I have with a team of inspired, courageous people who humble me with the greatness of their being.

Where is my village?

Buyi Mbambo calls for a return of the caring village of her own childhood.

I had an extremely privileged upbringing; my formative years were spent with my grandmother, Khulu, as she was affectionately known, in the rural village of KwaDeyi near Highflats in KwaZuluNatal.

I have vivid memories of people coming in and out of Khulu's homestead, to collect firewood, or logs to build their wattle and daub houses. Although Khulu was not rich in material terms, there were always people, young and old, who were coming to her to ask for food, and our house was a halfway stop for hungry children and adults; she shared whatever she had. Similarly, people shared what they had with her; visitors or people who had been helped by her used to come carrying baskets of mealies or beans, fruits and vegeta-

bles, or whatever they could afford.

Food was not the only thing that was exchanged, caring was the epitome of our upbringing. Neighbours and villagers were always on the look out for the children. If we were naughty or disrespectful, adults were allowed to scold us and shout at us and would not hesitate to report our 'misconduct' to Khulu for appropriate doses of punishment! Playing in the dark was always frowned upon; an adult would quickly whisk you away home with a stern look. Adults were responsible for instilling in us values of respect. Woe unto you if you played with your ball when an older person was walking on the path! Khulu would hear about it immediately and you would be sat down to a long

lecture on respect and *ubuntu*. Khulu had a lot of rondavels, which she used as boarding houses for older students and teachers, and all these people could be trusted to look after you without taking advantage of you as a child. It was a caring village, it was a safe village and stories of abuse that we hear of and encounter today were rarely heard of. If a parent was known to severely punish his or her children, there was always a group of concerned parents (you guessed right, Khulu was among those) who used to go and intervene on behalf of those children and guide parents to use less harsh methods of punishment; the same went for school punishments. Khulu was an advocate for children. If word got out that a teacher was inappropriately punishing children, Khulu and other women would be seen at the school calling the principal, the teachers and the school committee to order. Whenever I hear of the African adage: 'it takes a village to raise a child', I am always reminded of the village of my childhood.

Horrible incidents of abuse of children continue to haunt us as South African citizens as, on a daily basis, reports come to the attention of service providers throughout the country. What we hear through the media is actually the tip of the iceberg. What is happening to children flies in the face of the African traditional value of *ubuntu* and caring for one another. While so



many accusations are levelled at the lack of government initiatives in addressing this issue, it is important to realise that government and its institutions alone cannot address the problem; there is a role for ordinary people at grassroots level. Caring begins with you and me as ordinary citizens of this country.

Reclaiming Ubuntu

Archbishop Desmond Tutu explains in his book about the Truth and Reconciliation Commission (TRC) that: "*ubuntu* is very difficult to render into a Western language. It speaks of the very essence of being human. When we want to give high praise to someone we say 'Yo, unobuntu.' 'Hey, he or she has *ubuntu*'. This means they are generous, hospitable, friendly, caring and compassionate. They share what they have. It also means my humanity is caught up, is inextricably bound up, in theirs. We belong to a bundle of life. We say, 'a person is a person through other people' ". *Ubuntu* was translated into childrearing practices to mean that:

- Every person, especially an adult, had a non-negotiable responsibility to ensure the protection and safety of children in the community;
- Every adult had a non-negotiable responsibility to teach and impart positive values to any and all children in the community and to guide children, since it was believed that 'it takes a community to raise a child';
- Every adult had a non-negotiable responsibility to lead by good example as children were taught to observe and follow the practices of their older peers as well as adults in the community.

There is often a misconception that the notion of communal raising of children implies that any adult could do what they wanted, even if it meant harming their neighbours' children. The African way of raising children had nothing to do with harming children. The thrust was on caring, protection, guiding and imparting positive values that would make children positive, contributing citizens in the community. Any harm, physical or otherwise, to children or to the integrity of a family was addressed through cleansing ceremonies that were agreed upon by elders in the families concerned, or through the tribal conflict resolution systems. If the matter was of a serious nature. A range of socio-economic factors is responsible for the disintegration of the spirit and practices of *ubuntu* in African society. Apartheid laws, urbanisation and the migratory labour system have been largely responsible for the breakdown of family life and the disintegration of the spirit of *ubuntu* and communality in South African communities. As male elders began to move to the cities in search of jobs, the task of raising and guiding children fell solely on the shoulders of women, who also had an additional responsibility of providing for the basic needs of their families. The breakaway from the carefully structured traditional family life has led to many children being raised in female-headed households, rarely seeing their fathers. As women also began to move to the cities in search of jobs to support their families, traditional structures of supporting and guiding children fell apart, leaving children with elderly and even ailing relatives who were ill-equipped to provide proper care for the children. Poverty has also eaten away at the moral fibre of society. Individual

survival has become the norm, rather than the traditional communal approach, and people started coveting their possessions. Gone was the spirit of sharing with, and caring for, your neighbours' children as if they were your own. People are hoarding the little possessions they have and caring has begun to be perceived as interference and intrusion, as people become more suspicious of one another. Even with the more affluent African families living in cities, the tendency has been to move towards nuclear family patterns with little connection with communities they live in and their values. Where children were once seen as belonging to the entire community, an attitude has emerged that can be summarised as 'I take care of my own child, do not bother me with yours'. The collective strength of the extended family system, the caring attitude of the community, as well as the guiding wisdom of elders that has always been seen to be a powerful force for the protection of children, has changed, only to be replaced by isolated families and abused children.

Bringing back the village

There is no single solution for the scourge of child abuse but we can tackle the problem from various angles. It is important to remember that little efforts yield big results. For this reason we need to take small bites at the problem. The best place to start is at the local neighbourhood level. This is where a lot of violations take place. This is where children grow up. This is where their families live and this is where the eyes of the community are. We need to reclaim the culture of caring for one another and caring for the children, and I propose simple bite-sized ways of achieving this:

Reclaiming Ubuntu

1. Big things always start with one person, who has a willingness to do something, who is concerned about the problem.
2. There is a Zulu saying that goes like this: *injobo itliiugelwa ebandla*, which means that if you have a problem, talk to others about it and the solution will come. If there is one person who is concerned about the plight of children and wants to do something about it, this person should talk to others, it does not matter how many others share those sentiments, it can be one more person or two people but by telling another person, the caring spark is ignited.
3. Light this spark in about five more households and you have the beginnings of a caring village.
4. Be prepared to meet with rejection as you light this caring fire, but do not be discouraged. Even when you light candles, some catch the flame easily, but with others you have to strike the match many times before they light.
5. There are so many child protection initiatives that can begin with just these five households.
6. Develop friendships and trust within this small group.
7. Introduce children to one another and be clear that you have the same objective for meeting and working together — to protect one another's children.
8. Ensure that children from these core households play together and walk together to school, instil in them caring and protecting values so that they start to look after one another.
9. As adults, demonstrate these caring values towards one another because you have to model this to this younger caring community. If there are differences resolve them maturely.
10. In this neighbourhood group make sure that you know one another's whereabouts. Some parents may be working quite late and this means those children will be without an adult caregiver for long hours in the evening.

Somebody should be on the look-out until the adults return.

11. If many households have this problem, negotiate to have one caring household where children can go after school until their parents arrive. Parents in this neighbourhood caring group should not take advantage of one another; arrangements for food should be made so that the caring household is not left with a burden of feeding other children single-handedly.

The list of activities that can be done to support one another in this small neighbourhood caring group is endless, but whatever little effort we do is a big step towards reclaiming 'the village' for the sake of our children.

Used with permission from Children FIRST, April/May 2002



Kinderhuis Pofadder Sanggroep

Miernes tot Berg

Desmond De Wet, hoof van Kinderhuis Pofadder, vertel hoe die talent van jeug bydra tot hul persoonlike groei en die selfonderhouding van die Kinderhuis.



Mei-maand was die sanggroep reeds wyd bekend en het ondersteuners begin vra vir kassette en CD's. Dieselfde maand maak die sanggroep sy eerste CD en was dit 'n reuse sukses. Gedurende die Junie/Julie skoolvakansie onderneem die sanggroep 'n bekendstellingstoer, en was die Noordkaap en die Weskaap weereens die afspring. Hierdie

toer het dan ook sommer vir ons dorpie Pofadder op mense se lippe gebring.

Net voor die September skoolvakansie is die sanggroep se tweede CD voltooi en word daar weereens 'n sangtoer in die Weskaap onderneem. Hierdie sanggroep het net van krag tot krag gegaan. Huidiglik is die groep in aanvraag veral in Namakwaland, Weskaap en Gordonia. Die sanggroep

bestaan uit sestien lede. Amelia Louw, die voorsanger van die sanggroep, was maar tien jaar oud toe sy vir die eerste keer 'n verhoog moes bestyg. Sy is nou agtien en loop oor van selfvertroue. Ons hoofsangsters is Amelia en Yulande Louw (twee susters), Amanda en Natashja Bock (twee susters), Ingrid Pheifer, Raynold Bock en Wilfred Visser (ook die klavierbord speller). Hierdie sanggroep is huidiglik die grootste bron van inkomste vir die kinderhuis en is dit vir ander kinderhuise, asook vir hul kinders 'n voorbeeld dat ook die kinders uit hulle-self 'n verskil kan maak.

Die sanggroep is elke naweek en skoolvakansie besig met fonds-insameling en word hierdie groep kinders besig gehou met positiewe dinge. Hulle maak ook baie vriende.

Indien daar organisasies of kerke is wie hierdie saggroep wil hoor kan daar geskakel word met Desmond de Wet, Tel: 054-9330060 of Wilfred Visser, Sel: 082 5099186.

Die Sanggroep van die Kinderhuis Pofadder het reeds in 1995 begin, maar was die liedere meer op ligte luim gesing. Die kinders het tesame met Mnr. N Willems en die De Wet-gesin, op 'n sangtoer deur die Noordkaap en Weskaap gereis om fondse te in vir die welsyn van die kinderhuis en sy 132 kinders. Na die toer het die sanggroep net op uitnodiging opgetree.

Gedurende die jaar 2000, het ons egter groot nood in die kinderhuis beleef. Vele pogings was aangepak om fondse te in, maar hierdie pogings was soos druppels in 'n 100 liter drom. Die begin van 'n sanggroep het weereens na 'n uitweg gelyk en vroeg in 2001 is dit met hierdie sanggroep begin. Klein was die begin, slegs met vier dogters. Dit het egter gou gegroei nadat die sanggroep by 'n paar plekke opgetree het. Gedurende



Empowering youth with Care and Support

Part three of the series on the Professional Code of Ethics by Jackie Winfield

Introduction

"Fifteen-year-old Moosa lived on the streets for three years before he was admitted to the Hillside Child and Youth Care Centre. Your supervisor has informed you that since Moosa's arrival, he has refused to participate in most activities with the other young people. He has been attending the local primary school where he is in grade 4. Most of his classmates are several years younger than he is although there is little difference in size. There have been reports of Moosa bullying children at school." Unfortunately, our first impressions of many young people at risk can be influenced very negatively by information such as that given about Moosa. How do you feel about working with him? Motivated? Challenged? Anxious? Terrified? What about his strengths and untapped potential? How are you going to work with him in a way which reflects ethical child and youth care practice?

The Code of Ethics

The second clause of the code of ethics states:

"I am committed to supporting each child's optimum social, emotional, intellectual and physical development within a safe, healthy and enriched environment."

The word "commitment" was discussed in depth in the previous issue. To summarise, a commitment is a promise which binds one to a course of action. So no matter how unmotivated or terrified one might be to work with Moosa, a professional child and youth care worker will take steps so that she/he is able to contribute effectively to his development.

The Oxford Dictionary defines support as: "carry part of weight; hold up; keep from falling or sinking; enable to last out; keep from failing; give strength to; encourage; lend assistance to; back up". The child and youth care worker's role involves helping Moosa to develop by believing in him, by acknowledging his successes, by showing enthusi-



asm, by persevering, by speaking on his behalf, by working cooperatively with other members of the team, and sometimes, by simply being there and perhaps, holding his hand or saying, "You're doing fine."

Tapping Hidden Potential

In supporting Moosa's (or any young person's) optimum development, the child and youth care worker aims to assist Moosa to be and do the best he can now and in the future. This is about the fulfillment of potential, turning the possibilities into realities, growing the tiny acorn into the powerful oak tree. Karl Wilker, one of the pioneers of child and youth care, wrote, "we are confident that many kernels of seed

that have been in the ground for a long time and seem to be lost will still open up, grow, and eventually bear fruit even after many years" (cited in Lhotzky, 1994:55). Wilker understood the importance of utilising potential. Goethe taught, "Treat a person as she/he is and she/he will remain as she/he is. Treat a person as she/he can and should be and she/he will become as she/he can and should be" (cited in Covey, 1994:335). What will happen if you treat Moosa as he is? According to Goethe, Moosa will remain as he is, refusing to participate in activities, lagging behind at school, being small for his age and bullying others. But what if you treat Moosa as he can and should be? What if you treat him as a motivated, enthusiastic, strong, generous young person? What difference will this make?

Skilled child and youth care workers tell many stories about young people like Moosa, about how they found strengths and built on them, how they provided new opportunities and experiences, and how desperate, sad, under-achieving children developed into secure, competent ones in strong positive relationship with others. A focus on strengths and knowledge of normal human development are two key aspects of tapping hidden potential. What can be expected (realistically) of a young person of four-years-old or eleven-years-old or fifteen-years-old? It is our knowledge of life-span development that can provide some guidelines about what we should be aiming for with Moosa in terms of his optimum social, emotional, intellectual and physical development.

An Appropriate Environment

Child and youth care workers are components of the contexts within which young people function. We are able to influence how safe, how healthy and how enriched child and youth care environments are, even though our influence is limited by various factors outside of our control. Perhaps, the buildings are old and badly in need of paint which is unaffordable. You have little control over this ... but you can still put a few attractive pictures on the walls and bring in a couple of pot plants. Perhaps, the programme is in a community rife with crime and violence. You have little control over this ... but you can still make sure that you challenge corruption in your organisation and demonstrate respectful and non-violent means of dealing with conflict. Perhaps, there are few toys, punctured soccer balls and no radios. You may have no control over this ... but you can still play a game of five stones, make a ball out of plastic bags, and sing and dance together.

As professionals in the South African context, we must be creative in using the few resources we have available to us. Perhaps, it is our ability to use our-

selves appropriately which is our greatest resource and marks the difference between a programme which is unsafe, unhealthy and non-enriching, and one which is safe, healthy and enriching.

Conclusion

Perhaps, you have a story about tapping hidden potential or about how you turned an environment into a safe, healthy, enriching place for young people to be. Share these stories with us, as this too, shows commitment to the code of ethics: "I recognise my professional responsibility to add my ideas and findings to the body of child and youth care knowledge and practice".

Empowerment

*Empowerment is not something
you can give to me
Empowerment is something that
I must achieve*

You must assist me.

ENCOURAGE

Show me and tell me that you believe in me.

EXAMPLE

If I do wrong, show me; I want to learn.

ENVISION

Help to see all the possibilities.

ENDURE

Help me to remember that things take time

EXCITE

I really do want to feel positive
about my future

ENABLE

Just give me a chance to try

EVALUATE

Help me to help myself rise above adversities

ENRICH

If I help to improve another's life,
it will enrich mine

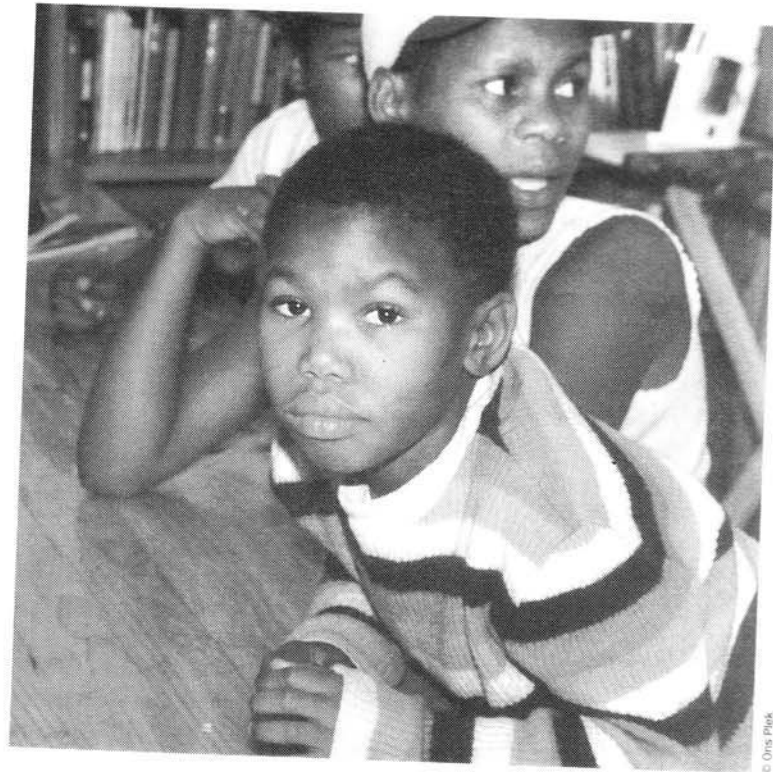
(National Youth in Care Network 1992:41)

Registration with a Professional Board

An address by Jackie Winfield at the NACCW Graduation Ceremony in KwaZulu-Natal.

It is a great honour and privilege to have been asked to speak at a very special occasion where we recognise the time and effort, perhaps even the sweat and the tears, of each one of our graduates. Thank you for your commitment to children, youth and families, and to the development of our country. We trust that this investment in yourself and your development will touch the lives of many in the future. Congratulations on your achievements. I have been asked to speak to you about the registration for child and youth care workers. Most of you will know that there are presently exciting developments... but let's look for a moment to the past.

From 1993, the NACCW registered people as professional child and youth care workers. Registration was available to those who fulfilled certain criteria including at least a two-year child and youth care qualification such as the BQCC and a number of years of relevant experience. In addition, those who wished to register were required to sign the Code of Ethics in public at an NACCW meeting. Of course, this was not a statutory registration board, but people



choosing to register were indicating their desire to function as professionals and improve the services offered to young people at risk.

Despite the fact that registration did not bring higher salaries, enhanced status or increased respect, many child and youth care workers chose to register because they believed that it was important for them, for the profession and most importantly, for young people at risk.

And so to the present and the future ...

Those of you who keep updated on professional developments through reading this journal, will know that the NACCW is involved in a process to establish a professional board for child and youth care workers. There has been an acceptance by the SACSSP (South African Council for Social Service Professions) of

the application made by NACCW for the field to establish its own professional board. A board regulates the activities of a profession by providing guidelines and standards to promote a high quality of service.

It aims to protect clients from unethical behaviour and promotes the rights of clients. One of the functions of our board will

carry out our work. We are professional when we obey the code of ethics. This means that the way in which we work is important. Being professional is not about how much money you earn, what car you drive, whether you have your own office, or carry a briefcase to work. The professional child and youth

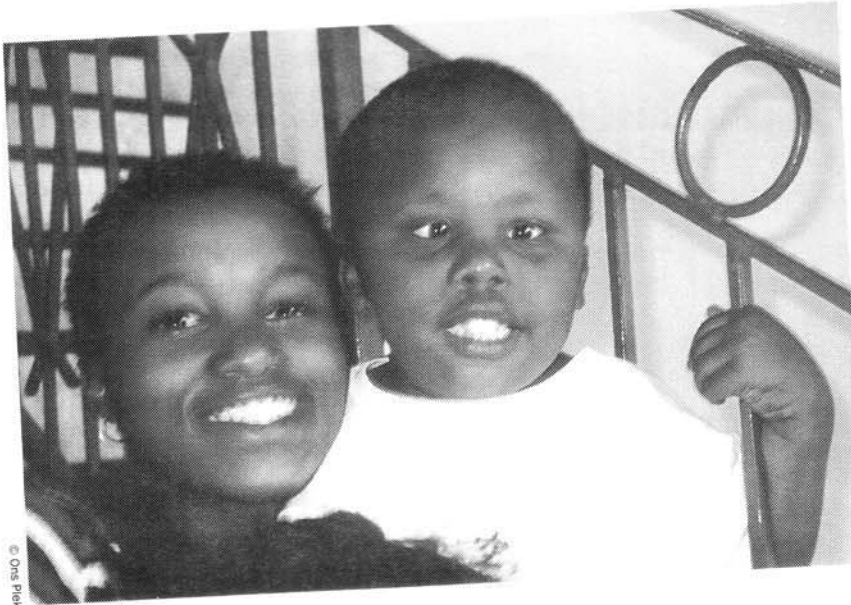
Every action any one of us takes as a child and youth care worker reflects on the whole profession, on each one of us in this room and thousands of others in South Africa.

In completing your studies, we believe that you have demonstrated a commitment to children, youth and families, and to the exciting and challenging profession of child and youth care work.

When the opportunities come to participate in the registration process through giving input regarding the constitution of the board, through nominating and electing board members and through registering ourselves as professionals with the board, we all have a responsibility to play our part. I want to challenge everyone working in the field of child and youth care to keep themselves informed about the process of registration and to become involved because it does

involve you and I – it involves our work, our future, the future of all the young people whose lives we touch and therefore, the future of families and communities. I believe that together we will continue to work for the improvement of services for young people at risk.

You have chosen to do work which is valuable and important because our children and youth are valuable and important. You have chosen this work knowing that at times, it will be difficult and painful. Nonetheless, you and I and many others have chosen this. As such, we are proud to stand together – with you as colleagues. Welcome to the profession of child and youth care work.



© One Step

be to register people as professional child and youth care workers. So, what does this mean? Firstly, it means that registered CYCWS will be recognised as professionals. Perhaps, this will result in more people understanding our work, more status, better working conditions and higher salaries. These are important because they encourage child and youth care workers to provide a quality service to children and youth. But what it may also mean is that child and youth care workers will need to be registered to be employed as professionals and as such, will be expected to behave as professionals. We are professional not because we are registered but because of the way in which we

care worker is the one who builds positive relationships based on trust, respect and acceptance. Professional behaviour is about purposeful interaction focused on goals which have been set by teams including young people and families. Professional behaviour is about all actions being based on the best interests of the child. In the words of Lesley du Toit (1993:3), "Ultimately, the purpose of registration has relatively little to do with ourselves, and much to do with those whom we serve."

Those of us who call ourselves child and youth care workers, including those of you who are graduating carry a responsibility to demonstrate that we deserve to receive this respect and sta-

Community Based Care of Orphans and Vulnerable Children (OVC) in rural Zambia

The Case of Chimasuko Children in Distress Project (CINDI) Family Health Trust



*A Presentation by Chitalu K Mumba,
Programme Officer of CINDI,
at the NACCW Conference 2002*



The Family Health Trust, a local non-governmental organisation in Zambia, was established in 1987 to help prevent and control the further spread of HIV and to facilitate the provision of care and support to those affected.

Its aim is to enhance the quality of life in Zambia.

Three other projects exist within the framework of the Family Health Trust. The anti-AIDS project promotes safer lifestyles among the youth to help combat the spread of sexually transmitted diseases (STD's) and HIV. A Home-based Care project, facilitates the physical and psycho-social care of HIV/AIDS patients and works in partnership with the community. The CINDI project was established in 1990 in direct response to the growing number of orphans. A study in 1991 revealed that in Matero East, an urban township

in Lusaka, 10% of 2105 children were orphans. Zambia's orphan problem was noted as a growing one; 16% of people in the 15-39 age group were HIV positive, who would go on to die and leave behind vulnerable children. The extended family, the first front for the protection of orphans, was failing to cope with the increasing demands. The Zambian economy was on the decline and budget shortages limited the country from taking an active role in relieving the situation. It has been estimated that in the year 2010 Zambia will have one million orphans. CINDI's philosophy is based on three key premises:

- Acknowledging the role of households caring for and supporting OVC's affected by HIV/AIDS and other diseases.
- Recognising that the security of households, who have

taken in OVC is under threat as well as their need to build capacities to cope with added demands for food, health, housing and education. An actual response to the OVC situation must be initiated, led and

- implemented by the community to ensure sustainability and relevance to local situations.

Objectives

1. Facilitating and promoting community participation in programmes aimed at meeting the needs of children in distress.
2. To assist in the provision of basic needs for vulnerable children.
3. Promoting advocacy and lobbying for children's rights in order to raise awareness and mobilise

support of government and other organisations.

4. To facilitate the provision of psycho-social support to children, guardians and caregivers to enable them to cope with stress.
5. To network with the relevant organisations as a means to enhance support for OVC.

Chimasuko project's activities

Through its holistic approach, the project has been able to identify and deal with factors that threaten human welfare. Food security at household level has been made possible through the supply of agricultural inputs. Child and grandparent headed households get first

Challenges to Chimasuko efforts

Cultural change, especially in the rural areas, is a slow process. Some of the deeply embedded cultural practices have contributed to the spread of AIDS eg. polygamy, keeping the vagina dry, tattooing, and men using virgins in an attempt to cleanse themselves of HIV.

Networking between organisations and support from government organisations is slower than in the urban areas.

Lessons learnt

Family Health Trust/CINDI project has drawn several lessons from the Chimasuko community. These include:

- are able to organise themselves for planning and action.
- can formulate plans and execute them, relying mainly on resources within the community e.g building houses for elderly guardians, and
- community gardens for the support of households.

Conclusion

Chimasuko has been able to initiate a holistic approach in support of orphans and vulnerable children. The project has gained recognition in the district and is presented on several fora: health, education, water and sanitation, and agriculture.



The Chimasuko/CINDI project

Chimasuko, a multi-sectoral community based project in Katete, was affiliated to CINDI/Family Health Trust in 1998. It is governed by an executive committee of members from the Chimasuko community. Chimasuko means "deliverance" from the effects of under development namely; ignorance, disease and hunger. It seeks to improve nutrition, access to education, health facilities and awareness and protection of OVC's against child abuse and neglect.

The problem of families failing to cope due to the large number of orphans in Zambia is because most orphans in urban areas are repatriated to their rural relations.

A study in Katete, a rural district in the eastern province of Zambia revealed a total of 20,000 orphans (10%) of the general population of 197,000.

preference so that they have better maize yields for consumption and surplus for sale, to meet educational and health costs.

Early school drop outs, due to the inability of guardians to pay fees, has been dealt with by the project's lobbying with local schools to allow 700 orphaned children to attend school free of charge.

Forced marriages for young girls, child labour and girl child confinement is decreasing. Workshops and seminars have been held to sensitise school personnel, health personnel and guardians on the importance of promoting and protecting children's rights.

Anti-AIDS clubs in and outside of schools have been formed to curb the spread of HIV infection among the youth. The Chimasuko/CINDI project cares for and supports 1400 orphans and vulnerable children.



“Father Ba, Father Ba tell a social worker, come, and take me now.”

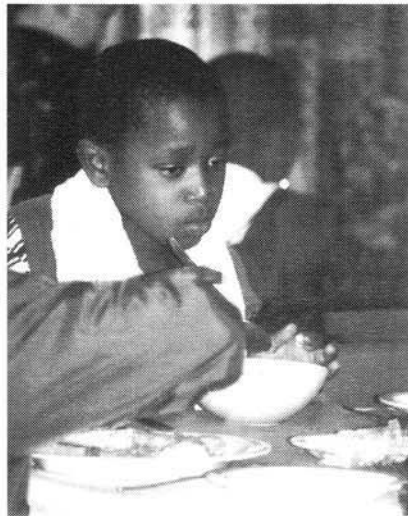
An extract from a recent graduation presentation by Rev. Barrie Lodge.

Tobile is 10 years old. Last week she came calling in her usual way at my motor-gate. Father Ba, Father Ba – she calls. This time it was not a simple request for food, but she wanted to talk And she was crying. Please, she said, tell the Community Worker to tell a Social Worker to come now and take me, because I have nowhere to stay. The man I was staying with, she said, has gone to Soweto with that other girl.

Tobile was talking about a man who lives in a 70 shack informal settlement. This settlement, close to my church, and in my parish, was recently ravaged by a fire. Her mother frequently leaves Tobile in the settlement with anyone who will take her when she is herself either incapacitated by alcohol. My concern has always been that Tobile is at risk of being sexually abused. We need to build some sort of protective ecology around this child. The Community Worker’s comment was that we would never know if Tobile was being abused because of the unwillingness of the community to break what he called a “culture of silence in our community”. The girl herself is unlikely to speak or act on her own situation.

Recent incidents of baby rape sparked a wave of outrage and outcry; a media explosion; community protest. One of the voices of the many politicians that we heard was the voice of our President. In ANC Today of 30 November 2001 he quotes statistics and comments from various sources to show that sexual abuse of children by adults is not new in South Africa.

President Mbeki is right that the whole picture may not be new, and not only South African, but the picture is very frightening. The implications of this picture in relation to the HIV/AIDS pandemic is horrendous.



President Mbeki has some thoughts as to how and where these problems have to be confronted. In this same article of 30th November 2001 he says:

Central to their eradication is the action of the people themselves The outrage we have all expressed against the rape of children must be translated into determined and sustained action by all of us to protect our children from those who have lost their souls.

President Mbeki is right – the history of attempts made to fight child sexual abuse has shown that it is best done in the community and by the community. The State alone cannot do this. The State needs NGO’s like the NACCW and the community to be part of preventative action. Communities must be helped and the child and youth care worker is ideally positioned to provide this help in the following ways:

- to recognise the signs of risk and the potential for abuse
- to be shown how and to whom the silence can be broken without putting themselves at risk
- to refer to a multi-disciplinary network of trusted people who follow tried and professional protocol for dealing with community concerns at the preventative level.

This is what Tobile needed. If only Tobile was a child in a community where a child and youth care worker had been part of such a preventative process, then I would not have heard: “Father Ba..., Father Ba..., tell a Social Worker come and take me now.”

Writing for this Journal

Annette Cockburn, a long-standing member of the Editorial Board, informs readers of the process of reviewing articles for Child & Youth Care.

If you send in an article of any nature for publication in *Child & Youth Care*, you need to know the following:

- Your contribution will be taken seriously. It will be reviewed by the Editorial Board to see if it is suitable for publication. (The names of those who serve on the Board are printed on page two of the journal.)
- If your contribution is accepted for publication then the following steps will be taken:
 - It will be edited. This means it will be corrected for spelling and grammar – everyone makes mistakes in these areas and these errors are not really important.
 - It may be shortened or arranged to fit into the space available or to make it more readable.
 - You may be asked to make changes yourself and send it to us again. We will try to be clear about what you need to change.
- If your contribution is a poem, then you need to know that we receive many poems for review. Poetry is difficult to write. It needs to be very disciplined and structured in its form and content. Writing poems can be very helpful to you – to express what you feel or help you deal with very difficult life situations. Poems

are often personal and because this is a public and professional journal, some poems are not suitable for publication.

- We will publish your photos if they are clear and preferably of one or two individuals rather than of groups. We will publish news and views. We will publish your protests and your letters to the editor about what makes you happy or sad.
- What we find difficult is writing that is too intensely personal, religious or dogmatic to be included in a secular and professional journal such as *Child & Youth Care*.

We appreciate and encourage contributions from South African practitioners. A short account of a new and innovative programme, a story about a child, a place, a passion is always appreciated. The journal needs to reflect good child and youth care practice. In our present context in S. A. this includes good practice in the areas of Secure Care, Family Work, Street Children, Physical, Mental and Emotionally Challenged young people, the Girl Child, and especially work with young people and families affected by HIV/AIDS.

Let's hear from YOU!

Mpumalanga Provincial Government

*Department of Education
Vaalrivier High School Standerton*

VACANCIES

Child & Youth Care Workers (2 posts)

Requirements: Grade 12, BQCC, Diploma in Child & Youth Care plus 3 years relevant experience.

Social Auxiliary Workers (12 posts)

Requirements: Grade 12 plus 3 years relevant experience.

Send application, certified copies of CV, ID, qualifications and particulars of experience to:

The Principal, Private Bag X 2008, Standerton 2430
Enquiries: The Principal — Tel. 017-714-0014

Closing date: 15 July 2002



We want them to have self worth...

So we destroy their self-worth.

We want them to be responsible...

So we take away all responsibilities.

We want them to be part of our community...

So we isolate them from our community.

We want them to be positive and constructive...

So we degrade them and make them useless.

We want them to be trustworthy...

So we put them where there is no trust.

We want them to be nonviolent...

So we put them where there is violence all around them.

We want them to be kind and loving people...

So we subject them to hate and cruelty.

We want them to quit being the tough guy...

So we put them where the tough guy is respected.

We want them to quit hanging around with losers...

So we put all the losers in the state under one roof.

We want them to quit exploiting us...

So we put them where they exploit one another.

**We want them to take control of their lives, own their problems,
and quit being a parasite...**

So we make them totally dependent on us.