

child youth care

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

Rays of Hope for Children



Child and Youth Care is proud to print an article in this issue written especially for our field by a person who has become a household name and face over the past years – Zackie Achmat.

Outlining the technical and legal implications of the Constitutional Court ruling on the state's obligation to provide anti-retrovirals for HIV+ mothers, Zackie is an inspiration to our field. His refusal of anti-retrovirals, in solidarity with the majority of infected South Africans to whom the drug is still not freely available, literally places his life at risk. This order of personal commitment to the realization of human rights and children's rights is not new to South Africans. Our history of resistance is rich with extraordinary commitment from people great and small. And indeed the campaign that has been run by the Treatment Action Campaign has been likened to campaigns run by the anti-apartheid movement. We must salute the TAC for their achievements – as a result fewer children will become infected by the virus and be condemned to a short life of great discomfort – something so many of us are struggling to witness on a daily basis.

It is highly unlikely however that this victory will significantly impact on the numbers of children being orphaned over the next few years – too little too late it appears to be for that. And so we also carry in this editorial our article by Dr Maria Mabetoa, Director of HIV/AIDS directorate in the National Department of Social Development. Dr Mabetoa outlines the process undertaken and the outcomes of the first national conference held to attempt to co-ordinate the delivery of services to children infected and affected by HIV/AIDS. Our Association has long stated that national direction must be given to avoid what we currently see – more and more residential programs being developed, often not registered by provincial Social Services departments and therefore being out of the loop of regulation – so critical to ensuring that children's rights are being protected. Programmes are being initiated by concerned people moved to "do something" to relieve the suffering of children. Whilst this spirit is often to be commended, in the absence of co-ordinated action programs tend not to be integrated, holistic or comprehensive. We trust that this article reflects the beginning

of a process that will give a clear indication of reliable cost-effective models to be replicated, and articulate the requirements for programs to work together and broadly provide some direction for those who wish to help.

Both of these articles reflect perhaps a little hope for our most vulnerable children...

△

Warm congratulations to Brian Gannon on the birth of a beautiful grand-daughter, Kirsten. Our best wishes to the elated parents, Helen and Martin Stabrey. Brian and Martin, of Pretext Publishers (linked to CYC-Net), are part of our extended family.

Merle Allsopp

We acknowledge that last month's journal was received late by some of our readers. Our apologies for the delay in publishing and distribution which affected some of you.

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Dates to Remember

SEPTEMBER 2002

- 1 - 7 School AIDS Week
1 - 8 Adult Learners Week
2 - 9 Deaf Awareness Week
6 Physical Disability Awareness Day
8 International Literacy Day
9 Fetal Alcohol Syndrome Day
12 Steve Biko killed – 1977
17 International Day of Peace

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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“The most urgent and most vulnerable”: Children’s rights and reasonableness in the TAC case



Zackie Achmat, founder member of the Treatment Action Campaign, discusses the TAC’s fight for access to health care services for all. He examines the victorious Court judgement requiring the state to plan and implement a nationally co-ordinated Mother-to-Child HIV Prevention Programme.

The TAC Case on HIV prevention in infants is a defining decision on the right to access health care services and it clarified the Constitutional Court’s views on the rights of children and youth. In particular, the Court dismissed the government’s argument that poor parents were responsible for the provision of health care services to their children not the state. The Court also invoked the state’s constitutional obligations towards children to decide this case. Vulnerable children, youth and their advocates can regard the TAC Case as a major legal step forward for access to health and other social services. The Court requires the state to take care of the most vulnerable children and those whose rights are most urgent.

Pain is a fact of life. But, the pain of seeing thousands of unnecessary and avoidable deaths of children because of preventable illness is indescribable. Every year since 1996, an average of 40 000 infants in South Africa were born with HIV. According to the government’s own 12th ante-natal survey released in June 2002, more than 85 000 infants were infected with HIV in 2001. Many of these infections and inevitable deaths could have been prevented with a co-ordinated mother-to-child HIV prevention programme (MTCTP).

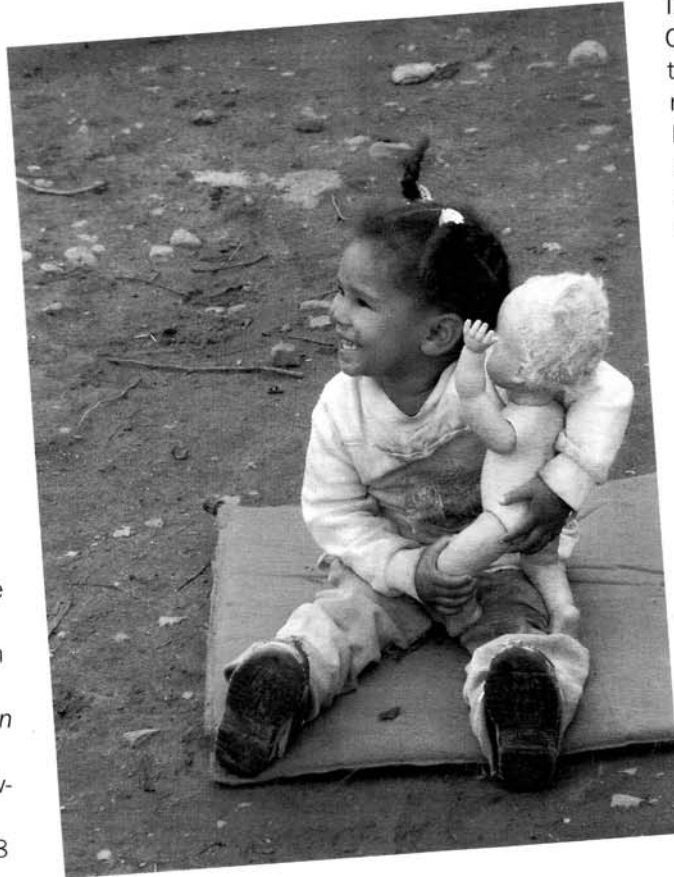
Since 1996, civil society has recommended, urged, negotiated, pleaded, cajoled, argued, threatened,

petitioned and demonstrated with government over its failure to develop a national MTCTP plan. The AIDS Law Project, the AIDS Consortium, faith-based bodies, children’s agencies and since 1998, the Treatment Action Campaign (TAC) have led this campaign. They were supported by nurses, doctors, other scientists and child care workers. Economists showed that a mother-to-child HIV prevention programme would be cost-effective and cost-saving because it would lift the strain on children’s health services. Instead, the government engaged in a fabricated scientific debate on the safety, efficacy and quality of anti-retroviral medicines. The judgement shows that the debate was a fictitious one. Frustrated after years of negotiation, litigation was the only option left.

TAC, Dr. Haroon Saloojee and the Children’s Right Centre brought the case in the Pretoria High Court. They relied on the following rights: access to health care service including reproductive health care; dignity; life; equality; reproductive autonomy and children’s rights to basic health care services. The High Court only relied on the right to access health care services including reproductive rights and the state’s obligation to progressively realise that right. The state used every means at its disposal to avoid complying with the High Court ruling until the Constitutional Court instructed the state to implement interim relief.

After a full hearing in May 2002, the Constitutional Court handed down a unanimous judgment in favour of TAC and its allies. The Constitutional Court confined the issue to the right to access to health care services including reproductive health care but included the right of children to basic health care services in its reasoning. In the words of veteran anti-apartheid lawyer and TAC attorney, Geoff Budlender of the Legal Resources Centre wrote that "the TAC case placed beyond dispute the fact that the social and economic rights in the Constitution must be progressively realised by the state and that the Court must enforce this obligation. The TAC case re-affirms the rights of poor people and communities and will assist government in providing for their basic needs". (*Mail & Guardian 12 July 2002*) The Court found that government's policy of restricting nevirapine to 18 pilot sites across the country violated the Constitution. It held:

Government policy was an inflexible one that denied mothers and their newborn children at public hospitals and clinics outside the research and training sites the opportunity of receiving a single dose of nevirapine at the time of the birth of the child. A potentially lifesaving drug was on offer and where testing and counselling facilities were available it could have been administered within the available resources of the state without any known harm to mother or child. In the circumstances we agree with the finding of the High Court that the policy of government in so far as it confines the use of nevirapine to hospitals and clinics which are research and training sites constitutes a breach of the state's obligations under section 27(2) read with section 27(1)(a) of the Constitution. (Para 80 – CC judgment unreported).



In reaching this conclusion, the Constitutional Court went further than the High Court because it relied on the right of every child to basic health care services and interrogated the relationship between the state, families and parents in the provision of such

services (section 28). TAC, Dr. Saloojee, the Children's Rights Centre and the amici curiae: The Cotlands Baby Sanctuary, the Community Law Centre and Idasa also relied on these rights. Before the TAC Case, the Constitutional Court dealt with socio-economic rights on two other occasions. The Soobramooney case failed because the applicant did not show that the state violated his constitutional rights by not providing renal dialysis on demand. In the Grootboom case, people evicted by the Cape Metropolitan Council, the Court found

that the State failed to make adequate housing provision for the most vulnerable sections of the community who were homeless and without land. Grootboom also directly involved the right of children to shelter.

The Constitutional Court found that parents were responsible for care and housing of children 'in the circumstances of th[at] case' and that the state had to facilitate reasonable policies and programmes for parents and families to fulfil their obligation. It also pointed out that the state had additional obligations if parents or families could not provide shelter to children. Many academics and advocates of children's rights did not understand that the Court had limited their decision to the facts of the Grootboom case and broadened the category of vulnerable to all homeless people in crisis. They understood the Constitutional Court to say that the state did not incur any obligations towards children's needs for shelter and other social services.

The government tried to argue its case on that misconception. Government lawyers suggested that



pregnant women using public health facilities could find nevirapine for their children because the children were in their care.

Counsel for the government, relying on these passages in the Grootboom judgment, submitted that section 28(1)(c) imposes an obligation on the parents of the newborn child, and not the state, to provide the child with the required basic health care services. (Para 76)

While the primary obligation to provide basic health care services no doubt rests on those parents who can afford to pay for such services, it was made clear in Grootboom that,

"This does not mean . . . that the State incurs no obligation in relation to children who are being cared for by their parents or families." (Para 77)

The Court rejected the argument of the state and held that children's needs in this case were the most urgent and most in peril.

The provision of a single dose of nevirapine to mother and child for the purpose of protecting the child against the transmission of HIV is, as far as the children are concerned, essential. Their needs are 'most urgent' and their inability to have access to nevirapine profoundly affects their ability to enjoy all rights to which they are entitled. Their rights are 'most in peril' as a result of the policy that has been adopted and are most affected by a rigid and inflexible policy that excludes them from having access to nevirapine. (Para 78)

The judgment is a significant precedent for children's rights. In particular, the needs of poor children and children at risk must be taken into account by all policy-making and law-making bodies. The judgment dispels the confusion of some lawyers and academics following the Grootboom case. The Court clearly regards the health care needs of poor children and their families as an obligation and duty of the state.

The state is obliged to ensure that children are accorded the protection contemplated by section 28 that arises when the implementation of the right to parental or family care is lacking. Here we are concerned with children born in public hospitals and clinics to mothers who are for the most part indigent and unable to gain access to private medical treatment which is beyond their means. They and their children are in the main dependent upon the state to make health care services available to them. (Para 79)

The judgment requires the government to plan and implement a nationally co-ordinated MTCT prevention programmes and without delay to remove all restrictions to the prescription and supply of

nevirapine in the public sector. Not only does the judgment affirm the rights of poor people and children, it also affirms the professional and ethical conduct of doctors in the public sector.

Conclusion

The Constitutional Court restated its position that in meeting its obligations to progressively realise socio-economic rights, all government laws, policies and programmes must be reasonable. Reasonability includes respecting the dignity and rights of the most vulnerable, co-ordination, adequate resources within available budgets, reasonable conception and implementation of programmes. In this case, the Court added the right of nurses, doctors and patients to be appropriately informed of the policies and programmes of the government for them to meet the constitutional requirement of reasonability. Now, every advocate for the rights of children and youth can use the TAC case to measure whether government policies and programmes, at every level (local, provincial or national) meet the constitutional requirements of reasonability. For all of us, the judgment should put to rest the shame and pain of the past few years. It should also encourage us to ensure that every person with HIV/AIDS has access to treatment to ensure that families and parents can take care of their children. □

Zackie Achmat lives with HIV/AIDS. Born in 1962, he joined the anti-apartheid movement in South Africa during the 1976 uprisings. He was detained and imprisoned on more than five occasions as a youth activist. Zackie was a community activist who assisted with the organisation of youth, labour, health and community organisations between 1977 and 1990. He also campaigned for lesbian, gay, bisexual and transgender equality and was a founder member of the National Coalition for Gay and Lesbian Equality – the coalition campaigned for the equality clause in the Constitution, the decriminalisation of same-sex practices and the equal right of lesbian and gay relationships. He is still an active member of the African National Congress. Zackie was also director of the AIDS Law Project between 1994-1997. In December 1998, together with 10 other activists, he launched the Treatment Action Campaign (TAC). Since then, TAC has become one of the leading HIV/AIDS activist voices in South Africa – it took a clear stand against drug company profiteering. At the risk of arrest, Zackie volunteered for TAC's Defiance Campaign against patent abuse by Pfizer to bring life-saving treatment for opportunistic infections into South Africa. TAC also opposed the HIV denialist positions in government and campaigned for access to AZT/Nevirapine for pregnant women with HIV/AIDS, this included organising litigation against the Minister of Health. Zackie Achmat has researched, written and directed numerous TV documentaries. He holds a BA Hons (cum laude) from the University of Western Cape and at the moment, he is studying to complete an M.Phil in Law at the University of Cape Town. Zackie Achmat was also awarded the first Desmond Tutu Fellowship in October 2001.

You have a Voice – You have Power

Last month we published a question by a third year CYC student who struggles with ethical dilemmas at work. This student feels unsupported by management. She stayed in touch and responded to Brian Gannon's reply given in the June edition. This month she gives more detail about what is happening in their organisation and continues to express her feelings of powerlessness.

Thank you Brian. Your article helped me to look at the broader issues but I am still faced with the daily management (or rather lack of management and care) exercised here. Children are hit by child care workers; staff do not do anything when children are bullied; staff are frequently absent from work. It is thus no surprise to me that our children are running away. Nobody is being held accountable and the absconding is not 'understood' by staff other than children are being 'naughty' (I found Thom Garfat's recent article on 'All behaviour has purpose', quite good). I feel powerless, and yet realise that there are probably other situations such as this across the country. I cannot walk away or close my eyes to this bad practice. What can I do?

Merle Allsopp replies

The first thing that you can do is stop and recognise your position in relation to what is happening in your work setting. Your question tells me that you are working in a situation where unethical practice appears to be the norm. Yet you do not indicate

that you are yourself practising in an unethical manner. The fact that you are able to 'see' what is not in children's best interests is an indication that you yourself have some understanding of what is required of us as child and youth care workers. You show in your question the capacity to understand that behaviour is linked to a need – in your case it sounds like children are running away from the very staff whose job it is to care for them.

The situation you describe is unfortunately not uncommon in our country – despite our focus on transformation of the child and youth care system. However, precisely because it is not uncommon it is very concerning indeed. Your letter describes actions that are completely at odds with legislation and international instruments (such as the Convention on the Rights of the Child). I certainly sympathise with you – it must be very difficult to be trying to do effective, principled child and youth care work in a setting like this. My heart goes out though to the young people who are in our pro-

tection system in settings like the one you describe. Imagine how disappointing it is to be in need or in a crisis and yet end up being 'cared for' in this manner. Imagine how betrayed and angry such youngsters must feel when we who are paid to intervene in their lives do so so destructively.

But judging from the tone of your letter, you can imagine how these young people feel – and that is what I would like to begin to commend you for. Well done to you for continuing to notice and care about how children experience your facility. Well done for struggling with the ethical dilemma that simply working in your situation throws up for you on a daily basis. Well done for caring enough about children to struggle with all the difficulties that this situation raises for you. Well done for reaching out and bringing this dilemma to the pages of a national journal so others in your situation may read your queries and feel that there are others who struggle with the same problem. I do not at all wish to overlook your feelings of

Readers' Questions

powerlessness, but do draw courage from the fact that you yourself have not fallen into the negative system that you describe — the fact that you feel the difficulty and discomfort shows that you are alive as a person to what is around you.

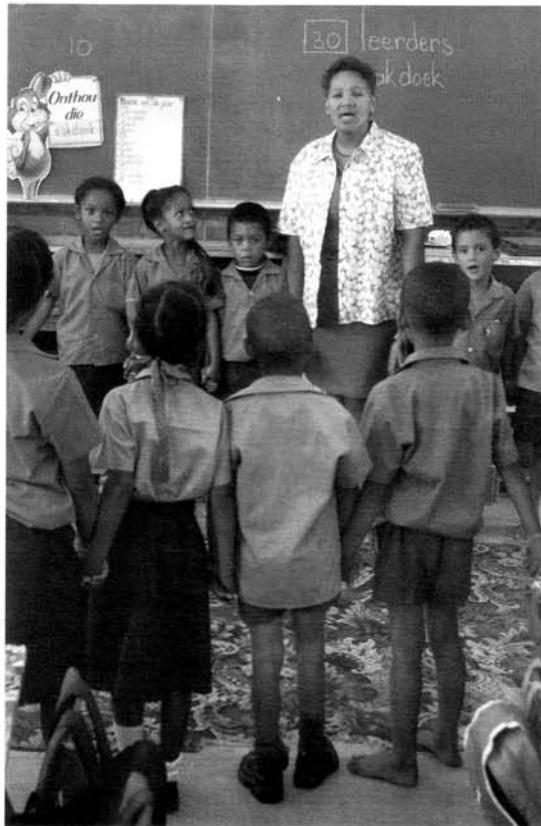
Again I certainly sympathise with you but often I feel that the saddest people are those who are blunted, cut off and have given up and simply become one of the perpetrators of injury to children. I have seen many people across the country who do indeed have the power to make a difference — but do not because they are caught up in this negative system. So whilst you are in a difficult situation, you are not the situation. You have managed to maintain your integrity and concern against the odds. Well done.

And now to get around to what you can in fact do...

It is my opinion that we are often more powerful than we think we are! We continue to have power over ourselves and our behaviour. Wherever I have been I see children whose faces soften when they describe particular child and youth care workers. In child-unfriendly environments I believe it is the one or two people who work ethically who provide a lifeline for children. Just working in the way that you know you ought to; just continuing to make your every interaction with every child as developmentally helpful as possible, is being powerful, not powerless. Not giving up and not giving in means you are being powerful. Think about how often you demonstrate that adults can be different, can be fair, can be caring, can do the right thing. Can you imagine how often you keep alive for children a spark of hope — and we know how dark their lives can become without that tiny little light...

And no you cannot and should not close your eyes to this bad practice of others. There are a number of things which you can do to influence those around you. Firstly, as I have already said, you are modelling a different kind of practice to your colleagues — demonstrating that there is a different and better way to do things. Secondly, you can

make sure that your voice is heard in all discussions and that that voice speaks strongly and firmly on good practice. You have control over your voice — try to ensure that it encourages others towards growth and development, and speaks out on what is simply unacceptable without attacking and unnecessarily invoking the defenses of others.



Benni Gool

Thirdly, you can use that voice to bring to the attention of your superiors the fact that the law requires us to put into effect a set of Minimum Standards. Use your influence to try to ensure that you move towards the implementation of these Minimum Standards.

Fourthly, you can also draw attention to the Reportable Incidents standard that requires us as service providers to report certain incidents, regardless of who does them. Trying to work towards a culture of accountability in this manner can be done over time.

None of the above will change your situation tomorrow. All will have to be undertaken over a period of time and trying to change a situation from within requires great courage and strength.

I would advise you to seek out the company of other child and youth care workers who feel as strongly as you do about doing the right thing for children. Ensure that you find another colleague at work who can affirm the stand that you are taking and draw support from them. Make sure that you keep your own determination and energy by exposing yourself to training opportunities where there will be others who reflect your position. Attend other professional development opportunities where you will experience a sense of connectedness into a bigger system that reflects your values around children. Create for yourself these opportunities to be fed and experience a sense of belonging — for you surely belong in the world of professional Child and Youth Care Work. □

A report on the Conference on Co-ordinated Action for Children affected by HIV/AIDS held on 2 - 5 June 2002

Dr Maria Mabetoa

The objectives of the conference

- To come to a common understanding regarding the interpretation of legislation and policy issues and make recommendations for co-ordination between different sectors to ensure the implementation of policy on: identification of children in need, accessing social grants (including birth certificates), and alternative care (foster care, kinship care, adoption, cluster care, community care and institutional care).
- To make recommendations for the co-ordination between all sectors of South African society to ensure that the rights of children affected by HIV/AIDS (including child headed households) are provided for.
- To make recommendations for mechanisms of co-ordination at local, district, provincial and national levels.

Recommendations on the above will be used to improve the implementation of the National Integrated Plan for children and youth infected and affected by HIV/AIDS and will also be presented to the Directors-General and Cabinet Social Cluster for ratification.

Partners

The conference was a result of partnership between the National Department of Social Development, Nelson Mandela Children's Fund (NMCF), UNICEF, Save the Children UK, the Department of Health and other members of the National AIDS and Children's Task Team (NACTT).

Participants

The conference was attended by approximately 280 delegates who included government departments, NGO's, CBO's, Faith Based Organisations, traditional leaders, one traditional healer and a member of the portfolio committee on Social Development.

Main Issues Raised

The conference was divided into three major commissions which covered three central themes namely, social security, identification of children and models of care. Thirty eight presentations were made. Both the presentations and commissions elicited discussions which eventually led to a focus on the following issues:

- Children's rights are not negotiable. We are all responsible to ensure that children's rights for protection, survival, development and participation are protected. But presently the rights of children in child-headed households, orphaned and other vulnerable children are not adequately addressed. The child rights based approach should underpin all programmes targeting children.
- All children should be treated alike, the focus should not be on children who are affected by HIV/AIDS only.
- Stigma and discrimination compound the impact of HIV/AIDS on children.
- Poorly resourced community based care programmes provide services with little or no resources.
- Management structures addressing the needs of children should be established in under-resourced communities.
- A need to establish stronger co-operations among both governmental and non-governmental organisations in rural areas. Fragmented and duplicated services are not the answer.
- Examine the possibility of NGO's and FBO's helping to expand the network to help children to access grants.
- Inefficiencies in the way programme and projects already in place respond to specific needs of children need to be addressed.



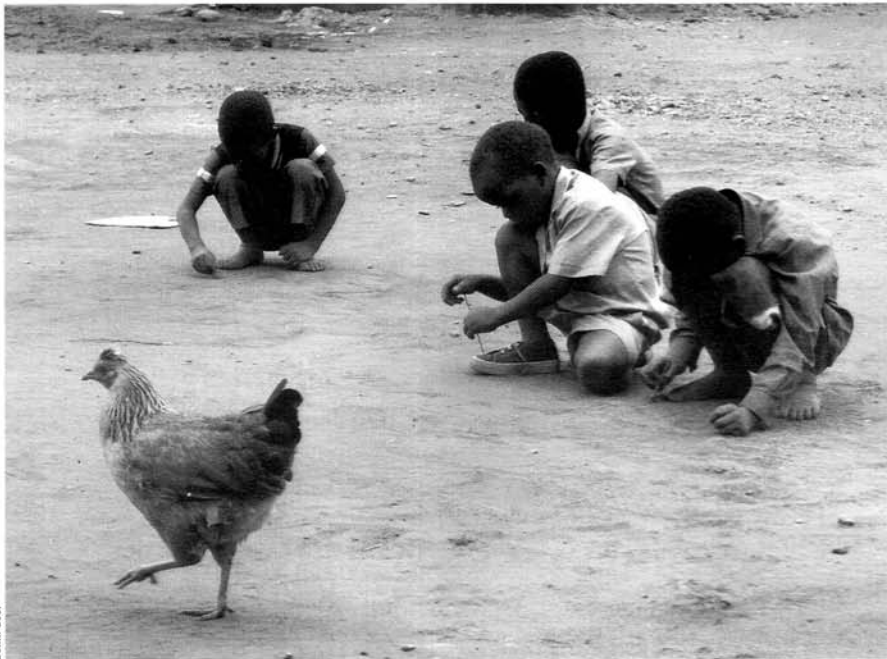
- There is a lack of well planned capacity building programmes for community based organisations.
- Information about government policies and services is often inaccessible.
- Inadequate recognition of the work done by volunteers.
- The need for monitoring and evaluation of the existing and future programmes.
- The need to establish close collaboration at all levels with government departments such as Home Affairs, Education, Justice, and Agriculture.

be developed and allocated equitably.

The plan of action of the co-ordinating structures should be based on the realisation of the rights of the children and must include the following:

- Identifying orphaned and vulnerable children, duty bearers, and creating a data base with a purpose of delivering services which include addressing the needs of children for food and shelter, health and education.
- Creating awareness about services available at community level to orphaned and vulnerable children.

- A national and provincial process of identifying and capacitating NGO's, CBO's and FBO's that are involved in offering services to orphans and vulnerable children.
- Fast tracking the process for accessing social security grants by applying mechanisms proposed at the conference which entail the utilisation of NGO's, CBO's and FBO's to assist government in disbursing social grants.
- Implement the child rights approach which entails facilitating a process where communities assess and analyse their problems and come up with actions to be implemented.
- Fast tracking the process for establishing home community



Summary of Recommendations

The Department of Social Development should initiate a process, in collaboration with other partners such as relevant government departments, provincial departments, the National and Provincial Plan of Action for steering committees and local government to ensure effective co-ordination of action for vulnerable children at community/ward, municipal, district, provincial and national levels. Structures similar to NACTT should be established at provincial level. The co-ordination mechanisms should bring together all actors for services to children such as local government, all line function government departments, NGO's, CBO's, FBO's traditional leaders, business, labour, and donors. (Different models were proposed for district and community level co-ordinating structures.)

The department must ensure that there are linkages between the different levels of co-ordination mechanisms which allow for information to flow between all levels and for resources and services to

based care in communities that have insufficient or no services.

- Standardising and simplifying mechanisms to access funding in all programmes.
- Annual gathering to review progress of implementation of recommendations from the conference to be held in June 2003 during the Child Protection Week.

Immediate follow-up to the Conference

- The National AIDS and Children Task Team (NACTT) to refine the recommendations made at the conference by the end of June.
- NACTT to develop a strategic framework for the national programme of action within three months.
- Provincial and district level consultations on the establishment of co-ordinating structures to take place within six months. □

A Call for Co-ordinated Action for Children Affected by HIV/AIDS

Mandy Goble of KwaZulu-Natal gives her impressions of this conference

"South Africa has a wealth of policies designed to 'put children first' but the reality is that for most children in South Africa, their rights to housing, food, education, family care and protection are violated. HIV/AIDS renders children vulnerable while at the same time reducing the capacity of services to respond to the needs of children. The only way in which we can hope to address the needs of vulnerable children is through co-ordinated action". (Sonja Giese, 02.06.2002)

This excerpt from a paper delivered at the conference provides an idea of the context in which the conference addressed the conference objectives. Guest speakers from Uganda, Zambia and Zimbabwe shared their country's plan of action in addressing the effects of the virus. Uganda's infection rate has dropped from 30% to 6.3%, as a result of co-ordinated action, political will, increased awareness, openness, abstinence and condom use. The statistics shared are frightening:

- Only 49% of children in South Africa have birth certificates
- In 2001 over 105 000 children were born infected with HIV. 60% of them are likely to die before reaching age five.
- A quarter of all children in state hospitals are HIV positive. In KwaZulu-Natal the figure is closer to 50%.
- The estimated number of maternal orphans due to HIV/AIDS in South Africa range from 300 000 to 420 000. By 2005, there are expected to be around 1 million orphans rising to 2.5 million in 2010.
- By 2025 6 million people in South Africa would have died as a result of HIV/AIDS.

Seeing these figures projected in all types of graphs and hearing how they are and will be affecting civic life, is a sobering experience. When you hear the stories of real people, children who struggle daily to survive in a hostile world, where stigma, denial of access to basic rights and exploitation is a reality – you realise that it is one's moral responsibility to take action. Every citizen in South Africa needs to take action. If we are going to control the affects of this virus

we have to stop thinking that this job belongs to someone else.

I recall how 16 years ago being told about HIV/AIDS. At this time HIV/AIDS was something that was written about in books, there was no sign of it being a reality. Eight years ago we had our first experience of the affects of HIV/AIDS. The virus orphaned one of the children attending the play centre managed by our organisation. And now eight years later we work daily with the reality of death and dying and its effect on young people, their families and communities.

On the second day of the conference a number of organisations presented their unique model of addressing orphans in childheaded households. It was concerning to note that the majority of these models are practiced by people who do not have child and youth care training. Home based care featured strongly in all the models, and it would appear that such programmes initially set up to address the needs of ill adults, have had to respond to the orphan crisis.

The government departments stated that they do not have the capacity to address this issue on their own. Their request is for involvement and support from civil society. It became clear that the task faced by the National Department of Social Development is not an easy one. Decisions taken at this level need to be taken up with the same spirit of commitment and urgency by the provincial departments, and then by local authorities before the child in the community experiences the relief provided by policy. How effectively this will happen, will depend on the depth of personal and professional commitment of role players.

Facilities providing services to young people and their families need to assess how effectively they have addressed the transformation policy with regards to moving services into communities. Never before has it seemed more important, that we broaden our vision and share our expertise and resources, than now. There are approximately 400 000 orphans in South Africa today, in two and a half years time there will be 1 million. What is your organisation doing to address this situation?

“They are children first of all and their emotional needs are the main issue not their HIV+ status”

Annette Cockburn talks to Jane Payne, Social Worker at Nazareth House, Cape Town.

How did you come to be here? What road did you travel?

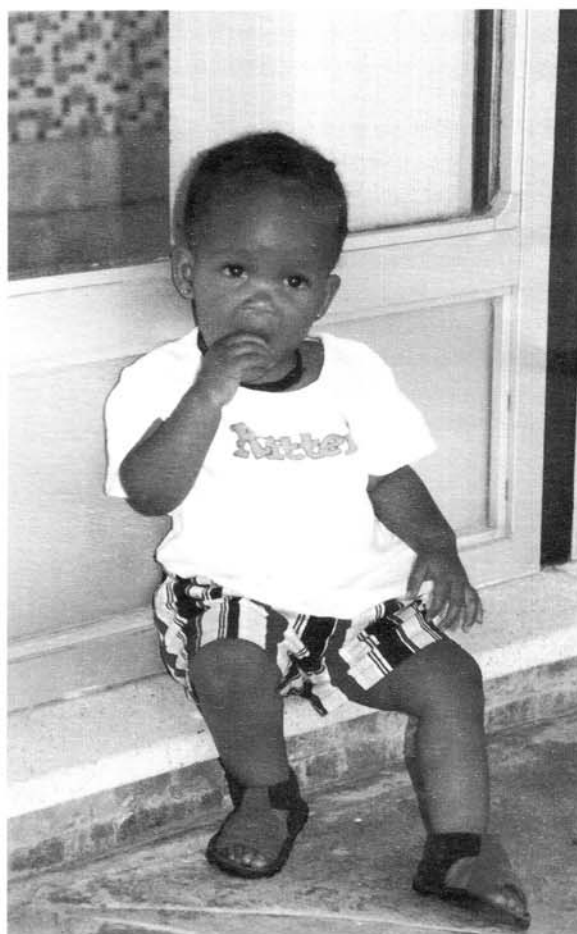
“I worked for Child Welfare Society for a number of years and at Teen Centre. I had a fair amount of contact with Nazareth House and when Sr Margaret left, I took on the job. It felt right then and still does. Nazareth House is not only about caring for children with HIV. We also accommodate emergency placements, disabled children and our care for the elderly is very well established.”

What are the main challenges you face?

“Knowing that there is such a huge need out there and feeling alright about meeting only a tiny bit of that need. Another challenge facing us is moving our services out into the community. The objectives of our Khayelitsha programme for instance are: “to work with the community to provide a Day Care Centre for HIV+ and chronically sick babies and children aged from birth to 6 years old. We will also provide support both practically and emotionally for the mothers/carers of these children. There is still a lot of prejudice and stigma attached to HIV/AIDS in communities and we hope through our work to create more tolerance and compassion.” (Jane Payne in Nazareth House Annual Report 2001).

You must be asked this question all the time – how do you cope with knowing that the children in your care will die? Thirteen of them last year alone?

“Our philosophy is everything must go on – you cannot be swept away by tragedy, tears, and hysteria. It does not help to lose control. The other children need staff to be strong and calm or else they would feel very unsafe. Of course we do talk about our feelings but we don’t have formal debriefing sessions. When you hear the news about the death of a child, of course you feel sad indeed but there is always another nappy to change, another



bottle to give. You can’t afford the luxury of collapsing – somehow people cope.”

And the rewards?

“I love children – I’m excited about the direction in which the work is going – from institutional care to community care. The Sisters have responded enthusiastically to these changes. I feel really happy that we have children now who are ten years old. Doctors

Interview

are really surprised. Some of these children were not expected to live beyond a year or two. This is in part due to good food and very quick medical care. In most cases the HIV illness is managed. What we spend more time dealing with, are the emotional issues. The child's sense of abandonment, the fact that there are no parents, the loss and pain associated with other children dying. These are the main issues. It is sad but you have to do the best that you can to make their lives full and rich while they are here." In last year's Annual Report Jane writes: "We have certainly had an exciting and challenging year in the children's section. Over the past year we admitted 29 children; 16 of these were HIV+ whilst the balance were emergency placements who we were able to place in foster care or return to their parents. Sadly, 13 children died during the year. We console ourselves that we eased their pain and suffering as much as possible and provided them with many happy moments. The year has been full of fun and laughter with visits from "Shadow", a cheetah from the Spier Wine Estate, Jo-Jo the clown, the Easter Bunny and Father Christmas".

One senses in Jane Payne the spirit of hope and renewal as well as deep compassion. She says: "I like to feel positive" I like to think I can go on caring in this way without getting burnt out — but you have to be careful about not becoming blunted by sickness and death, to lose the ability to feel sad and upset. If I sat at a child's funeral and did not feel tearful I would feel there was something wrong. I think you have to have Faith too, a belief system that somehow filters through the work you do." □

VOICE OF A MOTHER

My child has been a ward of the state for the past year and it pains and frustrates me that my power is constantly taken away from me. I initially reported myself because I knew that I needed help. I was told that my child could come home for the July school holiday. When I telephoned her on 30 June I heard from staff that she and others have been grounded for the past two weeks and also for the school holidays. I was told that I could not speak to her or visit her because she had failed to keep her wardrobe tidy after repeated warnings. The social worker at the home did not inform me of the grounding after having told me that my child could come home for the holiday.

I feel totally insecure, powerless and frustrated about the well-being of my child and the other children in this children's home. Rights are taken away and conveniently converted to 'privileges'. My daughter phoned me for the first time on 7 July after being grounded. This phone call 'privilege' was given after I spoke to the social worker at the Home and to the external social worker. My child told me that their other 'privileges' (visit by mom) would only be given back after the grounding. I told her that she had the right to have contact with me. By 21 July I had still not seen her.

I have lost faith in this system and cannot afford to let my child get lost in this dysfunctional system. The same system which expects cooperation is the same system which does not even respect my rights and the rights of my child. I feel violated and although these children cannot clearly express their feelings, I am sure that they feel the same.

My four year old daughter who is with me longs for her sister. To her it is a double loss having her sister separated from her after the loss of her father.

Irrespective of my shortcomings and the reason why my child is in the 'care' of the state, it does not justify the disrespectful treatment from the state and the children's home. This treatment is a violation of our rights and of the law. Having been in a children's home for 12 years myself, this form of punishment was not even exercised back then. While I am trying to get my life back together, my child and others are now victims of institutional abuse.

This letter was received for publication.

Packaging our Product

This article written in 1978 by Linn Peterson, who at the time was an instructor at a Child Care Treatment and Assessment Program in Portland, Oregon, is still relevant to our process towards Professional Registration for Child and Youth Care Workers. During the late 1970's the American Association for Child Care Workers began the professionalism discussion. As we prepare to elect members for the Professional Board of Child and Youth Care Workers, Linn's article highlights the subtleties that hinder acquiring professional status.

We hear the words professionalism, professionalizing and profession a lot. These words have been a real turn-off to me because it seemed like being professional meant that I would have to be like a lot of the other 'professionals' I have met; who I did not want to be like.

As I have been thinking about this phenomena as it relates to the field of child care, the concept of Truth in Packaging keeps coming back to me. That the law's intent is to get a manufacturer to package his product in such a way that you can tell what is in it, what the quality of that product is and to be accountable for the quality of that product. That is similar to our task in developing a profession of child care. I want to share some ideas about professionalization from the standpoint of packaging our product.

The first step is having something to package. At various stages in the growth of the field of child care I think there has been a question of whether or not child care workers had anything to package. I do not think

that is uncommon in this field. I know of very few child care workers who made their debut in child care thinking they had very much to offer children, or that their position working with kids was all that important. Most child care workers did not know or even care when they entered the field that it had any future or comprehensive set of skills. It has been exciting in the past five years to see child care workers throughout the nation becoming convinced of the value of what



they have to offer. In this process, we have come to recognize that we do have a valuable product to package.

When that is known, the next step can be examined; that is, wanting and choosing to package it. At this juncture, there are some important child care worker issues and assumptions about packaging that may impede the process. I would like to address those briefly.

The first impediment is what I call competence anxiety. This is the generalized fear of not being adequate, particularly in terms of skills and abilities. Of course, everyone at some time or another gets worried about being competent. But the thought of packaging for child care workers often can bring out this fear via reactions like, "It is hard enough for me to do my job intuitively, coming from what feels right at the moment. Then you come along, ask me what I did, what my rationale was, or ask that I label my 'techniques' and it sends me through the roof. I get scared because I feel like I know but can't verbalize it to you. Besides, I've got enough to do without thinking about why I'm doing it. On the

other hand, I'm not really sure I do know what I'm doing and packaging just might point that out all the more to me. So just don't ask me questions about my child caring, or demand I tell you what, how or why I'm doing what I'm doing, and I'll feel fine, and competent and not anxious."

Another issue for child care workers which makes them shy away from packaging is the fear of losing a sense of uniqueness. The feelings and thoughts go something like, "I want what I do to be kind of magical, so I'll keep it hidden. I need to hang on to that magic, that sense of specialness. I know that I, as an individual, have something special, unique to offer the children in my care. If I give what I do a label, pick out words to describe it, (package it, in other words) I feel like I've lost something. Everybody will have what I have if I share it, and then I will have lost something about me that is unique."

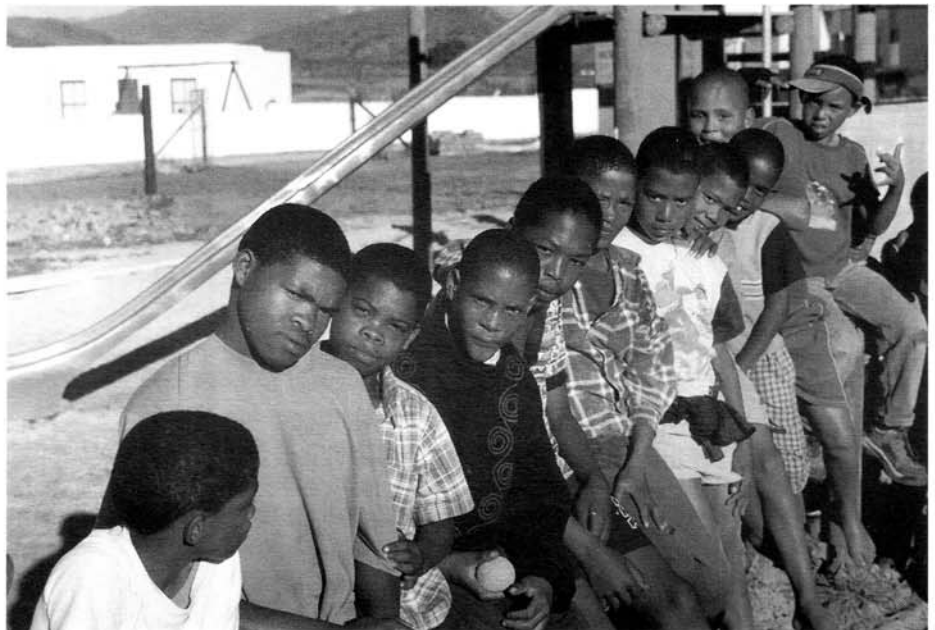
Of course, this is an illusion and not true. What happens when you share your special approaches, is that you still have them, you may receive acknowledgement and/ or recognition for them as a new contribution and you open the option for other child care workers to draw on them in their own unique fashion. In the process, you will have contributed something quite valuable toward providing quality care for children, and to the collective body of knowledge and skills for the profession.

There is another thing about this sense of magic you work so hard to preserve that is threatened by packaging. The reaction is, "If I can go along doing what feels right, what feels natural, that it can feel easy enough. But if I have to stop and think about it, question it, and evaluate it, (essentially I 'understand' it) the magic is gone and it also is hard." Understanding does not destroy the magic of intuitively-based child caring, unless you go overboard and buy the other extreme; which is that the only valid or useful things you do with children are the things you understand thoroughly. In that process, you lose the vital tool of disciplined intuition.

Understanding can validate what you are already doing and can give you a means for repeating that

stroke of genius. Thus the job becomes easier by understanding.

Another issue that may come up with child care workers about packaging has to do with vulnerability. A child care worker says, "If I label and explain what I do, then I run the tremendous risk that somebody will disagree, or criticize, or accuse me. I might be wrong. I may make a mistake and have to defend myself. I might let show just how human I am." My comment on this issue is that the business of child care is about being a student of the children, our colleagues and ourselves. Accept the risks, knowing there are no guarantees. If you do not, the cost is that of expelling yourself from the school of learning about child care practice.



A sense of competitiveness can also be an impediment in bringing together skills and techniques. It can go one of these two ways. First, there are the latest techniques and child care workers who boast about their high-faluting name for it, an attempt to look better than the next worker. The other extreme is the withholding child care workers who have three dynamite techniques, but think that if they share them, it will enable the others workers to be just as smart as they are, and in that process they will have given away the only things that make them look good or better than the next worker.

Another particularly important issue for child care workers is commitment anxiety; that is, the fear or avoidance of committing to something larger than yourself. You just want to make it through the night, do your shift and get out. You resist seeing your contribution as a part of a larger system or methodology

Professionalisation

that can strongly influence how children are treated on both a small and large scale. You don't want to take this child care business seriously. The reality is that you are a part of a larger field. Own that which you are already doing, and take responsibility for deciding to be in the child care field.

The last issue about packaging has to do with being afraid of being lost in the crowd, becoming one cog on the wheel, a part of a machine. That will never happen as long as the recipients of our products are children. They will continue to keep us on our toes. They will keep us honest and human. And we ourselves as a group will be constantly reminded from our children to learn from each other what the kids are teaching us daily.

The next step in professionalization is looking at what you are going to put in that package. You will need to know a lot about the ingredients — the kinds you want, amounts you want, what will happen when you mix them together, for example.

I think that right now in the movement toward professionalizing the field of child care, we are somewhere in this stage of packaging. We know that through the development of a transmittable body of knowledge, identifiable skills and ethical standards, we will have our product which will be "the Profession of Child Care."

And this is my challenge to you — to begin developing more fully the small pieces that we must have. Begin watching more what you do, make lists of your techniques, understand what works in a particular situation, what does not and why. Create the spare moments to reflect on what you just did and ask yourself why. Come up with answers, often. Experiment with writing down your ideas, your secrets, your discoveries and then sharing them. Get into the excitement of teaching yourself and learning from your colleagues and your children. Create opportunities to discuss your ideas, theories and methodologies. Find ways to do mini-workshops with your co-workers and other child care workers.

Become familiar with the growing amount of literature in your field. Participate in your Associations. We are building a profession of child care and the cornerstone of this effort is knowing what we are doing and making it sharable. Get involved. Participate. Realize you have your own special piece of the action to contribute. It takes a lot of pioneer packaging their own styles and approaches to make the kind of product we will all be proud to be a part of. And we can do it.

Professional Consultant

GAUTENG REGION

The NACCW wishes to appoint an appropriately qualified, experienced and dedicated child and youth care worker to the above contractual position for a period of a year. The contract is potentially renewable.

The incumbent will be accountable to the Director and will work within the Professional Services team to carry out the aims of the Association. As such they will be drawn upon to carry out a wide range of tasks including training, providing consultancy, developing training material and tasks associated with advocacy and the development of the child and youth care profession. They will be required to support the development of the Gauteng region and those regions and sub-regions surrounding the area.

The ideal candidate should:

- have a sound knowledge of the challenges facing the field of services to children and youth at risk
- be a registered Child and Youth Care Worker
- have a relevant qualification in Child and Youth Development or presently undertaking the B-Tech: Child and Youth Development.
- be an experienced NACCW trainer
- be computer literate
- have their own transport and drivers licence
- possess proven demonstrated leadership skills
- be able to work independently

The remuneration package is negotiable and will be commensurate with experience.

Applications are invited from suitable candidates and should include a letter of application and a CV. Applications should be faxed to 021-762-5352 or e-mailed to naccwct@iafrica.com for the attention of The Director.

Enquiries: Merle Allsopp
Closing Date: 30 August 2002

NACCW

Donald Nghonyama reports on the establishment of the

National Life Centre Forum (NLCF)



History

In Trinidad there is a system of Life Centres which has grown from work initiated through the SERVOL-Not For Profit Organisation. The first Life Centre was established more than 30 years ago and since then the concept has taken root throughout the region. The National Department of Welfare and the IMC got interested in piloting the concept within the South African context. Sister Claire Sangweni from King Williams Town Children's home went to SERVOL for a three month period to be

trained. The training was centred around the implementation and practice of the models. On her return to South Africa the process of implementation of the model within the pilot site of King Williams Town was initiated. Lesley du Toit and Zeni Thumbadoo worked very hard on the Africanising of the model for use in South Africa. A mother of five Life Centres around the country was born and named Phand'ulwazi. These Life Centres are Tumelong-Bokamoso Winterveldt in the North West Province, Youth Development

Outreach (YDO) Eersterus in Pretoria (Gauteng), Lehelo la Keco in Kimberley (Northern Cape) and Siyakhula in Durban (KwaZulu Natal)

The Life Centres concept has proved to be the useful program in addressing the challenges of young people — those who have dropped out from school, had contact with the law, coming from dysfunctional families, are experimenting or taking drugs, in fact all kinds of a risk. The Life Centres can be centred around the needs of the community and it has been proven to work. The youth in the country are faced by many challenges in life. Unfortunately not much has been done in promoting this model.

The five Life Centres in the country have always been very close even though they retain their uniqueness. It was felt it was time to have a National Life Centre Forum (NLCF) which will work as a support structure, where common challenges can be addressed and ideas shared. Amongst other ideas the forum will focus on:

- Replication of Life Centres
- Co-ordination of good quality services rendered



Members of the National Life Centre Forum at the first meeting in King Williamstown



P'handulwazi Youth on the Cata trail – a Breidbad Community Course Pilot

- Training and support
- Exchange programmes
- Contribute to a unique DQA for Life Centres
- Ensure that we are on the cutting edge of the CYC field through the use of good advice and expertise
- Formalisation of the status of the Life Centres Forum.
- Lack of commitment by some Provinces to support Life Centres financially even though they are showing pride in having Life Centres in their provinces by bringing visitors, requesting statistics, etc.
- Better positioning of Life Centres while the Child Justice Bill is going through Parliament

The interesting part of the Life Centre model is how it incorporates the different concepts expressed in the Transformation of the Child and Youth Care System. These components are Family Preservation, Professional Foster Care, Family Group Conferencing, Youth Mentorship, art and culture, vocational skills, Eco Therapy (Wilderness Programme), Literacy, Play Therapy, Sports and recreation and Adolescent Development (ADP) which is the main component in all Life Centres.

Various issues affecting Life Centres were discussed in the first ever forum meeting held at P'handulwazi on the 8th -10th May 2002. Amongst other issues discussed were:

- Accreditation of certificates that are given to youth on completion of the programme.
- Developmental Quality Assurance (DQA) at Life Centres.
- Policy: Practice principles, Minimum Standards, Code of Ethics, Constitution, etc.
- Sustainability of Life Centres
- Integrated Approach and others.

The NLCF will be having its next three day meeting on the 29, 30, 31 July 2002. In this meeting we planned to invite the Provincial Department of Welfare and the National Department of Social Development representatives. □

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Watching the local scene

Pam Jackson, Director of Ons Plek

Every few years a new organisation pops out of the woodwork claiming to be the answer to the street children problem. As politicians change, new policies are drawn up at local or provincial level.

Nevertheless, street children remain a hardy perennial phenomenon on which to raise funds or win elections. Looking back, it's often the organisations that are continually in the news, who last for four years, attract a lot of money and quietly fade out of existence. A quick way to attract funds is to shout "kibbutz" as a solution. It conjures up fantasies of healthy children going back to their roots in a peaceful rural landscape far away from the temptations of bright city lights.

The prime aim of services should be to reunify children with their families and communities.

This depends on regular and frequent family contact.

So my advice is, don't buy the kibbutz dream unless it's in a rural area serving rural families.

It is often said in networking meetings that street children are the responsibility of everyone in society. From the business sector, we get three standard responses. Two of these responses are on opposite ends of the pole.

The one disowns any responsibility and demands that children and shelters are immediately removed from the city; the other insists on opening services, which duplicate existing services, presumably on the assumption that businesses will do a more spectacular job than anyone else has.



Ons Plek

For some businessmen, tired of badly behaved begging street children, the attraction is 'the far away' bit.

Forget it! Children are children, who should be in school, not contravening labour laws working on farms. Urban street children do not want muddy fields far away. They run straight back to the bright lights.

The third, which many businesses opt for, is to acknowledge that social workers have professional expertise in the complex field of homeless adults and runaway children and to assess the business plans and results of non profit organisations and donate accordingly. We would like to see businesses taking some responsibility for social problems in South Africa. But with each failed attempt to reinvent the wheel every few years, more donors are left disillusioned.

Ons Plek has proved, for many years, that there are solutions to the street child phenomenon. However, disillusioned donors affect us all. Social workers, like other professionals, must have

the freedom to operate according to professional standards and practices. Businesses may have vested interests, which clash with these standards. While we acknowledge our accountability to donors, we believe businesses should donate to NPO's rather than trying to run social programs themselves.

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Late Autumn 2002 Newsletter

End Discrimination!

Jackie Winfield continues the series on the Code of Ethics

South Africa has a long history of discrimination. Over several decades, the government established and perpetuated a system which provided for some and withheld from others. There were different rules for different groups. Services for young people and families were delivered along racial lines. However, even during the apartheid era, child and youth care workers who wanted to conduct themselves as true professionals committed themselves to a code of ethics which embodied the spirit of non-discrimination in the following clause: 'I will not discriminate on grounds of race, colour, religion, age, sex or national ancestry, and, in my professional capacity, will work to prevent and eliminate such discrimination in rendering services, in work assignments and employment practices.'

Think about each of the following situations. Discuss them with your colleagues. Compare them with practices which you have observed in organisations or where you have done practical work. All of these are examples of unfair discrimination. Under what conditions is discrimination fair? Why? What can you do to improve your own practice, that of your colleagues and the service delivery of child and youth care organisations? Challenge yourself to champion non-discrimination in your field.

- The director of the organisation heard that Basil, the senior child and youth care worker was gay and had been living with a man for five years. The director wrote a letter to Basil in which he wrote, 'The young people receiving services from the organisation must be protected from this sexual deviance. As such, I am obliged to terminate your services with immediate effect.'
- Fifteen-year-old Thembi is pregnant. She has been told that she may not receive any further services from the local youth centre because she is pregnant.
- The board of the residential facility decided not to appoint the applicant for the principal's

position because she was an unmarried mother. The board members were concerned that having an unmarried mother as the principal would set an inappropriate example for the children and youth at the facility.

- Eleven-year-old Tommy is hearing-impaired. He wears a hearing aid and is learning to lip read. While he is at speech therapy classes, the rest of the group have a meeting to decide on a roster for weekly television-viewing.
- Every afternoon, the programme at the Life Centre begins with a Bible reading.
- The local primary school refuses to admit nine-year-old Nomsa because her parents cannot pay school fees.
- At the secure care centre, all the meat used is halaal. When beef is served, the Hindu children are given jam sandwiches instead.

Ethical questions are often highly complex with many facets. What is important is for each of us to be sure that our decisions are based on a principle of equality.

Since 1994, South Africa has been a democracy in which all citizens have rights. On June 16 1995, the government ratified the United Nations Convention on the Rights of the Child, thereby committing itself to these international standards.

Article 2 of the United Nations Convention on the Rights of the Child

1. State Parties shall respect and ensure the rights set forth in the present Convention to each child within their jurisdiction without discrimination of any kind, irrespective of the child's or his or her parent's or legal guardian's race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.
2. States Parties shall take all appropriate mea-

...sures to ensure that the child is protected against all forms of discrimination or punishment on the basis of the status, activities, expressed opinions, or beliefs of the child's parents, legal guardians, or family members.'

In the following year, the new Constitution, including the Bill of Rights, was introduced as the foundation of all South African legislation.

Section 9 of the Bill of Rights in the South African Constitution

1. Equality includes the full and equal enjoyment of all rights and freedoms. To promote the achievement of equality, legislative and other measures designed to protect or advance persons, or categories of persons, disadvantaged by unfair discrimination, may be taken.
2. The state may not unfairly discriminate directly or indirectly against anyone on one or more grounds, including race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth.
3. No person may unfairly discriminate directly or indirectly against anyone on one or more grounds
4. National legislation must be enacted to prevent or prohibit unfair discrimination.

Not only as child and youth care professionals, but also as South Africans, we have the responsibility to practise non-discrimination and create programmes, cultures and communities which cel-

brate the differences between people. It is essential that we recognise each person's individuality and uniqueness, and provide equal, though not necessarily the same, opportunities for the optimum development of all children, youth and families.

"Consider the flowering of a garden. Though differing in kind, colour, form, and shape, yet, as flowers are refreshed by the waters of one spring, revived by the breath of one wind, invigorated by the rays of one sun, their diversity increases their charm and adds to their beauty. How unpleasing to the eye if all the flowers and the plants, the leaves and the blossoms, the fruits, and the trees of the garden were all of the same shape and color! Diversity of hues, form, and shape enriches and adorns the garden."

— Abud'l-Baha (cited in Santrock, 1996:576)

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BOOK REVIEW – Jeanny Karth

Alternatives to Corporal Punishment – Growing Discipline and Respect in our Classrooms

Kimberley Porteus, Salim Vally and Tamar Ruth

Wits Education Policy Unit with the South African Human Rights Commission and the British Council.

This book is highly recommended for all teachers and schools as well as anyone working with young people. It helps the reader to examine various age-old beliefs about corporal punishment and suggests different responses to these. The tone of the book is very respectful and acknowledges how difficult it is to let go of beliefs, which have been handed down by our parents and communities. It offers some 'seeds for thoughts' and certainly will stimulate

the interested reader in beginning a path of self-exploration around punishment and discipline. It offers excellent strategies for changing the relationship between adult and child and for creating a learning environment, which treats everyone with respect. The emphasis throughout is on dignity and respect.

Available at book stores nationwide.

NACCW CORE LITERACY Training



The NACCW has successfully developed and piloted a two module "Core Literacy Training" in child and youth care work. The training explores core child care concepts in discussion groups or talking circles through the use of codes based on the Paulo Freire method of experiential literacy. The learners are then taught basic reading and writing skills linked to the child care themes. The training has been piloted in KwaZulu-Natal, Eastern Cape, Northern Cape Province and Limpopo Province. Some participants in the training have been people who are able to read and write who needed a very basic non-threatening training programme to help them develop the confidence to register for the BQCC. For those who are not able to read and write this was a useful step to literacy as some learners learned to read and write their names and basic words. The training is not a full literacy programme but starts a journey in literacy. Networking thereafter into literacy programmes would be the next step. In view of the feedback and evaluation from learners, employers and trainers, the NACCW has decided to offer the training in two ways:

Core Training

This training will cover the core child care concepts in a talking circle. The reading and writing component will be omitted. This training will be suitable for those learners who can read and write but need to develop the confidence to register for more advanced child care training; those workers who need a simple exposure to child and youth care, those workers who are not child care workers but work in the field and need an understanding of child care (domestic workers, gardeners, laundry staff, etc)

The Core (Literacy) Training

This training will offer the talking circle around

the child care codes as well as the reading and writing component. This training is suitable for those learners who cannot read and write English and want to start the journey of becoming literate.

Both training options consist of two modules covering the following topics:

Module 1

- Understanding who is the child at risk
- Strengths based work
- Working with families
- Cultural competence and sensitivity
- Care and Routine
- Holistic development
- Self Awareness
- Who are child and youth care workers

Module 2

- Life Space Work
- Building Relationships
- Separation and loss
- Developmental Care
- Group Care
- Behaviour Management
- Assessment
- Programming

The NACCW has funding to pilot the training in the following areas: Umtata, Rural Kwa/Zulu Natal, Gauteng and the Northern Cape. If you are interested in either options of the training contact Jeanny Karth at the NACCW head office. If there are sufficient numbers for the training it will be offered in these areas. It is possible to offer the training to particular residential facilities if numbers are sufficient. □

Closing date for applications: 30 August 2002

Northern and Western Cape

Technikon SA Graduation Ceremonies

CYC students received their TSA diplomas in Child and Youth Development at the first graduation ceremonies held in May this year.

Sr Pat Kelly who is returning home to Ireland after 15 years of Child Care work in South Africa, shares the following about her studies:

The labs were very good, well-facilitated and it was wonderful to meet other students. The courses involved a lot of hard work and giving up of free time. The material was excellent – I gained new insight. The 4th year course is much more involved and advanced. I want to encourage others – when you put your mind to something, you can achieve it.



Alfred Harris, Sr Pat Kelly and Charles Harris with Jeanny Karth

Alfred Harris celebrates his achievement:

At last our hard work is being recognised. I grew as a child and youth care worker as new ways of doing my work opened up to me. Situations which in the past seemed difficult, became challenges. While working full-time one really had to make sacrifices and be disciplined.

Mvuyo Manyungwana says:

The road was tough, I spent very little time with my family and friends because I had the vision of achieving my goal. I will use my knowledge, skills and self to influence my colleagues. My work has become more challenging.

TSA graduation ceremonies will be held in other provinces later in the year.



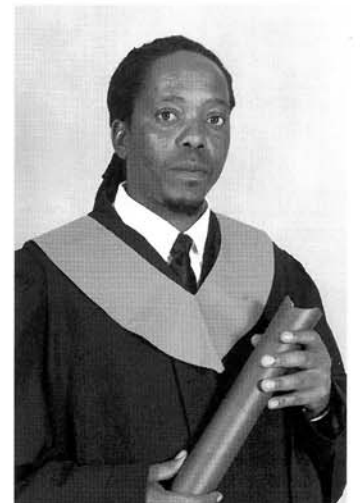
Alfred Rens

Alfred Rens of the Northern Cape expresses his achievement in Tswana:

Ke rata go leboga botlhe ba ba ileng ba nkema nokeng go fitlha ke fetsa loeto lo. Moprofesara gareng ga dibui - o ile a re bapisa le leje je le neng le sa kae sepe, mme morago ga go betliwa la bonwa jaaka 'motho' (portrait).

Ke itumelela karolo ya mokgatio (NACCW), balosika le ditsala mo go mpetleng - bogolo segolo mmopi wa ka (God).

Go setse go dira (implementation). Ke beletse go betlana le baoke tshwanetseng go ba etela pele, melao yotlhe e e amang bana le batsadi - e tla popothiwa dithole, mme e tsengwe tirong.



Mvuyo Manyungwana



Code of Ethics

Child and Youth Care Work involves professional people providing direct care to children and youth. The Child and Youth Care professional is responsible for using his/her expertise to maintain a secure, healthy environment that will help children and youth reach their full potential. Being a professional Child and Youth Care Worker requires mastery of a body of knowledge and skills gained through both education and experience. It also requires recognition of the limitation of our present knowledge and skills and of the services we are presently equipped to provide. The goal sought is the performance of a service with integrity and competence.

A Child and Youth Care professional believes in the dignity and worth of the individual. He/she is committed to increasing a youngster's understanding of himself and others; and as a professional worker, promotes the full development of a child's potential. A Child and Youth Care professional does not use his/her professional position or relationships, nor does he/she knowingly permit his/her own services to be used by others, for purposes inconsistent with these values.

Child Care professionals, because of their holistic orientation to each child, work to ensure that the total needs of each child in their care are met. A Child Care professional understands that all behaviour is meaningful and purposeful, however disruptive, unusual, or unique it may seem.

This Code of Ethics embodies certain ethical standards of behaviour for the Child and Youth Care professional in their relationships with children, colleagues, employing agencies, the community and other professionals.

In abiding by the Code of Ethics, the Child Care professional views his/her obligations in as wide a context as the situation requires, takes all principles into consideration, and chooses a course of action consistent with the Code's spirit and intent.