

child youth care

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



be improved through access to the social security grants for which they qualify but are unable to access due to constraints of the current social security system. The caregivers were also concerned for the safety of some of the children who were being abused in the homes and communities in which they lived, due to the stigma attached to HIV. Caregivers themselves receive little emotional support or debriefing. They described the opportunity to meet and share information with caregivers from other parts of the country as one of the greatest benefits of participating in the Forum: "At least we know that we are not struggling alone" was the ironic relief that reverberated from across the room. They were keen to establish support networks and a newsletter in which they could share experiences and information. Caregivers are the unrecognised beacons of hope in this devastating epidemic. The group at the NCF

represented a small part of formal caregivers. There are thousands of other caregivers such as grandparents, neighbours and friends of affected HIV children that do their utmost to support the children under very difficult circumstances. Tangible support from government and society in general is essential to enable them to continue and extend their work. Their plea to government was that it should fund non-governmental organisations that are providing care to children infected and affected by HIV/AIDS. They felt that this was the best way to ensure that the money reached the children.

If you would like more information about organisations in your area that work with children affected by HIV contact Charles Mandwenyi at Save The Children (UK) in Pretoria (Tel. 012 341 1889 email: cmandwenyi@scfuk.co.za) for a copy of The Directory of Services of Organisations working with HIV-affected children or visit the website at www.childaidservices.org

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Test your knowledge about HIV/AIDS

Question	Yes	No
1. Is HIV the same as AIDS?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you tell from looking at someone whether or not they are HIV+?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can you get HIV from using the same cup as someone who is HIV+?	<input type="checkbox"/>	<input type="checkbox"/>
4. Can you get HIV from hugging or kissing someone who is HIV+?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all HIV+ people promiscuous?	<input type="checkbox"/>	<input type="checkbox"/>
6. If you want to reduce the risk of contracting HIV through sex, you must wear a condom?	<input type="checkbox"/>	<input type="checkbox"/>
7. If you are HIV+ and pregnant, can your unborn baby get HIV from you?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can an HIV+ adult go to work?	<input type="checkbox"/>	<input type="checkbox"/>
9. Can an HIV+ child go to school?	<input type="checkbox"/>	<input type="checkbox"/>
10. If a child in my care cuts her/himself, I need to use gloves when dressing the wound, even if he/she is not HIV+?	<input type="checkbox"/>	<input type="checkbox"/>

Answers

1. No 2. No 3. No 4. No 5. No 6. Yes 7. Yes 8. Yes 9. Yes 10. Yes

The Human Face of HIV/AIDS and Children

Babies and children are dying in ever increasing numbers in communities and residential facilities across the country.

A child care worker tells us that recently, because of the lack of resources, unaffordable costs or unavailability of undertaker services, she had to wrap the little body of a baby herself and take it to the mortuary in her car.

The stories and the implications abound, but we don't touch the human realities of the death of babies and children or their parents when we read statistics, projections or debates on Neviropine.

A child care worker tells that she had to identify a small child who died suddenly of an AIDS related illness. The child had to have a post-mortem. She went

with the parents to the morgue. When the drawer was pulled out the trauma for the parents was made even more horrific. The little body had not been cleaned up after the post mortem. The child in dying looked peaceful, in death looked mutilated.

How ready are we for death and grieving; for work with grieving and dying parents; for preserving families and offering systems of support to communities? What do we really know about the legal implications of pauper burial and customary funeral rites; of working with fellow child and youth care workers who are HIV+ or have AIDS?

In KwaZulu-Natal, for example, we are told that within 24 hours people are buried in their back-yards or at a spot near to their shacks. The sites for graves are chosen according to cultural

norms but this has health implications as water seepage puts pools and streams at risk of contamination.

If you have access to relevant information on issues of policy and procedures connected with children and staff affected or infected by HIV and AIDS, we would like you to let us know. We would like to hear about practice issues with particular reference to the ethical, legal, economic and cultural implications of working with this target group.

This journal would like to be a medium for the exchange of knowledge and expertise already present in the field. We would like to share with the child care world — the human face of HIV/AIDS and children.

Barrie Lodge

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DATES TO REMEMBER

April	
27	S. A. Freedom Day
27	Holocaust Memorial Day (Yom ha - Shoah)
28	World Children's Day
May	
1	Worker's Day
5 – 11	Hospice Week
15	International Day of Families

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 Healthy Relationships Program: Preventing Sexual Assault of Youth

Victoria D. Lutzer and Norma Day-Vines

This article describes an innovative model for supporting high-risk teens including those in special education who need social skills to protect them from sexual assault. Based on a needs assessment, school personnel make deliberate interventions if potential for abusive relationships exists. Suggestions are made for prevention activities and involvement of community agencies with expertise for providing critical transition services to at-risk adolescents.

This model could be creatively modified to meet the needs of all adolescents.

The Problem

Adolescents receiving special education are at high-risk for victimization and violence in social relationships, both while in school and after graduation (Doren et al., 1996; Batsche & Knoff, 1994). The probability of violent sexual experience increases as adolescents move through middle and high schools and engage in sexual relationships with peers. Students with unique special needs may lack the tools for avoiding dangerous social situations and protecting themselves from sexual predators. Females receiving special education may be at particular risk for sexual abuse because of:

1. difficulties in interpreting social situations
2. limited verbal assertiveness skills
3. little knowledge about laws regarding sexual harassment
4. lack of relationships with trusted adults who might help reduce their vulnerability
5. lack of supportive peers for sharing experiences and supporting healthy behavior

Furthermore, the enormous attention given to developing compliant behavior in early and middle childhood may backfire during early adolescence

and prevent some young women from adequately assessing and expressing their rights and preferences (Sobsey, 1994). Many youth have not gained the skills for making healthy choices in the social/sexual arena. This article describes one school's attempts to develop and implement a sexual assault prevention program. Three levels of intervention was planned.

Three levels of Prevention Activities

Primary Prevention for all students

- Assemblies
- PTA presentations
- Faculty in-service training
- Bulletin board maintenance
- School newspaper articles
- City newspaper articles
- Meetings of Advisory Board
- Attitudinal questionnaire
- Classroom presentation

Secondary Prevention for at-risk groups

- Gender specific counselling groups
- Co-ed counselling groups
- Classroom anger management series
- Community speakers consult with support groups
- Mother-daughter luncheons

Tertiary Prevention for identified individuals

- Parental notification
- Individual referrals to counselling



The needs assessment process included a sexual behavior attitudes survey of the entire population of the school. This information provided the impetus to develop a public health model of prevention.

Objectives of the Healthy Relationships Program

- Define healthy relationships.
- Identify barriers to healthy relationships.
- Heighten student awareness of unacceptability of verbal, emotional, physical, and sexual abuse.
- Establish a system for preventive interventions before damaging patterns are formed.
- Make students aware of helping resources in the community.
- Make staff aware of the problems of unhealthy relationships.
- Increase staff knowledge about resources available in the school and community.
- Encourage community support of adolescents via prevention activities carried out by community agencies in the school building.
- Develop an active partnership with community agencies.
- Provide educational and other supportive resources for parents.

Needs Assessment

The high school's Health Care Team became concerned about faculty and student reports of the sexually harassing behaviors among adolescents in special education. Consultation with the school's special education team resulted in a plan to present a series of six sessions to the female adolescents receiving special education services.

Because students in special education may require specialized instruction in academic areas, it seemed reasonable to expect that they might also require supportive instruction in the Family Life course dealing with healthy dating behavior. After receiving parental permission for the adolescents to participate in these sessions, the Health Care Team and one of the special educators met with 5 female adolescents to introduce the mini-course.

The sessions were introduced as a review of Family Life, and adolescents were asked what they remembered from that series of regular education inclusion classes. Adolescents volun-



teered that they remembered learning about AIDS, about pregnancy, and then the conversation moved to two adolescents reporting coercive sexual experiences.

The Health Care Team, in informal conversations, asked teachers,

parents, and adolescents if coercion was a problem in dating relationships. The answer was "yes" One parent said, "Please keep going with this, it's important." By the end of the semester, the Health Care Team was convinced that these young women needed help in making choices in dating relationships. Pressure to engage in sexual intercourse was sometimes imposed on females in an intimidating manner. Indications were that female students in both regular and special education did not believe that they had the right or the power to refuse sexual advances. It also became clear from a sexual attitudes survey of the entire school population that many adolescents, both male and female, misunderstood the seriousness of coercion in dating relationships.

A Collaborative Effort

The team contacted the local shelter for battered women to explore the possibility of beginning a prevention effort at the high school level. The staff of the local shelter was supportive and shared expertise and materials. They recommended forming an Advisory Board and offered to serve on this body. The team then contacted a campus group at a local university, which was active in efforts to prevent date rape and sexual assault. This group agreed to put on assemblies for the high school adolescents. These assemblies introduced a series of counselling groups focussing on identification and prevention of unhealthy relationships.

In the first year of the Healthy Relationships Program, interactive assemblies, dealing with issues of gender stereotyping and the continuum of violence (Figure 1 over the page) were presented to the adolescents in grades 11 and 12, in groups of 50 to 70. The Health Care Team and the Advisory Board believed that these older adolescents were most at risk for the kinds of dating problems targeted by this program. At the conclusion of each assembly, students were invited to sign up for small group discussion sections if they wanted to continue to converse about is-



Healthy Relationships

sues regarding gender stereotyping and the continuum of violence.

Twenty-four female students self-selected and were formed into four groups which met weekly for eight weeks. In fact, most who self-referred to these groups required therapeutic interventions beyond what could be construed as prevention. The on-site personnel in the high school did not have the specialized therapeutic skills required for these youths, most of whom already seemed to be involved in abusive relationships. Thus, staff from the local battered women's shelter agreed to take over leading the groups, providing individual counselling to adolescents who requested these specialized services. The program also had a family focus. During the first year of the program's existence, a mother-daughter luncheon was held for participants to encourage the students' mothers to support their daughters in identifying healthy and unhealthy relationships. These events also introduced mothers and daughters to representatives from community agencies, which could help families if difficulties arose in these areas. Awareness of these community services offered students another transition resource in preventing violent relationships.

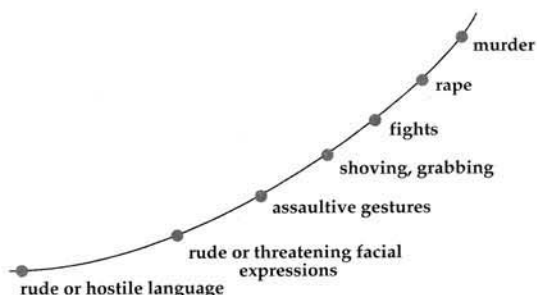
Summary

Healthy Relationships met perceived needs as shown by growth of the program:

- Teachers and parents have continued to support adolescents' attendance in the groups.
- Adolescents who self-select for the groups actually do require therapeutic interventions in this area.
- Participation in the groups has increased over the five years in which the Healthy Relationships Program has existed.
- In recent years, male groups have been successfully organized.
- Students with special needs have increasingly had participation in the Healthy Relationships Program written into their individual plans.
- Groups have been extended to all grade levels.
- Female groups have been continued throughout the four year high school experience.
- The local women's shelter has written successfully funded grants to support their involvement in this important prevention effort.
- The staff of the women's shelter has expanded the program to local middle schools.

The Healthy Relationships Program was initially developed to serve all adolescents in the building but was mainly geared to regular education students.

Figure 1



However, providing ongoing, specialized support to adolescents became an important focus of the Healthy Relationships Program. The authors recommend exploring the needs of students for individualized family and community based transitional support in developing healthy sexual behaviors. It is further recommended that careful attention be paid to isolated instances of suspected gendered violence, and that school-based Health Care Teams investigate needs for building school-wide prevention activities similar to those presented in this article.

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Practice Excellence

Whatever other plans you may make this week, include these basic skills of keeping in close touch with the children and youth in your programme.

This article was adapted by Brian Gannon for the March 2002 edition of CYC-Online.

Practice excellence. The phrase seems to imply the work of super-professionals, far removed from us ordinary child and youth care workers who find ourselves in ordinary and often in modest circumstances with youngsters who have messed up. "When I get to the end of a day with my group of kids," says one worker, how hard it is to look back and see what I did as 'practice excellence'!" Probably we are being too hard on ourselves when we think like this. Nobody expects a place of hurting, anxious and unconfident kids to look peaceful and organised. In fact, one of the qualities of good child care workers is the ability to think on their feet, to figure out the situation in their group moment by moment, and to act in response to this kid's needs now. Such work will always look somewhat fragmented and spontaneous.

Go on, ask!

What makes for practice excellence is when these "surface phenomena" the ripples and waves and storms of our work — are grounded upon a strong undercurrent of attitudes and knowledge which keep us facing at least roughly in the right direction. As you plan your week, check out the following questions and how the kids you work with might answer them. They are simple and profound. And they have a lot to do with practice excellence.

Do I convey welcome? Am I pleased to see you? The needy and grasping child often draws out exactly the opposite feeling from us, and so will go on being needy and anxious, and tomorrow will need even more from us. Instead of keeping people at arms length, or even intimidating them with my "don't cross this line" message, do I give the gift of welcome, inclusion, belonging, so that youth feel comfortable with me?

Do I try to keep you functioning? Instead of labeling you as "dysfunctional", or making excuses for your non-functioning — or simply grounding you so that you cannot function — do I show you that there's a way back up from where you are, do I show you possibilities for the next step, encourage you to try again — get you past the hurdle that I

know is hard for you so that you can get going again? And then rejoice with you when you find once more that you are making it on your own?

Do I help you maintain your balance between skills and responsibility? When you don't manage, instead of criticising do I take the trouble to show you how and teach you how? And when you have learned how, do I give you a shot at trying it for yourself?

Do I expect what is on my agenda rather than what is on yours? Do I, however subtly, lead you towards what I want for you rather than what you want for yourself? Do I really respect you for who you are and what you are becoming, or is this a ploy to co-opt you or convince you that "my way is best?" Am I giving you space to become what you are becoming?

Do I acknowledge your growth and change? Do I secretly keep you categorised as "troubled", incapable, antisocial — or do I notice and acknowledge your movement towards your own greater maturity and competence? Do I recognise your changing status from struggling to coping, your changing role from helpee to helper, and your growth from child to adolescent to young adult? Do I prefer to notice your strengths —and in particular watch out for new and emerging strengths?

Do I model for you good values? Do I simply demand from you acceptable behaviour, or do my actions towards you reflect respect and encouragement? Do my actions match my words, so that I model integrity and honesty? Which of my attitudes and styles (do I really want to know this!) might you act out in your relationships with others in your life?

Do I, in my dealings with you, offer what you would expect from an ordinary loving parent? Do I give you the feeling that, no matter what, you are loved and significant and of worth? Urie Bronfenbrenner suggested that every child needs at least one adult who offers irrational love — "who is crazy about you" — so that you don't walk an anxious tightrope all the time fearing that one mistake will equal rejection. □



This Little Light of Mine...

Caregivers of children affected by HIV speak out at the National Children's Forum.

*Eva Abrahams and Maylene Shung King –
Children's Institute, University of Cape Town*

"I will brave all the elements to reach anyone who calls on me for care."

In this statement Penelope, a caregiver from the Northern Cape, captured the commitment of the 18 caregivers that accompanied 90 children infected and affected by HIV/AIDS to the National Children's Forum (NCF) in Cape Town in August. The Forum was organised by the Children's Institute, in collaboration with Soul City, the Child Rights Centre, the National Department of Health and the Joint Monitoring Committee on Children, Youth and Persons with Disability. One of the aims of the Forum was to provide a window into the worlds of the children and their caregivers and to establish the requirements for improving their situation. At the Forum the children and caregivers participated in groups where they discussed the circumstances of their lives, their joys, and their fears, and then presented these to MPs and decision-makers. Nearly half of the caregivers were younger than 35 years of age, showing the commitment of young South Africans to the plight of HIV-affected children. Most of the group were women, and had a professional background. When one listens to their stories of how they became caregivers it is quite clear that for each of them it is not just a job but a calling to which they have committed their lives. Two of the caregivers, an environmental health officer and a psychiatric nurse, left their professions to follow their calling to care for children and families infected and affected by HIV/AIDS. A number of caregivers started out by caring for rel-

atives and friends suffering from AIDS-related illnesses, but the huge need in their communities led to many requests for support from others affected by AIDS. Caregivers told their stories of taking patients into their homes and tending to them day and night: "There are no office hours for us as there are for decision-makers and politicians. Desperate people knock on our doors day and night." Caregivers subsequently underwent training for

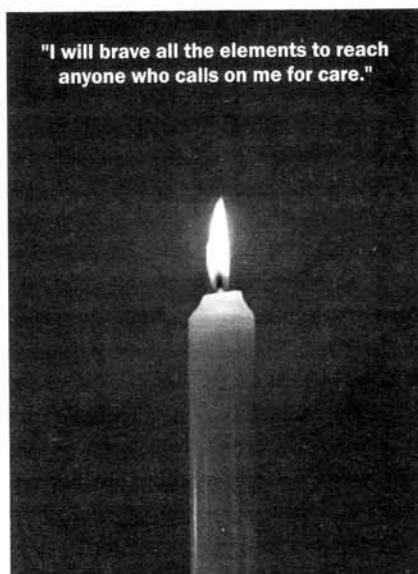
home-based care and counselling which equipped them better for their difficult tasks.

All the caregivers that participated in the NCF are affiliated to community-based or non-governmental organisations. The services provided by these organisations range from home-based care, assistance for rape survivors, foster care placements, and trying to re-unite abandoned and orphaned children with their extended families.

The resounding message of the caregivers was that people with HIV and AIDS need food, love and support: "Those infected with HIV are often rejected and thrown out of The family homes.

They come to us. They are ill. They have had nothing to eat and have been unable to wash or get clean clothes for days. The first thing I do when I see them is to hug them and hold them".

The greatest concern expressed by caregivers was the need for financial support that would ensure that the children with whom they worked received food and care. The situation of these children could





Youth facing South Africa's past

Themba Lonzi, Youth Development Officer at the Institute for Healing of Memories in Cape Town, shares the issues which their recently established Youth Programme addresses.

"Mom and dad, why didn't you tell me about the past yourself? Why did I have to hear it from a stranger? Why the silence?" These are some of the questions that young people ask at youth development workshops. The history of South Africa must be told if we want the youth to understand where we come from. They have the right to know about the mistakes that were made in the past so that these mistakes are not repeated. It is said that the distortion of reality leads to missed opportunities for learning. The "culture of silence" should must come to an end. We cannot change the past but we can change the future.

The youth programme of the Institute for Healing of Memories is aimed at helping young people of all races, religions and ethnic groups prevent South Africa's past from repeating itself. We provide a space for youth to confront our history and its complexities. We help young people to look at our past and to see their role in the transformation of our country.

During one of the workshops, the young people engaged in an exercise which we call 'discovering infections'. Young people write down what they think of when the words black, white and coloured are mentioned. They then give their responses to the facilitator without showing it to the other partici-

pants. The facilitator reads it to the youth and the questions are asked: "Where do we get these ideas about each other? Why? Who told us? What can we do to change the stereotypes and prejudices?" Another resource we use in the workshop is a video documentary called "Any Child is my Child". The video gives young people an idea of what some of the experiences of young South Africans were during apartheid days. We take the youth back in our history and its experiences and help them create a link with present realities. The other technique we use is an interview technique where young people go back to their homes and interview parents about their experiences of living in apartheid South Africa. We do this because a "culture of silence" still prevails. The majority of parents do not share the horrible history of our country with their children. The sharing should not be done for revenge but to help youth understand their history and its complexities. The youth are enabled to make better choices than those of past generations.

The challenge in the programme has been to get through to communities whose voices have been silent in the past. Some of us don't want to look at our horrible past. It is said, "those who don't want to look at the past are blind to the future." □

A Professional Code of Ethics

Last month we explored the importance of a professional code of ethics. In this edition Jackie Winfield looks at some specific aspects of the ethics of child and youth care work.

The Declaration

The Declaration begins:

"I, as a Child and Youth Care Professional, commit myself to continually examine my actions in accordance with the Code, and subscribe to the following statements:..."

Before entering into a discussion about each of the statements in the code of ethics, let us try to understand what is meant by this introduction to the Declaration.

The fact that the Declaration begins with the word "I" means that each person is declaring what she/he will do as an individual. This is not some general statement about what we would like everyone else to do; it is about what I am choosing to do. It is a personal declaration of what I intend. Each of us takes responsibility for using the code of ethics as a set of guidelines to be implemented in our own practice as child and youth care professionals.

So, what is a professional? According to the Oxford Dictionary, a professional is someone who participates in a trade or occupation which involves some branch of advanced learning. Clearly, being trained and educated appropriately are part of

being a professional. Such education has been provided by the NACCW for many years and since 1999, the Technikon qualification has also fulfilled international criteria for child and youth care training. The significance of appropriate training cannot be overemphasised. In addition, most professionals abide by a code of ethics and carry out their work according to certain standards. There is a level of expertise which is recognised and the professional carries out her/his duties in a responsible manner.

Commitment

The concept of commitment is one which deserves some discussion. To commit to something means to entrust it for safe keeping. In this context, it is about a pledge or solemn promise in which one gives one's word and in doing so, binds oneself to a course of action. A true commitment restricts one's freedom of action. It is about being dedicated and loyal. It is about matching one's words with one's actions and demonstrating integrity. This is far more than a wish or a hope or "I would really like to but ...". A commitment involves effort and energy. Sometimes, it means pain and tears.

A martyr is someone who is so committed to a particular course of action that she/he is willing to die for that cause. So, a commitment does not mean "I'll do this as long as it's convenient and comfortable"; it means "I'll do this no matter what". A person who is committed to their physical health might run every morning even when it's pouring with rain and they would really like to stay under a warm duvet for an extra half an hour. A person who takes traditional wedding vows might commit her/himself "to love and to cherish, for richer, for poorer, in sickness and in health until death do us part". A person who is committed to the child and youth care code of ethics would continue to use and promote positive discipline even though co-workers advocate for corporal punishment, and families and children say 'smacking is fine with us'. Commitment isn't easy but it is an essential aspect of being a responsible human being.

Self-awareness

One of the first things that any child and youth care student learns is the importance of self-awareness. This involves "examining my actions". An ongoing activity for a professional

child and youth care worker is questioning and analysis. What is needed in this situation? How can I respond most appropriately? How could I have intervened differently? What would the consequences have been if I had said/done A instead of B? Effective child and youth care practice requires careful thinking. One needs to be mindful of what one does irrespective of one's thoughts and feelings. Actions or proposed actions need to be compared with what is in the code of ethics.

For example, imagine a situation where you are employed as a child and youth care worker in a shelter for street children. A respected expert on working with street children is coming to your town and you have been invited to attend a workshop. On the same day as the workshop, Bafana Bafana are playing a match in the World Cup and you have planned to watch the match on television with some colleagues while the children attend their education programme. What are you going to do? What are your possible actions in this situation? At a very simple level, you have two main possibilities – to attend the workshop or to watch the football match. In order to decide, the professional examines her/his proposed actions in accordance with the code of ethics. Perhaps, the most relevant statement in this situation is "I am committed to seeking and using opportunities for personal and professional growth". The true professional, the committed child and youth care worker, will most likely choose to attend the workshop as this represents an opportunity for professional growth. The worker may be disappointed about missing the football match but remember, commitment is not always easy or comfortable. Commitment involves personal sacrifice.

Identifying alternative courses of action, comparing them with the code of ethics and making a decision might seem like an enormously time-consuming process. You might be thinking, "How can I respond spontaneously and work effectively in the moment when I have to think through all of the possibilities?" Like all skills, ethical behaviour becomes easier with time and experience. As one continues to develop as a professional, the Code of Ethics becomes internalised. It becomes a part of who you are, your second nature, and therefore, you require a little less time to think about how to respond to everyday situations. This is not to say that one should stop questioning and evaluating one's actions. There is always room for further growth and there will always be unfamiliar situations which offer ethical dilemmas and challenge you to ask yourself new and more challenging questions. Many child and youth care situations involve far more complexity than the simple example involving the football match.

The final aspect of this introduction to the Declaration is about subscribing to the statements

which follow (those statements which will be discussed in future issues of this journal). To subscribe is to express one's adherence to (acceptance of) an opinion or resolution (intention of conduct). In other words, one is saying "I'll stick to what is listed in these statements. I will behave in accordance with this code".

Conclusion

The Code of Ethics is a dynamic document which should be brought to life through every action of a professional child and youth care worker. Consider the way in which you conducted yourself today. Were you professional? Did your behaviour reflect commitment? Were you aware of your thoughts, feelings and actions at all times? Did you test your ideas and actions against the code of ethics? Did your conduct demonstrate that you accept the ethical standards? And perhaps, more importantly, what will you do differently tomorrow? Maybe you will copy the Code of Ethics and put it up on the staff notice board or in your own room so that you can refer to it often. □

Social Worker

Mseleni Children's Home – Sibhayi, Kwazulu-Natal

Our Family Support Teams and Fostering Agency needs the services of a qualified and experienced social worker as from April 2002.

Requirements:

- Degree in Social Work
- Registration with Council for Social Work
- Fluency in Zulu
- Endorsement of our Christian values
- Ability to take initiative

Send application and CV to
Mseleni Children's Home, P O Box 178, Sibhayi, KwaZulu-Natal 3967
Tel: 035-574 1075 Fax: 035-574 1654
email: victor@emseleni.co.za

Higher Qualification in Child Care Students Write Poetry

(DON'T) DO

Don't call me ugly
Call me lovely
Don't call me rough skin
Call me tough skin
Don't call me rejected
Call me needed
Don't call me wild
Call me wise
Just love me
That's all I need.

Lungi (W. Cape)



Children
Honest, Demanding
Yelling, Screaming, Reporting
I listen with empathy
Human

Makhaya (Border)



CHILD

Small, thin child
Running around happy
Laughing, singing, skipping
Secure and loved.

Georgia (W. Cape)

LETTER TO THE EDITOR (after I read in the Journal that Annette Cockburn is leaving The Homestead Projects for Street Children)

Dear Editor

When a Pioneer leaves the Frontier

"Do any of us know this person who wrote this article," I remember one of us asked. None of us did. But we know that what we read made more sense than anything else that we read before. We knew that the author would be the right person to come and run an important workshop for us on working with street children.

It was the early 90's and street children had been the buzz word. Often for less than the noble intention of making a difference. Our work was clouded with dynamics, political interference, and "fly by nights" who wanted to score mileage from street children. We knew that we needed someone like Annette to come and set the tone and agenda for working with street children in Bloemfontein.

I met her at the airport and still remember that first meeting – how can anybody who has ever met Annette Cockburn not? Each time I had the opportunity to engage with, and attend workshops with Annette, she had taught me one more thing about working with and understanding street children. She has become for many of us, the most valuable resource. Her honesty, realism, pragmatic approach, and most of all deep sense of understanding of these children remains a barometer for one's own practice and perceptions.

There is a belief that there will be a void in the frontiers of work with street children in South Africa. However, we know that as a pioneer in her own right, Annette will still remain the resourceful fountain of knowledge, wise elder and vocal child rights advocate. Her legacy has touched many of us in the field of child care and impacted on the work that we do with children.

Best regards

André Viviers, Bloemfontein



TECHNIKON S.A.

The major subjects Child and Youth Care I, II, III, and IV and Applied Development I, II, III, and IV will be available during the second registration cycle at TSA. Students can phone the TSA Call Centre at 011-670 9000 or any of the TSA's regional offices to enquire about the registration dates.

The **NACCW** invites any of its corporate members who have an Internet Web site, to link it to the **NACCW** Web site. Please email naccwct@iafrica.com with your institution's site details.

Transformation of Children's Homes in the Free State

Magda Van Niekerk, Director of the Youth Care Centres in the Free State, shares the process of transformation which the Dutch Reform Social Services embarked upon in this province.

Where we were

The old adage that "a change is as good as a holiday" has new meaning for the children in the Free State.

During the year 2000 we had already begun to seriously rethink our situation. We were confronted with the following realities:

- we were no longer able to provide residential care as required and could really only admit children whose lives were in danger. We were aware that numerous children were waiting for admission and that we were not acting in their best interest.
- we had four large facilities in the Province where we cared for 640 children. The children were often placed hundreds of kilometers from their parents.
- the social workers of the children's homes could only render family reunification services to the parents and family in the immediate vicinity.
- we have always experienced a high degree of participation from the community. However, only the near-by communities could render direct services to the children. We were convinced that more potential adoptive, foster and vacation parents would come forward if we were to take the services nearer to the communities.

Our strengths

We realised that the following factors were in our favour:

- We had very good co-operation with the Department of Social Development in the Free State. The minister, Head of the Education Department, and officials were informed of the latest developments and were motivated to act in the best interests of the children in the province.
- Our personnel were exceptionally well motivated. They are knowledgeable and creative.

- The management of the institutions were fully aware of the latest developments, and were willing to listen and co-operate.

As a result of visits, meetings, discussions and research we decided to implement active and drastic transformation. We developed a strategy which we aim to implement over a 5 year period. Essentially the plan is as follows:

Establishment of approximately 50 centres in as many towns as possible in the province. Each centre will administer one or more group homes where 12 legally assigned children per group home will be taken care of. The group home will have at least one room available for children to be placed there for their own safety and as a Place of Safety in a crisis situation. At the same time the centre will serve as a resource for the community. Practical aid will be rendered to the children, eg. food, clothing, etc.

Children from child-headed households can, for example, obtain lunch at the centre. Development programmes will be initiated for members of the community. Family reunification services will, wherever possible, be rendered by the social worker of the centre.

A Therapeutic Centre will be maintained at one campus for 60-100 children with special needs. These include physical, mental, emotional and social needs. Although each centre will have a multi-therapeutic team at their disposal, we aim to offer intensive therapeutic services at the above mentioned centre. This Therapeutic Centre will render support services to the other minor centres and assist with the assessment and treatment of children as required.

Our first steps

We have completed the first phase:

- We already have 8 decentralised centres. We have transferred some of the children from the original children's homes to the new centres.

These children have meaningful persons living in the towns concerned. Existing personnel were re-deployed and where necessary, new personnel were appointed. Each centre has at least one child care worker, relief child care worker, assistant and social worker.

- We have compiled a manual for the child carers, stating all legal and policy aspects and explaining practical procedures. We have in-service training lectures for all personnel and a procedure manual for the social workers.
- All personnel are exposed to intensive training. Our complete personnel structure has been adapted. Senior personnel, previously from large children's homes, are now responsible for all the smaller youth care centres in a specific area. We have also created two specialist posts, viz one in charge of training and another responsible for financial matters. Furthermore, we utilise the expertise of the senior personnel of NG Social Services Free State.



Challenges

Various challenges had to be addressed. Change brings insecurity. Senior personnel had, with self confidence born from the conviction of the necessity for transformation, motivated and involved the rest of the personnel, management and communities. The large children's homes would have to be sold so that funds may be obtained for capital expenditure. We have already sold one of these. Attention is being given to the marketing and sale of the remainder. This process alone is an enormous task. In the meanwhile the children had continuously to be given the security that we would provide for them. In spite of pro-active action in this regard, they still experience fear of the unknown. Part of the preparation for example, was taking the children concerned to visit the new centre prior to their being transferred. Such a group of children were taken to one of the centres at Viljoenskroon during December. At that stage the work on the house was not yet completed and all the furniture was not in position. On returning to the children's home a little boy of 5 years remarked that he did not want to go to the new home as he had noticed that there were no beds!

Members of management and some of the personnel of the large children's homes are experiencing a feeling of loss.

Evaluation

At this stage we can already report that children in the decentralised centres find that they are no longer so easily identified as coming from a children's home. The centre has a similar appearance to all the other residential homes in the vicinity. Because they are a small group, the children are not so conspicuous.

Parents and meaningful persons become more involved. The children are nearby and it is envisaged that reunion with parents or family in the community will occur more readily.

The community has assumed ownership of the centre and refer to "our" children. The community involvement at this stage, is very good. All the centres receive many gifts. Many professional people, (medical,

psychologists, social workers, teachers, ministers, physiotherapists, occupational therapists etc) are involved on a voluntary basis with the development and treatment programmes. Members of the community offer direct help such as maintaining the centre, vehicles, garden services, transporting the children, social and spare time activities. The increased community involvement helps to ensure that the service rendered becomes more cost effective.

Specific needs of the children as regards language, culture and religion are more easily satisfied, simply because the group is smaller. The child care workers of the smaller centres report that they have discovered qualities within themselves that they were not aware of, eg. that they are able to actively market the centre. They now carry out many tasks that were previously designated to the "office" staff or the head. One quietly informed me that she is now a VIP in the town and enjoys it very much!

Conclusion

It takes courage to admit that we can render a better service with the resources at our disposal if we are prepared to change. It requires a person to leave his or her comfort zone and to ask what the best strategy would be if we were to start from the beginning. We feel that we are on a better road, and with the experience and knowledge which we possess, we are convinced that it is the correct route. □

There is an ancient tale of two men talking, one from Heaven, one from Hell.

The man from Hell lamented, "It is indeed a wretched place, we are hungry all the time."

"You mean there is no food in Hell?" the man from Heaven enquired.

"Oh there's food – we sit at banqueting tables with the most sumptuous food your eyes could behold spread out before us. But we are made to eat with knives and forks a metre long. No matter how hard we try, it is impossible to put food into our mouths."

"In Heaven", the other man began, "we too sit at banqueting tables and we too are made to eat with knives and forks. But ours are two metres long."

"It cannot be," said the first man, in disbelief. "If we cannot feed ourselves with knives and forks a metre long how in Heaven's name do you feed yourselves with knives and forks that are twice that length?"

"Ah, but that's the point, my friend," the man from Heaven replied, "we do not feed ourselves, we feed each other."

Mpumalanga Provincial Government Department of Education

ETHOKOMALA REFORM SCHOOL FOR BOYS (situated close to Kinross near Secunda)

CHILD AND YOUTH CARE WORKER

Requirements

- Grade 12 including Basic Qualification in Child Care (BQCC) and diploma in Child and Youth Care.
- Recommendation: two - five years relevant experience

SOCIAL AUXILIARY WORKERS

Recommendation

- Applicants with a diploma / degree in Social Work or teachers diploma will have an added advantage.

PSYCHOLOGIST

POST LEVEL: PL 3 – COMMENCING SALARY: R106 707, 00

ENQUIRIES FOR ALL POSTS: THE PRINCIPAL (017) 687-1743

Applications should be made on forms Z83 and Z27 and be accompanied by CV, certified copies of an ID document, qualifications and full particulars of relevant experience.

No fax applications will be accepted.

Applications should be addressed to: The Principal, Private Bag Kinross 2270

CLOSING DATE: 3 MAY 2002

Namibian Youth in Action

Oreheni Boois, Assistant Co-ordinator of the Namibian Unemployed Youth in Action (NUYA), reports on the youth situation in Katutura Windhoek.

The situation facing youth in Katutura, Windhoek is very depressing. Youth are faced with the crisis of the ever-increasing unemployment rate. The factors contributing to this include:

- Few youth complete their education, due in part to teenage pregnancies and high school drop-outs, despite the fact that a high percentage of government budget is allocated towards development and education;
- Low wages and the circumstances in which most young people are working.
- The influx of refugees;
- The daily migration of rural people to urban centres in search of work;
- Crime;
- The rising HIV/AIDS infection rate and drug and alcohol abuse amongst teenagers.

All these factors contribute to a situation where youths are marginalized.

About NUYA

Due to the serious crisis affecting youth in Namibia, a discussion about the formation of a youth group that would assist the government, private sector, communities and other youth organisations to promote the living conditions of our fellow youth in Katutura, took place. We made contact with RAG (Resource Action Group) based in Cape Town, RSA, and through positive networking between our organisations, four of our members were trained at RAG's training centre in Gatesville Cape Town. The four members will be capable of managing and guiding NUYA. They will qualify as trainers in Basic Computer Skills and thus would start with the training of others in 2002. Thus far NUYA has embarked on a fundraising campaign to enable the



organisation to set up an office and so enable the organisation to start work in the community. We are presently involved with a safe haven for street children in Katutura (Moria Grace Our Shelter) and with the Katutura Old Age Home where we render voluntary services. We are affiliated to ACT (AIDS Care Trust) in Katutura, Windhoek

Namibia. ACT is presently involved in community awareness campaigns and offers home based care services to AIDS victims in Windhoek.

NUYA is registered as a youth development organisation with the Ministry of Higher Education, Training and Employment Creation (within the directorate of Youth Development), affiliated to AIDS Care Trust in Windhoek and plans to be affiliated to the National Youth Council, Namibian Non Governmental Organisations Forum (NANGOF) and other willing networking partners fighting the social crisis in our society.

Our vision is to initiate the establishment of NUYA-YDP as a networking partner of youth development organisations with a view to advance the interest of the most marginalized youth in and around the City of Windhoek and at a later stage to expand regionally.

Our mission is to empower young men and women in youth organisations and groups with social and organisational skills in order to build capacity. We believe that youth are capable of making the necessary contribution towards the economic and social development of our country.

E-mail: oreny@union.org.za

Contact Persons:

Mr Adam D. Blaauw (Deputy Exe. Secretary)
 Tel: 264 61 712727 or Fax 264 61 713803
 Ms Upahee E. Uhihama (Information and Publicity)
 Tel: 264 61 264016 or 2066261
 Erf. 5113 Penning Street, Soweto.

NUYA-YDP, P O Box 61421, Katutura, Windhoek, Namibia.

Graduation ceremonies around the country

Eastern Cape Graduation Ceremony

The first BQCC 2000 students graduated at a breakfast function held on 22nd February. It was a special occasion during which 15 students received their certificates. The presence of our guest speaker, Mr Neels Goosen, who embodies the practice principle of Restorative Justice, made this event more special. Mr Goosen is the Magistrate at Stepping Stones One Stop Justice Centre. He highlighted where we are in the process of transformation and the steps taken towards professionalisation of Child and Youth Care. He urged Child Care Workers to stay motivated on the challenging road which lies ahead. Five child care workers were professionally registered and took their oath on this occasion. We wish them and the graduates all the best in their chosen careers.

Harold Slabbert



Members and Graduates from the Eastern Cape.

Western Cape Graduation Ceremony

The Baxter Theatre Restaurant was the setting for our ceremony. The event included items of song and dance by young people from a children's home as well as from a community project. Barrie Lodge, our National Chairperson, was our

guest speaker. Thank you and congratulations to all the graduates, newly registered professional practitioners and to the regional executive for this stunning occasion.

Mark Taylor – Chairperson



Youth and staff of Annie Starke Village at the Western Cape graduation

KwaZulu-Natal Graduation Ceremony

Our graduation was held at the Durban City Hall. Seventy-two graduates received their BQCC certificates and thirteen people received Consultative Supervision certificates. The City Hall was packed with graduates, their families, NACCW members and supporters.

Our guest speaker was Jackie Winfield who lectures at Technikon Natal in the Department of Child and Youth Development. Jackie spoke about the ethics and principles of child and youth care work in the con-



Some of the Western Cape graduates

text of professional registration with a statutory board. Her presentation was informative, insightful and inspirational.

Himla Makhan

Southern Cape/Karoo Graduation Ceremony

Our Graduation took place on 6-03-2002 at Victoria Heights Farm Stall. As our guest speaker, Zeni Thumbadoo, spoke challengingly on the importance of transforming ourselves, both personally and professionally, in order to better serve the children in our care. Her presentation was magical.

More than sixty certificates were handed out this year, 13 of them being for BQCC. Others were awarded for Behaviour Management, Diversity, and HIV/AIDS. We salute all the graduates who have worked hard over the past year to improve themselves professionally.

We would like to thank our Director, Merle Allsopp, Mark Taylor, Alfred Harris and Yvette Rogers for sharing this occasion with us. Their presence was really appreciated.

We ended the proceedings by giving Zeni, Merle, Mark, Yvette, Alfred and Dean Edwall a lighted candle each. This was symbolic of the light of knowledge and love. We then sang the National Anthem. A sumptuous breakfast was enjoyed by all.

Marian Murray – Chairperson

Gauteng Graduation

The Graduation ceremony was held at TSA Florida in the Auditorium of the Genmin Building on Thursday 28 February 2002. More than 400 people attended with 335 graduates receiving certificates for various courses completed. The growth surge in our region is exciting and our hope is that students will continue on their journey of self and professional development by enrolling at TSA for the B.Tech in Child and Youth Development. The Department of Public Management and Development was afforded the opportunity to market the B.Tech.

Luke Lamprecht was our guest speaker. Luke is a CYC Practitioner and is presently the manager of the Teddy Bear Clinic in Gauteng. His experience and expertise in forensic investigations is a specialist area and is sorely needed in South Africa especially when working with troubled children. The vulnerability of both the girl child and the boy child was highlighted.

Claude Vergie – Chairperson



Registered Professionals with Mr Neels Goosen

An extract of a presentation at the Eastern Cape graduation ceremony by Mr Neels Goosen, Magistrate of Stepping Stones One-Stop Youth Justice Centre, Port Elizabeth.

It is a privilege to celebrate this special day with you. Sincere appreciation to the Chairperson, Mr. Gallant, and his committee for the confidence which they have displayed in my capabilities as a guest speaker. Public speaking is not part of my normal responsibilities as a Magistrate and you should therefore not expect a long speech.

On reflection I took a trip down memory lane. My mind went back to 1996 when we were all faced with the urgent and daunting responsibility to address the Transformation of the Child and Youth Care System in South Africa (TCYCS). It is during this period that the various Professionals (eg. Probation Officers, Social Workers, Police officers, Magistrates, Prosecutors, Child and Youth Care Workers) who all worked within the field of Child and Youth Care were challenged to pool their resources to tackle this process of transformation. We made a lot of inroads and can indeed be proud of our achievements. My input is to firstly pay homage to all professionals in our field of service and secondly to focus on the contributions made by child and youth care workers.

The face of child and youth care work has changed since the beginning of the TCYCS. Child Care Workers are no longer only in traditional roles of being employed in institutions where they provide care to young people. Child Care Workers can also be found working outside of institutions. Examples of these are child care workers who are part of teams in Youth Justice Centres, in Professional Foster Care, in Family Preservation etc. These child care workers have made a significant contribution to the successful functioning of the various teams and in particular to the success of pilot projects. A second contribution which child and youth care workers have made is in the field of Secure Care, to such an extent that one of your own colleagues in the form of Mr. Harold Malgas is presently the Manager of the Kroonstad Secure Care Centre.

I urge the graduates to be inspired by the examples which have been set by colleagues in their field. This inspiration would surely motivate you as graduates to further your studies and to go beyond the call of study. The responsibility to further develop your profession, the responsibility for ensuring that your chosen profession gains the necessary respect and recognition, lies in the hands of all Child and Youth Care Workers. It must not be seen as a sole responsibility of the NACCW nationally or even locally. You can and must make a difference wherever you find yourself. You will find stumbling blocks along the road. It is however important that you stay motivated, that you take responsibility for your own development and that you command respect from other professionals through your professional behaviour and the quality of service which you render on a daily basis. You earned the respect and recognition and no one can take it away from you.

The future is yours – make it happen! Congratulations.

List of Graduates

GAUTENG

BQCC 2000



Caroline Zoh Akiy
 Roberta Allen
 Freddy Arendse
 Mothibedi Simon Babedi
 Ruth Iponeng Bele
 Promise Biyela
 Renée Botha
 Roelof P Botha
 Jane T Buthelezi
 Roselina N Buthelezi
 Jane Elizabeth Carney
 Junior Sekhe Chauke
 Miriam Chingono
 Jacqueline Elize Dalton
 Petula Daniels
 Jessica Davids
 Yvonne Deonarain
 Amelia Sindiswa Diba
 Nomathamsanqa Dlamini
 Emmarintia Drodskie
 Thokozile Virginia Dube
 Jennifer Elizabeth Els
 O A Erasmus
 Aletta Maria Fourie
 Khanyisile Sweet-Carol Gabuza
 Ntombikayise Cynthia Hlope
 Susan Holder
 Trudy Howell
 John Howle
 Cecil Msebenzi Kabini
 Michael Kaplan
 Mashobane M J Khumalo
 Vaita Khumalo
 Nina Joyce Koenaitse
 Francina Maria Kok
 Euginia Masabatha Kubheka
 Mavis Makgwabi Kubjane
 Ann-Mary Kutu
 Elizabeth Legwai
 Bridget Lekoane
 Julia Lekhooana
 Zanele Leope
 Pulane Sarah Lethetsa
 Mokhatla Gerald Letoporo
 Mona Loubser
 Myra Lourens

Penny-Ann Lundie
 Lindiwe Luthuli
 Rebecca H Mabena
 Cynthia Mabuza
 Elsie Rineilwe Mabuza
 Martha Madigage
 Daniel Sello Maditse
 Alice Madolo
 Jermina Metja Madubje
 Kate Rebecca Mahlobogwane
 Maria Malibu Mahlangu
 Patrick Geelbooi Mahlangu
 Solomon Mahlangu
 Grace Girlie Maimane
 Moses Makama
 Busisiwe Sarah Makamole
 Meisie Malema
 Elizabeth Malemane
 Thembi Charlotte Malemane
 Prudence Malgas
 Maria R Maluleka
 Daisy Maluleke
 Jane Maluleke
 Gertruida Maria Manders
 Nokuthula Constance Manganyi
 Risimati Robert Mangolele
 Samuel Mathulwe Mankhe
 Amos Maphoto
 Vernon L Marimete
 Tebogo Solly Mashaba
 Josephine Mosima Mashao
 Gloria Mashianyane
 Rheima Mashigo
 Godfrey Mashila
 Linah Linky Mashile
 Lucy Annie Masiba
 Felani Masilela
 Ntombi Martha Masimula
 Reginah Mathe
 Winnie Matsaba
 Isaac M Matsele
 Grace Naughty Mawala
 Janine May
 Buyisiwe Abigal Mazibuko
 Lucy Nomasonto Mazibuko
 Zephania Mazibuko
 Caroline Mbaliswana
 Linah Mbanzeni
 Belgrade Linda Mbatha
 Elsie Mbatha
 Mandla Thomas Mbatha
 Catherine Bukelwa Mdeleni
 Sibhekile Gertrude Mdluli
 William Mashabela Mello
 Isaac Bushy Mine
 Sylvia Meyers
 Bubele Mkentane
 Anna M Mmethi
 Gloria Thoko Mnguni
 Nelly Sibongile Mnisi
 Mashao Bushman Modiba
 Millicent Modise
 Monica Modiselle
 Ellen Mantsho Moganedi
 Pulani Velhelmina Mogotsi
 Jabu Mohlabi
 Jane Lala Mokgotho
 Joy Mokonyane
 Theresia Maeshibe Mokonyane
 Peter Motlogelwa Moleka
 Pauline Molobela
 Kimberly Monakali

Irene Monama
 Rosinah Nthabiseng Mophoso
 Walery Hluphi Mosaka
 Bafedile Josephine Moshapo
 Thabo Henk Motau
 Joy Kolozi Mphago
 Josephine Mphusu
 Bolekwa Judy Msutwana
 Margaret Diabeng Mthembu
 Tsakane Ivy Mtileni
 Patricia Phila Mtshali
 Mpho Jeneth Mukansi
 Veniesa Sheron Mulaudzi
 L Siphon Mvulane
 Thembisile Ronnica Ndaba
 Nomsombuluko Jacobite Ndlovu
 Nomana Phillipa Nenzinane
 Donald Nghonyama
 Gloria Goitsmeang Nhlapo
 Magnificent Nhlapo
 Mpelegeng Winnie Nkadimeng
 Elizabeth Shadi Nkambule
 Tom Nkhwamuladzi
 Nelly S Nkoana
 Gugu Nkomo
 Phindile Nkosi
 Veronica Nkosi
 Glory Nonyane
 Zanele Vivianne Nsibandwe
 Makomane Phineas Ntobo
 Audrey Kehilwe Nzuzo
 Susan Mapineng Phooko
 Nozidumo Mabel Rabotho
 Elsie Radebe
 Simon Radebe
 Alpheus N Ralela
 Welheminah Malose Ramanna
 Lehlohonolo Gerald Ramatsella
 Miriam Thembekile Ramothibe
 Donne Reece
 Magda Reed
 Maria Ringane
 Mark Robinson
 Adri Roos
 Heidi Motsei Sekati
 Magdeline Motlatsi Sekgobela
 Lerata Jeremia Sello
 Samuel Barren Seremane
 Dimakatso Witness Setshedi
 Paulinah Nditsheni Siavhe
 Gwendoline Sibeko
 Doreen Sibiya
 Emmah E Sibiya
 Nompumelelo Sibiya
 Nyanale Joe Sigela
 Francinah Sithole
 Gladys Mmadithhofi Sithole
 Mziwanele Somdakakazi
 Sarie Stolz
 Rina Stroebel
 Moselantja Esther Suping
 Caroline Swartz
 Robert Time
 Carmel Pricilla Trollip
 Lindiwe Elda Tshabalala
 Philip Tshabalala
 Nomacule Thandeka Tsotetsi
 Maria-Louise van Aswegen
 Nellie van der Westhuizen
 Bets van Dyk
 Jeanette van Tonder
 Yvonne Beryl van Vuuren

Leonie van Wyk
 Dimakatso Manki Jacobeth Vena
 Yolanda Venter
 Shaun Viljoen
 Minnie Wisenach
 Elizabeth Zim
 Anna Zimu
 Maria Nombuso Zondo

**BASIC QUALIFICATION IN
 SECURE CARE**



Macdonald Baardman
 Samuel Aaron Marumo Baloi
 Ipeneng Ruth Bele
 Edmond Odirile Diseko
 Mmaleketi Dikeledi E Kgope
 Sibonelo Hendrick Khumalo
 Tshepo B Kola
 Joseph Kolodi
 Yda Krijgsman
 Caroline Letsholo
 Marothi Griffiths Letsoalo
 John Mabunda
 Khathutshelo Lesley Makhavhu
 Masilo Danster Makwela
 Elizabeth Maloisane
 Jacob Maluleke
 Bongani Mamase
 Lerapela Michael Manamela
 Bhekisisa M Maseko
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 Moteme Johannes Masilo
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INTRODUCTION TO THE MANAGEMENT OF SEXUAL ABUSE



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Joyce Buthelezi
Jacqueline Elize Dalton
Nomathamsanqa Dlamini
Sharmala S Govender
Trudy Howell
Francina Maria Kok
Myra K Kopa
Ann-Mary Kutu
Hendrik Leballo
Grace Macheke
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Dithamane Elizabeth Moepi
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Khosi Mthethwa
Gloria Hlatshwayo
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Phumzile Winnie Buthelezi
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Sithembile Martha Zungu
Velephi Auralia Zungu
Jabulisiwe Rejoice Gwala
Bongiwe Theophila Msomi
Nokulunga Mfeka
Philisiwe Zulu
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Thobile Mavis Zwane
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HIV/AIDS

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Fundiswa Dano

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Tsenolo Matthews
Fatima Leong
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Christine Chwekelete
Abrey Isaacs
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Bukiwe Nzuzo
Mavis Gude
Thandeka Norawuzo
Fezeka Gaulani
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Syvion Mfanafuthi Dlamini
Alfred Harris
Luke Lamprecht
Frederick Loubser
D N Mabi
Mvuyo Manyungwana
Benjamin Mokoena
Lesiba Phineas Molepo
Nkwapa D Moloto
Obepeng Mosesane
Makwena Ramoroka
M A Rens
Peter Sadie
P S Skhosana
Harold Slabbert

*"What is as important as knowledge?" asked the mind.
"Caring and seeing with the heart," answered the soul.*